



DukeHealth

Population Health Management Office

2018 ANNUAL REPORT





FROM THE EXECUTIVE DIRECTOR

Dear Friends & Colleagues,

Welcome to the Duke Population Health Management Office's inaugural annual report.

In 2016, Duke Health established the Population Health Management Office with the goal of helping patients, providers, payers and the community achieve positive health outcomes and a greater return on their healthcare dollars.

Last year, we made measurable progress at achieving this significant mandate. Duke Connected Care, our Medicare Shared Savings Program Accountable Organization, exceeded quality standards while saving the Federal program \$21.1 million dollars (#1 in North Carolina). Our DukeWELL ambulatory care management service helped over 5,500 patients—including Medicare, Medicaid, and commercial members—get more out of their health coverage by improving their ability to manage illness and overcome barriers to care. And Local Access to Coordinated Healthcare (LATCH), our program for the under- and uninsured in Durham County, connected over 2,000 of our community's most medically-vulnerable individuals to high-quality primary care, reducing their dependence on costly emergency care.

While these achievements are certainly remarkable, I am especially proud of the progress we made as an organization during just our second full year of operations. We fostered our own unique culture

fueled by the energy, creative thinking, generosity, and diversity of our employees. We reimagined our care management process—implementing predictive analytics and processes that allow us to work more efficiently and effectively. We expanded our team, which enabled us to extend our reach and impact. We armed administrative fellows, medical students and residents with the skills necessary to lead in the changing healthcare landscape. And we embraced the challenges that come with change, continuous improvement, and growth.

Perhaps most importantly, we found inspiration in a shared vision: *connected patients, empowered providers, healthy communities*. In fact, as you read on, you'll notice that we've structured this report using components of our vision, illustrating its resonance across our entire portfolio of work.

Medicaid transformation and the commercial market's evolution toward risk-based contracting will present some new and exciting opportunities for the PHMO to make an even bigger difference in the lives of North Carolinians in the years ahead. In the meantime, I hope this report gives you a sense of the progress we've made so far—and the power of investing in a more collaborative, coordinated healthcare system.

Warmest Regards,



Devdutta Sangvai, MD, MBA



2018 KEY MILESTONES

JANUARY

Duke Connected Care transitions to advanced alternative payment under Medicare

Network participants embrace greater accountability for health outcomes and costs of assigned Medicare patients

DukeWELL launches intensive care management program for high-risk patients

Predictive model identifies patients at increased risk of admission and helps allocate appropriate additional support across the continuum of care

DukeWELL & Duke School of Nursing pilot falls prevention program in Hillsborough

"On the Move" clinic provides on-site screenings, care plans and follow-up visits for Orange County patients with history of falls

FEBRUARY

Northern Piedmont Community Care and North Carolina Harm Reduction Coalition partner to combat opioid overdoses

400 Naloxone kits assembled and distributed with aim of reducing opioid overdoses in Durham

Northern Piedmont Community Care participates in Durham County Leadership Forum on Substance Abuse

200 agencies gather; PHMO network tasked with leadership role in addressing illicit drug use and opioid epidemic

MARCH

PHMO deploys clinically-trained liaisons to support network integration

Team deepens collaboration with providers by advising on workflows, coordination, and quality improvement

APRIL

PHMO participates in *Bridging Population Health at Duke*

Symposium coalesces Duke community around vision of improving health through innovative research and advanced care

JUNE

Northern Piedmont Community Care Celebrates 20th anniversary

Duke marks two decades of care management service to Medicaid members in Durham and beyond



JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

Inpatient and post-discharge services augmented with addition of Resource Center

Team specializing in transitional care and readmission reduction joins PHMO

Duke Connected Care achieves strong quality performance under MIPS

Score of 96.44% results in a 1.70% increase to Part B billing rates for Duke Connected Care providers starting in 2019

Duke Connected Care tops 2017 NC Medicare Shared Savings Program participants

Medicare announces network delivered high-quality care to over 50,000 patients while saving Federal program \$21.1 million

PHMO teams with local organizations to host opioid conference

Duke Margolis Center for Health Policy, Alliance Behavioral Health and Durham Crisis Collaborative are partners in addressing growing opioid epidemic

LATCH participates in Duke Cancer Institute's Men's Health Initiative

Event provides free cancer screenings, blood pressure exams, diabetes risk assessments and other tests to 158 men in Durham

PHMO trains medical students in "Leading Change" Primary Care Leadership Track

Program prepares future clinicians for leadership roles in health policy, administration, clinical care, and change management

DukeWELL earns 3-year NCQA accreditation for complex case management services

National recognition validates evidence-based approach to case management of high-risk patients

Duke Connected Care launches Medicaid tier of clinically-integrated network

New network will support highest tier of advanced medical homes under Medicaid Managed Care and contract with prepaid health plans starting in 2019

BUILDING HEALTHY COMMUNITIES

Through two physician-led networks, a skilled nursing facility collaborative and a community health program, the PHMO connects over **225,000 North Carolina residents**—including the state’s most vulnerable—to high-quality medical homes, specialists, recovery care, disability benefits, community support, and more.

Duke Connected Care

Duke Connected Care Tops North Carolina MSSP ACOs

Duke Connected Care (DCC)—Duke’s **clinically integrated network (CIN)** consisting of the Duke Health provider network and select independent practices across the Greater Triangle—capped a stellar 2017 by exceeding evidence-based quality standards and generating the most savings of any **Medicare Shared Savings Program Accountable Care Organization (MSSP ACO)** in North Carolina. Among successful North Carolina MSSP ACOs, DCC also had the greatest population health impact, serving over **52,600 assigned beneficiaries**.

Move to Risk & Alternative Payment

Building on 2017’s success, DCC embraced greater accountability for managing health outcomes and reducing costs for Medicare by transitioning to an **advanced alternative payment model (aAPM)**. Under the new model, DCC will continue to be measured against Medicare’s evidence-based quality standards and cost benchmarks. However, DCC participants will place a significant portion their reimbursement at risk—in the form of bonuses and penalties—based on their collective ability to deliver high-quality care to assigned patients at below Medicare’s expected costs.

Network Expansion & Launch of Medicaid Tier

DCC continued to pursue strategic growth opportunities in 2018. In addition to welcoming **four new MSSP ACO participants**, DCC announced plans to launch a **Medicaid tier** of its clinically integrated network to coincide with the state’s transition to Medicaid Managed Care in 2019. DCC’s new Medicaid tier will provide an efficient mechanism for practices to collaborate with health plans and obtain the analytics, reporting, and care management capabilities necessary to deliver the best possible outcomes for patients.

Duke Connected Care participants

Duke University Affiliated Physicians
Duke University Health System, Inc.
DLP Maria Parham Medical Center, LLC
DLP Wilson Physician Practices, LLC
Allmed Clinic
Beckford Avenue Medical Center, PA*
Carolina Family Health Centers, Inc.
Lincoln Community Health Center, Inc.
North State Medical Center
Primary Medical Care*
Private Diagnostic Clinic, PLLC
Roxboro Internal Medicine & Pediatrics, PA*
Roxboro Medical Associates, PA
Sundar Internal Medicine Associates, PA*
Triangle Community Physicians, PA
Vance Family Medicine, PA
William B. Olds, MD, PA

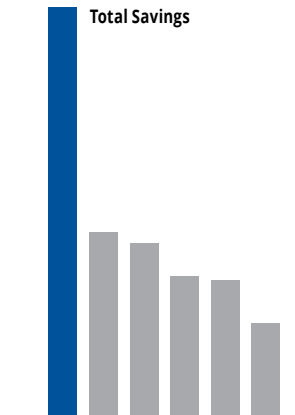
**New participant in 2018*

Duke Connected Care



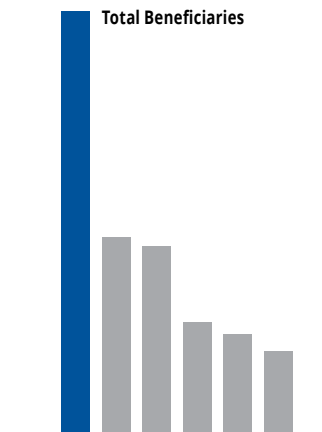
2017 Medicare Shared Savings Program (MSSP) Performance

North Carolina MSSP ACOs that Generated Savings for Medicare



Duke Connected Care, Durham: \$21.1 million

CHESS MSSP LLC, High Point: \$9.5 million
 Coastal Plains Network, Greenville: \$8.9 million
 Coastal Carolina Quality Care, New Bern: \$7.2 million
 Sandhills Accountable Care Alliance, Fayetteville: \$7 million
 Pinehurst Accountable Care Organization, Pinehurst: \$4.8 million



Duke Connected Care, Durham: 52,600 beneficiaries

Coastal Plains Network, Greenville: 24,500 beneficiaries
 CHESS MSSP LLC, High Point: 23,400 beneficiaries
 Pinehurst Accountable Care Organization, Pinehurst: 14,000 beneficiaries
 Coastal Carolina Quality Care, New Bern: 12,500 beneficiaries
 Sandhills Accountable Care Alliance, Fayetteville: 10,300 beneficiaries

Northern Piedmont Community Care

A Medicaid Milestone

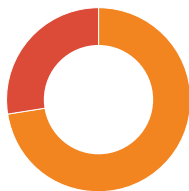
In June, Duke Health and Community Care of North Carolina marked a two decade partnership serving the State's Medicaid population. Originally conceived as the Durham Community Health Network—a community-based managed care program for Carolina Access II Medicaid enrollees—

Northern Piedmont Community Care (NPCC) has grown into a network of adult and child primary care practices, community health centers, and public health departments spanning six counties. Medicaid members who are assigned to NPCC are eligible for care management support services delivered by **DukeWELL**, the PHMO's ambulatory care management program.

NPCC Enrollment Snapshot September 2018

Enrollment by Age

- Children: 55,359
- Adults: 20,777



Enrollment by County

- Durham: 41,250
- Vance: 15,488
- Granville: 7,234
- Person: 5,565
- Franklin: 5,287
- Warren: 1,312



Addressing the Opioid Epidemic

NPCC continued its steadfast support of the state's goal to reduce opioid-related overdoses through a number of joint initiatives. In February, NPCC and the North Carolina Harm Reduction Coalition held **Naloxone Kit Day**—an event that included instruction on administering the overdose-reversing drug and assembly of 400 Naloxone Kits for distribution throughout Durham. NPCC also served as a collaborative partner in the **Durham County Leadership Forum on Substance Abuse**, ultimately being tasked with coordinating an overdose response team of peer support specialists in the Duke Hospital Emergency Department.

Later in the year, NPCC joined forces with the Duke Margolis Center for Health Policy, Alliance Behavioral Health, and Durham Crisis Collaborative to host **Responding to the Opioid Epidemic: Working Together to Make a Difference**. The full-day symposium included a keynote by North Carolina Attorney General Josh Stein, a panel discussion, and breakout sessions covering policy changes, law enforcement assisted diversion (LEAD) programs, health system approaches to medication assistance treatment (MAT), syringe exchange, and more.

NPCC Participants

Durham

B & D Integrated Health Services
Duke Primary Care (4 sites)
Duke Family Medicine
Duke Ob-Gyn South Durham
Duke Ob-Gyn at North Duke Street
Duke Outpatient Clinic
Duke Children's Primary Care (3 sites)
Durham Pediatrics at North Duke Street
Durham Family Medicine
Lakewood Pediatrics & Family Medicine
Lincoln Community Health Center
Novant Health Durham Internal Medicine Associates
Regional Pediatrics – North Durham
Regional Pediatrics – South Durham

Franklin

Adrienne C. Tounsel, MD
Advance Community Health – Louisburg
Beckford Avenue Medical Center
Bunn Medical Center
Duke Primary Care Butner-Creedmoor
Franklin County Health Department
Impact Primary And Urgent Care
North Carolina Pediatric Associates – Louisburg
William A. Sayles, MD

Granville

Center For Women's Health
Duke Primary Care Oxford
Granville County Health Department
Granville Pediatrics
Granville Primary Care – Oxford
Granville Primary Care – Butner-Creedmoor
Rural Health Group at Stovall

Person

North State Medical Center
Person Family Medical Center
Person Health Primary Care
Roxboro Family Medicine & Immediate Care
Roxboro Internal Medicine & Pediatrics
William B. Olds, MD

Vance

Beckford Avenue Medical Center – Henderson
Maria Parham Primary Care
Henderson Family Medicine
NC Pediatric Associates – Henderson
Rural Health Group at Henderson
Sundar Internal Medicine Associates
Vance County Health Department
Vance Family Medicine

Warren

Beckford Avenue Medical Center – Warrenton
Rural Health Group At Norlina



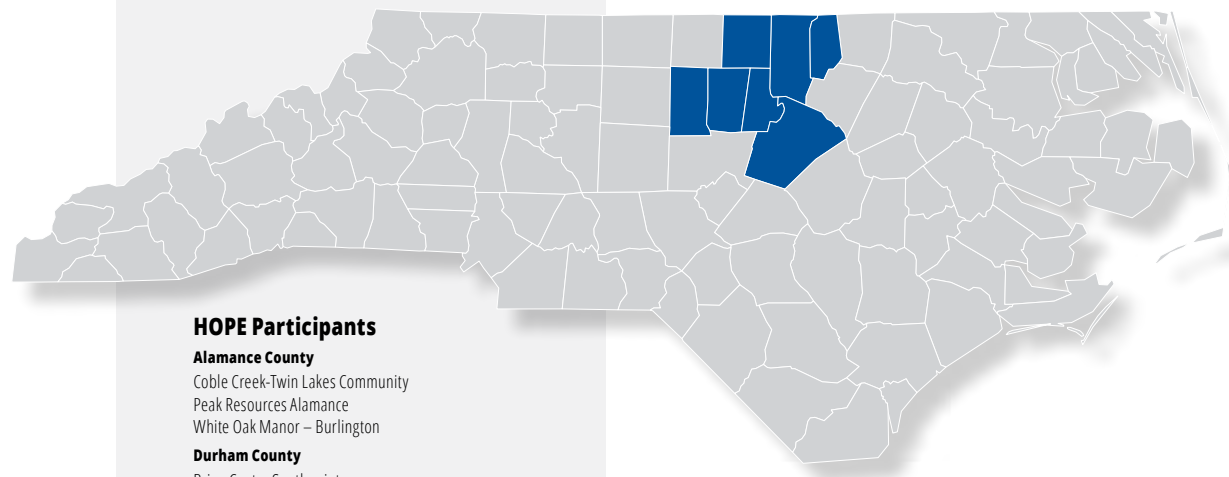


Duke Regional Hospital
PATIENT ID: 1000000000
PT, MEd, CPT
I Make A Difference

Duke Health HOPE Skilled Nursing Collaborative

Facilitating Advances in Recovery Care

Nearly two dozen facilities across six counties participate in the **Duke Health HOPE (Health Optimization Program for Elders) Skilled Nursing Collaborative**, a partnership between the PHMO and community rehabilitation centers to promote higher-quality recovery care for patients post-discharge. Participants in the HOPE Collaborative commit to exchanging best practices at regularly scheduled meetings and improving patient transitions through closer clinical and electronic integration with Duke Health. In 2018, the collaborative expanded to include Granville County.



HOPE Participants

Alamance County

Coble Creek-Twin Lakes Community
Peak Resources Alamance
White Oak Manor – Burlington

Durham County

Brian Center Southpoint
Carver Living Center
Croasdalle Village Retirement Community
Hillcrest Convalescent Center
Concordia Transitional Care & Rehabilitation – Rose Manor
Pettigrew Rehabilitation Center
PruittHealth – Carolina Point
PruittHealth – Durham
Treyburn Rehabilitation & Nursing Center

Granville County

Universal Health Care – Oxford

Orange County

Brookshire Nursing Center
Signature Healthcare of Chapel Hill

Person County

Person Memorial Hospital Extended Care Unit

Wake County

BellaRose Health – Nursing & Rehab
Capital Nursing & Rehabilitation Center
Cary Health & Rehabilitation
Hillcrest Raleigh & Crabtree Valley
The Oaks at Whitaker Glen-Mayview
PruittHealth – Raleigh
Rex Rehab & Nursing Care Center – Raleigh

HOPE SNF Collaborative

FY2018

Number of participating facilities:

23

Number of Medicare
certified beds:

2,445



Local Access To Coordinated Healthcare

Improving Access To Care In Durham

The bilingual **Local Access To Coordinated Healthcare (LATCH)** team connects under- and uninsured residents of Durham County to medical homes, specialty services, mental health services, public assistance, and community resources. LATCH enrollees are eligible for **DukeWELL**, and may also qualify for two additional services: **SOAR** (a national program designed to increase access to the disability income benefit administered by the Social Security Administration) and **PADC** (a partnership with Project Access of Durham County that provides LATCH enrollees with free access to specialty care).

Each year, LATCH team members serve as medical interpreters for the Duke Cancer Institute's **Men's Health Initiative (MHI)**—an event offering on-site prostate cancer screening, blood pressure exams, body mass index testing, diabetes risk assessments, and other preventive services to the Durham community free of charge. At last year's event, LATCH helped connect 158 men to potentially life-saving care.



LATCH Statistics FY2018

Number of unique
patient contacts:

120

Number of patients connected
to PCP Medical Home:

2,166

Number of patients connected
to mental health services:

349

Number of SOAR disability
referrals received:

205

Number of PADC specialty episodes
accessed by LATCH enrollees:

2,876

CONNECTING PATIENTS

In 2018, the PHMO deployed new predictive analytics capabilities, care management resources and community-based programming that helped even more patients get the right care, in the right setting, at the right time.

DukeWELL

DukeWELL offers FREE ambulatory care support services to eligible patients who get their care through:

Employee & Individual plans

- Duke Select / Duke Basic
- Aetna Whole Health
- Cigna Collaborative Care

Medicare Advantage plans

- Aetna Medicare Advantage
- Humana Medicare Advantage
- UnitedHealthcare Medicare Advantage

Medicare

must be assigned to a Duke Connected Care provider

NC Medicaid

must be assigned to a Northern Piedmont Community Care provider

LATCH

must reside in Durham County

Care Management

DukeWELL's **NCQA-accredited** care management team delivers local, relationship-based support to eligible, high-risk patients across the continuum of care. DukeWELL nurses, social workers, behavioral health specialists, community health workers, dietitians, and other health professionals address social determinants, improve medication and symptom management, support transitions in care, and increase patients' overall capacity for self-management. In 2018, DukeWELL introduced the use of predictive analytics into the risk stratification process—enhancing Duke's ability to identify the most appropriate candidates for care management.



DukeWELL Primary Care Managers



Pat Bass, RN, BSN



Robin Beaudin, RN, BSN



Brenda Edwards, RN, BSN



Monica Elliott, RN, BSN



Tiffany Ellis, RN, BSN, CPN



Katherine Fox, MA, LPC, LCASA



Kristen Gerhart, RN, BSN, CCRN



Kenya Gomez, RN, MSN



Fawn Hunt, RNC-OB, C-EFM



Christina L. Kleinert, RN, CPHN



Paula Lahar, RN, BSN, CCM



Sarah Lerner, RN, BSN, MPH



Shelley Lewis, RN



Joy Long-Vidal, LPC



Barbara Murphy, RN, BSN



Susanna Murrie, RN, BSN, MPH



Ashley Nunnery, RN, CCM



Tomislava Racic, RN



Julie Ramsey, MSN, RN, CNOR

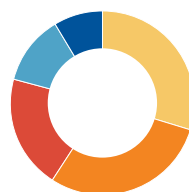


Heather Smiley, RNC-OB, C-EFM



Lawanda Regina Virgle, RN, BSN

Number of patients enrolled
by population FY2018



- Medicaid: 1,681
- Commercial: 1,645
- Medicare: 1,124
- Medicare Advantage: 683
- Under / Uninsured: 471

Improving Outcomes for Duke Employees & Their Loved Ones

Since 1998, DukeWELL and Duke University have been using benefit design and performance-based incentives to help Duke employees and their loved ones achieve their health goals. **Duke Select** and **Duke Basic** enrollees are eligible for DukeWELL services free of charge. In addition, providers who participate in either product are eligible for a **provider incentive program (PIP)** that rewards evidence-based care and positive health outcomes. In 2018, over \$250,000 in performance-based bonuses were distributed through the PIP—the program's highest payout yet.



DukeHealth

Duke UNIVERSITY

Pharmacy Support Statistics FY2018

Medication recommendations delivered to providers

491

Additional medication reviews

1,665

Home visits

70

Pharmacy Support

DukeWELL provides **pharmacy support** to eligible patients and their providers with the goal of improving medication adherence and safety. **Clinical pharmacists** conduct chart reviews daily and give providers recommendations for improving treatment regimens for complex patients. **Pharmacy technicians** are also available to support patients directly in the home, obtain accurate medication histories and address barriers to taking medicine as directed.

DukeWELL Clinical Pharmacists



Patrick Gregory, PharmD, BCPS, CDE



Benjamin Smith, PharmD, BCACP, CPP, BCGP



Yolanda Williams, PharmD, PhD

Addressing Gaps In Recommended Care

DukeWELL eligible patients also benefit from the services of a **gap closure team** — individuals who identify and follow-up with patients who have not obtained recommended preventive care services. Last year, the DukeWELL gap closure team facilitated hundreds of mammograms, colonoscopies, flu shots, and pneumonia vaccines through reminder letters, electronic communication, and phone calls to qualifying patients.

Specialty Case Review

Five clinicians form the core of **specialty case review**, a virtual consult program that offers primary care providers quick access to advice from Duke Specialists—with the goal of helping their DukeWELL eligible patients feel better, faster. Specialists in **cardiology, endocrinology, geriatric medicine, nephrology, and palliative care**—with support from DukeWELL clinical pharmacists and PHMO senior medical director Eugenie Komives, MD—each review cases and provide recommendations directly to providers via secure inbasket messages.

Number of cases reviewed, by specialty FY2018

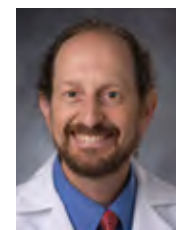


- Palliative Care: 754
- Cardiology: 666
- Endocrinology: 349
- Geriatric Medicine: 329
- Nephrology: 279

DukeWELL Specialty Clinicians



Blake Cameron, MD
Nephrology



Jonathan Fischer, MD
Palliative Care



Susan Spratt, MD
Endocrinology



Cary Ward, MD
Cardiology



Heidi White, MD
Geriatrics



On the Move Clinic

In January, DukeWELL partnered with the Duke School of Nursing to pilot **On the Move**—a Hillsborough-based program for patients who have a history of falls and wish to measurably reduce future occurrences. Patients who enroll in *On the Move* are not only screened for common falls risk factors, but receive a treatment plan and follow-up care to track progress. Orange County residents who participate in *On the Move* may enroll in the Matter of Balance class at the Orange County Senior Center free of charge.

On the Move is only available to patients who get their care from select Orange County Duke Health locations.

Duke Health Resource Center

In July, the PHMO enhanced its inpatient case management and transitional care capabilities through the addition of the **Duke Health Resource Center**. The Resource Center aims to measurably reduce unnecessary admissions and readmissions by calling all Duke patients within 72 hours of discharge to confirm that timely connections to primary or recovery care are in place and post-discharge instructions are understood. During fiscal year 2018, the Resource Center provided case management, inbound, and after-hours call and discharge support for nearly **69,000 patients** who were admitted into Duke Health's three hospitals.

Resource Center Clinical Staff



Cynthia Bogey, RN, BCM,
MPH, ACM



Gloria Copeland, RRT, RCP,
RN, BSN



Peggy Gleason, RN, CCM



Kelly Monsees, RN, BSN, CCM



Brittney Overcash, RN,
BSN, CCM



Ruth Slade, RN, BSN, MSN



Rhonda Spell, RN, BSN

EMPOWERING PROVIDERS

PHMO practice support services facilitate and promote documentation, reporting, workflow enhancement, care coordination, and secure data sharing that enable providers to focus their efforts on clinical interventions that will have the greatest impact on patient outcomes.

Reporting, Tools & Analytics

Performance Reporting

For the fourth straight year, the PHMO abstracted, validated, and submitted Medicare quality data on behalf of Duke Health and independent community participants in the Duke Connected Care network. The team successfully processed data on **3,492 patients**, from **10 different electronic medical record (EMR) platforms**, for **14 different clinical quality measures**. Additionally, the PHMO produced actionable reports for in-network providers that included practice- and individual-level data on quality, cost and utilization, and risk.

Point-of-care Tools

The PHMO convened stakeholders from across Duke Health to facilitate the design and implementation of numerous point-of-care tools to support Duke and community providers' transition to outcomes-based payment, including **best practice alerts**, **patient identification flags**, and **specialty-specific performance dashboards**. The PHMO's team of data analysts also mined patient registries and payer claims to inform prioritization of care management and gap closure.

Leveraging Duke's Enterprise-Wide Analytical Capabilities

Collaborations with data scientists at the **Duke Institute for Health Innovation**, **Duke FORGE**, **Duke School of Medicine**, **Duke Health Technology Solutions**, and **Duke Clinical Research Institute** have produced rigorous analytical models that guide the PHMO's allocation of care management resources, ensuring patients receive optimal care. Today, the PHMO employs several different analytical models—including those that predict risk of chronic kidney disease, need for palliative care, and likelihood of hospital admission and readmission—into care management and specialty case review workflows.

Provider Integration

In FY18, the PHMO deployed a provider-facing program to support Duke Health and community providers at improving health outcomes for shared patients. Over the course of **268 practice engagements**, the PHMO's **clinically-trained liaisons** helped providers understand and act on performance data, streamline workflows to promote coordinated care, and participate in secure patient data exchange using **Duke MedLink**—a web-based connection to Duke's Maestro Care electronic medical record.

Physician Liaisons



Michelle Gay, RN, BSN, MBA, CCM



Anne-Marie Hawthorne, RN, BSN



Lorie Robertson, RN, BSN



Marlena Scarborough, RN, MSN



Barbara Willis, RN, BSN, CCRN

PHMO LEADERSHIP TEAM & GOVERNANCE

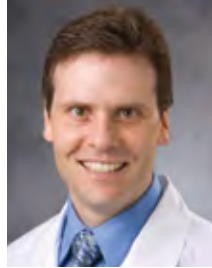
Executive Leadership Team



Devdutta Sangvai, MD, MBA
Executive Director



Eugenie Komives, MD
Senior Medical Director



Lawrence Greenblatt, MD
Medical Director



Barbara Matthews,
RN, BSN, CMAC, MBA
Associate Chief Nursing Officer



Daniel Costello, MPA
Administrative Director



Michelle Lyn, MBA, MHA
*Lead, Community Initiatives
& Strategy*



Fred Johnson, MBA
Network Director, Medicaid



Atalaysha Churchwell,
MS, LPC, LCAS
Director, Population Health



Coretta Smith, MSN, RN, CCM
*Director, Population Health
Operations*



Mary Schilder, RN
Director, IT Services



Karthik Shyam, MPP
*Director, Marketing
Communications*



Andrea Long, PharmD
Lead, Population Health IT



Benjamin Smith, PharmD,
CPP, BCGP
Pharmacy Manager



Marcie Fuson
Operations Manager



Tuwana Cash Garrett
Human Resources Manager



Maria Johnson
Finance Manager



Travis Washburn, MSA
Finance Manager

Operating Committee

John Anderson, MD, MPH (Chair); *Duke Primary Care*
Holly Biola, MD, MPH, FAAFP; *Lincoln Community Health Center, Inc.*
Harry Phillips, MD, FACC;
Duke Network Services & Duke LifePoint Healthcare
Jennifer Perkins, MD, MBA;
Endocrine Oncologist; Duke Access Services
John Paat, MD; *Duke Internal Medicine; Private Diagnostic Clinic PLLC*
John W. Ragsdale III, MD; *Duke Family Medicine*
David E. Attarian, MD; *Duke Orthopaedics*
Elizabeth Long, *Duke Primary Care*
Larry Greenblatt, MD; *Duke PHMO*
Marvin Swartz, MD; *Duke Psychiatry*
Edward Cooner, MD; *Duke Primary Care*
Momen Wahidi, MD, *Pulmonary Medicine*
Heidi K. White, MD; *Duke Geriatric Medicine*
Paul J. Mosca, MD, PhD, MBA; *Duke Vascular Surgery*
Diana Cardona, MD; *Duke Pathology*
Fabian Stone, MBA; *Duke PRMO*
Lesley H. Curtis, PhD;
Duke Department of Population Health Sciences
David Ming, MD; *Duke Pediatric Hospital Medicine*
Rajan T. Gupta, MD; *Duke Radiology*
Kevin Shah, MD, MBA; *Internal Medicine; Duke Primary Care*
Ziad Gellad, MD, MPH; *Duke Gastroenterology*
Bert Beard, MBA, MHA; *Duke LifePoint Maria Parham*
Abrahan Chaparro, MD; *Carolina Family Health Centers, Inc.*

Population Health IT Oversight Committee

Devdutta Sangvai, MD, MBA (Chair); *Duke PHMO*
John Anderson, MD, MPH; *Duke Primary Care*
Jonathan Bae, MD; *Duke University Health System*
Stephen Blackwelder, PhD; *Duke University Health System*
Ebony Boulware, MD, MPH; *Duke Internal Medicine*
Stephanie Brinson; *Duke PHMO*
Michele Casey, MD; *Duke Primary Care*
Richard Chung, MD; *Duke Pediatrics*
Atalaysha Churchwell, MS, LPC, LCAS; *Duke PHMO*
Daniel Costello, MPA; *Duke PHMO*
David Gallagher, MD; *Duke Hospital Medicine*
Jennifer Green, MD; *Duke Internal Medicine*
Genie McPeck Hinz, MD, MS; *Duke University Health System*
Fred Johnson, MBA; *Duke PHMO*
Azalea Kim, MD, MBA; *Duke FORGE*
Eugenie Komives, MD; *Duke PHMO / Duke Primary Care*
Pat Kramer; *Duke University Health System*
Andrea Long, PharmD; *Duke PHMO*
Elizabeth Long; *Duke Primary Care*
Heather Marstiller; *Duke Primary Care*
Lisa Nadler, MD; *Duke Primary Care*
Thomas Owens, MD; *Duke University Health System*
John Paat, MD; *Private Diagnostic Clinic, PLLC*
Eric Poon, MD, MPH; *Duke Primary Care*
Jennifer Rose, MBA; *Duke University Health System*
Monica Satterfield; *Duke Primary Care*
William Schiff, MBA; *Private Diagnostic Clinic, PLLC*
Mary Schilder, RN; *Duke PHMO*
Kevin Shah, MD, MBA; *Duke Primary Care*
Karthik Shyam, MPP; *Duke PHMO*
Stuart Smith; *Duke University Health System*
Fabian Stone, MBA; *Duke PRMO*
Momen Wahidi, MD, MBA; *Duke PRMO*
Cary Ward, MD; *Duke Cardiology; Duke PHMO*
Rob Wiest, CSCS, MPT; *Duke Physical Therapy*
Jonathan Woodall, MS; *Duke University Health System*

Population Health Pharmacy Council

Benjamin Smith, PharmD, CPP, BCGP (Chair); *Duke PHMO*
Eugenie Komives, MD; *Duke PHMO / Duke Primary Care*
Lawrence Greenblatt, MD; *Duke PHMO / Duke Internal Medicine*
Paul Bush, PharmD, MBA; *Duke University Health System*
John Ragsdale III, MD; *Duke Family Medicine*
Udobi Campbell, PharmD, MBA; *Duke University Health System*
Aaron Will, PharmD; *Duke University Health System*
Daniel Costello, MPA; *Duke PHMO*
Mark Herring, PharmD; *Duke University Health System*
Kevin Shah, MD, MBA; *Duke Primary Care*
John Anderson, MD, MPH; *Duke Primary Care*
Fred Johnson, MBA; *Duke PHMO*
John Paat, MD, MBA; *Private Diagnostic Clinic, PLLC*
Christina Crosby; *Private Diagnostic Clinic, PLLC*
Yolanda Williams, PharmD, PhD; *Duke PHMO*
Victoria Lee Jackson, PharmD, BCACP; *Express Scripts*
Atalaysha Churchwell, MS, LPC, LCAS; *Duke PHMO*
Patrick Gregory, PharmD, BCPS, CDE; *Duke PHMO*

Duke Connected Care

Board of Managers

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