



St. Louis, Missouri

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Site Visit Report

Competition and Collaboration: The Spirit of St. Louis

THE GEORGE
WASHINGTON
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WASHINGTON DC

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National Health Policy Forum

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2131 K Street NW, Suite 500
Washington DC 20037

202/872-1390
202/862-9837 [fax]
nhpf@gwu.edu [e-mail]
www.nhpf.org [web]

Judith Miller Jones

Director

Sally Coberly

Deputy Director

Monique Martineau

Publications Director

Site Visit Managers

Laura A. Dummit

Principal Research Associate

Lisa Sprague

Senior Research Associate

Administrative Coordinator

Michelle Layone

Program Associate

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Competition and Collaboration: The Spirit of St. Louis

This site visit to St. Louis is the latest in a series looking at health care markets around the United States. While cost, quality, and access are concerns irrespective of geography, each locality must try to address them with only the tools at its disposal. By studying a variety of markets, federal policymakers can consider what forces, such as history and personalities, are truly local and what issues may respond to intervention at the federal level.

The St. Louis community is marked by longstanding and deeply felt racial and economic divides that have been exacerbated by the migration of homeowners and businesses from the city proper to its more affluent suburbs. Many in the city believe that there are still negative feelings dating back to the closing of the city's black public hospital in 1979. The lingering distrust between racial groups has contributed to the difficulty in establishing a functioning safety net, including both primary and specialty care services. The situation was compounded when the Medicaid program was scaled back in 2005, cutting an estimated 100,000 individuals from the rolls and boosting the uninsured population. In addition, the departure of several national employers from the area has eroded the economic base, making a solution to the problem of the uninsured even more elusive.

The St. Louis health care market is dominated by hospital providers, with few acknowledged physician leaders. BJC, a local system, is by far the largest health care provider, accounting for approximately 30 percent of hospital admissions. It is affiliated with the Washington University School of Medicine and commands a reimbursement premium from public and private payers. SSM, a regional system, has approximately 20 percent of admissions. Other smaller hospitals divide the rest of the admissions. Among these, the St. John's Mercy Health Care system includes two hospitals. The St. Louis University Hospital, affiliated with the St. Louis University School of Medicine and located in the heart of the inner city, is actually owned by for-profit Tenant.

The St. Louis market appears "behind the curve" in terms of insurer and purchaser initiatives to improve the quality and value of health care. The two major insurers in the area have done little to mobilize change, perhaps discouraged by UnitedHealthcare's very public failed attempt to establish a tiered provider network. United faced insurmountable resistance from BJC because Washington University physicians were underrepresented on the preferred provider list. A recent attempt by SSM to provide support to a chain of retail-based medical clinics was quashed by the system's physicians. The St. Louis Area Business Health Coalition

has been working to drum up enthusiasm with businesses to demand transparency in pricing and quality from area providers.

With this as a backdrop, the site visit participants were invited to investigate whether and how competition was affecting health care delivery in St. Louis. As noted above, St. Louis faces many of the same problems in the delivery of health care that other metropolitan areas find difficult to manage. Among these:

- Providers abandoning poor areas and pulling scarce resources away from the most vulnerable populations
- Physicians searching for ventures to increase their revenues, and hospitals looking for ways to keep their competitive edge
- Providers looking to the outlying suburbs for paying patients
- Well-established medical interests impeding meaningful change
- History of racial, economic, and religious divisions hampering efforts to come together for the collective good
- Little enthusiasm for or progress toward transparency in the provider community
- Continual Medicaid financing shortfalls

The personality of St. Louis comes through in the way it addresses these problems with its own unique approach:

- Two medical schools with decidedly different academic and community missions
- Hospital dominance, with little leadership from the physician or employer communities
- A regional health commission supported by the hospitals with a mission to mend the safety net
- A fondness for beer and baseball that can bring together even the fiercest competitors

PROGRAM

The site visit began on the morning of April 4, 2007, with an overview of the social, economic, and business history that shaped the St. Louis health care market. A consideration of the role of the city's largest hospital system, Barnes-Jewish-Christian (BJC) Health Care, began with a pair of physicians: one describing the Washington University medical school physicians' contractual relationship with BJC and the other representing BJC's employed physician group. The site visit participants traveled to BJC corporate headquarters (touring the Barnes-Jewish Hospital campus en route), where they were addressed by the system's chief executive officer. In the afternoon, presentations from two large physician practices in the city's prosperous western suburbs offered insights into the entrepreneurial spirit in medicine.

The second morning featured a presentation by the chief executive of St. Louis's second-largest hospital system, SSM Health Care. St. Louis University Hospital, which serves an inner-city clientele, was described by its chief executive. Two more physicians rounded out the view of medical practice in the St. Louis area, one representing a hospital-owned group that has made quality measurement a hallmark and the other offering the perspective of a specialist in community practice who is also president of the local medical society. The final set of presentations focused on the restructured urban safety net.

IMPRESSIONS

After the site visit, participants were asked to reflect on their experiences and their initial thoughts on the perspectives offered by the various speakers. The following are key impressions participants took away from the site visit, as well as additional insights developed during a follow-up debriefing session.

Transparency

Transparency with respect to the pricing and quality of care delivered is widely viewed as essential to improving the health care system through competition. It requires metrics for quality and pricing that are standardized, accurate, and meaningful to both providers and consumers.

- The St. Louis Area Business Health Coalition is working to raise interest among the business community in promoting transparency and to push the provider community into meaningful reporting.
- Providers gave conflicting messages on the need for transparency. Although there appears to be universal agreement that consumers should have information that will allow them to assess the cost and quality of care, provider take-up of uniform reporting is low. Because some providers have developed their own reporting mechanisms, consumers have little comparative data. Reportedly, St. Louis has the lowest response to Leapfrog Group initiatives of any Leapfrog rollout city. There appear to be no incentives for providers to be more transparent with respect to quality or price.
- Some providers stated that they saw no direct connection between recognition for delivering high-quality care and patient choices. They believe that striving for higher quality is the right thing to do, however, and many providers are proud of their efforts to improve patient outcomes and satisfaction.
- One physician reported using public information to guide his own referral decisions and to pressure a hospital to improve. This may indicate that although progress on getting providers and payers to use quality and price data in decision making appears slow, progress may be more meaningful among physicians in influencing their own referrals and medical practice.

- Some providers were concerned that consumers did not understand the variability in insurers' payments to various providers. Some stated that current differential payment rates reflect provider bargaining clout, not value.
- Physicians are concerned that uncoordinated movement to greater transparency will entail multiple reporting requirements and increased administrative costs.

Mission

Two medical schools and several major teaching facilities attempt to balance research, education, and patient care missions. Financing and supporting these missions may strain resources and drive competition among these institutions.

- Patient revenues are used to cross-subsidize teaching and research missions as well as make up for shortfalls in funding, mostly from public payers.
- Academic and service missions are challenged by movement of technical services out of the hospital. "As we lose profitable work, we are less able to meet our obligation to the public good," one hospital executive stated.
- Research and education missions in teaching hospitals may be at cross purposes with patient care. In particular, supporting primary care services, often important to patient care, may not further research or education missions. Some site visit participants questioned whether the hospital domination in the market is due to the importance placed on research and education, to the detriment of patient care.
- Hospital flight to the outlying areas may indicate a lack of commitment to providing care for the uninsured or underinsured. However, site visit participants also recognized this as a pragmatic attempt by providers to remain financially viable.
- Some site visit participants were frustrated that area hospitals were not doing more for vulnerable populations when they appeared to have high financial margins and were engaged in major construction projects. In contrast, participants also recognized the importance of the hospitals as major employers in the city, a source of civic pride, and contributors to safety net resources.

Hospital Competition

Hospitals may compete for patients, favorable rates from insurers, inclusion in networks, or physician allegiance. The St. Louis area does not appear to be realizing lower prices or demonstrably higher quality from competition among

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hospitals, although patients may be benefiting from more convenient hospital locations closer to the relocated population centers.

- In general, hospitals in the St. Louis market do not appear to be competing with each other for patients or favorable rates. Rather, each draws primarily from a definable population, which may be based on geography or social factors such as religion. In order to serve these populations, insurers must include these hospitals in their networks. Therefore, insurers are limited in their ability to negotiate with hospitals.
- Rather than building on a patient base in the city, hospitals are trying to maintain or expand their market share through growth into suburban areas.
- The greater metropolitan area appears to be over-supplied with hospitals, thus driving demand, particularly with respect to ancillary services. The market may be quite different in a few years as price becomes more of an issue. On the other hand, connections between hospitals and physicians may continue to create situations in which both benefit financially.
- Hospitals face competition from physicians for the more profitable ancillary services. Some have responded by developing “branded” specialty service lines to keep physicians affiliated with them.
- In the early 1990s, hospitals were consolidating and buying primary care physician practices. They are buying practices again, only now the quarry is specialists. This seems to make employers nervous, but it is difficult to determine how the consumer fares with these changes.
- Hospital and physician needs are frequently at odds, but some hospitals are aligning incentives by employing physicians.
- Some physicians believe that hospitals have not been creative in achieving savings or using resources efficiently. Physicians seek efficiencies in order to maximize their share of revenues.

Physician Organization

Physicians may form groups to increase their bargaining power with insurers, gain access to capital, or standardize their practice styles. However, there are few such groups in the St. Louis market, especially multi-specialty groups. Most physician practices are small.

- Access to capital may motivate a physician group to allow itself to be acquired by a hospital.
- Medical groups have the advantage of being able to impose quality improvement programs, training requirements, and efficiency standards on physicians as a condition of membership. They may also be more able to justify investment in health information technology.

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- Physicians are pursuing diverse strategies to enhance their financial conditions. Some are working with hospitals, whereas others are focusing on using the revenue stream from capitation payments to achieve goals. Physician groups have been strategic in their formation, pulling in specialties that may augment their bargaining power with hospitals or insurers.

Collaboration

The Regional Health Commission (RHC) was established with a grant from Civic Progress, a group of corporate chief executive officers, as well as funds from the city and county. The RHC was formed to bring together stakeholders to establish a viable health care safety net for the uninsured and vulnerable populations of St. Louis. Its future plans include trying to provide more efficient and effective care for patients without a primary care provider through better and more integrated records from area emergency departments.

- Community leaders are particularly proud of the RHC and the collaborative effort it represents. This organization has overcome many of the divisive characteristics of the market but has a long way to go to ensure a functioning health care system.
- The RHC has worked to foster cooperation between the city and county health departments and among the four federally qualified health centers (FQHCs) in the city. Achieving cooperation among the FQHCs has been challenging because historically they competed for patients as well as scarce resources.
- Skeptics wonder whether the threat of unlimited numbers of uninsured entering hospitals through emergency departments spurred the hospitals' decisions to participate in this collaboration, rather than a spirit of cooperation.

Safety Net

The FQHCs and ConnectCare constitute the Integrated Health Network (IHN), which is working to develop a full continuum of health care services for low-income and uninsured residents. ConnectCare is located in what used to be a regional safety net hospital. Its mission is to provide or otherwise arrange for specialty medical services. All primary care services are provided by two FQHCs. IHN has the support of hospitals, which would otherwise be the de facto safety net providers through their emergency rooms. The Missouri Foundation for Healthcare has been instrumental in supporting the IHN.

- Hospitals and other providers continue to exit the city for the suburbs, following the population and the money, and leaving few private provider options for those remaining in the city. Race, income, and religion continue to segregate the city and suburbs. The fragility of the safety net was notable and of concern to many of the site visit participants.

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- ConnectCare’s strategy includes developing service lines, such as endoscopy, that will bring in a higher volume of insured patients.
- Some providers noted that the FQHCs are well-funded, without any corresponding obligation to demonstrate service to the uninsured and chronically ill.
- The delineation of responsibility for specialty care and primary care between ConnectCare and the FQHCs is a relatively new development. It might take time to determine the success of this model.
- All hospitals say they are providing safety net services but question the contribution of other hospitals. There is no consensus on what constitutes a facility’s “fair share.”
- Missouri’s Medicaid program was due to “sunset” in 2008, which was the impetus for a redesign of the program, now known as MO HealthNet. This has been characterized as a “Massachusetts lite” model, emphasizing individual responsibility.

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Tuesday, April 3, 2007

7:00 pm Optional dinner – Blueberry Hill [6504 Delmar Avenue]
(meet in lobby of Chase Park Plaza Hotel, 212-232 N. Kingshighway Boulevard)

Wednesday, April 4, 2007

8:00 am Breakfast available [Regency Room, Chase Park Plaza Hotel]

8:30 am The St. Louis Health Care Market: The Past as Prologue
James Kimmey, MD, *President and Chief Executive Officer*,
Missouri Health Foundation
Louise Probst, *Executive Director*, St. Louis Area Business Health
Coalition

Dr. Kimmey's perspective on the St. Louis health care market is grounded in his leadership at the St. Louis University Health Sciences Center and School of Medicine. Now he leads the Missouri Health Foundation, a unique vantage point for providing an overview of the local health care landscape.

Ms. Probst has been urging the St. Louis business community to work together to tackle rising health care costs and weigh in on the need for cost and quality transparency through the Business Coalition. The Coalition's report on area hospitals provides data on their financial condition and how they fare on a quality scorecard.

- How have racial, ethnic, and economic factors shaped the delivery of health care in this city?
- What was the genesis of the most influential health care systems in the city? How are they championing progress toward improved access, increased transparency, and more efficient health care delivery? In what ways may they be creating impediments?
- Are the city's health care systems collaborating to solve shared problems? Are they working at cross purposes?
- How have business leaders worked with providers to address cost and access concerns? Who is taking the lead in addressing these issues? How?
- What initiatives are underway or in the pipeline to address quality improvement, cost control, and transparency? Who has the resources to finance these initiatives?
- What does the future hold for St. Louis as the Governor proposes to restructure Medicaid and payers focus on cost containment?

Agenda / continued ►

AGENDA

Wednesday, April 4, 2007 / continued

AGENDA

10:00 am Physician Ties to the Largest Hospital System

James P. Crane, MD, Associate Vice Chancellor for Clinical Affairs and Chief Executive Officer, Washington University Physicians

John Ellena, MD, Medical Director, BJC Medical Group

Admitting privileges at Barnes-Jewish Hospital, the flagship institution of the Barnes-Jewish-Christian (BJC) Health Care System, are predicated on a faculty appointment at the Washington University Medical School. The hospital also shares its financial margin with the medical school. Dr. Crane represents the faculty physicians, who are closely aligned with both the hospital system and the medical school. The BJC system also employs community physicians. Dr. Ellena represents a medical group whose physicians are employed by the BJC system and which sponsors Washington University residents.

- How does the financial arrangement between Barnes-Jewish Hospital and Washington University physicians affect (i) the relationship between these entities, (ii) the range of medical specialties offered at the hospital and medical school, (iii) the missions and programs of both entities?
- How has the relationship between university physicians and the hospital system changed over time? What does the future hold?
- How do the university physicians and community physicians relate to (i) the medical school, (ii) insurers, (iii) the broader health care system? Are these physician groups satisfied with their roles? How would they like their roles and influence to change?
- What are university and community physicians' commitments to caring for Medicaid patients? The uninsured? What is likely to change with the redesigned Medicaid program?

11:15 am Shuttle Departure – Barnes-Jewish Hospital
[One Barnes-Jewish Plaza]

11:30 am BJC: The Big Kid on the Block

Steven Lipstein, President and Chief Executive Officer, BJC HealthCare

The BJC system controls close to 30 percent of the hospital market in the St. Louis area. This market power, combined with its ties to Washington University, has been instrumental in shaping the local health care delivery culture. Mr. Lipstein has been championing ways to make it easier for people to assume more personal responsibility for their health, beginning with his own employees.

Agenda / continued ►

Wednesday, April 4, 2007 / continued

AGENDA

11:30 am **BJC: The Big Kid...continued**

- How do the interests of the BJC system and the Washington University and community physicians align? How do they differ? Do the differences foment creativity or stymie efforts to improve the efficiency of health care delivery?
- How does BJC collaborate with physicians to determine the range of hospital services that are offered? To improve quality and patient care in the hospitals?
- How does BJC respond to local market forces, such as competition among hospital systems, increased physician ownership of ancillary services, and the flight of providers to the suburbs? How does BJC shape these forces?
- What are the problems with health care delivery in the St. Louis area? Are these problems unique to St. Louis? How are these problems being addressed?

12:45 pm Lunch

1:15 pm **Bus Departure – Esse Health [12655 Olive Boulevard]**

2:00 pm **The Entrepreneurial Physician, Part 1**
Thomas Hastings, MD, Physician, Esse Health

Esse Health is an internal medicine group practice that has started a Medicare Advantage plan. Esse Health’s clinical philosophy incorporates reliance on EMRs and patient education to reduce high-end medical care through chronic care management. His practice dispenses certain generic prescriptions as a patient convenience and cost management tool.

See key questions for Dr. Hastings under the 4:00 pm session, “The Entrepreneurial Physician, Part 2”

3:30 pm **Drive-by – Orthopedic Associates [1050 Old Des Peres Road]**

Orthopedic Associates is a physician group located in a strip mall in the West County area that offers a range of services, including physician practices, outpatient surgery, rehabilitation, and a health club. Nearby St. Anthony’s Medical Center views Orthopedic Associates and other physician-owned facilities, rather than other hospitals, as its main competitors.

4:00 pm **Arrival – Signature Health [12639 Old Tesson Road]**
The Entrepreneurial Physician, Part 2
George Schoedinger, III, MD, Physician, Signature Health

Agenda / continued ►

Wednesday, April 4, 2007 / continued

4:00 pm Signature Health...continued

Signature Health is a group practice that includes orthopedic surgery, obstetrician/gynecologist (OB/GYN), and allergy/immunology specialty services, as well as an imaging center and a practice management component. Its leaders aim to make it a full-range multispecialty practice within five years. Dr. Schoedinger believes that physicians should work in groups to consolidate their market power and that telling physicians how to practice is ineffective in getting them to work together. He is a proponent of provider partnerships to enable longitudinal measurement of patient outcomes.

- How is your practice structured and why? What would be the ideal structure of physician practice, and how can you get there?
- What strategic innovations are you developing to improve your practice?
- How is quality control built into your physician practice? Consumer preferences? Cost control? What is the effect of your approach on the quality and efficiency of care delivered to patients?
- How do the financial incentives associated with current payment policies affect the delivery of care? How should financial and other incentives be designed to improve quality and promote efficiency?
- What opportunities are available for physicians to change the delivery of health care? What should physicians' roles be in leading such change?

5:30 pm Bus departure to dinner

6:15 pm Dinner –Kemoll’s Restaurant [#1 Metropolitan Square]

Thursday, April 5, 2007

8:00 am Breakfast available [Regency Room, Chase Park Plaza Hotel]

8:30 am A Hospital System in a Disaggregated Market

Ronald J. Levy, *President and Chief Executive Officer, SSM Health Care-St. Louis*

Robert G. Porter, *Executive Vice President-Strategy and Business Development, SSM Health Care-St. Louis*

Daniel W. Varga, MD, *Regional Vice President-Medical Affairs/Chief Medical Officer, SSM Health Care-St. Louis*

Agenda / continued ►

AGENDA

Thursday, April 5, 2007 / continued

AGENDA**8:30 am** A Hospital System...continued

SSM Health Care, the second largest system in the St. Louis area, is a 2002 recipient of the Malcolm Baldrige National Quality Award. Mr. Levy remains committed to continuous quality improvement. Part of the larger SSM Catholic health care system, SSM hospitals account for 20 percent of the hospital market in the area.

- How does SSM relate to the different segments of its medical staff—faculty, employed, and community? What are the implications of these types of affiliations for quality and efficiency of care?
- Has SSM been able to incorporate any elements of gain-sharing with physicians in its organizational structure? What opportunities are there for gain-sharing activities to improve the efficiency of health care delivery while ensuring quality of care? What impediments are there to collaborative efforts between hospitals and physicians?
- What is the balance of power among purchasers, insurers, health systems, and physicians?
- How does competition between hospitals and physicians affect the delivery of health care? How has SSM responded to this competition?

9:30 am A For-Profit, Inner City, Teaching Hospital? How Can This Be?

Crystal Haynes, Chief Executive Officer, St. Louis University Hospital

St. Louis University Hospital was purchased by Tenant in 1997, although it remains the primary teaching hospital for St. Louis University Medical School. It is located in an inner city, depressed neighborhood, has a Level 1 trauma center, and provides significant charity care as a percentage of operating revenue. Ms. Haynes, a former administrator at The George Washington University Hospital, has expressed concerns about St. Louis' primary care funding mechanisms.

- How does St. Louis University Hospital relate to the St. Louis University Medical School? What are the legal, financial, and clinical relationships?
- How does the for-profit status and corporate connection of your hospital affect its operations?
- What is the relationship between St. Louis University Hospital and the community? The other providers in the area?

Agenda / continued ►

10:30 am Physicians: Key to Hospitals' Financial Success, or at the Mercy of Purchasers and Insurers?

Thomas H. Hale, MD, *President and Chief Executive Officer*, St. John's Mercy Medical Group

Stephen G. Slocum, MD, *President*, St. Louis Metropolitan Medical Society

Local health care observers differ in their view of the role of physicians. Some believe that since all health care revenue flows from a physician's order, physicians run the show. Others lament that primary care physicians have been marginalized and that physicians are unwilling to work together even to further their collective interests. Drs. Hale and Slocum will provide their views on how physicians should best be organized, quality should be addressed, and accountability should be apportioned among health care stakeholders.

- What are the major concerns of physicians in the St. Louis market? Are these concerns different from physicians in other areas?
- How are physicians changing health care delivery? What forces are helping physicians? What forces impede progress?
- Have pay-for-performance (P4P) initiatives been implemented in this area? At what level? What is P4P likely to achieve? How can hospitals and physicians work together to ensure P4P initiatives provide appropriate incentives to administer efficient, high quality care?
- What are the major problems with our health care system? Who can address these problems?
- What role does or should the consumer play in quality improvement?
- How will health care be transformed?

11:45 am Lunch and Check-out of Hotel

12:45 pm Bus Departure – St. Louis ConnectCare [5535 Delmar Boulevard]

Agenda / continued ►

AGENDA

1:15 pm

**It's Not the Market, It's the Community:
ConnectCare and the St. Louis Safety Net**

Robert Massie, DDS, *Chief Executive Officer, Family Care Health Centers*

Melody Eskridge, *President and Chief Executive Officer, St. Louis ConnectCare*

Will R. Ross, MD, *Associate Dean for Diversity, Washington University School of Medicine*

Hospital Administrator, to be announced

St. Louis was once served by two public hospitals, which collapsed in turn. ConnectCare is what remains after the demise of the second. It provides specialty services to the indigent and uninsured whose primary care (if any) is delivered by federally qualified health centers (FQHCs) and hospital emergency rooms. The Regional Health Commission is a collaborative effort of city, county, state, health providers, and community members to improve the health of uninsured and underinsured citizens.

- How is ConnectCare funded? What populations does it serve? What services does it provide?
- How are primary care services funded, and where are they provided? How do primary care providers coordinate with hospitals?
- What role do hospitals play as part of the safety net? To what extent do they serve as portals to care of any kind?
- What are the current activities of the Regional Health Commission (RHC)? What is the Integrated Health Network (IHN)? What did it take to get the major health care providers, government entities, and the community to develop this safety net system? What more needs to be done?
- Is everyone doing their “fair share” to ensure access for the vulnerable populations of St. Louis?
- To what extent is there coordination between the RHC and/or the IHN and the city/county health departments?
- How might ConnectCare and the IHN be affected by the Governor’s MO HealthNet proposal for Medicaid reform?
- What would improve access for the vulnerable?

3:15 pm

Bus Departure – Airport

AGENDA

Participants

Jody Blatt

Senior Research Analyst
Medicare Demonstration Programs
Group
Office of Research Development and
Information
Centers for Medicare &
Medicaid Services
U.S. Department of Health and
Human Services

Saralisa C. Brau, Esq.

Attorney
Health Care Services and
Products Division
Bureau of Competition
Federal Trade Commission

Niall Brennan

Senior Analyst
Medicare Payment Advisory
Commission

Debra Cochran

Area Director and Health Issues Advisor
Regional Office of Rep. W. Todd Akin
(R-MO)
U.S. Senate

Laurie Felder

Legislative Assistant
Office of Rep. Raúl M. Grijalva (D-AZ)
U.S. House of Representatives

Geoffrey Gerhardt

Health Policy Analyst
Health Cost Estimates Unit
Congressional Budget Office

Edward Grossman

Senior Counsel
Office of the Legislative Counsel
U.S. House of Representatives

Jim Hahn, PhD

Health Economist
Domestic Social Policy Division
Congressional Research Service

Jennifer Jenson

Specialist in Health Economics
Domestic Social Policy Division
Congressional Research Service

Linda Kohn, PhD

Assistant Director
Health Care Team
U.S. Government Accountability Office

Craig Lisk

Senior Policy Analyst
Medicare Payment Advisory
Commission

Melissa Reisman, JD

Health Insurance Specialist
Office of Legislation
Medicare Part A Analysis Group
Centers for Medicare &
Medicaid Services
U.S. Department of Health and
Human Services

M. David Rice

Program Examiner
Health Division
Office of Management and Budget

John Rigg

*Legislative Fellow (D) – Winston Health
Policy Fellowship*
Subcommittee on Health
Committee on Ways and Means
U.S. House of Representatives

William J. Scanlon, PhD

Commissioner
Medicare Payment Advisory
Commission

Thomas Walke, PhD

Assistant Director
Health Care Team
U.S. Government Accountability Office

Sophia Wright

Program Examiner
Health Division
Office of Management and Budget

NHPF Staff

Judith Miller Jones
Director

Laura A. Dummit
Principal Research Associate

Lisa Sprague
Senior Research Associate

Michelle Layone
Program Associate

Biographical Sketches — Participants

Jody Blatt is a senior research analyst and project officer in the Division of Payment Policy Demonstrations within the Medicare Demonstration Programs Group/Office of Research Development and Information at the Centers for Medicare & Medicaid Services (CMS). She is responsible for implementing the Medicare Care Management Performance Demonstration as well as the Medicare Replacement Drug Demonstration, both of which were mandated under the Medicare Modernization Act of 2003. Before joining CMS, she served in various capacities with managed health care plans and health insurers. Ms. Blatt has an undergraduate degree from Brown University and a master's degree in health policy and management from the Harvard University School of Public Health.

Saralisa Brau, Esq., is an attorney in the Health Care Services and Products Division of the Federal Trade Commission's (FTC's) Bureau of Competition in Washington, DC. She leads investigations and conducts litigation involving alleged violations of the antitrust laws by physicians and other health care professionals, pharmaceutical companies, hospitals, and health plans. Ms. Brau joined the FTC in 2005. Prior to that, she was with the law firm of McDermott Will & Emery in New York, where her practice focused on antitrust counseling, antitrust civil litigation, and trade regulation matters, often for health care industry clients. She is a co-author of *Antitrust and Healthcare: Meeting the Challenge* (3rd ed.), a comprehensive manual on health care antitrust law to be published by the American Health Lawyers Association in 2007. She is a graduate of the University of Virginia School of Law, and she holds a bachelor of arts degree, *cum laude*, from Duke University.

Niall Brennan is a senior analyst at the Medicare Payment Advisory Commission (MedPAC), where he focuses on physician resource use measurement. Prior to joining MedPAC in March 2005, Mr. Brennan was a principal analyst in the Budget Analysis Division at the Congressional Budget Office (CBO). In this capacity, he worked on estimates related to the Medicare program, particularly those related to the establishment of a Medicare prescription drug benefit, and other Medicare reform options. Prior to CBO, Mr. Brennan worked as a research associate at The Urban Institute and as a consultant in the Health Economics Group at Price Waterhouse.

Debra Cochran has served as area director and health issues advisor to Rep. W. Todd Akin (R-MO) since February 2001. Previous positions include 22 years at St. Johns Mercy Medical Center in St. Louis in various positions, the last 8 as administrative director of home care services; Ms. Cochran also spent two years as vice president of alternative care services for Tenet Health Care in St. Louis. She is active in the St. Louis community and has served on several boards and community organizations, currently including the Red Cross, the Provident Counseling

Providentcare Board, and Windsor Crossing Community Church. Ms. Cochran holds a bachelor of science degree in nursing from Maryville University and an MA degree in management from Webster University, both in St. Louis.

Laurie Felder attended Ithaca College in Ithaca, NY, Universidad de Salamanca in Salamanca, Spain, and Libera Università Internazionale degli Studi Sociali Guido Carli di Roma in Rome, Italy. She began working for Rep. Raúl M. Grijalva (D-AZ) as a college intern, was hired after graduation, and is now the legislative assistant on health.

Geoffrey Gerhardt is a health policy analyst at the Congressional Budget Office, where he prepares baseline budget projections and legislative cost estimates. His main focus is on Medicare spending on hospital outpatient departments and physician reimbursement issues. He authored a CBO issue brief titled, “The Sustainable Growth Rate Formula for Setting Medicare’s Physician Payment Rates,” which was published by the agency in September. Prior to arriving at CBO, Mr. Gerhardt worked on a variety of policy issues for a member of the U.S. House of Representatives. He holds a master’s degree in public policy from Georgetown University.

Jim Hahn, PhD, is an economist in the Domestic Social Policy Division at the Congressional Research Service (CRS). His work encompasses many Medicare issues, including hospital and physician payment, SGR alternatives, as well as general health care topics such as pay-for-performance and price transparency in health care and the economics of the prescription drug industry. Prior to joining CRS, Mr. Hahn worked at the U.S. Government Accountability Office and with Lewin and Associates, Inc. Mr. Hahn has published articles in the *New England Journal of Medicine* and Institute of Medicine reports on the effect of for-profit ownership and system affiliation on the economic performance of hospitals and on differences in physician payment and expenditures between the United States and Canada. He previously served on the faculty of the School of Public Health at the University of North Carolina at Chapel Hill, where he taught graduate courses in health economics, health policy, financial management, and quantitative research methods. Mr. Hahn is a graduate of Stanford University.

Jennifer Jenson is a specialist in health economics at the Congressional Research Service (CRS), where her work focuses on health care costs and spending, including federal spending on entitlement programs, tax subsidies for health insurance and expenses, and private health care spending. Since 1996, Ms. Jenson has worked on health policy issues for several nonpartisan, congressional support agencies, including the Congressional Budget Office (CBO), the Medicare Payment Advisory Commission (MedPAC), and CRS. At CBO, she worked as a budget analyst, focusing mostly on Medicare budget projections and cost estimates. At MedPAC, Ms. Jenson was special assistant to the executive director. She also has worked as a program examiner for the White House Office of Management and Budget. Ms. Jenson holds undergraduate degrees in political science and public health from the University of California at San Diego, and master’s degrees in public health and public policy from the University of Michigan.

Linda Kohn, PhD, is an assistant director with the health care team at the U.S. Government Accountability Office (GAO), where she works on issues related to

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public health and hospital quality under Medicare. Dr. Kohn joined GAO in 2003. For the prior five years, she was a senior program officer at the Institute of Medicine (IOM). While there, she served as co-director of the Quality of Health Care in America project, was lead editor of *To Err Is Human: Building a Safer Health System*, and was co-editor of the project's second report, *Crossing the Quality Chasm*. Before joining IOM, Dr. Kohn was a senior researcher at the Center for Studying Health System Change. Before entering the research field, Dr. Kohn was vice president at hospitals in Minnesota and Michigan. Dr. Kohn received her PhD degree from The Johns Hopkins University School of Public Health and her MPH degree from the University of Michigan.

Craig Lisk is a senior policy analyst with the Medicare Payment Advisory Commission (MedPAC), where he works on hospital and post-acute care provider payment issues as well as graduate medical education and healthcare workforce issues. Prior to MedPAC, Mr. Lisk had been an analyst with the Prospective Payment Assessment Commission (ProPAC) since 1987, where he led the work on the Commission's hospital update recommendations and coordinated the Commission's March report. Before joining ProPAC, he worked on Medicare hospital payment policy issues at the Congressional Budget Office. Mr. Lisk received a BS degree in political science and statistics and an MS degree in public policy from the University of Rochester.

Melissa Reisman, JD, is a health insurance specialist with the Office of Legislation at the Centers for Medicare & Medicaid Services (CMS). She works with appeals/beneficiary protections, health information technology (IT), home health agencies, pay-for-performance, skilled nursing facilities and transplant centers. Prior to joining CMS, she worked for the American Association of Homes and Services for the Aging. Ms. Reisman graduated from the Boston University Law School with the ABA-BNA Award for Academic Excellence in the field of Health Law, and she is licensed to practice law in the State of New York.

M. David Rice is a program examiner in the Health Division of the Office of Management and Budget, where he works on a variety of Medicare issues, including inpatient hospitals, post-acute care, and Medicare private insurance plans. Mr. Rice received his master's degree in public policy from the Terry Sanford Institute of Public Policy at Duke University. Prior to graduate school, he worked for Synegy, Inc., a business performance management consulting firm in Philadelphia. He is originally from Pittsburgh and has a BS degree in economics and history & policy from Carnegie Mellon University.

John Rigg is a legislative fellow through the Winston Health Policy fellowship, currently placed with the Committee on Ways and Means, Subcommittee on Health majority staff. His portfolio includes Medicare Parts A & B payment issues, including physician payment, radiology, and organ donation; emergency care; and quality. In his prior career, Mr. Rigg was a paramedic-firefighter in the cities of Atlanta and Seattle. He has also worked extensively with the U.S. Government Accountability Office, local public health and emergency preparedness agencies, community health centers, and hospitals.

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William J. Scanlon, PhD, is a health policy consultant and a commissioner of the Medicare Payment Advisory Commission. Until April 2004, he was managing director of health care issues at the U.S. General Accounting Office (GAO). At GAO, he oversaw congressionally requested studies of Medicare, Medicaid, the private insurance market and health delivery systems, public health, and the military and veterans' health care systems. Before joining GAO in 1993, he was co-director of the Center for Health Policy Studies and an associate professor in the Department of Family Medicine at Georgetown University. Dr. Scanlon has also been a principal research associate in health policy at The Urban Institute. His research at Georgetown and The Urban Institute focused on the Medicare and Medicaid programs, especially provider payment policies and the provision and financing of long-term care services. He has been engaged in health services research since 1975. Dr. Scanlon has published extensively and has served as frequent consultant to federal agencies, state Medicaid programs, and private foundations. He has a PhD degree in economics from the University of Wisconsin at Madison.

Thomas Walke, PhD, is an assistant director with the Health Care Team at the U.S. Government Accountability Office (GAO), where he works on issues related to Medicare physician payment. Dr. Walke joined GAO in 2000 as a health economist. For the past seven years, he also examined veterans' health care issues including Veterans Administration budget issues and the cost of long-term care and prescription drugs. Dr. Walke received his PhD degree from the University of North Carolina School of Public Health.

Sophia Wright is a program examiner in the Health Division of the Office of Management and Budget (OMB), where she manages a portfolio of Medicare issues. Prior to joining OMB, she was a member of the professional staff for the U.S. House of Representatives, Committee on Ways and Means, and Subcommittee on Social Security. Mrs. Wright received a master of public affairs degree and a BA degree from the University of Texas at Austin.

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Biographical Sketches — Speakers

James P. Crane, MD, is the associate vice chancellor for Clinical Affairs and chief executive officer of Washington University Physicians.

John Ellena, MD, is the medical director at BJC Medical Group.

Melody Eskridge is president and chief executive officer of St. Louis ConnectCare, a safety net provider of health care to uninsured and underinsured St. Louis City and County residents. She was previously the organization's vice president and chief financial officer. St. Louis ConnectCare serves over 30,000 patients annually, providing specialty care, diagnostics, pharmacy, urgent care and other health care and social support services. Prior to her work with ConnectCare, Ms. Eskridge held various management positions within the BJC network of hospitals, including director of financial services and director of research affairs. She holds a Certificate in Public Accounting in Missouri and has held positions as a senior accountant with KPMG Peat Marwick and as chief fiscal officer for the Missouri Court of Appeals, Eastern District.

Thomas H. Hale, PhD, after 10 years in private practice, established with 16 other physicians the St. John's Mercy Medical Group as the primary care component of an integrated delivery system under the umbrella of the Sisters of Mercy in St. Louis. In 1994, Dr. Hale was selected as the group's first chief executive officer and president, a position he still holds. Mercy Medical Group has grown to 150 physicians, with 52 offices throughout the Metropolitan area and a patient population of 400,000. The group is presently embarked on an ambitious goal of becoming "paperless" by spring of 2008. Dr. Hale is the physician leader for this project. He received his PhD with a major in pharmacology in 1977. He subsequently attended the University of Missouri-Columbia Medical School, graduating in 1980. Dr. Hale is presently in a degree program with Northwestern University with a major in Medical Informatics.

Crystal Haynes is chief executive officer of St. Louis University (SLU) Hospital, having first served as chief operating officer. The hospital is owned by Tenet Healthcare, and serves as the primary teaching site for the St. Louis University School of Medicine. Under Ms. Haynes' leadership, SLU Hospital has been identified by *U.S. News and World Report* in six medical specialties and has received numerous awards and recognitions from the American Heart Association, the National Department of Health and Human Services, and the Missouri Hospital Association. Prior to coming to St. Louis, Ms. Haynes held the position of chief operating officer at The George Washington University Hospital. During her career in hospital leadership, Ms. Haynes also worked at hospitals in Texas and Florida. She serves on the regional policy board for the American Hospital Association and is chair-elect for the Missouri Hospital Association. In addition, she is a board member for the United Way of Greater St. Louis, a delegate for the Association of American Medical Colleges/Council of Teaching Hospitals, and

an associate member of the American College of Healthcare Executives. Ms. Haynes holds a bachelor of social work degree from the University of North Texas and a master's degree in health services administration from The George Washington University.

James Kimmey, MD, is currently president and chief executive officer of the Missouri Foundation for Health, a position he has held since October 2001. The Missouri Foundation for Health is the state's largest health foundation with assets of more than \$1.3 billion. Prior to joining the Foundation, Dr. Kimmey held a number of senior positions at St. Louis University, beginning in 1987, including director of the University's Center for Health Services Education and Research and founding dean of its School of Public Health. He was appointed Professor Emeritus of Public Health in 2001. Dr. Kimmey has held many leadership positions in nonprofit and professional organizations throughout his career, such as president of the World Federation of Public Health Associations, president of the American Health Planning Association, chair of the Accrediting Commission on Health Services Administration, and commissioner of the Prospective Payment Assessment Commission. Dr. Kimmey earned his BS, MS, and MD degrees from the University of Wisconsin (Madison) and his MPH degree from the University of California (Berkeley).

Ronald J. Levy, president and chief executive officer of SSM Health Care-St. Louis, oversees the mission, vision, and strategic focus for an integrated health care network with eight hospitals, 2,000 physicians and more than 10,000 employees, and a revenue base of \$1 billion. Prior to being named president/chief executive officer of SSM Health Care-St. Louis, Mr. Levy served as president of the SSM Physicians' Organization (PO) and Provider Affiliations where he was instrumental in building SSM's reputation for working in partnership with physicians. Mr. Levy has also served as president of SSM St. Mary's Health Center in St. Louis and St. Clare Hospital in Baraboo, Wisconsin. He holds a bachelor of arts degree and a master's degree in health services administration, both from the University of Wisconsin. He serves on the boards of the Missouri Hospital Association, The Regional Business Council, St. Louis Regional Health Commission, and a variety of community service organizations including The United Way of Greater St. Louis.

Steven Lipstein is president and chief executive officer of BJC Healthcare. He joined BJC in October 1999. Previously, he served as executive vice president at the University of Chicago Hospitals and Health System and president and chief operating officer of the University of Chicago Hospitals. From 1982 to 1994, Mr. Lipstein held executive positions within The Johns Hopkins Hospital and Health System in Baltimore, finishing his tenure as the hospital's vice president for administration. Mr. Lipstein serves on the boards of Washington University, the Voluntary Hospitals of America, the Council of Teaching Hospitals (American Association of Medical Colleges), the Missouri Hospital Association, and the United Way of Greater St. Louis Inc. In addition, he serves on the Regional Business Council and the St. Louis Regional Health Commission, currently holding the office of treasurer. He is on the Board of the St. Louis Regional Chamber and Growth Association, and he serves as the vice chair for public policy.

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Robert Massie, DDS, is the chief executive officer for Family Care Health Centers.

Robert G. Porter is executive vice president of strategy and business development of SSM Health Care-St. Louis.

Louise Probst is the executive director of the St. Louis Area Business Health Coalition (BHC), which represents St. Louis employers in their efforts to enhance the quality and overall value of their investments in health benefits and to improve the health of their enrollees. Ms. Probst began her career in health care as a critical care nurse and has experience within the industry as a clinician, an educator, a hospital administrator, and a purchaser advocate. She has a master's degree in business administration from the University of Denver. Ms. Probst serves on the National Quality Forum's Steering Committee to develop standards for the reporting of health care acquired infections, the National Committee for Quality Assurance's Standards Committee, the National Forum on Physician Performance Benchmarking, the Ambulatory Quality Alliance (AQA) Expansion Workgroup, and the St. Louis Regional Leapfrog Rollout. She is also a past chairperson of the National Business Coalition on Health.

Will R. Ross, MD, is associate dean for diversity at Washington University School of Medicine, an attending nephrologist at Barnes-Jewish Hospital, and senior fellow at the Center for Health Policy. Dr. Ross oversees diversity affairs and directs clinical outreach programs that promote community-based health care. As a public health and health-care policy expert Dr. Ross focuses on improving public health infrastructure and resolving health-care disparities. From 1994-1996 he served as medical director of the former St. Louis Regional Medical Center, which is now St. Louis ConnectCare. Dr. Ross served as a charter member of the St. Louis Regional Health Commission and is a member of the Missouri Foundation for Health. He is a health care consultant for the St. Louis American Newspaper. From 2001-2004, Dr. Ross served as president of the Mound City Medical Forum, an organization of over 150 minority physicians. Dr. Ross earned a BS degree from Yale University in 1980. He received his medical degree and fellowship in kidney diseases at Washington University.

George Schoedinger, III, MD, board-certified in orthopedic surgery, practices with Signature Health, a physician practice in whose formation and growth he has been instrumental. Dr. Schoedinger earned his undergraduate degree at Eastern Oregon College and his MD degree at the University of Oregon Medical School. Residency brought him to Barnes Hospital in St. Louis; he currently holds appointments at five hospitals in the region. Dr. Schoedinger has served as a board member of several hospitals and hospital systems, currently chairing the governing board of managers of Centerpointe Hospital in St. Charles, MO.

Stephen G. Slocum, MD, is a board-certified ophthalmologist in private practice, affiliated with West County Ophthalmology, a five-doctor practice. He has his medical degree from St. Louis University School of Medicine and served his residency at the Tulane University School of Medicine in New Orleans. He has been on the faculties of both Tulane and St. Louis Universities. Dr. Slocum is the current president of the St. Louis Metropolitan Medical Society and the St. Louis Society for

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Medical and Scientific Education, and he serves on the board of the Missouri State Medical Association and the Missouri Ophthalmological Society. He is a fellow of the American Academy of Ophthalmology and of the American College of Surgeons. Dr. Slocum is a great believer in the importance of organized medicine and in its goals of improving the physician-patient relationship and improving the quality of medical care.

Charles Willey, MD, president and chief executive officer of Esse Health, leads a 70-physician corporation in its negotiations and management of contracts with the major health plans in St. Louis. He has led several initiatives that further Esse's commitment to improved health care and technological advancement, including implementation of an electronic health record system, the establishment of Esse's own professional liability insurance company, and the creation of Essence Healthcare, Missouri's first physician-owned Medicare Advantage plan. In 1981, Dr. Willey received his medical degree from the University of Missouri. After completing his residency at St. John's Mercy Medical Center, he began his own private practice. He orchestrated a series of practice mergers over the next dozen years, the end result of which was Esse Health.

Daniel W. Varga, MD, is regional vice president of medical affairs and chief medical officer of SSM Health Care-St. Louis.

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Biographical Sketches — Forum Staff

Judith Miller Jones has been director of the National Health Policy Forum (NHPF) at the George Washington University since its inception in 1972. In 1988, Ms. Jones became a member of the National Committee on Vital and Health Statistics and served as its chair from 1991 through 1996. She is a professorial lecturer at George Washington University's School of Public Health and Health Services, serves as a mentor at the Wharton School's Health Care Management Program, and on occasion consults with nonprofit groups across the country. In her "private" life in West Virginia, Ms. Jones chairs a local public health committee, Healthier Jefferson County, where she is involved in a range of issues and observes the impacts of federal/state policy at the local level. Previously, Ms. Jones served as special assistant in the Office of the Deputy Assistant Secretary for Legislation in the Department of Health, Education, and Welfare and, before that, as legislative assistant to the late Sen. Winston L. Prouty (R-VT). Prior to her involvement in government, she worked in education and program management in the private sector. From 1965 to 1969, Ms. Jones was employed by IBM as a systems analyst and as special marketing representative in Instructional Systems. While at IBM, Ms. Jones studied at Georgetown Law School and completed her master's degree in educational technology at Catholic University.

Laura A. Dummit, principal research associate, is responsible for health care provider and facility payment issues. She is conducting work on physician spending and service volume, specialty hospitals, measuring hospital costs, and cost differences across sites of care. Prior to joining the Forum in early 2005, Ms. Dummit was the health care director for Medicare payment issues at the U.S. Government Accountability Office (GAO). During her seven years with the GAO, Ms. Dummit testified before and reported to the Congress on a range of topics including prescription drug costs, skilled nursing facilities, geographic differences in providers' costs, and physician payment. Before joining the GAO, Ms. Dummit was the deputy director of the Prospective Payment Assessment Commission (now MedPAC) where she led analyses of post-acute care and ambulatory care providers. Ms. Dummit has also held positions with the Alpha Center for Health Planning and the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services. She has a master's degree in health policy from the University of North Carolina at Chapel Hill.

Lisa Sprague is a senior research associate with the National Health Policy Forum. She works on a range of health care issues, including quality and accountability, health information technology, private markets, chronic- and long-term care, and veterans' and military health. Previously, she was director of legislative affairs for a trade association representing preferred provider organizations and other open-model managed care networks. She represented the industry to Congress, federal agencies, and state insurance commissioners, as well as managing

the association’s policy development process and editing a biweekly legislative newsletter. Ms. Sprague came to Washington in 1989 as manager, employee benefits policy for the U.S. Chamber of Commerce. Her interest in health policy arose in her earlier work as a human resources manager and benefits administrator with Taft Broadcasting (later known as Great American Broadcasting) in Cincinnati. She holds an AB degree in English from Wellesley College and an MBA degree from the University of Cincinnati.

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National Health Policy Forum

Facilitating dialogue.
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2131 K Street NW, Suite 500
Washington DC 20037

202/872-1390
202/862-9837 [fax]
nhpf@gwu.edu [e-mail]
www.nhpf.org [web]
