SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

SUBMITTAL DATE:

FROM: County Executive Office

July 29, 2014

SUBJECT: Professional Services Agreement between the Regents of the University of California and the County of Riverside. Districts – All [\$360,000] Department budgets

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the Professional Services Agreement between the Regents of the University of California and the County of Riverside.

BACKGROUND:

Summary

At the June 16, 2014 Board Workshop, the organizational structure for the Riverside County Health System was presented. The attached organizational charts show the current organizational structure and the future vision for the Riverside County Health System. The direction for the future includes the

Debra Cournoyer
Deputy County Executive Officer

FINANCIAL DATA Current Fiscal Year: Next Fiscal Year: Total Cost: Ongoing Cost: POLICY/CONSENT (per Exec. Office)

COST \$ 360,000 \$ \$ 360,000 \$

NET COUNTY COST \$ \$ \$ \$ \$

Consent Delicy

SOURCE OF FUNDS: RCRMC Enterprise Fund 4300100000, Ambulatory Care FY 14/15 Budget 4200700000

Budget Adjustment: N/A
For Fiscal Year: FY 14/15

C.E.O. RECOMMENDATION:

APPROVE

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

□ Positions Added □ Change Order

A-30 4/5 Vote

Prev. Agn. Ref.: 6/16/14 2.0

District: All

Agenda Number:

George A. Joknson

3-9

Departmental Concurrence

BY: WILLS DA

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA FORM 11: Professional Services Agreement between the Regents of the University of California

and the County of Riverside. Districts - All [\$360,000] Department budgets

DATE: July 29, 2014

PAGE: 2 of 2

BACKGROUND:

Summary (continued)

creation of an Assistant County Executive Officer (CEO) position to provide strategic direction and management of the Health System. The Assistant CEO will report to the County Executive Officer and will be responsible for leading, organizing and directing the County's comprehensive and integrated health system.

The Executive Office recommends approval of the Professional Services Agreement between the Regents of the University of California and the County of Riverside to provide consulting services as fully described in the agreement. Some of the responsibilities include foster integration and collaboration across the county health system entities; guide development of capital and operating budgets; and, lead and guide negotiations between current and future academic affiliate partners and other interested parties.

UCR has identified John Heydt, M.D. to provide the services fully described in Appendix A, Scope of Services of the agreement. Dr. Heydt has experience working with health systems across the country including the University of California campuses at Riverside, Irvine and Los Angeles. He was instrumental in the design, development and administration of the urgent care center at UCLA. To improve performance, he restructured the federally qualified health centers at UCI while increasing patient satisfaction, improving access and enhancing continuity of care for patients. At UCR, he is responsible for the initiation and development of an academic multi-specialty medical group to support the newly accredited School of Medicine missions. His knowledge and expertise will benefit the county and health system patients as the county moves to integrated health care and continues to improve and sustain the financial and operational performance of the hospital, hospital based clinics and the community health centers in the new environment of affordable health care.

Impact on Residents and Businesses

The mission of the Riverside County Health System is to deliver the best quality health care to both residents and visitors to the county in the most effective manner. The implementation of the Affordable Care Act (ACA) makes it essential to provide a health system that can provide timely, preventive, acute or critical care as well as promote health and wellness benefiting all in Riverside County.

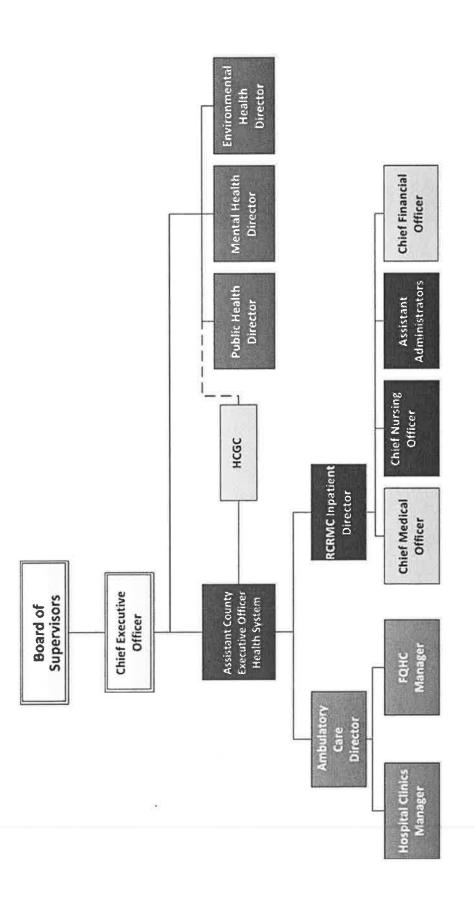
SUPPLEMENTAL:

Additional Fiscal Information

RCRMC and Ambulatory Care will both benefit from the services provided under the terms of the agreement and will share the cost. Sufficient funds have been budgeted for FY 14/15.

Proposed Health System Organizational Structure - Current

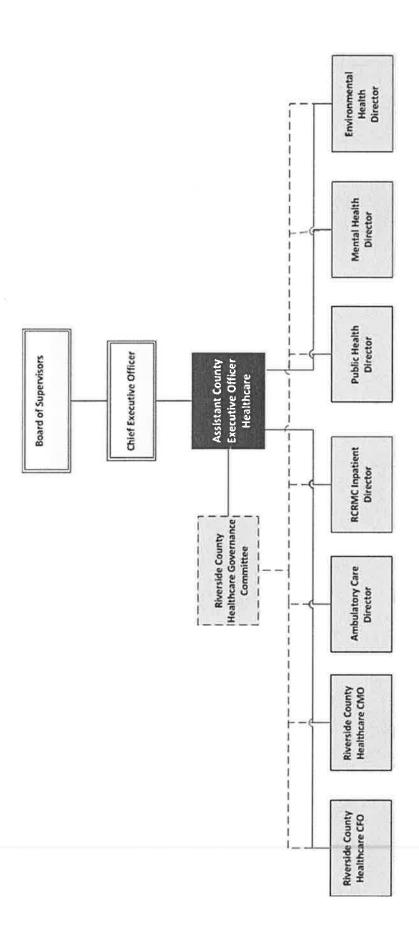




Signifies advisory relationship to HCGC

Proposed Health System Organizational Structure - Future Vision





Signifies advisory relationship to HCGC

PROFESSIONAL SERVICES AGREEMENT

BETWEEN

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

AND

COUNTY OF RIVERSIDE

This Agreement is entered into by and between THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, a California public corporation on behalf of its Riverside Campus, School of Medicine, (hereinafter called "UCR") and COUNTY OF RIVERSIDE, a political subdivision of the State of California on behalf of its health system (hereinafter called "County") as of August 1, 2014 for the provision of consulting services for the County of Riverside Health System.

County seeks professional services from UCR to provide consulting services with respect to the overall operations of the County Health system. Those services shall be provided by a designated employee experienced and qualified medical doctor and administrator (hereinafter called "Consultant").

I. NATURE AND PLACE(S) OF SERVICE

- A. Through this Agreement by and between UCR and County, the Consultant shall furnish to the County the services described in the County Health System Director Scope of Services attached as Appendix A.
- B. The County and UCR have agreed that UCR employee John Heydt, M.D. shall perform the duties as "Consultant" under the terms of this agreement. Consultant is a senior University official at UCR, who has the appropriate experience and qualifications to perform these responsibilities (See Curriculum Vitae attached as Appendix B).
- C. No reassignment of work to any other individual shall be made without the written approval of UCR and County.
- D. Reports: Consultant shall provide verbal and written reports on a scheduled basis, as requested by the County.
- E. Place(s) of performance will be: Work will be performed at County facilities, UCR campus, other locations and the Consultant's home office, as appropriate.
- F. The County and UCR will provide working space, equipment, furniture, utilities, and services.

G. County representatives will work with consultant to provide information needed for decision support and the development of possible options to improve the overall operational performance of the County's health care system.

II. TERM OF AGREEMENT

- A. The term of this agreement shall be from August 1, 2014 through June 30, 2015. The Agreement may be extended by the County with 90 days prior written notice to UCR. Any extension of the Agreement shall be by an amendment signed by authorized representatives of both parties.
- B. Either UCR or the County may terminate this Agreement for convenience at any time by giving the other party 90 calendar days prior written notice of such action.
- C. The Agreement may be terminated immediately for breach if one party gives ten (10) days notice to the other of a breach of this Agreement and the breaching party fails to cure said breach within said the ten (10) day period, this Agreement may be terminated by the non-breaching party.

III. COMPENSATION AND REIMBURSEMENT OF EXPENSES

- A. The County will pay UCR for the Consultant's services performed as follows:
 - 1. Professional Fees: Not to exceed \$350,000 payable in monthly payments of \$31,818.18due on the 15th of each month for monthly services rendered during the term of the Agreement by invoice submitted monthly. All professional fees are due and payable to the "UC Regents", and are due the UCR School of Medicine Health Sciences Compensation plan.
 - 2. Travel & Other Related Expenses shall be reimbursed, not to exceed \$10,000 annually, in accordance with the following:
 - COUNTY shall reimburse Consultant for actual out-of-pocket expenses. Costs in excess of \$250 per month shall require prior approval.

MAXIMUM TO BE PAID UNDER THIS AGREEMENT TOTAL \$360,000.00

B. Payments will be made on a monthly or periodic basis pursuant to the schedule of specific payment set forth herein and in accordance with the performance schedule set out in Article IV below.

No payments will be made in advance of work performed, except as specified in this Agreement.

IV. PERFORMANCE SCHEDULE

Consultant will be responsible for developing the strategies and leading the management team of the Riverside County Health System (specific duties and responsibilities are set forth in Appendix A) to advance its statutory population health mission.

Consultant will be responsible for providing regular performance reports to the County's Chief Executive Officer and Board of Supervisors. Consultant will represent the Riverside County Health System in all external matters related to academic affiliations, federal, state and local regulatory compliance, third party payor relationships and other public forums.

Consultant will utilize and seek advice from the Riverside County Health Care Governance Committee (HCGC) and Riverside County Strategic Advisory Committee at regularly scheduled meetings.

V. REPORTING

In performing consulting services hereunder, the Consultant shall report to County's Chief Executive Officer.

VI. NOTIFICATION

Any written notifications required hereunder shall be personally served or mailed by certified mail, return receipt requested, to the following:

For UCR:

Jocelyn Nakashige Senior Associate Dean, Finance and Administration 900 University Ave. School of Medicine Education building Riverside, CA 92521 For the County:

Jay Orr Chief Executive Officer Riverside County Administrative Center 4080 Lemon Street Riverside, CA 92501

VII. STATUS OF THE PARTIES

It is understood and agreed that UCR is an independent contractor and that no relationship of employer-employee exists between the parties hereto. Consultant is an employee of UCR. UCR shall be responsible for all employee compensation, employment taxes, benefits as well as any other employee related expenses except as further set forth in this Agreement. 4Consultant shall not be entitled to any benefits payable to employees of County including County Workers' Compensation Benefits. It is further understood and agreed by the parties hereto that Consultant in the performance of its obligation hereunder is subject to the control or direction of County merely as to the result to be accomplished by the services hereunder agreed to be rendered and performed and not as to the means and methods of accomplishing the results. UCR, its employees and agents shall maintain professional licenses required by the laws of the State of California at all times while performing services under the Agreement.

VIII. ASSIGNMENT OR SUBCONTRACTING

The Consultant shall not assign or transfer this Agreement or any interest therein or claim thereunder, or subcontract any portion of the work thereunder, without the prior written approval of the County and UCR. If the County and UCR consent to such assignment or transfer, the terms and conditions of this Agreement shall be binding upon any assignee or transferee.

IX. INSURANCE AND INDEMNIFICATION

1. UCR shall defend, indemnify, and hold the County, its officers, employees, and agents harmless from and against any and all liability, loss, expense (including reasonable attorney fees), or claims for injury or damages that are caused by or result from the negligent or intentional acts or omissions of its employee (Consultant) in performance of this Agreement, but only proportionate and to the extent such liability, loss, expense, attorneys' fees or claims for damages are caused by or result from the negligent or intentional acts or omissions of County, its officers, employees or agents.

- 2. The County shall defend, indemnify, and hold UCR, its officers, employees, and agents harmless from and against any and all liability, loss, expense (including reasonable attorney fees), or claims for injury or damages that are caused by or result from the negligent or intentional acts or omissions of County in performance of this Agreement, but only proportionate and to the extent such liability, loss, expense, attorneys' fees or claims for damages are caused by or result from the negligent or intentional acts or omissions of UCR, its officers, employees or agents.
- 3. UCR shall insure its activities in connection with the work under this Agreement and obtain, keep in force, and maintain comprehensive general liability insurance and workers compensation liability insure on behalf of its employees in accordance with UCR policies and procedures.
 - a. Comprehensive or Commercial General Liability Insurance (contractual liability included) with limits as follows:
 - (1) Each Occurrence

\$ 2,500,000.00

b. Workers' Compensation Liability Insurance with self-insured retention amounts required by the State of California.

It should be expressly understood, however, that the coverage required under this Agreement shall not in any way limit the liability of University.

- 4. The County shall insure its activities in connection with the work under this Agreement and obtain, keep in force, and maintain comprehensive general liability insurance for efforts covered by this Agreement.
 - a. Comprehensive or Commercial General Liability Insurance (contractual liability included) with limits as follows:
 - (1) Each Occurrence

\$ 2,500,000.00

It should be expressly understood, however, that the coverage required under this Agreement shall not in any way limit the liability of County.

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X. REPRESENTATIVES

This Agreement may be modified only by a written amendment signed representative of both parties. The Program Review Official is the a representative of UCR.

Itom 163

Program Review Official:

Jocelyn Nakashige

Senior Associate Dean, Finance and Administration

School of Medicine

XI. ENTIRE AGREEMENT

This Agreement is intended by the Parties hereto as a final expression of their understanding with respect to the subject matter hereof and as a complete and exclusive statement of the terms and conditions thereof and supercedes any and all prior and contemporaneous agreements and understandings, oral or written, in connection therewith. Any amounts to or clarification necessary to this Agreement shall be in writing and acknowledged by all parties to the Agreement. This Agreement may be changed or modified only upon the written consent of the Parties.

COUNTY OF RIVERSIDE	UNIVERSITY OF CALIFORNIA
Ву:	_ Mhul Coll
Jeff Stone	G Richard Olds, M.D.
Chairman Board of Supervisors	Dean, UCR School of Medicine
ATTEST:	
By:	
Clerk of the Board	
APPROVED AS TO FORM:	
By:	
County Counsel	

X. REPRESENTATIVES

This Agreement may be modified only by a written amendment signed by an authorized representative of both parties. The Program Review Official is the authorized representative of UCR.

Program Review Official:

Jocelyn Nakashige

Senior Associate Dean, Finance and Administration

School of Medicine

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COUNTY OF RIVERSIDE	UNIVERSITY OF CALIFORNIA
By:	Mild Old
Jeff Stone	G Richard Olds, M.D.
Chairman Board of Supervisors	Dean, UCR School of Medicine
ATTEST:	
By:	(80
Clerk of the Board	
APPROVED AS TO FORM:	
By: Mutic Oloce, AssT County Counsel	

APPENDIX A

SCOPE OF SERVICES RIVERSIDE COUNTY HEALTH SYSTEM

- I. Title: Director Health System
- II. Overall Responsibility: Under administrative direction of the Board of Supervisors (BOS) and County Chief Executive Officer (CEO) is responsible for the organization, leadership, operations, staffing, finances and strategic direction of Riverside County's Health System entities including: Riverside County Regional Medical Center, its hospital-based ambulatory care clinics and FQHCs, Public Health, Mental Health, and Environmental Health and other departments so determined by the BOS & CEO.
- III. Accountability: Accountable to and receives direction from the BOS and CEO. Works closely with each of Riverside County's Health System Directors, especially the Inpatient Director of RCRMC and the Ambulatory Care Clinics, and all Riverside County's academic partners to ensure transparency, objectivity and collaboration in health system planning, operations, regulatory compliance and strategic decision making.

IV. Responsibilities: Director – Health System's responsibilities include:

- 1. Fostering integration and collaboration across each of Riverside County's health system entities, by identifying areas of commonality and facilitating collective problem solving and strategic planning.
- 2. Leading Riverside County's Health Care Governance Committee (HCGC) and Health System management team in strategic planning, operations, regulatory compliance and continuously monitoring progress toward achievement of strategic goals, objectives and budgets.
- 3. Guiding development of and adherence to Riverside County's Health System entities capital and operating budgets.
- 4. Leading and guiding negotiations and ensuring collaboration between current and potential future academic affiliate partners, other interested parties and Riverside County.
- 5. Developing and executing Riverside County Health System's strategic plan in conjunction with Riverside County's Healthcare Operating Officers, including growth methodologies, guiding system design, construction and deployment of health services across Riverside County.
- 6. Overseeing the preparation and presentation of administrative reports and statistical information on performance of each Riverside County Health System entities. Provide management reports to County Executive Officer, Board of Supervisors, and Riverside County Healthcare Governance Committee on regular basis and as requested.
- 7. Working in collaboration with each Riverside County Health System Director to achieve the mission, goals and objectives of Riverside County Health System.
- 8. Overseeing the establishment of and achievement of goals and objectives, including those related to quality of care, customer service levels and patient/referring physician satisfaction.
- 9. Ensuring that each Riverside County Health System entity achieves its goals and objectives, including those related to quality of care, service and patient satisfaction.
- 10. Guiding and establishing marketing and growth objectives, in conjunction with each Riverside County Health System Director.
- 11. Achieving established marketing and growth objectives for Riverside County Health System entity.
- 12. Developing, revising as needed, and enforcing Riverside County-wide healthcare policies and procedures.

- 13. Complying with accreditation standards, as applicable, with support from Riverside County Health System Directors.
- 14. Participating in appropriate committees as appropriate.
- 15. Ensuring the integrity of clinical documentation across the Riverside County Health System.
- 16. Developing and maintaining productive and collegial professional rapport and timely communication with practitioners and external academic affiliate partners, including the provision of regular feedback.
- 17. Timely problem intervention and resolution with constituencies.
- 18. Evaluates the effectiveness of the various programs in the Riverside County Health System and implements improvements as needed; directs the establishment of general priorities, including determining budgetary needs.
- 19. Selects Riverside County Health System Directors, along with BOS and CEO and directs their training and development; coordinates with and assists the Directors in setting goals for the various sections of the Riverside County Health System; evaluates the performance of these Directors, along with BOS and CEO.
- 20. Directs the preparation and evaluation of the Riverside County Health System's budget; determines the relative priority of budget requests and meets with the BOS and CEO to explain the reasons for these requests.
- 21. Consults with and advises the BOS, CEO and other Health System Directors on policies and plans involving the Riverside Health System.
- 22. Meets with citizen groups to discuss items relating to services provided by the Riverside County Health System.
- 23. Consulting with representatives of other governmental agencies to plan and coordinate, items of common interest; discusses and explains new proposals with agency and department heads.
- 24. Preparing and presentation of periodic management reports to enable timely and accurate monitoring of utilization and financial performance of all Riverside County Health entities.
- 25. Maintaining a high level of public acceptance, interaction with medical community and community at large, as necessary, to maintain the future success of the Healthcare arm of Riverside County government.
- 26. Maintaining full confidentiality of protected health information (PHI) including patient records; treats all patients with respect and care and leads staff in that regard.

V. Skills and Knowledge Required:

- A. 10+ years of successful executive healthcare leadership experience, preferably in an academic medical center, county facility, FQHC and/or large ambulatory clinic system, based in California previously holding positions such as Chief Executive Officer and/or Chief Medical Officer.
- B. Thorough knowledge of hospital and ambulatory practice administration, human resource, financial and operational management and general understanding of the public health care delivery system.
- C. Excellent interpersonal, community and group relation skills.
- D. Ability to exercise sound leadership and judgment.
- E. Public relations knowledge and expertise to maintain good public image of the Riverside County Healthcare facilities.
- VI. Education and experience: Doctor of Medicine and Board certification required. Masters degree in business administration, public health, management or related field is preferred. Demonstrated successful experience as healthcare executive required. Knowledge of regulations, information technology, financial systems, and academic medical center experience is also required. A strong financial background in administration and management is desired.

APPENDIX B CONSULTANT'S CURRICULUM VITAE

John A. Heydt, M.D.

jheydt@ucr.edu

Physician executive with extensive experience in complex academic healthcare institutions with demonstrable accomplishments in hospital and academic group practice management, quality, business development, financial and operational improvements and education. Strengths include: decisive strategic and operational leadership, excellent peer relationships, visionary management style, effective management skills, strong negotiation skills, strong financial management, effective recruiting, and creation of a collaborative culture within and amongst institutions.

Executive Management Experience

University of California, Riverside Riverside, CA

CEO UCR Medical Group Senior Associate Dean for Clinical Affairs 2013-present

Chief Executive Officer responsible for initiation, development of an academic multispecialty medical group to support the newly accredited School of Medicine missions. To create and maintain strategic partnerships with community hospitals, community physicians, the County of Riverside, the County of Riverside Health System, the County of Riverside Mental Health Services and Health Care Agencies with the purpose to elevate the quality of medical services in the Inland Empire.

University of California, Irvine Orange, CA

President & CEO, University Physicians and Surgeons Senior Associate Dean for Clinical Affairs Chief Ambulatory Officer UC Irvine Medical Center 2005-2013

2007-2013

Chief Executive Officer of a 570 physician academic multispecialty medical group with annual revenues of 145M fiscal year 2011-12

- Increased gross clinical physician revenues by 280% over 7 years from 62M to 172M (projected)
 - Renegotiated all contracts with 240% increase in commercial contracts

- Renegotiated all managed care contracts with 100% increase in capitated revenue
- Negotiated professional tertiary care rates with CalOptima (Med-i-Cal) at 130% of RBRVS
- Negotiated professional tertiary care rates with the County of Orange at 120% of RBRVS
- Balanced the payer mix resulting in a decrease of Med-i-Cal from 38% to 15% in the ambulatory practices
- Implemented a physician productivity salary formula with incentive
- Implemented GE/IDX billing system 2007
- Rebuilt Professional Billing Group
- SPA/DSH 4M new dollars for professional services over 3 years for providing care to underfunded patients
- Reduced expenses and enhanced revenue to University of California Medical Center in excess of 100M over 3 years (2005-08)
 - Lead cost reduction initiative for UC Irvine Medical Center
 - Redesigned Federally Qualified Health Centers 2005 with recurring 4M losses yearly to 1M margin yearly and sustained
 - Divested of underperforming primary care practice 2007 with resultant 3M savings to Medical Center
 - Divested of underperforming orthopedic practice 2007 with resultant 1M saving to Health System
 - Eliminated Physician Hospital Consortium (PHC) model of managed Med-i-Cal with 18M revenue enhancement to the UC Medical Center, 2007-08
- Led UC Irvine Physician affiliation with the Pediatric Subspecialty Faculty Practice at Children's Hospital of Orange County completed 2009
 - Opportunity for increasing UC Irvine Medical Center margin
 - Opportunity for increased revenue for the Department of Pediatrics
 - Strengthening of the Pediatric Residency Program
 - Opportunity to recruit world-class research, pediatric and pediatric surgery faculty
- Oversight and Management of Revenue Cycle for Professional Revenues
 - Management and Oversight of Stockamp Revenue Cycle Project
 - Physician contracting
 - Payer mix
 - Coding analysis
 - Billing & Collections
- Reorganized and Oversight of Operations of Ambulatory Practices SOS22/11
 - Responsible for all ambulatory employees, financial performance and practice productivity
 - Created a common management structure for hospital-based and physicianbased practices

- · Redesigned the ambulatory management structure
- Appointed Medical Directors for all practice sites
- Developed Practice site financial, operational and service benchmarks
- Developed performance metrics for ambulatory practices projected visits, financial performance, UOS, third available reports, physician session cancellations, no show rates
- Developed in conjunction with individual Chairs, optimal physician templates to increase productivity and efficiencies in the practice sites
- 600 employees

• Oversight and Reorganization of UC Irvine Medical Center Transfer Center

- Increased inpatient to inpatient transfers as a result of Lean Six Sigma project
- Projected 7M of increased revenue to UC Irvine Medical Center

Employee Engagement and Recognition Programs

• Lead employee engagement programs in targeted areas resulting in the highest levels of engagement of 800 employees reporting to myself in Professional Billing, Central Call Center and hospital based ambulatory practices

Redesign and Oversight of the University Centralized Call Center

- Lead performance improvement of central call center resulting in 86% of calls answered under 30 seconds, call abandonment rate of 4.7% and average speed of answering 16 seconds. Prior 57% of calls answered under 60 seconds, 17.7% call abandonment rate and 98 seconds average speed of answering, while maintaining no net increase in expenses or employees. The call center handles 1.2M calls per year
- 100 employees

Redesign and Rebuilding of Physician and Departmental Billing Groups

- Implemented conversion of Signature billing platform to GE/IDX platform
- Increased use of GE platform greater than 85% of revenues on common platform
- Developed performance metrics for billing across the organization
- 120 employees

Eclypsis EMR

- Successful implementation of Phase 1A and 1B, scheduling/registration modules of EMR throughout the ambulatory practices
- Successful implementation of Phase 2, inpatient record, order entry, ambulatory problem lists, medication lists, and results reporting
- Successful implementation of Phase 3.0, 3.1 and 3.2, expansion of problem list, allergies and electronic prescribing
- Final phase for full ambulatory record scheduled October of 2011.

Quality Oversight Committee

• Co-Chaired by Dean, CEO and myself

- Review all benchmarks of UHC quality indicators
- Develop, implement and track quality
- Lead quality and system improvements

• Institutional Leadership

- Co-Chair of UC Irvine Health System Strategic Plan (2010)
- Co-Chair of Culture of Caring 2010(Customer Service and Employee Engagement)
- University of California Chancellor's Clinical Issues Oversight Executive Management Team
- Senior Management Group UC Irvine Medical Center
- Strategic Planning Team which led the institutional affiliation between UC Irvine Health Affairs and Children's Hospital of Orange County
- Chief Ambulatory Officer position at UC Irvine Medical Center 2007
- Provided stability and leadership to the Department of Anesthesia from 2007-08 during an interim co-chair leadership model
- Provided stability and leadership to the Department of Radiology from 2006-07 during an interim chair leadership model
- Provided stability and leadership to the Department of Neurology from 2006-09 during an interim chair leadership model
- Provided leadership to the clinical stroke program 2009 during leadership transition

• Community Leadership

- Secretary Pacific Region Board of the Arthritis Foundation 2011
- Board Member Pacific Region Board of the Arthritis Foundation 2011
- Co-chaired Managed System of Care Network Development Subcommittee for the County of Orange, California
 2010
- Board of Governors-Southern California Special Olympics 2008 Present
- Chair-Orange County Arthritis Foundation Advisory Board
 Honorary Walk Chair Orange County Arthritis Walk

 2009 Present
 2008
- Board Member Orange County Arthritis Foundation 2008

Drexel University School of Medicine Philadelphia, PA

1995-2005

Interim CEO, Drexel University Physicians

2004-2005

Chief Executive Officer for a 250-physician academic multispecialty physician group with annual revenues of 65M

- Oversight of physician contracting
- Led the implementation of GE/IDX billing and planning of EMR for Drexel University Ambulatory practices

 Relocated and closure of Drexel University Practices due to Medical College of Pennsylvania Hospital closure

Chief Quality Officer, Drexel University Medical Director of Schulkyll Valley Risk Retention Group

2003-2005

Physician lead for Quality for the University and provided medical expertise and direction to Drexel University's malpractice self-insurance entity during Pennsylvania's malpractice crisis

- Developed, implemented and monitored Quality Standards for Drexel University Physicians
- Developed mandatory physician training sessions for all Drexel physicians on risk reduction, communications, practice standards and practice development, which resulted in decreased premiums for the University
- Developed Ombudsman program for early intervention of potential malpractice litigation resulting in decreased lawsuits and increased patient satisfaction
- Developed nonbinding mediation program for the University for potential malpractice claims
- Reviewed all negative outcomes or patient-physician interactions to assess for potential litigation
- Collaborated and coordinated with risk management team all malpractice cases with internal and external defense counsel.

Chief Medical Officer, Medical College of Pennsylvania Hospital

2004

Physician lead to stabilize the medical care of MCP Hospital after the announcement by Tenet Health, Inc. to close Drexel University's second largest affiliated teaching hospital.

• Provided leadership in coordinating patient transfers, Emergency Room physician staffing, MICU physician staffing and ensured a safe environment for patients during a period of hospital instability

Chair of the Department of Family, Community & Preventive Medicine 2000-2005

Director of Clinical Services for the Department of Family, Community & Preventive Medicine 1995-2000

Drexel University, School of Medicine

Provided leadership for all departmental functions inclusive of administrative, business, clinical, resident and student education. Served as Senior Management of the School of Medicine

• Designed, started, moved, acquired and divested of medical practices for the department to advance the missions of the School of Medicine and partnership with Tenet Health

Alden Park Practice-originated practice, 1996
Manayunk Practice- relocated Alden Park practice, 2001
Westminster Faculty & Resident Practice-developed and moved practice, 2002

South Hampton Medical Practice-acquired and combined with Westminster practice in new location, 2005

Henry Avenue Medical Practice-acquired 2001 and combined with Manayunk practice, 2003

Drexel University Student Health Center-originated practice, designed, built and staffed within 6 weeks, 2001

- Converted Department from a start-up grant-funded department to selfsustaining with a positive financial margin through growth of clinical revenues
- Developed and implemented incentive-based physician compensation model for the department
- Developed and obtained full accreditation for the Drexel University Family Medicine Residency Program while Department Chair
- Developed Medical school curriculum for fourth-year pathway for Drexel Medical students pursuing a career in Family Medicine
- Family Medicine third-year clerkship was consistently ranked as the number 1 rotation during tenure as Chair
- Created the Division of Sports Medicine for the department to provide care of athletes at Drexel University, local high school and college teams as well as high-level professional and Olympic athletes by board certified sports medicine physicians

University of California, Los Angeles Los Angeles, California

1990-1995

Director of Urgent Care, Division of Family Medicine

Provided initial physician leadership of a new entity for the Division of Family Medicine

- Developed business plan
- Developed access standards
- Developed treatment protocols
- Provided access point for new patients to the University medical practices
- Developed and managed Growth to 15K visits per year within 3 years with new patients 25%