A Collaborative Approach to Reducing Readmissions:
Harnessing the Patient Voice to Improve Care Transitions

June 20, 2019 | 8:00 AM-3:30 PM

Session Speakers

This section includes biographies and contact information for speakers, who will explore why it’s important to engage patients and caregivers, how their voices can be used to enhance care transitions and examples of what that looks like in practice.

David Andrews, PhD
Kathleen Beyerman, RN, NE-BC, EdD
Amy E. Boutwell, MD, MPP
Sarah Cloud, MBA, MSW, LICSW
Alisa DeLage, MSW, LCSW
Reneé DelMonico, NHA, BS, MSHA
Ellen M. DiPaola, Esq.
Kathy Duckett, MSN, RN
Margaret Foley, RN, MSN
Rebekah Gardner, MD

Stefan Gravenstein, MD, MPH
Brian Jack, MD
Jodi Kashouh, MS, RN-BC, CNL
H. John Keimig, MHA, FACHE
Ellen Levinson
Leslie May-Chibani, LSW
Kate Mercier, MSPT, COS-C
Deborah Jean Parsons, PhD
Mei Wang, PhD
David Andrews, PhD
Patient and Family Advisor

David Andrews, PhD was a patient advisor at Augusta University (formerly Georgia Regents Medical Center) for over 10 years. During that period, he was a member of many Patient and Family Advisory Councils, quality committees and quality improvement projects.

Mr. Andrews has frequently been involved in training people from other facilities who are interested in learning how to do Patient and Family Centered Care, and has done presentations at many conferences, from the local to the international. He was a patient advisor for the Georgia Hospital Association and with many other national organizations and projects related to improving patient and family engagement, including IOM.NAM, Moore Foundation/AIR, AHROQ, NQF, QIN-QIO Beneficiary and Family Advisory Council, American College of Radiology, and many others. Mr. Andrews also has been a merit reviewer for Patient-Centered Outcomes Research Institute (PCORI) research grant proposals and is a PCORI Ambassador.

He spends part of each year in Maine and has done training and presentations as well as working with several organizations there. Before retirement he was a college professor in New Hampshire.

Kathleen Beyerman, RN, NE-BC, EdD
Associate Chief Nursing Officer for Nursing Staff Development
The Center for Healthy Living, Winchester Hospital

Kathleen Beyerman received her BSN from Northeastern University, her MS in Nursing from Boston College, and her EdD from Boston University.

Dr. Beyerman’s nursing career has spanned direct care, staff development, and management. Thirty years ago she created the Center for Healthy Living at Winchester Hospital, which has as its mission “to improve the health of the 350,000 residents in the hospital’s service area.”

Dr. Beyerman’s readmission efforts began 14 years ago and stems from the understanding that every readmission represents a patient who is suffering.
Amy E. Boutwell, MD, MPP  
**President**  
Collaborative Healthcare Strategies

Amy Boutwell, MD, MPP, President of Collaborative Healthcare Strategies works at the intersection of excellence in clinical care, system redesign, and public policy. Dr. Boutwell works nationally to advise large-scale efforts to transform the delivery system to improve care so as to reduce acute care utilization.

Dr. Boutwell is the creator of 3 innovative methods of reducing readmissions: the STAAR Initiative, the ASPIRE Method, and the MVP (Multi-Visit Patient) Method. These methods have been disseminated at the local, regional, state and national levels. Dr. Boutwell recently led a state-wide initiative in New York State to redesign care at the bedside to more effectively engage patients- and their care partners.

Engaging over 150 hospitals in 20 working sessions, Dr. Boutwell will facilitate this working session at today’s conference. Dr. Boutwell is a graduate of Stanford University, Brown University School of Medicine, and the Harvard Kennedy School of Government, where she received the Robert F. Kennedy Award for Excellence in Public Service. Dr. Boutwell completed her internal medicine residency at Massachusetts General Hospital.

Sarah Cloud, MBA, MSW, LICSW  
**Director, Social Work**  
Beth Israel Deaconess Hospital Plymouth

Sarah A. Cloud, LICSW, received a Master of Social Work from Boston College School of Social Work in 1996 and Master of Business Administration from Isenberg School of Management in 2017.

During her career, Ms. Cloud has been recognized for her leadership through awards for improving access to treatment for Latino & Brazilian communities, suicide prevention for elders, opioid epidemic and jail diversion. She has specialized in the development of innovative programs, healthcare integration and interagency partnerships, and has lectured on those topics at national conferences.

Ms. Cloud serves as a Board Member for the *Boston Bulldog Running Club*, a wellness community for people in recovery, affected by addiction and treatment providers; *PCO Hope*, drop in centers providing a safe gateway to substance use information, resources, support and hope for individuals and their loved ones; and *To the Moon and Back*, a nonprofit dedicated to providing advocacy, education and support to caregivers of children born substance exposed. Ms. Cloud has been the Director of Social Work at Beth Israel Lahey Health-Plymouth since 2015.
Alisa DeLage, MSW, LCSW
Home Care Program Director
Old Colony Elder Services

Alisa DeLage, MSW, LCSW has been in the Social Work field for over 15 years. Her early career was working with children and families through the adoption process before going back to school to receive her dual Masters Degrees in Social Work and Non-Profit Leadership from Wheelock College.

Upon completion of graduate school, Ms. DeLage was employed with Old Colony Elder Services (OCES) and has been with the agency for five years. She oversees both the Home Care and Information and Referral Departments at OCES and works with her staff to ensure OCES’ consumers have services in the community to allow them to age in place.

Ms. DeLage belongs to many community coalitions and community based projects whose focus are to reduce readmission rates in the hospital and nursing facility settings. She is passionate about allowing individuals to remain in the community setting as long as possible and believes the best way to make this happen is for all community entities to work collaboratively to identify social determinants of health. Although Ms. DeLage work passions have shifted, she still remains a fierce advocate for children and families and is both a foster and adoptive parent (to humans and dogs!).

Reneé DelMonico, NHA, BS, MSHA
Executive Director
The Guardian Center

Reneé DelMonico, NHA is a graduate of SMU where she received a Bachelor’s degree in Accounting and a Master’s degree in Health Services Administration from Salve Regina University.

Ms. DelMonico is a Licensed Nursing Home Administrator (MA and RI) and also holds an Assisted Living Administrator license (RI). She has worked in the health care industry for over 30 years.

Currently, she is the Executive Director/Administrator at The Guardian Center located in Brockton, MA.
Ellen DiPaola, Esq. is the President & Chief Executive Officer of Honoring Choices Massachusetts. She is an attorney, with a former practice in Guardianship and Conservatorship and estate planning.

Ms. DiPaola has worked extensively in helping adults and families create personal health care plans as a Respecting Choices Certified Instructor.

She is an appointed member of the MA Department of Public Health Palliative Care & Quality of Life Interdisciplinary Advisory Council, and chairs the Health Care Planning and MOLST Sub-Committee.

Ms. DiPaola is a certified Mediator and is an experienced advocate for the rights of adults with cognitive challenges.

Kathy Duckett, MSN, RN currently the Chief Clinical Officer for CareGroup Parmenter Homecare and Hospice (Massachusetts). Additionally, she has her own consulting company specializing in home health care clinical, regulatory, financial, operations management, and program development including integrating technology throughout home health organizations. She was Director of Population Health for the VNA Care Network (Massachusetts), where she developed their Remote Patient Monitoring program and Virtual Medical Visit pilot program. At the Sutter Center for Integrated Care, Ms. Duckett served as Director of Training and Development with responsibilities ranging from Hospice, Home Care, and Patient Centered Medical Homes to initiatives integrating telemonitoring protocols into care plans and everyday workflow. While Director of Clinical Programs at Partners Healthcare at Home (part of Partners Healthcare System) she won ten Partners in Excellence awards for her work in developing innovative programs in telemonitoring and chronic care.

Ms. Duckett is an editorial board member of *Home Healthcare Nurse*, serves as the vice chair of the American Telemedicine Association’s Home Telemedicine and Remote Monitoring Special Interest Group, and sits on the Board for the Society for Participatory Medicine. She appears regularly as a speaker and panelist at conferences on topics pertaining to e-Care, integrated care management, telemedicine, home healthcare, and innovation in healthcare. Ms. Duckett received her Master’s in Nursing at Drexel University with a focus on Innovation and Intra/Entrepreneurship in Advance Nursing Practice.
Margaret Foley, RN, MSN
Director, Care Management
Emerson Hospital

Margaret Foley RN, MSN is the director of care management at Emerson Hospital which includes oversight for the social workers, RN care managers, high risk transitions team and Navihealth functions. She is responsible for all utilization review activities, payer requirements, and denial management.

Ms. Foley has over 15 years’ experience in overseeing case management and clinical documentation. This includes working with all departments within the hospital to develop systems for seamless transitions of care across the continuum and collaborating with multiple community agencies in order to assist in keeping patients healthy in the community. She was an active participant in development of the Accountable Care Organization (ACO) in a prior role with the goal of improving the patient experience, quality of care, and decreasing costs of care. Ms. Foley is also a per diem consultant for the Center for Case Management.

Ms. Foley received her BSN from DeSales University in Center Valley, Pennsylvania and her MSN in Leadership from Walden University in Minnesota.

Rebekah Gardner, MD
Senior Medical Scientist
Healthcentric Advisors

Dr. Gardner is Senior Medical Scientist at Healthcentric Advisors, Associate Professor of Medicine at the Warren Alpert Medical School of Brown University, and a practicing internist at Rhode Island Hospital. These roles enable her to combine clinical experience with the implementation and evaluation of healthcare quality improvement interventions and policy.

At Healthcentric Advisors, the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for New England, Dr. Gardner provides clinical oversight and strategic direction for multiple projects. Her experience centers on improving and measuring healthcare quality, with an emphasis on implementation science, health information technology adoption, care transitions, substance use disorders, and public reporting of healthcare quality metrics. She also serves as the clinical lead for the New England QIN-QIO Patient and Family Advisory Council.

Dr. Gardner received her Bachelor of Arts Degree in History from the University of Virginia (Charlottesville, VA) and her Medical Degree from the New York University School of Medicine (New York, NY). She completed her residency training in Internal Medicine, as well as a research fellowship, at the University of California, San Francisco (San Francisco, CA).
Stefan Gravenstein, MD, MPH  
New England QIN-QIO Clinical Director  
Healthcentric Advisors

Dr. Gravenstein serves as the Clinical Director at Healthcentric Advisors, the New England QIN-QIO. He also is Professor of Medicine and Health Services Policy and Practice at Brown University and researcher at the Providence Veterans Hospital.

Dr. Gravenstein completed internal medicine residency and geriatrics fellowship at the University of Wisconsin-Madison and William S. Middleton Veterans Administration Medical Center, where he joined the faculty and was tenured.

Throughout his career, Dr. Gravenstein has led geriatrics and palliative care programs, fellowships and quality improvement work at academic centers in Virginia, Ohio and Rhode Island. His research focused on nursing home quality improvement, aging and immunity, infection prevention, vaccines and safe care transitions.

Dr. Gravenstein brings his own experience as a caregiver of aging parents to his research, quality improvement and clinical practice.

Brian Jack, MD  
Professor, Department of Family Medicine  
Boston University (BU) School of Medicine  
Boston Medical Center

Brian Jack, MD, is Professor in the Department of Family Medicine at Boston University (BU) School of Medicine and Boston Medical Center. Dr. Jack graduated from the University of Massachusetts Medical School and completed his residency training at the Brown University. He completed a fellowship at the University of Washington. Dr. Jack came to BU in 1997 as the founding Vice Chair and later Chair of the Department of Family Medicine.

He has authored over 160 peer-reviewed articles or book chapters, reviewed papers for major medical journals. He is currently PI on grants from HRSA, PCORI, AHRQ, Kellogg and NIMHD.

Dr. Jack’s research team has developed the "ReEngineered Discharge" (Project RED), adapted by the National Quality Forum as a national "Safe Practice". RED is being used in all states and in over 10 countries. He completed projects with AHRQ funding including “Reengineering the Hospital Discharge for Patient Safety” which provided an in-depth analysis of the hospital discharge process. RED was then tested in Testing the Re-Engineered Hospital Discharge a RCT funded by AHRQ in the “Partners in Patient Safety” grants. Dissemination and implementation of RED was explored in an Action RFTO entitled Avoiding Readmissions in Hospitals Serving Diverse patients. Building on a RO1 from NHLBI with colleague...
Tim Bickmore of Northeastern University, he developed a health IT system to deliver RED at the bedside (the “Louise” system). Dr. Jack completed an AHRQ funded project entitled “Virtual Patient Advocates to Reduce Ambulatory Drug Events” that adapted Louise to be used by patients online when they went home from the hospital designed to monitor medication adverse events related to the transition from the hospital to the ambulatory environment. He completed a project to design a tool kit describing the RED processes and studied the barriers to RED implementation. Current projects include a RCT of a mental health intervention to reduce rehospitalizations for those with depressive symptoms (AHRQ R01, Blue Cross/Blue Shield Foundation) and an exploration of the causes of readmission from the patient perspective that focuses on mental health and the social determinants of care (Project Achieve, PCORI).

Dr. Jack received the 2008 CDC "Partner in Public Health Improvement” award for his work as leader of the CDC’s Select Panel on the Content of Preconception Care. He has completed work to design a preconception care HIT system (Gabby) to assist in the provision of this care (AHRQ, Kellogg) and completed a RCT of its impact (HRSA MCHB, NIMHD R01) and is now adapting this system to men (Kellogg). His team is now studying implementation of Gabby in Healthy Start and CHC sites (R18 AHRQ).

He received the 2013 Peter F. Drucker Award for Non-Profit Innovation, the “Patient Care Award for Excellence in Patent Education Innovation” award, the AHRQ “Patient Safety Investigator” award, and the “Best Research Paper of the Year” award of the Society of Teachers of Family Medicine. He was selected to HealthLeaders magazines annual "People Who Make Healthcare Better" list and one of Boston’s “Best Doctors” in each of 2010-2018. His Annals of Internal Medicine article describing RED is listed in the book "50 Studies Every Physician Should Know". In 2018 he received a HIMSS Global award for HIT innovation. In 2013 he was elected to the National Academy of Medicine.

Dr. Jack has also been active in the worldwide development of family medicine. He is Director of the Lesotho Boston Health Alliance, a program continuously funded for 15 years that aims to improve the quality of district health services in Lesotho. He is a founding member of the AAFP’s Center for International Initiatives. He spent a sabbatical year in Budapest, Hungary in 1995 where he received a special citation from the mayor of Budapest. He taught in Jordan and Pakistan and has worked on the development of family medicine in Albania, Jordan, Romania, and Vietnam.
Jodi Kashouh, MS, RN-BC, CNL
Healthcare Quality Specialist
Baystate Medical Center

Jodi Kashouh, MS, RN-BC, CNL is a Healthcare Quality Specialist for Baystate Medical Center. Over the last 19 years, she has held many clinical and leadership positions, including bedside cardiac nurse, cardiac charge nurse, heart failure clinical coordinator, Certified National Surgical Quality Improvement Program (NSQIP) Coordinator. Currently, she is responsible for regulatory reporting, improvement specialist consultation to clinical teams as well as a content expert in hospital-wide readmission prevention, leading Baystate’s Western Massachusetts Transitions in Care Cross Continuum Team.

Ms. Kashouh has her Masters in Science and is a board certified clinical nurse leader.

H. John Keimig, MHA, FACHE
President & Chief Executive Officer
Healthcentric Advisors

H. John Keimig is the Chief Executive Officer at Healthcentric Advisors, a nationally recognized healthcare quality improvement advisory firm. He is an accomplished healthcare industry executive with over 30 years’ experience providing effective leadership and strategic direction for both institutional and consultancy organizations.

As President and CEO, Mr. Keimig is responsible for leading the organization’s work on a diverse range of federal, state and private contracts, research awards, and consulting and project management engagements focused on healthcare quality, patient safety, outcomes measurement, health information technology, population health management and clinical practice transformation. His organization serves as the prime contractor to administer The Centers for Medicare & Medicaid Services Quality Innovation Network-Quality Improvement Organization for the 6 New England states. Previous experience in health delivery leadership includes serving as President and CEO of St. Joseph Health Services of Rhode Island where he led an organizational restructuring transforming two hospitals into a respected, patient and community-focused health care system. A regular lecturer on healthcare quality improvement issues, Mr. Keimig serves on the Boards of Directors of the Rhode Island Quality Institute and the American Health Quality Association. He is board certified in healthcare administration as a fellow of the American College of Healthcare Executives. Mr. Keimig is a graduate of the University of Scranton and Xavier University’s Graduate Program in Health Services Administration, which awarded him its Distinguished Alumni Service Award.
Ellen Levinson

Director of Health Service
Newbury Court, including Rivercrest Rehab & Nursing

Ellen Levinson is the Director of Health Services at Newbury Court, the Concord, MA campus of Deaconess Abundant Life Services. In this position, she oversees operations of the 42-bed skilled nursing center, the 29-unit memory support assisted living, and health services provided to residents of 225 independent living units.

A graduate of the Harvard School of Public Health, Ms. Levinson has held previous positions in both hospital and long term care management. Her career has been devoted to efforts to shape health care organizations to fit those they serve. She is particularly passionate about integration of animals into health care settings and about humanizing long term care through implementation of the Small House philosophy.

Leslie May-Chibani, LSW

Assistant Director
Minuteman Senior Services

Leslie May-Chibani, LSW currently is the Assistant Director at Minuteman Senior Services, one of 26 Aging Service Access Points (ASAP) across Massachusetts as well as an Area Agency On Aging (AAA), and Metro Boston Aging and Disability Resource Consortium (ADRC).

She has over 20 years of experience working with seniors, family caregivers and adults with disabilities in multiple settings across the continuum of care in Home Care, Skilled Nursing Facilities, and Community Hospitals.

Ms. May-Chibani has supervised Care Transitions Programs supporting elders and their families during the transition from hospital to home improving health outcomes and readmission rates with data driven outcomes. She has provided thought leadership to help shift the ASAP network from process measures to Long Term Services and Supports (LTSS) health outcome measures to show our value proposition including work on nutrition services to reduce the risk of malnutrition and food insecurity for seniors while building financially sustainable programs.
Kate Mercier, MSPT, COS-C  
*Vice President of Operational Excellence*  
*Brockton Visiting Nurse Association*

Kate Mercier is a respected leader in the home healthcare industry. Her focus is on building process and systems that prioritize patient safety, care transitions, quality care, and service excellence. Ms. Mercier is passionate about home healthcare and promoting population health through collaborations with acute and post-acute providers. She values the role of all providers in the pursuit of promoting patient safety at all hand-offs in the care continuum.

With over 15 years’ experience in the healthcare industry, Ms. Mercier brings an impressive track record of innovation, leadership experience, LEAN Management strategies, and strategic planning to the Brockton Visiting Nurse Association and to the community served.

Ms. Mercier has presented regionally on topics such as Operational Excellence, community partnerships, care management, quality assessment and performance improvement programs, and sustainable models of care.

Deborah Jean Parsons, PhD  
*Director of Integrated Care*  
*Aspire Health Alliance*

Dr. Parsons is an experienced professional in the fields of children’s mental health, social services, and healthcare in Massachusetts.

She is a graduate of Boston College and the Heller School at Brandeis University, where she completed her research and dissertation on children’s mental health services in 2012.

Dr. Parsons has worked for over 25 years in program design, operation, and management—having developed and run two innovative models of service delivery for children, youth, and families. She’s served as a consultant for the Association for Behavioral Healthcare and as adjunct faculty at Quincy College, Lasell College, and the University of Massachusetts at Boston.

From 2015 – 2017, Dr. Parsons successfully implemented a $3,500,000 Community Hospital Acceleration, Revitalization, and Transformation grant from the Health Policy Commission to reduce hospital utilization for high-cost, high-need patients. She is currently leading two Community Partner programs in the Massachusetts Medicaid Delivery System Reform Incentive Payment program. Community Partners provide high quality care coordination for adults in MassHealth who have complex physical, behavioral health, and social needs. The purpose of these programs is to integrate primary care, behavioral health services, and social resources in order to help individuals achieve healthier outcomes and community stability.
Dr. Wang is a Contracting Officer Representative (COR) and Science Officer for the Centers of Medicare & Medicaid Services (CMS). She works out of the Boston Regional Office and is currently responsible for supporting and monitoring contractor performance for the Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont QIN-QIO contracts.

Dr. Wang began her care transition and hospital utilization efforts in early 1990’s, working on HEDIS 2.0 reporting for managed care health plans. Over the years, she has supported CMS’ goal of enhancing care transitions and reducing hospital utilization through the implementation of evidence-based quality improvement. As a researcher, she appreciates the significant gains that have been made but as a daughter/caregiver, recognizes that there is still much room for improvement.

Dr. Wang has worked for several health care organizations over her career. Prior to joining CMS, she a Senior Analyst and Project Manager for Harvard Pilgrim Health Care. Other professional experience includes working as a Regional Manager for a pharmaceutical company and as a contractor for the Rate Setting Commission.