



Health care you can count on.  
Service you can trust.

# **EXECUTIVE COMMITTEE PACKET**

**April 16<sup>th</sup>, 2024  
4:00 p.m. - 5:00 p.m.**

**Oakland / Hayward  
Conference Rooms**

# AGENDA

## Executive Committee Meeting

April 16<sup>th</sup>, 2024  
4:00 p.m. – 5:00 p.m.

In-Person and Video Conference Call

1240 S. Loop Road  
Alameda, CA 94502

**PUBLIC COMMENTS:** Public Comments can be submitted for any agenda item or for any item not listed on the agenda, by mailing your comment to: “Attn: Clerk of the Board,” 1240 S. Loop Road, Alameda, CA 94502 or by emailing the Clerk of the Board at: [brmartinez@alamedaalliance.org](mailto:brmartinez@alamedaalliance.org). You may attend meetings in person or by computer by logging in to the following link: [Click here to join the meeting](#). You may also listen to the meeting by calling into the following telephone number: [1-510-210-0967](tel:1-510-210-0967) [conference id 667484753#](#). If you use the link and participate via computer, you may use the chat function, and request an opportunity to speak on any agenda item, including general public comment. Your request to speak must be received before the item is called on the agenda. If you participate by telephone, please submit your comments to the Clerk of the Board at the email address listed above or by providing your comments during the meeting at the end of each agenda item. Oral comments to address the Executive Committee are limited to three (3) minutes per person. Whenever possible, the Committee would appreciate it if public comment communication was provided prior to the commencement of the meeting.

**PLEASE NOTE:** The Alameda Alliance for Health is making every effort to follow the spirit and intent of the Brown Act and other applicable laws regulating the conduct of public meetings.

### 1. CALL TO ORDER

*A meeting of the Alameda Alliance for Health Executive Committee will be called to order on April 16<sup>th</sup>, 2024, at 4:00 P.M. in Alameda County, California, by Rebecca Gebhart, Presiding Officer. This meeting is to take place by video conference call and in person.*

### 2. ROLL CALL

### 3. AGENDA APPROVAL

### 4. INTRODUCTIONS

### 5. CLOSED SESSION

a) **PUBLIC EMPLOYEE PERFORMANCE EVALUATION: CHIEF EXECUTIVE OFFICER (GOV. CODE SECTION 54957).**

## 6. COMMITTEE BUSINESS

- a) **DISCUSS: HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CA HOSPITAL SEAT NOMINEE(S)**
- b) **REVIEW AND APPROVE NOMINATION – DESIGNATED LONG-TERM SERVICES AND SUPPORTS (LTSS) SEAT**
- c) **ANNUAL TRAININGS**
- d) **DISCUSS: COMMUNITY ADVISORY SELECTION COMMITTEE – BOARD SEATS**

## 5. UNFINISHED BUSINESS

## 6. PUBLIC COMMENT

## 7. ADJOURNMENT

### **NOTICE TO THE PUBLIC**

The foregoing does not constitute the final agenda. The final agenda will be posted no later than 24 hours prior to the meeting date.

The agenda may also be accessed through the Alameda Alliance for Health's Web page at [www.alamedaalliance.org](http://www.alamedaalliance.org)

### **NOTICE TO THE PUBLIC**

Committee meetings are held intermittently. This meeting is held both in person and as a video conference call. Meeting agendas and approved minutes are kept current on the Alameda Alliance for Health's website at [www.alamedaalliance.org](http://www.alamedaalliance.org).

**Additions and Deletions to the Agenda:** Additions to the agenda are limited by California Government Code Section 54954.2 and confined to items that arise after the posting of the agenda and must be acted upon prior to the next Committee meeting. For special meeting agendas, only those items listed on the published agenda may be discussed. The items on the agenda are arranged in three categories. **Consent Calendar:** These items are relatively minor in nature, do not have any outstanding issues or concerns, and do not require a public hearing. All consent calendar items are considered by the Committee as one item, and a single vote is taken for their approval unless an item is pulled from the consent calendar for individual discussion. There is no public discussion of consent calendar items unless requested by the Committee. **Public Hearings:** This category is for matters that require, by law, a hearing open to public comment because of the particular nature of the request. Public hearings are formally conducted, and public input/testimony is requested at a specific time. This is your opportunity to speak on the item(s) that concern you. If, in the future, you wish to challenge in court any of the matters on this agenda for which a public hearing is to be conducted, you may be limited to raising only those issues which you (or someone else) raised orally at the public hearing or in written correspondence received by the Committee at or before the hearing. **Committee Business:** Items in this category are general in nature and may require Committee action. Public input will be received on each item of Committee Business.

**Supplemental Material Received After the Posting of the Agenda:** Any supplemental materials or documents distributed to a majority of the Committee regarding any item on this agenda after the posting of the agenda will be available for public review. To obtain a document, please call the Clerk of the Board at (510) 747-6160.

**Submittal of Information by Members of the Public for Dissemination or Presentation at Public Meetings (Written Materials/handouts):** Any member of the public who desires to submit documentation in hard copy form may do so prior to the meeting by sending it to "Attn: Clerk of the Board," 1240 S. Loop Road, Alameda, CA 94502. This information will be disseminated to the Committee at the time testimony is given.

**Americans With Disabilities Act (ADA):** It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact the Clerk of the Board, Brenda Martinez at (510) 747-6160 at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodations to attend or participate in meetings on a regular basis.

I hereby certify that the agenda for the Special Executive Committee Meeting was posted on the Alameda Alliance for Health's web page at [www.alamedaalliance.org](http://www.alamedaalliance.org) by April 12<sup>th</sup>, 2024.

A handwritten signature in blue ink, appearing to read "Brenda", is written over a horizontal line.

Brenda Martinez, Clerk of the Board

# Tosan O. Boyo

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Born in Nigeria, raised in Jersey, then backpacking across all seven continents shaped Tosan's views on how intersections across culture, policy and healthcare impact vulnerable communities. He believes access to affordable high-quality care is a cornerstone for a thriving society and he's on a life-long journey to eliminate disparities. Tosan specializes in utilizing Lean Six Sigma to advance quality outcomes, operational effectiveness and health equity. He's a mission-driven executive with a track record of leading teams in Academic, Safety-Net and Community Medical Centers through successful growth, innovation and turnaround initiatives. Tosan is prolific keynote speaker on Health Equity and an elected board member of the Institute of Healthcare Improvement - Serving as Governance Chair. For decades, IHI has spearheaded best practices to advance high-quality outcomes and zero harm world-wide.

## **President – East Bay Market. Sutter Health, CA. 2023 – Present**

Oversee all aspects of Sutter Health's East Bay Market including strategy development, operational management, capital allocation, financial performance, service line development, medical group alignment and community partnerships.

- ◆ Sutter East Bay encompasses: Alta Bates Medical Center - 393 beds, Summit Medical Center - 325 beds, Delta Medical Center - 140 beds, Eden Medical Center - 130 beds, Solano Medical Center - 106 beds, Herrick Psychiatric Hospital - 68 beds, 15 Ambulatory Centers and 4 Surgery Centers, \$2.5 Billion in operating revenue, 600,000 lives served, 45,000 acute discharges, 1 million outpatient visits, 4,500 births and 200,000 emergency encounters annually.
- ◆ Responsible for managing the market's operations improvement, continuous growth, profit and loss (P&L), and support services. Provides strategic direction to all clinical and business entities of the markets' hospitals, ambulatory centers and surgery centers while ensuring highest quality of care, patient access and cost-effective services are provided to communities served.

## **Senior Vice President – Hospital Operations. John Muir Health, CA. 2020 – 2023**

Oversee operations of Walnut Creek Medical Center – 554 beds, Concord Medical Center – 244 beds, JMH Psychiatric Hospital – 73 beds, Service Line Strategies and Enterprise Ancillaries. John Muir Health encompasses \$2 Billion in operating revenue, 35,000 acute discharges, 800,000 outpatient visits, 3,300 births, 2,300 trauma activations and 120,000 emergency encounters annually.

- ◆ Executive Sponsor of LEAN Management System: Spearheaded continuous performance improvement principles enterprise-wide to drive consistent executive visibility, clinical integration, prioritization, and problem solving.
  - Created System Performance Huddle gathering all VPs on daily basis with a discipline to maximize quality, flow and volume.
  - Deployed True North and balanced scorecard with visual management to align strategy, tactics and frontline.
  - Built curriculum and facilitated workshops for >90% of management staff on PDSA Cycles and Leader Standard Work.
- ◆ Incident Commander of COVID-19: Redesigned the Health System's pandemic response plan with detailed standard work, surge indicators, iterative scenarios and thresholds to ensure optimal capacity utilization.
  - Increased COVID-19 unit from 30 beds to 168 beds to support >45% of the county's hospitalized COVID-19 population. Established routine testing for high-risk workers and maintained workforce exposure positivity rate at <0.5%.
  - Executed vaccination strategy: within 45 days of go-live, administered 75% of staff and physicians with 1<sup>st</sup> and 2<sup>nd</sup> dose. Immediately pivoted to vaccinating the community at 3,000/week then doubling to 6,000/week after 3 weeks.
  - Directed partnership with county to deploy teams to skilled-nursing facilities, residential care facilities, farm workers and school districts in vulnerable zip codes to manage outbreaks, vaccine administration, information and guidance.
  - Assembled leaders of color across 10 health systems in the Bay Area to develop a vaccination campaign to ramp uptake among communities of color. Ensured high-prevalence regions had greater access to vaccines and testing.
- ◆ Executive Sponsor of Service Lines: Drive growth, standardization, cost control, quality outcomes, bundled payment initiatives across Oncology, Digestive Health, Obstetrics, Pediatrics, Cardiovascular, Orthopedics, Spine, Trauma, Surgical Specialties and Neurosciences generating >\$500 Million contribution margin annually.
  - Chair programming and operationalization of Outpatient Specialty Center ~\$300 Million and 154,000 sqft. joint venture with UCSF. Services included: Radiation Oncology, Medical Oncology, Infusion, Pharmacy, Genetic Counseling and Research.
  - Maximized savings across pharmaceuticals, supply chain and purchased services by standardizing clinical preferences, consolidating contracts, and deploying a fully integrated 340b program resulting in \$35 Million in annual savings.
  - Increased robotic surgery adoption rates to reduce time to treatment, length of stay and re-admission rates and executed plans to attain center of excellence for stroke, bariatric program, total joint replacements and digestive health.
- ◆ Executive Sponsor of Medi-Cal Strategy: JMH is the largest provider of Acute Care to Medi-Cal enrollees in the County. 34% of emergency encounters are Medi-Cal, 50% of that were ESI level 4/5, yet only 7% of outpatient visits were Medi-Cal. Utilized

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Safety-Net relationships deep experience with elected officials to establish inaugural Medi-Cal strategy to support vulnerable populations with an aim to reduce \$129 Million shortfall. Led operational deployment, contract negotiations, payer partnerships and alignment of community benefit programs to attain right care, time and place across the care continuum.

- ◆ Executive Sponsor of Health Equity: Develop and deploy strategies with stratified quality data to facilitate systemic and institutional measurable changes in patient outcomes. Lead Black Maternal Health (In the US, Black women are 243% more likely to die from childbirth-related causes). Established governance and operational infrastructure to ramp-up organizational readiness quantify, assess and mitigate this disparity at JMH while ensuring alignment with County and State.
- ◆ Executive Sponsor of Behavioral Health: Managed Psychiatric Hospital turnaround with revitalized staff engagement and attained profitability in 15 months. Increased average daily census by 45% and outpatient volume by 30%. Integrated tele-psychiatry workflows into Primary Care to improve access, care experience and recidivism reduction.
- ◆ Executive Sponsor of Government Affairs: Foster and maintain close working relationships with State officials, County officials, trade associations and business groups. Identify timely new legislative, regulatory, and ballot proposals which could significantly impact JMH. Develop advocacy plans that address (i) the specific legislative, regulatory, and ballot proposals that warrant allocation of JMH advocacy efforts, (ii) the rationale for prioritizing such identified matters; and (iii) the recommended tactics, strategies, and messages for each such effort.

## **Chief Operating Officer. San Francisco General Hospital, CA. 2017 – 2020**

Oversee operations of Academic Medical Center encompassing \$1 Billion in operating revenue, 397 beds, 18,000 acute discharges, 600,000 outpatient visits, 1,200 births, 3,100 trauma activations and 85,000 emergency encounters annually. Manage \$185 Million affiliation agreement with UCSF School of Medicine establishing physician partnerships across the enterprise. SFGH is the City's only Level 1 Trauma Center, only Psychiatric Emergency Center, largest Primary Care Center and home to 20 Research Centers.

- ◆ Chief of Operations of San Francisco's COVID-19 Command Center: Appointed by the Director of Public Health to lead a team of over 2,000 staff focused on optimizing contact tracing, case investigation, hospital surge capacity management, testing assets, PPE inventory, quarantine processes, first responders, public transportation, shelters and nutrition services for the entire City.
  - At the height of the pandemic, of the most densely populated cities in the US, San Francisco achieved the lowest COVID-19 death-rates, new case-rates and highest testing-rates. Successfully procured >100 days' inventory of most critical PPE.
  - Built 3 critical teams (advanced analytics, medical operations and community outreach) from the ground-up to control outbreaks, create alternative care sites and expand surveillance testing in SNFs and congregate settings.
  - Directed transition into Phase 2 as "shelter in place" gradually lifted. Supported City and Health Officials to develop guidelines for economic recovery, resume elective procedures, routine medical/dental appointments and re-open schools.
- ◆ Executive Sponsor of Health Equity: Established institutional vision, governance structure, system charter, communications campaign and strategic alignment with daily operations to eliminate health disparities and promote inclusion system-wide.
  - Expanded analytics framework to advance population health management by collecting data for REAL (race, ethnicity and language) and SOGI (sexual orientation and gender identity) at 95% completeness.
  - Created disparities assessment protocol and increased utilization from 6% to 77% by permeating principles of implicit bias awareness, relationship-centered communication and trauma-informed systems across Patient Safety Committee.
  - Headed inaugural diversity and inclusion survey then facilitated town halls evaluating organization's baseline and progress. Determined resources and tactics needed to build an inclusive culture with measurable outcomes for workforce.
- ◆ Executive Sponsor of Capital Planning: Optimize clinical infrastructure, technology strategy, real estate portfolio, facilities management and equipment administration. Integrated LEAN 3P strategies across projects to control cost, time-slippage and unplanned work. Campus encompasses 15 buildings, 1.8 Million sqft, 12,000 medical devices and 25,000 work-orders annually.
  - Chaired EPIC Activation: Scope consolidated 62 disparate systems into one patient-centered record ~\$377 Million Project. Exceeded Go-Live KPIs and shut down command center within 2 weeks. Deemed "one of the best Go-Lives ever" by EPIC.
  - Chaired programming, design and operationalization of Ambulatory Center ~\$315 Million and 617,000 sqft and Research Center ~\$275 Million and 175,000 sqft. Services included across both projects: Urgent Care, Primary Care, Specialty Care, Core Lab, Rehab Center, Psychiatric Emergency Center, HIV/AIDS Center and Trauma Research Center.
- ◆ Executive Sponsor of Ancillary Services: Drive continuous improvement across Patient Throughput, Urgent Care, Supply Chain, Diagnostic Imaging, Rehabilitation (OT/PT/ST), Clinical Laboratories, Anatomic Pathology, Behavioral Health Center, Nutrition, Utilization Management, Biomedical Engineering, Environmental Services, Occupational Safety, Sheriff's Department, Telecom and Emergency Management. Oversight encompasses 1,400 staff and providers with ~\$120 Million operating budget.

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- Chaired Alignment of Ambulatory Care and Emergency Department: Increased Urgent Care throughput by 20%, controlled ED left-without-being-seen at 3% and proactively redirected 50% of ESI-level 4/5 to Primary Care setting. Achieved TNAA <10 days across outpatient therapeutics, increased volume >10% and controlled registry costs at <5%.
- Chaired Utilization Management: Restructured task-force to address root-causes of hospital throughput bottlenecks. Spearhead PDSAs focused on reducing inappropriate length of stay, eliminating barriers to discharge by noon, providing social determinants for high-utilizers, refining observation services and partnering with external agencies for safe placement.
- Chaired Workplace Violence Prevention: Created Behavioral Emergency Response Team to reduce batteries and assaults. Instituted Code Tan – A multidisciplinary response team for victims of violence, tragedies and volatile situations.
- Engaged Orthopedic Institute and Birth Center to establish first commercial insurance contract in SFGH history.

### **Director – Ambulatory Network. San Mateo Medical Center, CA. 2014 – 2017**

Oversee operations of Primary Care Clinics, Specialty Care Clinics, Urgent Care Clinics, Dental Care Clinics, Behavioral Health Clinics, School-based Clinics, Managed Care Programs, Telemedicine and Interpreter Services across Redwood City, Half Moon Bay, Daly City, South San Francisco and San Mateo. Oversight encompassed 500 staff and physicians supporting 260,000 outpatient visits annually.

- ◆ Executive Sponsor of Patient Centered Medical Homes: Deployed LEAN Management System transforming Care-Team structure, primary care capacity, specialty care referral workflows, staffing ratios, care access paths, inreach and outreach standard work.
  - Surpassed budget target by >10,000 outpatient visits annually, increased patient satisfaction scores from 81% to 88% and maximized utilization of clinic appointments to ~95% capacity daily.
  - Created Patient Connection Center: Empanelling newly assigned members, creating continuity for recently hospital-discharged patients, unempaneled specialty care and ED follow-up visits. Reduced unmet needs from 54% to 7%.
  - Launched Express Care Clinics and implemented Phone-Based Care protocols to reduce inappropriate ED utilization, improve same-day access and care-continuity across the Network. Reduced average TNAA to <10 days and no-show rates to ~11%.
  - Redesigned Telecommunications by centralizing call centers, upgrading IT systems, defining standard work, staffing ratios and patient-centered trainings. Achieved ~10% abandoned rate with <100 sec wait time across the Network.
- ◆ Executive Sponsor of Value-Based Care: Transitioned operations from fee-for-service to fee-for-value with a goal to optimize quality outcomes, risk stratification and cost control of 56,000 lives at 60% capitation.
  - Created Office of Managed Care from the ground up establishing contract agreement and consolidation of data infrastructure from health plan and referring providers. Developed job descriptions, recruited and ramped-up team responsible for financial planning and analysis, business development, risk stratification and population health analytics.
  - Headed collaboration with Health Plan of San Mateo to establish Joint Tactics Committee to improve performance of utilization management, HEDIS scores, regulatory standards and resolution of care coordination challenges.
  - Operationalized Medicaid Waiver programs - Delivery System Reform Incentive Payments, Dental Transformation, Whole Person Care, Public Hospital Redesign and Incentives in Medi-Cal and Healthcare for Homeless and Farmworkers.
  - Successfully expanded Endocrinology, Pain, Cardiology and Musculoskeletal services to meet specialty needs by region.
- ◆ Executive Sponsor of Health Equity: Led training, validation and implementation initiative to collect and stratify accurate race, ethnicity and language data. Successfully expanded interpreter access with new mobile devices to close disparities in outcomes.

### **Manager – Primary Care Clinics. Alameda Health System, CA. 2013 – 2014**

Oversee operations of Urgent Care, Internal Medicine, Pediatrics, Geriatrics and OB/GYN Practices at Highland Hospital in Oakland. Oversight encompassed 150 staff and physicians supporting 70,000 outpatient visits annually.

- ◆ Successfully licensed, transitioned and operationalized new 80,000 sqft Outpatient Center. Defined growth strategy, financial forecast, staffing model and workflows to improve access, care continuity and reduce inappropriate ED utilization.
- ◆ Led LEAN initiative aligning Ambulatory Care and Emergency Department to ensure low-acuity patients received the right care, at the right place and the right time. Proactively redirected 25% of ESI-level 4/5 ED encounters to clinic setting.
- ◆ Led LEAN initiative integrating Behavioral Health teams into Primary Care to improve care coordination and quality outcomes.
- ◆ Led LEAN initiative in Internal Medicine to reduce overtime by \$1.5 Million and achieve 95% charge reconciliation in 6 months.
- ◆ Led LEAN initiative in OB/GYN to optimize door-to-doc lead time by 30% and reduce no-show rates to 15%.

### **Manager – Specialty Care Clinics. UC San Diego Health System, CA. 2011 – 2013**

# Tosan O. Boyo

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Oversee operations of Abdominal Transplantation and Hepatobiliary Diseases Clinics across San Diego, Riverside and Las Vegas. Oversight encompassed 50 staff and physicians supporting 15,000 outpatient visits and 110 transplants annually.

- ◆ Appointed by COO to establish inaugural cohort of LEAN training to optimize performance of system-wide programs.
- ◆ Led LEAN initiative to deploy group visits increasing throughput by 30% and reduced TNAA from 4 months to 2 weeks.
- ◆ Led LEAN initiative across Clinical Laboratories to reduce cycle time by 35%.
- ◆ Led LEAN initiative to reduce no-show rate to 5% and successfully increased patient experience to cross 95th percentile.
- ◆ Built Nurse Practitioner post-transplant clinics into practice which increased access capacity by >25%.
- ◆ Developed and implemented business plan to head expansion into Riverside County increasing market share by >20%.
- ◆ Dissolved operations of Las Vegas Clinic eliminating projected losses of >\$200,000 annually.
- ◆ Consolidated Liver Program with Hillcrest Specialty Clinic resulting in >\$120,000 over-head savings annually.

## Awards

40 under 40, San Francisco Business Times, 2024  
Executive of the Year, California Association of Healthcare Leaders, 2021.  
Resolution 20-11 Honor, San Francisco Health Commission, 2020.  
Values in Action, San Francisco Department of Public Health, 2019.  
Best Equity Initiative, Disparities Solutions Center, 2018.  
Performance Excellence in Ambulatory Care, California Association of Public Hospitals, 2016.

## Boards

Health Evolution, 2020 - Present  
Institute for Healthcare Improvement, 2021 - Present  
East Bay Economic Development Alliance, 2023 - Present  
Oakland Chamber of Commerce, 2024 - Present  
Walnut Creek Chamber of Commerce, 2020 - 2023  
Fred Finch Family Services, 2015 - 2020

## Education

Board Certified Fellow, American College of Healthcare Executives.  
Master's Degree in Public Health, Montclair State University.  
Bachelor's Degree in Clinical Psychology, The College of New Jersey.

## Publications

<https://www.egonzehnder.com/from-clarity-to-courage-five-leadership-traits-and-competencies-to-drive-equity-in-healthcare/tosan-boyo/>  
<https://www.healthevolution.com/insider/leadership-profile-sutterhealth-tosan-boyo/>  
<https://www.ncqa.org/videos/quality-talks-2022-tosan-boyo-mph-on-how-equity-work-validates-verifies-quality-work/>  
<https://youtu.be/ES0ughzmlpo>  
<https://www.healthevolution.com/insider/trauma-the-tyrannical-time-traveler/#health-equity>  
[https://youtu.be/viJcFEzL4\\_o](https://youtu.be/viJcFEzL4_o)  
<http://www.ihl.org/communities/blogs/facing-down-denial-and-data-challenges-when-addressing-equity>  
<https://www.careinnovations.org/resources/tackling-bias-fear-inequality-and-disrespect-tosan-boyo-blueprint-for-a-successful->  
<https://www.healthevolution.com/insider/the-multiple-worlds-of-black-health-workers/#leadership>  
<https://vimeo.com/196026150>

## Keynotes

“Health Equity Trailblazers: Where Vision Meets Commitment ” National Committee of Quality Assurance, 2024  
“Community Partnerships and Investments to Eliminate Health Disparities” Healthcare CEO Strategy Summit, 2024  
“Community-based investments and partnerships to advance health equity” Health Evolution Forum, 2024  
“Northern California Leadership Series” National Association of Health Service Executives, 2024



## Tosan O. Boyo

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- “Unlocking Opportunities for Improved Health” UCSF Rosenman Institute’s 7<sup>th</sup> Annual Symposium, 2023.
- “The Art & Science of Leading Hospital Turnarounds” National CXO Summit, 2023.
- “Leveraging Lean to Advance Strategic Goals” Lean Research Symposium, 2023.
- “Equity is a Moral and Business Imperative” Equity Innovation Summit, 2022.
- “Looking Outside The Hospital: Integrating Health System With Public Health” National CXO Summit, 2022.
- “Building an Equitable Digital Health Ecosystem” National Committee of Quality Assurance, 2022.
- “Creating Breakthroughs – Improvement as Part of Daily Work” Institute for Healthcare Improvement, 2022.
- “Staffing: During and Beyond the Pandemic” California Association of Healthcare Leaders, 2022.
- “Equity Work Verifies Quality Work” National Committee of Quality Assurance, 2022.
- “Reaching the New Frontier – Creating 21st Century Health Care.” Population Health Colloquium, 2021.
- “Closing Health Disparities - Prioritizing Investments and Measuring Progress” Health Evolution, 2021.
- “Roundtable on Community Health & Health Equity.” Health Evolution, 2021.
- “The Year of Inequities” Patient Experience Digital Series, A Cleveland Clinic & HIMSS Event, 2021.
- “Overcoming Disparities in Healthcare.” Black Caucus, 2021.
- “Equity Interventions That Make a Difference.” Oregon Primary Care Association, 2020.
- “Developing the Integrated Health System of the Future.” California Association of Healthcare Leaders, 2020.
- “Leadership in the Era of COVID-19.” Schwartz Center Compassion in Action Healthcare Conference, 2020.
- “Caring for Patients Against the Backdrop of COVID-19 and Systemic Racism.” Center for Care Innovations, 2020.
- “Responding to a Pandemic, Rebuilding our Public Health System.” Stanford Center of Philanthropy and Civil Society, 2020.
- “Equity: A Dimension of Quality, Workforce Well-being and Joy in Work.” Institute for Healthcare Improvement, 2020.
- “Deploying Equity Strategies across the Health System.” America’s Essential Hospitals VITAL Conference, 2020.
- “Deploying Equity Strategies across the Health System.” Safety Net Institute, 2019.
- “Deploying Equity Strategies across the Health System.” Massachusetts General Hospital, 2019.
- “Deploying Equity Strategies across the Health System.” Boston Children’s Hospital, 2019.
- “Advancing Health Equity.” The #PopHealth Show, 2019.
- “Advancing Health Equity.” UCSF School of Medicine, 2019.
- “Advancing Health Equity.” Disparities Solutions Center, 2018.
- “Why Immigrant Stories in Healthcare Matter.” Schwartz Center Rounds, 2018.
- “Learning from Leaders.” California Association of Healthcare Leaders, 2018.
- “Goals and Challenges of the Capitation Preparedness Program.” Safety Net Institute, 2015.

# MARCUS E. WATKINS



Accomplished leader with diverse and successful experience in healthcare operations. Expertise in contract negotiations, network development, increasing operating revenues, enhancing service utilization, strategic planning and problem solving.

## AREAS OF EXPERTISE

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- Hospital & Physician Contracting
- Contract Negotiations
- Revenue Cycle Management
- Reimbursement and Pricing
- Strategic Planning
- Competitive Market Analysis
- Geographic Network Expansion
- Contract Language Development
- Provider-Payor Relations
- Healthcare Law
- Regulatory Compliance
- Managed Care Finances

## CAREER HIGHLIGHTS

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### **WASHINGTON HOSPITAL HEALTHCARE SYSTEM, FREMONT, CA**

**2021 – PRESENT**

*Washington Hospital Healthcare System opened in 1958 and has grown to include a 415 bed acute care hospital; Morris Hyman Critical Care Pavilion; Taylor McAdam Bell Neuroscience Institute; The Gamm Knife Center; Washington Radiation Oncology Center; Washington Outpatient Surgery Center; Washington Institute for Joint Restoration and Research; UCSF-Washington Cancer Center, and a wealth of additional outpatient hospital services.*

### **CHIEF OF REVENUE CYCLE MANAGEMENT, PAYOR CONTRACTING AND EMPLOYEE BENEFITS (2023)**

Oversee Patient Access, Patient Accounting, Revenue Integrity, Managed Care Contracting Strategy and Negotiations, and Employee Benefits consistent with WHHS's mission and goals.

- Responsible for overall management of Managed Care contracting including developing and implementing the managed care strategy for the hospital, medical foundation, surgery centers and other system ancillary services.
- Manage, oversee and participate in managed care contracting activities for the healthcare system yielding \$1.1 Billion or greater in aggregate annual net revenue.
- Establish, grow and maintain productive relationships with Payors and other constituents that support the strategic goals and objectives of the health care system.
- Develop, monitor, and enhance alliances and partnerships with physicians, medical groups and local employers.
- Lead the Hospital's Revenue Cycle business unit strategy related to patient access, patient financial billing and collections, and revenue integrity/charge capture.
- Continual monitoring of pertinent Revenue Cycle key performance indicators to ensure appropriate resources are deployed, and actions are taken to fully optimize revenue capture and collection opportunities.
- Assess impact of State and/or Federal legislation that affects contracting or hospital finances, revenue cycle management, patient access; and work with internal departments to implement any changes required for compliance.

### **SR. DIRECTOR OF CONTRACT SERVICES**

Oversee Managed Care by coordinating and evaluating contracted activities with third party payors consistent with WHHS's mission and goals.

- Manage hospital contracting activities yielding in excess of \$600 Million in aggregate annual net revenue.
- Responsible for the negotiation, implementation, administration and financial tracking of managed care contracts for the healthcare system, inclusive of Washington Township Medical Foundation.
- Develop, monitor, and enhance alliances and partnerships with physicians, medical groups and local employers.
- Direct and oversee Financial Analyst to perform modeling, financial impacts, utilizing Financial Planning and Analysis databases for contract and system performance.
- Assess impact of State and/or Federal legislation that affects contracting or hospital finances, and work with internal departments to implement any changes required for compliance.

## **ANTHEM OF CALIFORNIA, RANCHO CORDOVA, CA**

2019 – 2021

*Anthem, Inc. is one of the largest health benefits companies in the United States. Through its affiliated health plans, Anthem companies deliver a number of leading health benefit solutions through a broad portfolio of integrated health care plans and related services, along with a wide range of specialty products such as life and disability insurance benefits, dental, vision, behavioral health benefit services, as well as long term care insurance and flexible spending accounts.*

### **DIRECTOR OF PROVIDER NETWORKS**

Responsible for \$5 Billion in hospital and health system revenue across the company's Commercial, Medicare and Medicaid lines of business.

- Oversaw and participated in contracting, negotiations, and maintenance of facility, health system and IPA relationships.
- Working knowledge of downstream Risk Bearing Organization and IPA contracting/delegation relationships.
- Oversaw the development, maintenance and reconciliation of IPA risk contracts and value-based reimbursement arrangements in accordance with growth priorities.
- Developed innovative ways to maintain a cost-effective network with adequate access and positive working relationships across assigned IPAs, hospitals and health systems.
- Identified new process improvement opportunities across Anthem's network operations divisions to deliver an unparalleled provider service experience.
- Provided ideation support with new cost containment strategies to lower the overall cost of medical care for Anthem's clients and members.
- Participated in client interactions with the Sales teams with a focus on developing network strategies that are attractive to existing and prospective Anthem clients.

## **COMMUNITY MEDICAL CENTERS, FRESNO, CA**

2015 – 2019

*Community Medical Centers is a locally owned, not-for-profit, public organization based in Fresno, California. Community is the region's largest healthcare provider and private employer.*

### **SR. DIRECTOR, MANAGED CARE (2015 – 2019)**

Oversaw Managed Care by directing, coordinating, and evaluating contracted activities with third party payors consistent with CMC's missions and goals.

- Directed Payor/Insurance contracting activity and strategy for Community Medical Centers, Santé Community Physicians IPA Medical Group, Community Foundation Medical Group and Community Care Health Plan.
- Negotiated contracts generating revenue for the enterprise more than \$1 billion dollars.
- Analyzed, evaluated, selected, and implemented programs and contracts necessary to support the strategic direction of Managed Care.
- Negotiated contract rates and language; established reimbursement models and developed rate parameters; continually monitored and analyzed contract performance and financial impact thereof.
- Established policies, procedures, and practices necessary for the effective and efficient human resource, business and regulatory operations of the Managed Care area and ensured those policies, procedures and practices were in accordance with appropriate laws and regulations.
- Represented the Managed Care department with internal and external Senior Executive/C-Suite level management.
- Developed, implemented, and maintained the annual Managed Care operating budget and ensured operations were managed within established guidelines.
- Managed and mentored Contract Manager and Contract Coordinators; provided effective tools and developmental opportunities pertinent to ensure growth and performance success consistent with organizational goals and objectives.

### **VICE PRESIDENT, WORKERS' COMPENSATION RISK MANAGEMENT (2017 – 2019)**

Lead Community Medical Centers' self-insured workers' compensation program by directing, coordinating, and evaluating post injury/loss activities.

- Directed Community Medical Centers' Workers' Self-Insured Workers' Compensation Plan up to and including active workers' compensation reserves more than \$50 million dollars.
- Managed broker and TPA relationships.
- Negotiated excess loss including annual premium and audit rate.
- Established policies, procedures, and practices necessary for the effective and efficient human resource, business and regulatory operations of the Workers' Compensation Risk Management area and ensured those policies, procedures and practices were in accordance with appropriate laws and regulations.
- Identified adverse claim trends and independently developed and executed interventional strategies.

- Represented the Workers' Compensation Risk Management department with Senior Executive management and internal and external committees and entities.
- Developed, implemented, and maintained the annual Workers' Compensation Risk Management operating budget and ensured operations were managed within established guidelines.
- Managed and mentored Director of Workers' Compensation Operations (Attorney), WC Ops Manager, WC Ops Client Advocate and WC Ops Administrative Specialist; provided effective tools and developmental opportunities pertinent to ensure growth and performance success consistent with organizational goals and objectives.

### **HEALTHSMART PREFERRED CARE, STOCKTON, CA**

2007 – 2015

*HealthSmart Preferred Care delivers healthcare coverage and state-of-the-art management services. Network consists of over 600,000 providers and over 5,000 hospitals throughout the U.S.*

#### **DIRECTOR, NETWORK DEVELOPMENT**

Developed, implemented and monitored the network strategy for California, Washington, Nevada, Oregon, Utah and West Virginia.

- Initiated and lead high profile negotiations with hospitals, ASCs and large medical groups in California, Washington and Nevada with minimal executive involvement, to produce a geographically competitive and stable network
- Established and maintained strong business relationships with C-level officers, physicians and managed care leadership at hospital, ASCs and physician groups to ensure company objectives were effectively achieved.
- Conducted fee schedule and rate analysis to ensure market fee schedules effectively achieved objectives for cost performance and trend management.
- Advanced to expert understanding of Medicare provider fee schedules, RBRVS, per diem, per case, ASC groupers and stop loss reimbursement methodologies. Working understanding of capitation and DRG reimbursement methodology.
- Participated in the development of provider manuals and internal departmental policies and procedures to maximize process efficiencies.
- Hired, trained, motivated and retained Network Development and Provider Relations staff.
- Developed a premier hospital and physician network from Kern County north to San Joaquin County in California, encompassing 9 Acute Care Hospitals, 2 Heart Hospitals, and several professional groups and individual practitioners representing a total of 2475 physicians; creating an additional \$1.125M of market savings in 2012.

### **CORVEL CORPORATION, GOLD RIVER, CA**

2004 – 2007

*CorVel Corporation is a provider of healthcare management services and solutions for workers' compensation, auto & liability, group health and disability insurance markets, with national network of over 750,000 preferred healthcare providers.*

#### **SENIOR PROVIDER CONTRACT MANAGER**

*Responsible for negotiating and renegotiating provider contracts and ensuring effective implementation of new and renewing contracts.*

- Worked independently or part of a team in contract recruitment and renewal of physicians, ancillaries and hospitals.
- Negotiated competitive reimbursement based on State sponsored workers' compensation program fee schedules.
- Worked on comprehensive contracts with varying levels of complexity and financial impact.
- Negotiated and finalized contract language with providers.
- Collaborated with peers on negotiations with statewide and national Hospital Systems.
- Oversaw credentialing staff and credentialing process for all provider contracts.
- Established grievance process. Accountable for provider education and training.
- Demonstrated project management skills, effectively managing resources and workflow for multiple projects simultaneously.
- Demonstrated an understanding of general business principles, specializing in healthcare industry dynamics, market trends, and specific operational details including current medical management customer base competition, and Network Management concepts.

*First Health, a wholly owned subsidiary of Coventry Health Care, provides national PPO network access and other cost containment programs to help clients manage employee benefit plans.*

**ASSOCIATE CONTRACT ADMINISTRATOR (NEGOTIATOR)**

*Assisted in the development and management of physician networks pertaining to fully insured, PPO, leased networks and workers' compensation.*

- Recruited and maintained a superior network of statewide physicians.
- Demonstrated accountability for rate negotiations and physician education.
- Contacted providers by telephone or mail to solicit participation in the network.
- Explained the network and its requirements for participation.
- Responded to and resolved provider questions, requests for information, and contractual interpretation inquiries in a timely manner.
- Maintained accurate provider information in company database.

**Project Leader:**

- Prepared communications and presentations on projects and initiatives to Director of Negotiations.
- Ensured goals and objectives for approved initiatives and projects were completed within established timeframes.
- Provided individual staff coaching and mentoring activities.
- Worked with staff to identify and implement training process improvement, while reinforcing procedures and policies.

**EDUCATION & CERTIFICATION HIGHLIGHTS**

**Master of Business Administration**

*Concentration: Health Services*

University of Alabama at Birmingham

Birmingham, Alabama

**Bachelor of Science**

*Legal Studies*

Chapman "Brandman" University

Orange, CA

**Certifications**

*Negotiation Essentials / Advanced Negotiations / Conflict Management*

University of Notre Dame

Mendoza School of Business

# Clifford Wong, M.D.



## **Certifications**

American Board of Internal Medicine  
Nephrology and Hypertension, 2003-present  
Internal Medicine, 2000-present

Medical Board of California  
Medical license, 4/1999-present

## **Experience**

West Coast Kidney Institute (formerly Chabot Nephrology Medical Group), San Leandro, CA

Board member, 11/2020-present  
Vice President, Chabot division, 8/2020-present  
Secretary, Chabot division, 8/2010-7/2020  
Partner, 8/2010-present  
Associate, 3/2003-1/2006

Lunny, Ahn, Wong M.D.s, Fremont, CA  
Partner, 10/2009-8/2010

Mission Nephrology, Fremont, CA  
Associate, 1/2006-10/2009

Dialysis Access Center, Oakland, CA  
Interventional nephrologist, 11/2003-1/2006

DaVita Mission Hills Dialysis, Hayward, CA  
Medical Director, 2013-present

DaVita Fremont Home Dialysis, Fremont, CA  
Medical Director, 2013-present

## **Hospital Affiliations**

St. Rose Hospital, Hayward, CA, 3/2003-present  
Chief of Medical Staff, 10/2015-10/2020  
Member, Board of Trustees (ex officio), 10/2015-10/2020  
Medical Director, Acute Dialysis Service, 1/2018-present

Member, Medical Executive Committee, 2008-present  
Chair, Quality Improvement Committee, 2008-9/2015  
Member, Physician Peer Review Committee, 2007-present

Washington Hospital, Fremont, CA, 1/2006-present  
Member, Dialysis Committee, 2006-present  
Member, Clinical Evaluation Committee, 2007-2009

### **Past Hospital Affiliations**

San Leandro Hospital, San Leandro, CA, 3/2003-1/2006, 2014-5/2022  
Kindred Hospital, San Leandro, CA, 3/2003-1/2006, 2014  
Eden Medical Center, Castro Valley, CA, 3/2003-1/2006  
Summit Medical Center, Oakland, CA, 3/2003-1/2006  
Valley Care Medical Center, Pleasanton, CA, 3/2003-1/2006  
San Ramon Medical Center, San Ramon, CA, 3/2003-1/2006

### **Education**

#### *Post-Fellowship*

Dialysis Access Center, Oakland, CA  
Interventional Nephrology training program, 7/2003-10/2003

#### *Fellowship*

University of California, San Diego Medical Center, San Diego, CA  
Division of Nephrology and Hypertension, 2000-2002

#### *Residency*

University of California, San Diego Medical Center, San Diego, CA  
Division of Medicine, 1997-2000

#### *Medical School*

University of California, San Diego School of Medicine, La Jolla, CA  
Doctor of Medicine degree, 1997

#### *Undergraduate*

Stanford University, Stanford, CA,  
Department of Biological Sciences  
Bachelor of Science degree, with departmental honors, 1993

### **Memberships**

American Society of Nephrology

Alameda-Contra Costa Medical Association

Secretary/Treasurer, 11/2023-present  
Councilor, District 6 (Hayward/Castro Valley), 1/2020-11/2023  
Alternate Councilor, District 6, 11/2017-1/2020  
Member, California Medical Association Council on Legislation, 12/2021-2023  
Chair, Legislative Committee, 1/2019-1/2024 (member since 11/2017)  
Nominating Committee, 5/2021-present