



Friday, April 3, 2009

**Promising Models of Care Coordination for Adults with Multiple Chronic  
Conditions: Getting Closer to the Holy Grail?**

**MODERATOR**

**Judith Miller Jones**

*Director*

**SPEAKERS**

**Chad Boulton, MD**

*Professor and Director*

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**Chad Boulton, MD**, is the Eugene and Mildred Lipitz Professor of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health. He directs the Roger C. Lipitz Center for Integrated Health Care and holds joint appointments on the faculties of the Johns Hopkins University Schools of Medicine and Nursing. The mission of the Lipitz Center is to improve the health and quality of life for people with complex health care needs by conducting research and disseminating new knowledge. The Center is also committed to preparing the next generation of leaders in this field.

A geriatrician for more than 20 years, he has extensive experience in developing, testing, evaluating, and diffusing new models of health care for older persons. His current research includes Guided Care, a novel, multi-disciplinary model of primary care for older people with

multiple chronic conditions. Guided Care is designed to improve the quality and outcomes of complex health care by improving the delivery system's design, decision support, access to clinical information, and support for self-management, and by facilitating patients' access to community services. Dr. Boulton is the principal investigator of a multi-site, cluster-randomized controlled trial of Guided Care in the Baltimore–Washington, DC, area. The study is funded by a public-private partnership of the Agency for Healthcare Research and Quality, the National Institute on Aging, the John A. Hartford Foundation, and the Jacob and Valeria Langeloth Foundation.

As an expert on chronic care, Dr. Boulton has published projections of the number of disabled older Americans in the 21st century and numerous studies of the outcomes of innovative models of health care for older persons. He created the first validated instrument for identifying high-risk older persons (the Pra) and co-edited a book entitled *New Ways to Care for Older People: Building Systems Based on Evidence* (Springer, 1999). He received the Excellence in Research Award from the American Geriatrics Society in 2000. From 2000 to 2005 he edited the “Models and Systems of Geriatric Care” section of the *Journal of the American Geriatrics Society*. In 2008 he received the David H. Solomon Award from the UCLA Medical School and the Excellence in Program Innovation Award (for Guided Care) from the American Public Health Association.



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**Eric A. Coleman, MD**, is professor of medicine within the Divisions of Health Care Policy and Research and Geriatric Medicine at the University of Colorado at Denver and Health Sciences Center. Dr. Coleman is the director of the Care Transitions Program, aimed at improving quality and safety during times of care “hand-offs.” He is also the executive director of the Practice Change Fellows Program, designed to build leadership capacity among health care professionals who are responsible for geriatric programs and service lines. As a board-certified geriatrician, Dr. Coleman maintains direct patient care responsibility for older adults in ambulatory, acute, and subacute care settings.

Dr. Coleman's bridges innovation and practice through: (1) enhancing the role of patients and caregivers in improving the quality of their care transitions across acute and post-acute settings, (2) measuring quality of care transitions from the perspective of patients and caregivers, (3)

implementing system-level practice improvement interventions, and (4) using health information technology to promote safe and effective care transitions.



**Mary Naylor, PhD**

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**Mary Naylor, PhD**, is the Marian S. Ware Professor in Gerontology and director of the NewCourtland Center for Transitions and Health at the University of Pennsylvania, School of Nursing. Since 1990, Dr. Naylor has led an interdisciplinary program of research designed to improve the quality of care, decrease unnecessary hospitalizations and reduce health care costs for vulnerable community-based elders. To date, Dr. Naylor and her research team have completed three National Institutes of Health–funded randomized clinical trials testing the Advanced Practice Nurse Transitional Care Model, an innovative approach to addressing the needs of high-risk, chronically-ill elders and their caregivers. With the support of The Commonwealth Fund, the Jacob & Valeria Langeloth Foundation, and the John A. Hartford Foundation, this research team has recently partnered with a major insurance organization and health care organization to promote widespread adoption of this proven model of care coordination. An ongoing clinical trial funded by the Marian S. Ware Alzheimer Program and the National Institute on Aging has expanded testing of this model of care with hospitalized cognitively impaired elders and their caregivers. Additionally, Dr. Naylor and colleagues have recently launched a study funded by the National Institute on Aging and the National Institute for Nursing Research that will examine over time the natural history of changes in health and quality of life among elders newly admitted to long-term care settings or services.

Dr. Naylor is the national program director for the Robert Wood Johnson Foundation program, Interdisciplinary Nursing Quality Research Initiative (INQRI). In recognition of her research and leadership, Dr. Naylor has received numerous awards. In 2004, she was the first nurse selected as a McCann scholar, the only national award by a private foundation that recognizes outstanding mentors in medicine, nursing, and science. In 2005, Dr. Naylor was elected to the National Academy of Sciences, Institute of Medicine, and is an active member of the Roundtable on Evidence-Based Medicine.



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**Ken Coburn, MD**, is the chief executive officer and medical director of Health Quality Partners (HQP), a not-for-profit health care quality research and development organization based in Doylestown, Pennsylvania, dedicated to improving health outcomes through health care delivery redesign. For the past seven years he has also served as the principal investigator for HQP's participation in the Medicare Coordinated Care Demonstration (MCCD), which began enrolling chronically ill Medicare beneficiaries into a randomized controlled trial in April 2002. The intervention designed and utilized by Health Quality Partners within the MCCD involves a tightly integrated set of services delivered by nurse care managers working in close collaboration with patients and their families, primary care and specialist medical providers, hospitals, and community resources.

Prior to founding Health Quality Partners, Dr. Coburn served in leadership roles in PennCARE, an 11-hospital consortium in eastern Pennsylvania, primarily leading the medical management initiative providing care and disease management on behalf of several thousand chronically ill Medicare patients under contract with Aetna. Past experience also includes working within the disease management division of the University of Pennsylvania Health System, as the Medical Director for Quality at a HMO (health management organization) owned by academic medical centers in Philadelphia (Health Partners), and as the director of the AIDS Center at the Montefiore Medical Center in Bronx, New York, a New York state-designated AIDS center.

Dr. Coburn received his undergraduate education at Brown University, his medical degree from the Columbia University College of Physicians & Surgeons, and completed his residency training in internal medicine at the Columbia-Presbyterian Medical Center in New York. He completed his infectious disease subspecialty training at the Albert Einstein/Montefiore Medical Center in Bronx, New York. He received his master's degree in public health from the Mailman School of Public Health at Columbia University and is currently pursuing a DrPH degree at the University of North Carolina's Gillings School of Global Public Health.

