DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Centers for Medicare & Medicaid Services Continuing Education (CMSCE) Authors and Disclosures

Activity Titles for 2017 CMMI CPC+ Enduring Activity Post Assessments:

- Action Groups 1 and 2: Sessions 1, 2 and 3-Risk Stratification
- Enhanced Longitudinal Care Management for High-Risk Patients Action Group 3
- Enhanced Longitudinal Care Management for High Risk Patients Action Group 4
- Action Group 5, Foundations of Episodic Care Management, Sessions 1, 2, and 3
- Action Group 6, Foundations of Episodic Care Management, Sessions 1, 2, and 3
- Action Group 7, Episodic Care, Sessions 1, 2, and 3
- Action Group 8, Episodic Care, Sessions 1, 2, and 3
- Action Group 9, Going Beyond the Traditional Office Visit, Sessions 1, 2, 3
- Action Group 10, The Building Blocks of Team-Based Care: Getting Started, Sessions 1, 2, and 3
- Action Group 11, Starting a Patient and Family Advisory Council, Sessions 1, 2, and 3
- Action Group 12, Planning to Improve Health IT, Sessions 1, 2, and 3
- Action Group 13, Self-Management Support, Sessions 1, 2, and 3
- Action Group 14, Care Management for Mental Illness, Sessions 1, 2, and 3
- Action Group 15, Integrating Behavioral Health, Sessions 1, 2, and 3
- Action Group 16, Addressing Social Needs, Sessions 1, 2, and 3
- Behavioral Health Integration
- CPC+ Care Management
- eCQM and Health IT Review
- CPC+ Overview of Care Delivery Model
- CPC+ Practice Portal and CPC+ Connect
- Taking the Next Step: CPC+ Year 2 Care Delivery Webinar
- Welcome to Comprehensive Primary Care Plus
- What You Need to Know About Financial Reporting for CPC+

Disclosure/Commercial Support

This activity was developed without commercial support and developers & presenters have signed a disclosure statement indicating any relevant financial interests. For additional information contact cmsce@cms.hhs.gov via email.

Activity Planners/Developers/Instructors

Lisa Bari, MBA, MPH, presenter, has been employed as a Social Science Research Analyst for the Centers for Medicare & Medicaid Services' Innovation Center (CMS Innovation Center) since 2016. Ms. Bari previously held leadership roles in health IT and other technology companies. She is the Health IT and Vendor Engagement

Lead for the Comprehensive Primary Care Plus (CPC+) Model at the CMS Innovation Center.

Ms. Bari earned a Master of Business Administration degree from Purdue University and a Master of Public Health degree from Harvard University's T. H. Chan School of Public Health.

Ms. Bari has nothing to disclose.

Asaf Bitton, MD, presenter, is an Assistant Professor of Medicine in the Division of General Medicine at Brigham and Women's Hospital in Boston, Massachusetts and the Assistant Professor of Health Care Policy at the Department of Health Care Policy at Harvard University's Medical School. Dr. Bitton also serves as the Director of Primary Health Care at Ariadne Labs, where she is leading their Primary Health Care Performance Initiative, a joint effort with the Bill and Melinda Gates Foundation, the World Bank, the World Health Organization, and the Results for Development Institute. This project aims to improve measurement of key primary care functions within low and middle income countries. The program's goal is understanding variation in performance and tailoring improvement initiatives to address and narrow gaps. Dr. Bitton also leads Ariadne Labs' measurement of patient experience in low and middle income countries, implementation efforts with the World Bank in Estonia around risk-stratified care management, as well as other integrated care efforts globally.

Dr. Bitton serves as a Senior Advisor to the Center for Medicare & Medicaid Innovation (CMMI) Center for the Comprehensive Primary Care Plus initiative. He has studied extensively the dissemination and outcomes around the Patient-Centered Medical Home (PCMH) in the United States and primary care reform globally. Dr. Bitton has served as a Medicare Advisor for five years. He also led a primary care learning collaborative in Massachusetts. Dr. Bitton practices in the primary care internal medicine setting at a Nationally recognized medical home practice in Boston.

Dr. Bitton earned a Doctor of Medicine degree from the University of California, San Francisco.

Dr. Bitton has disclosed that he receives grant/research support from the Bill and Melinda Gates Foundation and World Bank. He also disclosed that his spouse works for the Advisory Board Company based in the District of Columbia.

Jennifer Boaz, MHA, presenter, is a Healthcare Learning Facilitator for HealthTeamWorks on the Comprehensive Primary Care Plus (CPC+) National Team. She also serves as a Clinical Health Information Technology Advisor for various quality initiative programs. Ms. Boaz has worked in the healthcare industry for over 12 years, with a career ranging from clinical nursing and population management to administrative leadership. She has worked in various settings, including hospitals, Federally Qualified Health Centers (FQHCs), State Health Information Exchanges (State HIEs), and private health plans. Ms. Boaz has conducted web-based training, seminars, teleconferences, and one-on-one training for various initiatives, such as the Electronic Health Records (EHR) Incentive Program, Physician Quality Reporting System (PQRS), Patient-Centered Medical Home (PCMH) Recognition, the Joint Commission on Accreditation (JCAHO), EHR implementation and workflow design, and value-based programs administered by private payers.

Ms. Boaz earned a Master of Healthcare Administration degree at Missouri State University.

Ms. Boaz has nothing to disclose.

Wendy Bradley, MA, presenter, is the Director of Integrated Behavioral Health for TMF Health Quality Institute. She has over 13 years of experience working as both a behaviorist and overseeing integrated programs. Ms. Bradley has developed and delivered numerous National web-based training sessions on

behavioral health integration (BHI).

Ms. Bradley earned a Master of Arts degree in Marriage and Family Therapy from Webster University.

Ms. Bradley has nothing to disclose.

Jennifer Bouchet, LCSW, presenter, has practiced in a variety of healthcare settings in the last six years. In her current position as the first Behavioral Health Provider at Roaring Fork Family Practice, she works closely with the clinic's quality specialist. Her responsibilities include development of group visits, care management programs, patient engagement, and referral processes. Ms. Bouchet is also responsible for Accountable Care Program (ACP) processes, education, outreach, engagement, and coordination with community support services. She is focused on providing behavioral health support to patient's struggling with chronic pain. Her previous experience includes providing social work clinical interventions in the hospice and home care setting at HomeCare & Hospice of the Valley from September 2011 through May 2015. Ms. Bouchet also has professional experience serving as an Advocate and Case Manager at a non-profit law firm, helping clients with disabilities and complicated medical situations.

Ms. Bouchet earned a Master of Social Work degree from the University of Denver.

Ms. Bouchet has nothing to disclose.

Bryant Campbell, presenter, has served as a Patient and Family Advisor for Providence Medical Group in Portland, Oregon for five years. As a member of the group's Patient and Family Advisory Council, Mr. Campbell is one of a diverse group of healthcare advisors charged with partnering with their health care system to bring the voice of the patient and family into the organization's policies and programs. These council members give feedback on strategic plans, join work groups, and help with the implementation of the Patient-Centered Medical Homes (PCMHs) in over 15 clinics.

Mr. Campbell has also been involved in the development of processes, procedures, and animated media communications for the group's PCMHs. He has presented the patient experience at conferences, webinars, and forums. He was featured on the State of Oregon Health Authority's Website for his involvement in this work. Mr. Campbell is currently involved in the medical group's initiative to bring patient and family advisory councils into local, outpatient clinics. He was recently awarded the Orme Partnership Award, recognizing a patient family advisor and healthcare professional team whose authentic partnership has resulted in authentic patient and family-centered care practice and culture.

Mr. Campbell studied Business Administration at Portland Community College.

Mr. Campbell has disclosed that he is a Consultant for the Centers for Medicare & Medicaid Services (CMS).

Cindy Chan, MD, presenter, is a General Internist and the Lead Physician for Quality Improvement and Practice Transformation at CapitalCare Medical Group in Schenectady, New York. Since the inception of this role, the practice has acquired and maintained Patient-Centered Medical Home (PCMH) Level 3 certification. The CapitalCare Medical Group was an active participant in Comprehensive Primary Care (CPC) classic and has attained Comprehensive Primary Care Plus (CPC+) Track 1 site designation. Dr. Chan has received multiple honors and is a Fellow of the American College of Physicians, Diplomate of the American Board of Internal Medicine, Fellow of the Royal College of Physicians of Canada, Specialist of the College des Medecins du Quebec, and Licentiate of the Medical Council of Canada.

Dr. Chan earned a Doctor of Medicine degree from McGill University in Montreal, Canada.

Dr. Chan has nothing to disclose.

Patrick Conway, MD, is the Centers for Medicare & Medicaid Services' (CMS') Deputy Administrator for Innovation and Quality. Mr. Conway and his team are responsible for overseeing quality of care, innovation, and new payment models for the programs that serve the over 140 million Americans that access health care services through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. He and the CMS team focus on health system transformation by improving quality, affordability, access to care, and health outcomes.

Dr. Conway also serves as the Director of the Centers for Medicare & Medicaid Services' Center for Medicare & Medicaid Innovation (CMS Innovation Center). The CMS Innovation Center is responsible for testing numerous new payment and service delivery models across the Nation that reward quality and value. Models include accountable care organizations, bundled payments, primary care medical homes, State innovation models, and many more. These models involve millions of people and hundreds of thousands of providers across the Nation. Successful models can be scaled Nationally. The CMS Innovation Center budget is $10 billion over 10 years.

Dr. Conway is a National and international leader in health system transformation, quality, and innovation. He was elected to the National Academy of Medicine Institute of Medicine (IOM) recognizing individuals who have demonstrated outstanding professional achievement in 2014. Election to the IOM is considered one of the highest honors in the fields of health and medicine. He is a Practicing Pediatric Hospitalist and was selected as a Master of Hospital Medicine by the Society of Hospital Medicine. Dr. Conway has received the President's Distinguished Senior Executive Rank and the United States Secretary of Health and Human Services' Award for Distinguished Service. This award is the President and Secretary's highest distinction for senior executive excellence. Dr. Conway is a former White House Fellow, Robert Wood Johnson Clinical Scholar, and leader of quality improvement, quality measurement, research, and clinical operations at Cincinnati Children's Hospital.

Dr. Conway earned a Doctor of Medicine degree, with High Honors, from Baylor College of Medicine, and completed a Pediatrics Residency at Harvard Medical School's Children's Hospital Boston.

Joshua Devine, PhD, PharmD, presenter, has worked as a Technical Advisor at the Centers for Medicare & Medicaid Services (CMS) since 2014. He has worked with the Medicare program supporting delivery system reform activities, including the Comprehensive Primary Care Plus (CPC+) Program.

Dr. Devine earned a Doctor of Philosophy degree from the University of Minnesota and a Doctor of Pharmacy degree from Drake University.

Dr. Devine has nothing to disclose.

Shannon Diasabeygunawardena, BA, presenter, served as a Healthcare Learning Faculty & Practice Facilitator from April 2017 through July 2017. Prior to that time, she was a Director and Manager of Operations for a concierge family medicine clinic. In this role, Ms. Diasabeygunawardena had primary responsibility for the selection, supervision, scheduling, and performance of all non-physician clinic staff. She served as a Facilitator for virtual action groups, comprised of primary care practice representatives. Her experience includes working as a Quality Improvement Coach, a Lean Team Facilitator, a Patient-Centered Medical Home (PCMH) Program Manager, and a Quality Development Consultant in various medical offices.

Ms. Diasabeygunawardena earned a Bachelor of Arts degree in Communications from Eastern Illinois University.

Ms. Diasabeygunawardena has nothing to disclose.

David Dorr, MD, presenter, started with Oregon Health & Science University (OHSU) in 2005. He currently serves as a Professor and Vice Chair of the Medical Informatics for the Department of Medical Informatics and Clinical Epidemiology. He also serves as a Professor of General Internal Medicine and Geriatrics. Dr. Dorr's areas of expertise are quality informatics, systems of healthcare , improving efficiency and effectiveness, care management, and population-based health information technology tools. He has led several large grants with complex study design, and published extensively on pragmatic trials, complex care management, informatics interventions, and primary care for older adults. His research interests are complex care management, risk stratification, and information systems. Dr. Dorr has given more than 500 lectures on a variety of informatics and care management topics.

Dr. Dorr earned a Doctor of Medicine degree from the Washington University School of Medicine in St. Louis.

Dr. Dorr has nothing to disclose.

Aimee Ducharme, MSW, presenter, has been employed as a Case Manager for Family Care Southwest, P. C. in Litttleton, Colorado since July 2014. Ms. Ducharme has been managing the Comprehensive Primary Care Initiative (CPCI) project for her practice with a focus on improving care management workflow and overall quality since joining the practice.

Ms. Ducharme earned a Master of Social Work degree in Clinical Social Work at Boston College and obtained her Licensed Clinical Social Worker (LCSW) credentials from the State of Colorado.

Ms. Ducharme has nothing to disclose.

Bruce Finke, MD, presenter, is a Family Physician, Geriatrician, and Member of the Center for Medicare & Medicaid Innovation Comprehensive Primary Care (CMMI CPC) Team. Dr. Finke has been involved in the development and management of the Comprehensive Primary Care Initiative (CPCI) since its earliest days in 2011. He has provided support to tribal, Indian Health Service (IHS), and urban programs in the development of improved clinical and preventive care for the elderly and the development of long term services and supports since 1998. Dr. Finke worked in an interdisciplinary team setting to develop comprehensive geriatric assessment and fall prevention programs, and collaborated closely with tribal programs to develop services in the community from 1991 through 2003. This experience included developing a tribal palliative care program at the IHS Hospital in the Pueblo of Zuni.

Dr. Finke works with the tribes of the Nashville Area and Nationally to develop health care services for the elderly and long-term services and supports. He was part of the development and leadership team for the IHS Medical Home Initiative from 2006 through 2011. Dr. Finke has worked half-time at the Centers for Medicare & Medicaid Services Innovation Center (CMS Innovation Center) supporting the development of new payment and care models since 2011. He also represents the IHS on the Advisory Council on Alzheimer's Research, Care, and Service.

Dr. Finke earned a Doctor of Medicine degree at Northeast Ohio Medical University.

Dr. Finke has nothing to disclose.

Ann Ford, MBA, MPH, presenter, has been employed as the Director of Compliance at Options for Southern Oregon (Options) for five years. She was employed in the same capacity by Jefferson Behavioral Health from 2009 through 2012. Ms. Ford helped develop the integrated care model between Options and Grants Pass clinic, which has been recognized by the State of Oregon as achieving the highest level in the Patient-Centered Primary Care Home Program.

Ms. Ford earned both a Master of Business Administration degree and a Master of Public Health degree from Walden University.

Ms. Ford has nothing to disclose.

Damon Francis, MD, presenter, is the Chief Medical Officer of Health Leads, where he as worked since August 2016. Dr. Francis has worked for the Alameda County Health Care Services Agency in multiple capacities, including serving as the Director and Medical Director of the Health Care for the Homeless Program since September 2011. Following medical school and his residency in primary care and internal medicine, he served as chief Resident for the Internal Medicine Service at San Francisco General Hospital. Dr. Francis' clinical experience since residency includes inpatient and outpatient practice in public, private, and academic settings. Dr. Francis has served as a clinical and administrative leader for health care programs addressing social determinants of health in a number of contexts, and he currently provides urgent care at a community clinic in Oakland, California.

Dr. Francis earned a Doctor of Medicine degree from the University of California, San Francisco.

Dr. Francis has nothing to disclose.

Mark Frazer, MD, presenter, is a practicing Family Practice Physician in an independent Comprehensive Primary Care (CPC) practice. Dr. Frazer is the Lead Physician for the CPC work within the practice that has achieved National Committee for Quality Assurance (NCQA) Level 3 Patient-Centered Medical Home designation. In this role, he deals with the daily challenges and opportunities CPC affords his patients.

Dr Frazer earned a Doctor of Medicine degree from the University of Cincinnati.

Dr. Frazer has nothing to disclose.

Andrea Gerardi, RN, AAS, presenter, has been the Care Manager at Scotia Glenville Family Medicine, a National Committee for Quality Assurance (NCQA) Level 3 Medical Home and Track 2 Comprehensive Primary Care (CPC) Practice, since March 2014. Prior to assuming this role, Ms. Gerardi was a Care Manager in another primary care practice, a Care Coordinator and a Case Manager with MVP Health Care, and an Intake Coordinator with The Community Hospice. Ms. Gerardi has developed the Care Management role in the Saratoga Hospital Primary Care Practices and has played an active role in developing processes and policies for Care Management. In addition to creating self-management tools and documentation templates, she functions as a preceptor for new Care Managers in the Saratoga Hospital Primary Care Network. Ms. Gerardi sits on the Practice Quality Improvement Committee and has taken a lead role in oversight of the CPC reporting. She has presented at multiple regional seminars and webinars for CPC and on various topics at the National level.

Ms. Gerardi earned an Associates of Science degree in Nursing from Maria College.

Ms. Gerardi has nothing to disclose.

Amy Gibson, MSN, RN, presenter, is currently employed as a Lead Associate for Booz Allen Hamilton. She was employed as the Chief Operating Officer (COO) for the Patient-Centered Primary Care Collaborative from 2010 through 2016. In her role as COO, Ms. Gibson developed and led learning events on primary care policy and practice improvement for a diverse audience of clinicians and patient advocates. Her previous experience also includes working as the Assistant Director of the Boys Town Institute for Child Health Improvement for Father Flanagan's Boys Home from 2006 through 2010. In this role, she developed and led a learning collaborative for pediatric practices and developed a pilot program to train and support parents of children with special health care needs as patient navigators and peer support. Ms. Gibson was also employed by the American Academy of Pediatrics where she led the Division of Children with Special Needs, developing training programs and policy in support of the medical home from 1999 through 2006.

Ms. Gibson is clinically trained as a nurse and has worked in a wide range of health care settings as a clinician over the past 18 years. She has developed various forms of training for primary care professionals, including written curriculum, learning collaboratives, web-based training courses, slide presentations, and in-person seminars and conferences. Ms. Gibson has served as a subject matter expert on primary care and patient and family engagement on National committees and advisory panels, and as a speaker at National learning events.

Ms. Gibson earned a Master of Science degree in Nursing at Northern Illinois University.

Ms. Gibson has nothing to disclose.

Charles Gluck, MS, planner/developer, has been employed as an Instructional Designer with Booz Allen Hamilton since April 2007. Mr. Gluck has over 10 years of professional experience designing and delivering learning, with a focus on classroom and virtual facilitation, web-based training, and communities of practice. He is a creative thinker who has effectively developed award winning multi-media instructional design tools for online and classroom training courses. In addition, Mr. Gluck has facilitated monthly virtual meetings for internal functional areas and communities of practice with 1700 members, focused on training, education, and performance at Booz Allen Hamilton. Mr. Gluck is part of the Booz Allen Hamilton team providing National level support to the Comprehensive Primary Care Plus (CPC+) program. He specifically supports the creation and delivery of learning events related to CPC+.

Mr. Gluck earned an Master of Science degree in Education and a Master of Science degree in International Business at George Mason University.

Mr. Gluck has nothing to disclose.

Janice Gomersall, MD, presenter, is a Board Certified Family Physician with over 32 years of diverse family practice experience. Dr. Gomersall has been with the Community Physicians Group in Missoula, Montana since 2008. She is the Medical Director for Patient-Centered Medical Home (PCMH) and Community Physician Group. Dr. Gomersall also serves as the Quality Medical Director for the groups' ambulatory clinics. She also supervises the Comprehensive Primary Care Plus (CPC+) Track 2 Program. Under her direction, the group has achieved National Committee for Quality Assurance (NCQA) Level 3 designation. Dr. Gomersall worked with the Montana Medicaid Managed Care Program's Health Improvement Program. She was appointed to the Montana PCMH Stakeholder Council and the Governor's Council on Healthcare. She has spoken at National Academy for State Health Policy (NASHP) conferences in Alexandria Virginia and New Orleans, Louisiana.

Dr. Gomersall earned a Doctor of Medicine degree from the University of California's Davis School of Medicine.

Dr. Gomersall has nothing to disclose.

Larry Graham, MD, presenter, has been employed by Mercy Health since 1993 and is the current President of the Behavioral Health Institute of Mercy Health. Dr. Graham has extensive experience in both inpatient and outpatient treatment. At Mercy Health, his focus has been on increasing access to mental health treatment across the continuum and leading Mercy's response to the opiate epidemic.

Dr. Graham earned a Doctor of Medicine degree from the University of Louisville School of Medicine.

Dr. Graham has nothing to disclose.

Joe Yoon Grundy, MBA, presenter, has served as a Member of the Comprehensive Primary Care Plus (CPC+) National Learning Faculty for Booz Allen Hamilton since June 2017. Before joining Booz Allen, he served as the Director of Patient Care Transformation at Saint Luke's Health System, where he lead 11 primary care practices participating in CPC+ in the Kansas City region. Mr. Grundy has developed a broad range of educational materials designed to support Medicare providers engaging in practice transformation in his positions with the American Academy of Family Physicians and the Saint Luke's Health System. These materials include experiential learning workshops, didactic slide presentations, and web-based training courses.

Mr. Grundy earned a Master of Business Administration degree from Rockhurst College.

Mr. Grundy has nothing to disclose.

Andrew Henrichs, PA-C, ATC, MS, presenter, has worked as a Physician Assistant at Roaring Fork Family Practice, a National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH), since July 2014. At Roaring Fork Family Practice, he works closely with Jennifer Bouchet on implementation and optimization of Licensed Clinical Social Worker (LCSW) integration into the PCMH care model. Mr. Henrichs is certified by the National Commission on Certification of Physician Assistants (NCCPA) and a Fellow of American Academy of Physician Assistants (AAPA).

Mr. Henrichs earned a Master of Science degree in Physician Assistant Studies from the University of Colorado's Anschutz School of Medicine.

Mr. Henrichs has nothing to disclose.

Peter Hollmann MD, presenter, is a practicing Geriatrician and Chief Medical Officer for University Medicine. He is also a Clinical Assistant Professor of Medicine at Brown University's Warren Alpert Medical School. Dr. Hollmann has been very involved in the multi-payer primary care transformation collaborative in Rhode Island, as a provider and a Medical Director for Blue Cross and Blue Shield of Rhode Island. Dr. Hollmann has practice experience in a variety of care models and settings. He is a Member of the National Committee for Quality Assurance (NCQA) Geriatrics Measures Advisory Panel and the Past Chair of the CPT Editorial Panel. He is also an expert on coding and payment policy for primary care, Founder of the American Geriatrics Society Practice Management Advisory Group, CPT Panel Chair, and Relative Value Scale Update Committee (RUC) Member.

Dr. Hollmann earned a Doctor of Medicine degree from Brown University.

Dr. Hollmann has disclosed that he is an in-kind/royalty employee for University Medicine.

Kris Hubbell, MHA, RN, presenter, has been employed as a Clinical Quality Coordinator with the Roaring Fork Family Practice since July 2014. Ms. Hubbell is the Project Manager for the Comprehensive Primary Care (CPC) Program and other quality initiatives within the practice. She has extensive experience in the healthcare

field with her most recent focus on practice transformation in primary care. Ms. Hubbell established the care management program at Roaring Fork Family Practice and initiated the hiring of a behavioral health specialist to provide an avenue for the screening and detection of social determinants prevalent in the community. Her previous healthcare experiences include 15 years of experience working in surgical services as an nursing facilitator. Ms. Hubbell has delivered individual presentations regarding the transformation work at the Learning Collaborative for the Comprehensive Primary Care (CPC) Program and the State Innovation Models (SIM) Initiative. She was also responsible for development of the organization's supply management program.

Ms. Hubbell earned a Master of Health Administration degree and a Bachelor of Science degree in Nursing at Colorado State University.

Ms. Hubbell has nothing to disclose.

Amy Hulberg, MPP, presenter, is the Manager of Program Operations at Health Leads. In this role, she drives programmatic enhancements in social needs interventions at Health Leads sites across the United States. Ms. Hulberg co-creates publicly-available toolkits to advance best practices, including social needs screening and clinical integration of social needs programs. She also collaborates with clinicians and researchers to draft and support peer-reviewed publications and facilitates webinars and training around social needs screening. She also develops and delivers training and content sessions to college students, medical residents, and staff. She facilitates change management during programmatic, staffing, and organizational transitions. Ms. Hulberg is responsible for hosting key site visits for funders, potential customers, and strategic partners, and exceeded annual program targets at two program sites.

Ms. Hulberg joined Health Leads after a decade of working in the community, providing case management to vulnerable populations. She served on leadership councils and worked on committees focused on quality patient care and system design. Ms. Hulberg launched a site with a strategic partner, and is frequently consulted regarding programmatic best practices. In addition, she co-authored two research studies related to social needs interventions, chronic conditions, and health outcomes.

Ms. Hulberg earned a Master of Public Policy degree from Brandeis University's Heller School for Social Policy and Management.

Ms. Hulberg has nothing to disclose.

Felicia Jackson, BA, presenter, has been employed as a Practice Manager with St. John Clinic, a Comprehensive Primary Care (CPC) Classic and Comprehensive Primary Care Plus (CPC+) practice site, since October 2007. Ms. Jackson has been a part of the CPC program since it started in 2013 and has been working to transform practices in her Health System. She has worked with five separate clinics throughout St. John Health System to improve processes.

Ms. Jackson earned a Bachelor of Arts degree in Economics from Spelman College.

Ms. Jackson has nothing to disclose.

Elisha Jewett, MPH, presenter, has been employed by HealthTeamWorks as the Comprehensive Primary Care Plus (CPC+) National Team Program Manager since March 2012. Her previous experience at HealthTeamWorks includes practice facilitation and coaching. In addition to Ms. Jewett's eight plus years of healthcare experience and education, she also worked as a Practice Facilitator and Program Manager on the Comprehensive Primary Care Initiative (CPCI) from 2013 through 2016. In addition, Ms. Jewett served as a Subject Matter Expert for the

Comprehensive Primary Care Plus (CPC+) Initiative drivers and care delivery functions.

Ms. Jewett earned a Master of Public Health degree in Health Systems, Management, and Policy at the University of Colorado.

Ms. Jewett has nothing to disclose.

Janel Jin, MSPH, presenter, has been a Program Data Lead for Primary Care Models at the Center for Medicare & Medicaid Innovation (CMMI) since 2014. Ms. Jin leads program data strategy for Comprehensive Primary Care Plus (CPC+). In this role, she has streamlined practice reporting to reduce burden and strengthen the link between use of data and learning support for practices. She has developed and conducted webinars, slides, and technical papers that communicate complicated requirements and technical details in a user friendly, engaging way. Her previous experience includes working on health services research evaluations for the Patient-Centered Medical Home (PCMH) implementation in safety net settings.

Ms. Jin earned a Master of Science Public Health degree in Health Policy and Management from the Johns Hopkins Bloomberg School of Public Health.

Ms. Jin has nothing to disclose.

Rick Jones, CADCII, NCACII, presenter, is the Executive Director for Choices Counseling Center. He has been an addictions professional for over 40 years. Mr. Jones has been employed with Choices Counseling Center for the last 22 years. His experience includes working in public and private programs and an array of different clinical settings.

Mr. Jones holds Certified Alcohol and Drug Counselor II and National Certified Addiction Counselor, Level II (NCAC II) designations.

Mr. Jones has nothing to disclose.

Julie Jungman, LCSW, presenter, has been employed as a Behavioral Health Specialist in primary care clinics for Boulder Community Heath since February 2014. Ms. Jungman's professional experience includes working in various clinical settings, including community mental health, schools, psychiatric institutions, and residential care. Ms. Jungman is a Licensed Clinical Social Worker (LCSW) and has been integral in developing the Integrated Behavioral Health Program at Boulder Community Health. She has presented on the Boulder Community Heath program in multiple venues, including panels and webinars.

Ms. Jungman earned a Master of Social Work degree from Smith College School for Social Work.

Ms. Jungman has nothing to disclose.

Tamra Lavengood, PNP, MSN, presenter, holds the position of Clinical Performance Coordinator for Centura Health Physicians Group and is the Comprehensive Primary Care Plus (CPC+) Program Coordinator for Mercy Family Medicine in Durango, Colorado. She has been a Registered Nurse (RN) for 34 years. Her professional experience includes working as an nurse in the hospital intensive care unit (ICU), on the inpatient floor, and in outpatient clinic settings. Ms. Lavengood has held Nurse Supervisor, Nurse Manager, Clinical Nurse Specialist, Advanced Practice Nurse, and Quality Specialist and Program Implementation positions.

Ms. Lavengood developed and implemented a Pediatric Patient Classification System for Denver Health and

Hospitals for her Master's thesis, which captured the patient's acuity and care requirements that related to staffing requirements. She is currently serving as the Lead for the development of the Mercy Risk Stratification Tool, which risk stratifies patients to target care management resources to the highest risk population. Ms. Lavengood has conducted presentations on Mercy's Risk Stratification Tool and process at local and National conferences and symposiums.

Ms. Lavengood earned a Master of Science degree in Nursing, with certification as a Pediatric Nurse Practitioner, from the University of Colorado Health Sciences Center at Anschutz.

Ms. Lavengood has nothing to disclose.

Lane Mattox, MBA, presenter, has been employed by Family Physicians of Greeley, PLLP, an independent family practice medical group with 27 providers, since 2007. He oversees the practice's electronic medical record (EMR), quality improvement and reporting programs, medical home programs, care management department, and participates in payer contract management. Mr. Mattox's experience includes oversight of the implementation of the practice's Comprehensive Primary Care (CPC) program for the past five years. He is also responsible for oversight of the 13 member care management department.

Mr. Mattox earned a Master of Business Administration degree from the University of Colorado, Denver.

Mr. Mattox has nothing to disclose.

Jennifer Miller, MA, presenter, has been employed as a Healthcare Learning Facilitator for HealthTeamWorks, a Medicare Administrative Contractor, since January 2017. She was a contract Practice Facilitator for HealthTeamWorks as from March 2016 through January 2017. She has experience working with practices in multiple transformation initiatives, including Comprehensive Primary Care Initiative (CPCI), State Innovation Model (SIM) and EvidenceNow Southwest (ENSW). As part of the Learning Faculty, she has lead action groups and webinars on various quality improvement topics including Care Management and Risk Stratification.

Ms. Miller earned a Master of Arts degree in Exercise Physiology from California State University.

Ms. Miller has nothing to disclose.

Sarah McHugh, MPH, presenter, has been employed as a Social Science Research Analyst with the Centers for Medicare & Medicaid Services Innovation Center (CMS Innovation Center) since February 2014. She developed the Comprehensive Primary Care Plus (CPC+) Model and has been the Team Lead for the Integrated Accountable Care Organization (ACO) Model and CPC+ Model. Ms. McHugh's work experience includes positions in politics and on Capitol Hill.

Ms. McHugh earned a Master of Public Health degree in Health Policy and Management from the University of Michigan.

Ms. McHugh has nothing to disclose.

Catie Vandervoort Muthukumaran, MBA, presenter, has been employed as a General Management, Strategy, and Communications Consultant within the health market for Booz Allen Hamilton, a Centers for Medicare & Medicaid Services (CMS) contractor, since September 2010. Ms. Muthukumaran has supported several CMS projects for approximately three years. She supported Oncology Care Model (OCM) Connect Platform and updated the OCM Connect User Guide. She also developed the Comprehensive Primary Care Plus (CPC+)

Connect toolkit, i.e. Getting Started Guide, Quick Tips 1, and User Guide, and helped plan, set-up, and think through CPC+ Connect and it's related processes. Ms. Muthukumaran provided technical assistance to implement the Affordable Care Act's State Health Insurance Marketplaces. She developed and helped develop dozens of related webinars and presentations. Her previous experience includes working in contracts and program management for Parker Hannifin Corporation, interning as a Summer Strategy Analyst at the United States Department of Commerce, and serving as a U.S. Mission to the European Union Political Intern at the U.S. Department of State.

Ms. Muthukumaran earned a Master of Business Administration degree in General Management, Marketing, and Strategy from Georgetown University.

Ms. Muthukumaran has nothing to disclose.

Nkem Okeke, MD, MPH, MBA, PMP, presenter, has been employed as a Healthcare Subject Matter Expert and Senior Management Consultant with Booz Allen Hamilton, a Centers for Medicare & Medicaid Services (CMS) contractor, since December 2015. Dr. Okeke has over 15 years of experience in patient-centered care, human-centered design experience, health plan services, and population health with a focus in care delivery, health outcomes, and quality. She was employed as a Special Project Director at Johns Hopkins Healthcare from November 2014 through May 2016 and has continued to provide them with ad hoc consultant services. Dr. Okeke was employed by Kaiser Permanente as a Strategy & Planning Project Manager and served as a Regional Telemedicine Coordinator from 2013 through 2014. She was employed as a Senior Care Manager for Southside Community Services Board from 2006 through 2013. In addition, she served as a Primary Care Physician and Director of Clinical Operations for Patelson Specialist Clinic & Maternity Hospital from 2003 through 2006.

Dr. Okeke has led and supported training in care delivery improvement for different audience levels by preparing educational materials, conducting teleconferences, and one-on-one training for physicians and other providers.

Dr. Okeke earned a Doctor of Medicine degree at Nnamdi Azikiwe University and completed her training as a Primary Care Physician. She also earned a Master of Public Health degree at Tulane University and a Master of Business Administration degree at George Washington University. In addition, she holds Project Management Institute (PMI) Project Management Professional (PMP) and Lean Six Sigma certifications.

Dr. Okeke has nothing to disclose.

Perry Payne, MD, JD, MPP, presenter, is a Health Insurance Specialist and currently serves a the Quality of Care Lead for the Comprehensive Primary Care Plus (CPC+), an alternative payment model, at the Centers for Medicare & Medicaid Services (CMS). Dr. Payne has over 10 years of experience teaching at the undergraduate and graduate level on a variety of topics ranging from the trends in health policy to a self-designed course on prescription drugs and public health. Prior to coming to CMS four years ago, Dr. Payne was a Professor at the George Washington University School of Medicine, where he continues to serve as an Adjunct Professor.

Dr. Payne holds a Doctor of Medicine degree, a Juris Doctor degree and a Master of Public Policy degree.

Dr. Payne has nothing to disclose.

Betsy R. Peerless, MD, presenter, is a Board Certified Family Medicine Physician with Trihealth Physician Partners Health First. Dr. Peerless has been in practice over 19 years and is affiliated with Bethesda North

Hospital. She is the Patient-Centered Medical Home (PCMH) and Comprehensive Primary Care Iniative (CPCI) Champion for the practice. Dr. Peerless served as the Medical Director for Patient Experience and Access for TriHealth from 2013 through 2016, leading the electronic visits program.

Dr. Peerless earned a Doctor of Medicine degree from the Pontificia Universidad Católica Madre y Maestra and completed her Residency at St. Josephs Hospital and Health Care Center.

Dr. Peerless has nothing to disclose.

Jonathan Perry, BS, presenter, has been employed by Booz Allen Hamilton since January 2017. He is a Member of the Faculty for the Comprehensive Primary Care Plus (CPC+) National Learning Network. As a faculty member, Mr. Perry provides subject matter expertise around practice transformation and health IT implementation. He provides technical assistance internationally and domestically with a focus on practice transformation, including topics such as behavioral health integration, patient navigation and care management, and optimizing health IT.

Mr. Perry earned a Bachelor of Science degree in Decision Science, with a Focus on Health Risk Communication, from Carnegie Mellon University.

Mr. Perry has nothing to disclose.

Stephanie Plumb-Maxwell, MS, presenter, has been employed as a Healthcare Learning Facilitator by HealthTeamWorks since March 2017. Her previous experience includes serving as a Program Manager for the Behavioral Health Service Line at Vidant Medical Group from February 2016 through March 2017. Her experience also includes serving as an Independent Consultant for Patient-Centered Medical Home (PCMH) transformation with Baptist Health Family Medicine Residency in Madisonville from July 2015 through August 2016. In addition, she was employed as a Centers of Excellence Consultant for TransforMED, a wholly owned subsidiary of the American Academy of Family Physicians (AAFP), from September 2011 through July 2015.

Ms. Plumb-Maxwell has conducted teleconferences, webinars, in person collaboration events, and one-on-one training with payers and healthcare providers around PCMH transformation, revenue cycle management, and strategic planning.

Ms. Plumb-Maxwell earned a Master of Science degree in Business Administration from Baker University.

Ms. Plumb-Maxwell has nothing to disclose.

Rich Porcelli, MA, presenter, is the Director of Learning Network at Health Leads, a National non-profit based in Boston, Massachusetts. For the past several years, he has led the development of educational solutions that enable health care institutions across the country to build and scale sustainable social needs programs. He is thrilled to help health care organizations create meaningful programs that uncover and address social health issues such as food insecurity, homelessness, and education. Mr. Porcelli previously served as the National Manager of Volunteer Engagement at Health Leads. He designed the systems and curriculum used to recruit and train a National cohort comprised of hundreds of undergraduate volunteers who provide case management services.

Prior to his role at Health Leads, Mr. Porcelli was part of the leadership team at a community mental health center in Chicago, where he managed residential treatment and crisis stabilization services. In this role, he worked to expand treatment-based transitional housing programs for individuals living with mental illness and

substance abuse. As a practicing therapist and organizational coach, Mr. Porcelli is passionate about working with individuals, groups, and organizations to help them maximize their own potential.

Mr. Porcelli earned a Master of Arts degree in Psychology from Adler University.

Mr. Porcelli has nothing to disclose.

Naomi Prevatt, LPN, presenter, has been an Licensed Practical Nurse (LPN) for 15 years and worked in various clinical settings, including the primary care clinic and skilled nursing facilities (SNFs). Ms. Prevatt has been employed as the Patient Care Department Supervisor for by Grants Pass Clinic since October of 2016. She supervises the patient care staff and the Quality Improvement Department. Ms. Prevatt has spent the last year learning and developing ways to help implement the work flows for the clinic to offer the best care to their patients. Ms. Prevatt earned received her certification as a Practice Coach for Primary Care Transformation and continues to pursue educational opportunities to learn and share with the Comprehensive Primary Care Plus (CPC+) community.

Ms. Prevatt earned her Licensed Practical Nurse credentials from North Idaho College.

Ms. Prevatt has nothing to disclose.

Geralyn M. Prosswimmer, MD, FAAP, presenter, is a Board Certified Pediatrican and the Chief Medical Officer (CMO) for Hunterdon Healthcare Partners. She practiced pediatrics for 26 years before moving to a full time administrative role. Dr. Prosswimmer was involved with 12 practices in the Comprehensive Primary Care Initiative (CPCI) program. She currently works with 24 Comprehensive Primary Care Plus (CPC+) Program practices, supervising quality initiatives, Patient-Centered Medical Home (PCMH) transformation, and population health for Hunterdon Health Partners.

Dr. Prosswimmer earned a Doctor of Medicine degree from the University of Medicine and Dentistry of New Jersey at Rutgers' University.

Dr. Prosswimmer has nothing to disclose.

Jessica Savoca, MPH, presenter, served as a Quality Project Coordinator for University Medicine, a multi-specialty organization, from June 2015 to August 2017. Ms. Savoca was promoted to the Administrator for Quality Initiatives in August 2017. Over the past two years, she has developed and implemented methodologies to meet regulatory and contractual obligations pertaining to quality programs. She also leads, coordinates, and champions best practice initiatives pertaining to quality programs. Her main focus has been on population management and practice transformation, targeting complex patients, and identifying both medical and social factors that impede patients being successful with their health.

Ms. Savoca earned a Master of Public Health degree, with distinction, in Policy and Management from New York Medical College.

Ms. Savoca has disclosed that she is an in-kind royalty employee of University Medicine.

Judith Schaefer, MPH, has been a Senior Research Associate with MacColl Center for Health Care Innovation located at the Kaiser Permanente Washington Research Institute, formerly Group Health Research Institute, in Seattle, Washington since 1996. Ms. Schaefer has extensive experience in primary care delivery transformation, with specific expertise in patient-centered care, self-management support, shared decision making, care for

people with multiple chronic conditions (MCC), and team-based care. Her previous experience includes serving as the Director of the Self-Management Support Learning Community, New Health Partnerships: Improving Care by Engaging Patients, a Robert Wood Johnson Foundation (RWJF) funded program at the Institute for Healthcare Improvement in Boston, Massachusetts. Ms. Schaefer authored "Partnering in Self-Management Support: A toolkit for clinicians" and co-chaired the Self-Management Workgroup for the Bureau of Primary Health Care's Health Disparities Collaboratives. She also serves as a "T Trainer" for Stanford Patient Education Research Center's Chronic Disease Self-Management Program.

Ms. Schaefer earned an Master of Public Health degree from the University of Washington.

Gabrielle Schechter, MPH, presenter, is a Social Science Research Analyst at the Centers for Medicare & Medicaid Services' (CMS') Center for Medicare & Medicaid Innovation (CMS Innovation Center) working on Comprehensive Primary Care Plus (CPC+), the largest-ever initiative aimed to transform and improve how primary care is delivered and paid for in America. She leads the design and implementation of the CPC+ care delivery model and communications strategies for CPC+. In this role, she develops the annual care delivery requirements for 3,000 CPC+ practices. She also analyzes published evidence, practice transformation experience, and performance to enact changes that have greatest impact on quality and cost. In addition, Ms. Schechter spearheads the development of CPC+ learning resources, including webinars and written products. Before joining CMS, Ms. Schechter worked at Harvard University and at the Special Treatment and Research (STAR) Program at the State University of New York Downstate Medical Center in Brooklyn, New York.

Ms. Schechter earned a Master of Public Health degree in Health Policy from the Harvard University School of Public Health.

Ms. Schechter has nothing to disclose.

Laura L. Sessums, MD, JD, presenter, is the Director of the Division of Advanced Primary Care at the Centers for Medicare & Medicaid Services' (CMS') Center for Medicare & Medicaid Innovation (CMS Innovation Center) in 2013. Dr. Sessums oversees the Comprehensive Primary Care Plus (CPC+) Initiative, America's largest multi-payer initiative to improve primary care. She ran the Comprehensive Primary Care Initiative (CPCI), an early CMMI multi-payer model to transform primary care payment and care delivery until it ended in 2016. Dr. Sessums is also a practicing General Internal Medicine Physician. Her previous experience includes working as a Clinician-Educator for Academic Medicine at Walter Reed Army Medical Center, where she served as the Chief of the General Medicine Section.

Dr. Sessums earned a Doctor of Medicine degree from Vanderbilt University's School of Medicine and a Juris Doctor degree from Vanderbilt University's School of Law.

Dr. Sessums has nothing to disclose.

Mary Turner, MBA, presenter, has been employed by TriValley Primary Care since 1999 and has been in her current role of Practice Administrator since 2014. TriValley Primary Care is a group practice consisting of 25 Physicians, 13 Nurse Practitioners, and seven office locations, all of which are Comprehensive Primary Care Plus (CPC+) Track 2 participants. As a new participant in the CPC+ program, Ms. Turner reviewed and studied the financial responsibility documents provided by the Centers for Medicare & Medicaid Services (CMS). After careful consideration, she worked diligently with her providers to develop a financial reporting plan that met the requirements of the program.

Ms. Turner earned a Master of Business Administration degree from the University of Scranton.

Ms. Turner has nothing to disclose.

Faith A. Tuttle, presenter, has been the Quality Improvement Coordinator for Grants Pass Clinic since June 2015. Ms. Tuttle has 13 years of administrative experience centered around primary care, specialists, and hospitals. She has dedicated herself to learning the "other side" of patient care since 2004. Ms. Tuttle has connected clinical process and workflow to the reporting that is required to measure effective patient care by working in supporting roles to the clinical staff and providers.

Ms. Tuttle has been a key user and credentialed trainer for several Epic applications and currently works with Allscripts in her practice. Using her work experience and EMR certifications, Ms. Tuttle has developed processes, procedures, and workflows that govern multiple aspects of a medical practice. She has presented for multiple patient-centered care events, including several Comprehensive Primary Care (CPC) webinars and in-person Learning Sessions. Ms. Tuttle currently sits on the Medical Home Leadership group and Clinical Advisory Panel of her local Community Care Organization.

Ms. Tuttle has nothing to disclose.

Angie Hughes Walker, CPC, presenter, has been the Office Manager for Dr. Randy Walker, since July 2003. Ms. Hughes served as the Project Lead for the practice's Comprehensive Primary Care (CPC) Programs for four years and currently serves as the Project Lead for the Patient-Centered Medical Home (PCMH).

Ms. Hughes has nothing to disclose.

Daniel Wilkes, MSW, presenter, has worked with Northwest Primary Care since 2013. He helped to implement the practice's care coordination program under the Comprehensive Primary Care (CPC) Classic Program and continues to develop the care program as the practice implements Track 2 of Comprehensive Primary Care Plus (CPC+) Program.

Mr. Wilkes earned a Master of Social Work degree and a Certificate of Gerontology from Portland State University.

Mr. Wilkes has nothing to disclose.

Victoria Wensman, LPN, presenter, has been employed as a Nurse Care Manager for St. John Broken Arrow Hospital since December 2014. Ms. Wensman has been a Care Manager in the Comprehensive Primary Care (CPC) Clinic for three years. She previously served as the lead member of a diabetic team under the home health department. In this role, she was responsible for making critical decisions about care management if the patient's condition reached abnormal ranges.

Ms. Wensman earned an Associates of Science degree in Business and Nursing from Tulsa Community College.

Ms. Wensman has nothing to disclose.

John W. Williams, Jr, MD, is a General Internist and Health Services Researcher, with a focus on integration of behavioral health and primary care, at the University of North Carolina at Chapel Hill (UNC). Dr. Williams co-lead the MacArthur Initiative on Depression and Primary Care and has worked with private practices and Federally funded groups to integrate behavioral healthcare. He also directs the Durham Evidence Synthesis Program and has led numerous systematic reviews on mental health topics and the effect of the Patient-Centered Medical Home (PCMH). In addition, Dr. Williams serves as a Professor of Medicine and Psychiatry at

UNC. He teaches two Masters level courses and regularly develops and conducts presentations to professional groups.

Dr. Williams earned a Doctor of Medicine degree from the University of North Carolina at Chapel Hill.

Dr. Williams has disclosed that he is a Consultant for Healthwise.

Marty Williams, MHSA, presenter, has been employed as the Behavioral Health Institute Program Manager for Mercy Health, a Comprehensive Primary Care Plus (CPC+) participant, since June 2013. He is responsible for spearheading the organization's behavioral health integration efforts and helped develop Mercy's behavioral health integration program from the ground up. Mr. Williams has been involved with the program since it was a one office pilot and assisted with expanding it to seven geographic regions across Ohio and Kentucky. He has provided training and education around integration to over 200 providers and practice management professionals.

Mr. Williams earned a Master Health Services Administration degree from Xavier University.

Mr. Williams has nothing to disclose.

Peter "Pano" Yeracaris, MD, MPH, presenter, has over 33 years of experience in primary care practice and practice based transformation. His professional experience includes working at a staff model health maintenance organization (HMO) for 13 years, working at two community health centers for six and a half (6 1/2) years, serving as Chief Medical Officer (CMO) for a Medicaid Managed Care Primary Care Practice and Patient-Centered Medical Home (PCMH) in Massachusetts for nine years, and Co-Director of Clinical Strategy for Rhode Island's Statewide multi-payer PCMH Initiative for three and a half (3 1/2) years. Dr Yeracaris was engaged as Subcontractor and Medical Director for the Comprehensive Primary Care Plus (CPC+) Centers for Medicare & Medicaid Services (CMS) National Learning Contract by Boaz Allen Hamilton in August, 2017.

Dr Yeracaris earned a Doctor of Medicine degree from the State University of New York's University at Buffalo Jacobs School of Medicine and Biomedical Sciences. He also earned a Master of Public Health degree in Health Care Management from the Harvard University School of Public Health.

Dr Yeracaris has nothing to disclose.