

September 25, 2013

Illinois Department of Healthcare and Family Services  
Attn: Amy Harris-Roberts  
201 South Grand Avenue East  
Springfield, Illinois 62763

Dear Ms. Harris-Roberts:

Accountable Care Chicago ("ACC"), LLC is pleased to submit this Letter of Intent in response to the Illinois Department of Healthcare and Family Services' *Solicitation for Accountable Care Entities* (ACE Program – 2014-24-002) promulgated August 1, 2013.

The members of ACC look forward to continuing their collaborative relationship with the State to achieve the goals of national health care reform. We believe that the Accountable Care Entity that we will propose will effectively and efficiently improve the experience of care, improve the health of the population we will serve and reduce growth in health care costs.

Just as the State of Illinois has embraced the vision of the Triple Aims: improving the experience of care, improving the health of populations and reducing the growth in health care costs, so too have the participants in the ACC. By bringing together safety net hospitals, clinics and behavioral care providers, ACC is uniquely positioned to better coordinate care to keep people healthier and improve the patient experience. Over time, ACC's integrated approach will contribute not only to better outcomes for people, but will lower the overall cost of care.

The participants in ACC currently serve, in scores of languages, medically fragile populations including large numbers of women and children. A number of participants currently collaborate in the provision of services, but the clinical model for ACC will emphasize broader and deeper collaboration to provide a full continuum of health care services, all of which will be integrated. Integrated delivery systems will provide for the behavioral health of the population, including mental illness and substance abuse service. ACC will also integrate enabling services including transportation, interpretation and home visits to patients.

ACC's philosophy embodies principles important in creating integrated delivery systems for vulnerable populations: 1) an emphasis on primary care; 2) coordination of all care, including behavioral, social, and public health services; and 3) accountability for population health outcomes. ACC will be an organized, coordinated, and collaborative network that links various healthcare providers to provide a coordinated, vertical continuum of services to its patient population or community. It will be accountable, both clinically and fiscally, for the clinical

outcomes and health status of the population or community served, and has systems in place to manage and improve them.

The salient features of ACC's **clinical** model are:

- Person centered, enrollee-driven integration of medical, behavioral/mental health and social care
- Fully accessible, Federally Qualified Health Centers
- Thorough identification of enrollee health status and needs (e.g., social, behavioral, medical, emotional, cultural, etc.) using established comprehensive Health Risk Assessments targeted to specific clinical conditions
- Primary and Preventative Care
- Multi-lingual and Multi-cultural Staff to meet the needs of the population
- Coordination of services through case management, social worker assessment and referral, referrals by hospital discharge navigators, the use of linkage agreements and collaboration with community, State and other external organizations.
- Real time access to electronic medical records allowing delivery of necessary supports and services
- Robust network of providers including primary care, specialty care, hospitals, behavioral health, and ancillary services
- Established relationships and partnerships with community-based organizations and social service providers

The salient features of ACC's **financial** model for the first eighteen months are based upon cost neutral care coordination fee set forth by the State and the option for additional shared savings pending federal approval. Months 19-36 the funding strategy is a pre-paid, capitated model for all covered medical services with alignment of incentives, quality targets, and shared savings with the providers of services. In the fourth and subsequent years, our ACE will be a full-risk capitated model.

As required by the Solicitation, we submit the following information:

### **Section A: Contact Information**

Name of the Accountable Care Entity: Accountable Care Chicago

#### Primary Contact Information:

Name: Tom Garvey  
Title: Senior Vice President and CFO  
Organization: Swedish Covenant Hospital  
Address: 5145 N. California Ave.,  
Chicago, Illinois 60625

Email: TGarvey@schosp.org  
Phone: 773-293-1123

Primary Contact Person for Data (if different)

Name:  
Title:  
Organization:  
Email:  
Phone:

**Section B: Proposal Outline/Self-Assessment**

**1. Geography and Population**

*Describe your service area by county or zip code.*

The ACC will serve Cook County, primarily within the City of Chicago, including the following zip codes:

60053, 60076, 60077, 60201, 60202, 60203, 60604, 60605, 60606, 60607, 60608, 60609, 60610, 60612, 60613, 60614, 60615, 60616, 60618, 60619, 60620, 60621, 60622, 60623, 60624, 60625, 60626, 60628, 60629, 60630, 60631, 60632, 60634, 60635, 60636, 60637, 60639, 60640, 60641, 60643, 60644, 60645, 60646, 60649, 60647, 60651, 60653, 60656, 60657, 60659, 60660, 60661, 60706, 60712, 60714, 60804.

*Describe, at a high level, the anticipated number of Enrollees (i.e. minimum and maximum) and your plan for recruiting potential Enrollees.*

The ACC anticipates having 40,000 Enrollees at its inception and is confident that it can expand in proportion to its capacity in the second and third years of operation.

Participating ACE providers will use a variety of means by which to recruit Enrollees. These include outreach they are currently performing to enroll individuals in County Care, using local media, conducting site meetings throughout their service areas, internet and text messaging and phone calls. In addition, several ACE participants already have navigators within their organizations who will inform potential Enrollees of the ACE option; these organizations expect to add additional navigators, and other of the ACE participants expect to have navigators in the coming months.

***If different from your service area, specify the county(ies) or zip codes for which you are requesting data.***

The ACC is requesting data for Cook County including all Chicago zip codes.

**2. Organization/Governance**

***List and describe the background of any primary members of the ACE and their responsibilities.***

**Biographies of the individuals listed below are included with this Letter of Intent as Appendix A.**

**Behavioral Health Provider**

Eileen Durkin, President and CEO, Community Counseling Centers of Chicago (“C4”)

*C4 was founded in 1972 to help people released from psychiatric hospitals into the Uptown and Edgewater communities. Since that time, C4 has become a leading provider of clinical services. C4 offers a comprehensive range of services designed to help adults, children and families cope with varied behavioral health challenges.*

**Federally Qualified Health Centers (“FQHC”s)**

Abha Pandya, CEO, Asian Human Services (“AHS”)

*AHS offers a full-spectrum medical home, providing comprehensive care across the lifecycle. Operating since 2003 as a Federally Qualified Health Center AHS provides culturally and linguistically appropriate family practice-based care to every age group, from infants to the elderly.*

André L. Hines, DHO, CEO, Circle Family Healthcare Network (“Circle”)

*For the past 35 years, Circle has brought high-quality primary and preventive care and behavioral health service to the medically underserved residents of Chicago’s West Side and its surrounding communities. Its comprehensive services psychotherapy, case management, primary medical care and outreach to the services, dental screenings and referrals and eye exams.*

Lee Francis, MD, MPH, President and CEO, Erie Family Health Center

*Founded on Erie Street in Chicago in 1957, Erie is a community health center that provides high-quality, compassionate health care, serving more than 43,000 patients at 12 centers throughout Chicago and one location in Evanston. Erie embraces the patient-centered medical home.*

*Its primary care services include pediatrics, internal medicine, family medicine, and women's health. In addition, Erie provides HIV/AIDS medical care, behavioral health, case management, health education and eye care.*

Gwenn Rausch, FACHE, Chicago Executive Officer, Heartland Health Centers ("Heartland")

*Heartland was founded in the 1990s and was originally called Uptown International Health Center. After becoming a Federally Qualified Health Center in 2005, its name was changed to Heartland International Health Center. Heartland offers primary care, obstetrics, psychiatry, behavioral health and oral health services to persons of all ages in the Chicago communities of Rogers Park, Edgewater, Uptown and Albany Park.*

Daniel Vicencio, MD, Medical Director, Mercy Diagnostic and Treatment Center

*Mercy Hospital's Family Health Center, a Federally Qualified Look-Alike Health Center (FQHC), was established in 1971 to serve the growing number of uninsured and underinsured community residents that Mercy Hospital serves. Today, the clinic continues to serve as the hub for health care for our community serving adult and pediatric patients with over 55,000 patient visits in Fiscal Year 2013. The Family Health Center provides both internal and specialty medicine services for our communities. The volume of Mercy's Family Health Center Clinic has greatly increased over the past several years. This volume increase is a direct result of the closing of Michael Reese Hospital in 2009 and the decline in our country's economy and individuals losing their health insurance. Mercy is experiencing an influx of patients in need of appointments for internal medicine needs, Emergency Room follow-up, and specialty medicine services. The Mercy Family Health Center plays an important role in filling the gap for the uninsured, underserved and other Chicagoans in need by providing quality health services to all—regardless of ability to pay. It is also one of the only local FQHCs and FQHC Look-alikes in the Chicagoland area that provided specialty care to patients. Mercy Hospital was founded in 1852 with the mission of providing care for Chicago's underserved populations. The Mercy Family Health Center continues that legacy of caring by offering wellness care for adults, infants and children. Together, the highly trained physicians, clinicians and staff of the Mercy Family Health Center ensure that all Chicagoans have access to comprehensive, compassionate and quality healthcare.*

Bernice Mills-Thomas, Executive Director, Near North Health Service Corporation ("Near North")

*Near North, a Federally Qualified Health Center, is one of the largest providers of community-based primary care in Chicago. Near North targets a primary service area that encompasses 68 zip codes throughout Chicago. Near North provides a full array of primary care and clinical service, including lab and x-ray capability, and comprehensive social support programs through eight community-based centers.*

Robert Urso, MS, MHA, BSN, President & CEO, PCC Community Wellness Center ("PCC")

*PCC originated in April, 1980 as the Parent Child Center,, which consisted of a three-room clinic at West Suburban Hospital. PCC was designated a Federally Qualified Health Center in 1994. Since then, PCC has grown to encompass ten health centers that offer comprehensive care and support services, serving nine Chicago Community Areas on the west side and in the near west suburbs. Using a Family Practice Model, PCC provides a full spectrum of services through the life cycle, including prenatal, pediatric, adult and geriatric care.*

## **Hospitals**

Carol L. Garikes Schneider, President and Chief Executive Officer, Mercy Hospital & Medical Center. ("Mercy")

*Mercy Hospital & Medical Center, Chicago's first teaching hospital, has been serving the city for over 161 years. Since its chartering in 1852, Mercy has continued the Sisters of Mercy tradition of ministry to all those in need, regardless of circumstances, as lived by their foundress Catherine McAuley. Mercy Hospital, a 329-bed hospital, provides a broad spectrum of health care services appropriate to the needs of, and accessible to, the people in the many communities it serves. Mercy's Core and Primary Service Area (PSA) is the Near South Side and Mid-South Side of Chicago, IL. However, Mercy's Secondary Service Area spans to the western outskirts of the city and is rapidly growing due to enhanced outreach and marketing programs. This area includes an approximate total population of over 300,000 individuals. Specifically, Mercy services the ethnically diverse neighborhoods of China town, Pilsen, Armor Square, Hyde Park, South Shore, Douglas, Oakland, Fuller Park, Grand Boulevard, Chatham, Kenwood, Auburn Park, South Lawndale, Ogden Park.*

José R. Sánchez, LMSW, LCSW, President and CEO, Norwegian American Hospital ("Norwegian")

*Established in 1894, Norwegian is a 200-bed, acute care facility offering a variety of health care programs and services. These include inpatient and same day surgery, outpatient pharmacy, radiology, cardiology, All Kids health care program, intensive care, telemetry and pediatrics units,*

*emergency department and a comprehensive array of women's health care with an incorporate midwife program.*

Mark Newton, President and Chief Executive Officer, Swedish Covenant Hospital ("SCH")

*SCH has served Chicago's north and northwest side communities for more than 125 years. The 312-bed hospital offers a range of medical programs, including the latest cardiac, cancer, orthopedic, women's health, back health and emergency services. SCH's Hospital's inpatient services include all major categories of medicine and surgery. It is an approved site for processing FamilyCare and AllKids programs and provided more than \$10.6 million to charity and through discounts to uninsured patients in fiscal year 2012.*

Additional provider partners have expressed interest in being part of the ACC and would expand access to our target population.

***Provide a high-level description of your expected governance structure including who will participate on the governing board and the responsibilities of the governing board.***

The ACC is an Illinois Limited Liability Corporation that will be managed by a board of managers (the "governing board"). Each member/owner will have representation on the governing board, which will include at least one primary care physician, one specialist physician and one behavioral health representative. The Executive Director and Medical Director will serve on the governing body *ex-officio*, without vote.

The Operating Agreement will define the members' relations with each other and with third parties, define the authorities of the board of managers and prescribe rules for operation and management of the entity.

Among their other duties, the Members, all of whom also will be participating providers, will be responsible for the finances of the ACC and exercise certain reserved powers over major company actions. ACC's governing body will set policy, develop and implement a model of care, establish best practices, set and monitor quality goals, assess performance, address deficiencies and facilitate dispute resolution. The Medical Director will oversee the development and implementation of the model of care for the integrated delivery system. The governance structure will promote integration and the sharing of clinical data among and between members; monitor and assure adherence to quality standards; and provide for a number of committees, including a

consumer advisory committee and a medical affairs committee chaired by the ACC's Medical Director.

***What are the main operating agreements that will have to be developed with the primary members?***

The main operating agreement will be the Limited Liability Corporation Operating Agreement. There may also need to be Shared Services or Affiliation Agreements.

***To what extent has work started on developing these arrangements?***

Legal counsel has been retained and has filed Articles of Organization with the Illinois Secretary of State as necessary to form ACC as a Limited Liability Corporation in Illinois. She is also preparing the Operating Agreement referred to above.

***When will the remaining work be completed?***

We anticipate that the Operating Agreement and any other required agreements will be completed prior to the contract start date. In addition, ACC will formally apply to become a MCCN.

**3. Network**

**Provide a high-level summary of the Providers who have agreed to participate in your network and a summary of other Providers that the ACE plans on recruiting to participate in their network.**

PCPs and hospital-employed physicians have agreed to participate in ACC as have the FQHC physicians, social workers, RNs, LPNs, nurse practitioners and dentists. Behavioral specialists employed by the FQHCs have also agreed to participate in the network. C4 provides services for children, adolescents and adults in six community mental health centers, as well as in the community. C4 helps people manage mental health problems, overcome problems with substance use and recover from traumas, including sexual assault and abuse. Mental health specialty areas include Assertive Community Treatment (ACT); Community Integrated Living Arrangements (CILA); Mental Health Juvenile Justice (MH/JJ); Pre-Admission Screenings (PAS); Community Support Teams (CST); and Psycho Social Rehabilitation (PSR). C4 also operates a 24-hour crisis intervention service, school-based services for children, mental health case management and vocational rehabilitation, including supported employment and representative payee services. Prevention programs such as parenting education, Mental Health First Aid (MHFA) and school-based programs are also available.



ACC will recruit additional primary and specialty care providers, social service providers, nurses and home health personal as necessary to its effective operation.

4. **Financial**

***Please provide a description of the financial resources available to the ACE including the sources of funding for upfront expenses.***

All participants in ACC have agreed to make financial contributions to fund ACC's establishment and to cover other upfront expenses.

In-kind contributions from the Family Health Network and Apex Healthcare, Inc. are ongoing in the form of back-office support.

5. **Care Model**

***Give an outline of your care model, including your plan for care coordination and how your governance structure and financial reimbursement structure support your care model. At this point, we are not expecting a full description of your care model, just a high-level summary of the major components of your expected Proposal.***

ACC will be an integrated delivery system including participation from and coordination among primary care, specialty care, hospitals and behavioral health providers. Certain of the participants in ACC are health homes and all have protocols for coordinating care which will likely form the basis for ACC's care coordination policies. In addition, there will be even greater co-location among and between the participants including the FQHCs, hospitals, participating physicians and behavioral health providers. Necessary and appropriate referrals will be made by the FQHCs to social and health education providers and for transportation.

Care Coordinators will perform a comprehensive health risk assessment to assess physical, functional, and psycho-social needs to the enrollee. With collaboration by the enrollee, an individualized care plan will be developed. Care intensity will also be determined to allow appropriate stratification of the enrollee.

Our financial model for the first eighteen months is initially predicated on the cost neutral care coordination fee set forth by the State and the option for additional shared savings pending federal approval. Months 19-36 the funding strategy is a pre-paid, capitated model for all covered medical services with alignment of incentives, quality targets, and shared

savings with the providers of services. In the fourth and subsequent years, ACC will be a full-risk capitated model.

ACC will implement a Pay for Quality program that will reward providers for excellence in quality as measured by a robust set of metrics appropriate for the population served. We will also implement a shared savings program that will reward providers for focusing patient health management and reducing preventable complications that often result in unnecessary emergency room visits, hospitalizations, and readmissions.

ACC's governing body will set policy, develop and implement a model of care, establish best practices, set and monitor quality goals, assess performance, address deficiencies and facilitate dispute resolution.

## **6. Health Information Technology**

***How will clinical data be exchanged? ACEs must have the capacity to securely pass clinical information among its network of Providers, and to aggregate and analyze data to coordinate care, both to make clinical decisions and to provide feedback to Providers.***

A number of ACC participants are currently live on Centricity, a centrally hosted EHRS utilizing state of the art clinical decision support and performance measurement maintained by the Alliance of Chicago Community Health Services. The Alliance EHRS system is distinguished by the integration of evidence-based practice recommendations into the end-user interface to provide decision support at the point of care and to facilitate reporting against national performance measures.

Others ACC participants use Centricity on a stand-alone basis. Centricity, either on a stand-alone basis or as managed by the Alliance, offers an ambulatory EMR that integrates well with revenue cycle management, patient management, and practice management solutions. All participants in the ACC are committed to participating in ILHIE; Norwegian American Hospital and Swedish Covenant Hospital are both founding members of the Metropolitan Chicago Healthcare Council Health Information Exchange.

ACC will use a clinical care management system (CCMS) to document case management processes, create individualized care plans and report on enrollee and population specific outcomes.

Finally, claims adjudication, concurrent review and care management will be performed by Apex Healthcare, Inc. Apex Healthcare, Inc. is a certified vendor in Illinois Department of Central Management Services' Business

Enterprise Program (BEP) for Minorities, Females and Persons with Disabilities.

7. **Other Information**

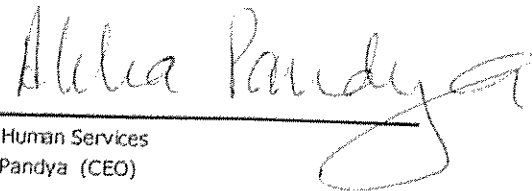
***Please provide any other information that you think will enable the Department to understand and meet your needs or the general needs of potential ACEs.***


Family Health Network ("FHN") will provide operational support for the development of the ACC in the areas of Information Technology, Medical Management, Compliance and Network Development and Administrative Services.


FHN is a not-for-profit Managed Care Community Network serving Chicago and Cook County and is connected to a network of safety-net hospitals and community providers. FHN has over 15 years of experience providing access to cost effective quality health care for people who could not otherwise afford it through enrollment in FHN's health plan.

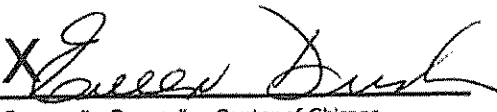
The members of Accountable Care Chicago are continuing work on the development of their ACE and look forward to submitting a Proposal to your Department on or before January 3, 2014.

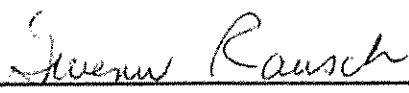
Sincerely yours,


X   
Asian Human Services  
Abha Pandya (CEO)

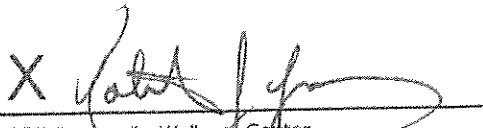
  
Circle Family Healthcare Network  
Andre L. Hines, DHA, (CEO)


X   
Erie Family Health Center  
Lee Francis, MD, MPH (President and CEO)


X   
Community Counseling Center of Chicago  
Eileen Durkin (President and CEO)

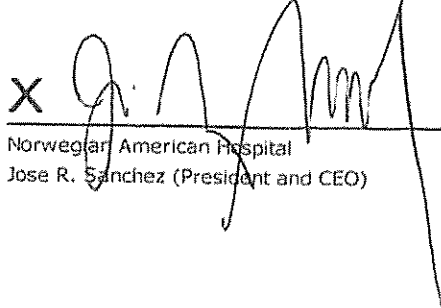
X   
Heartland Health Centers  
Gwenn Rausch, FACHE, (CEO)


X   
Near North Health Services Corporation  
Bernice Mills-Thomas (Executive Director)

X   
PCC Community Wellness Center  
Robert Urso, MS, MHA, BSN (President and CEO)

X   
Mercy Hospital Medical Center  
Carol L. Garikes Schneider (President and CEO)

X   
Mercy Family Health Center  
Dr. Daniel Vicencio (Executive Director)

X   
Norwegian American Hospital  
Jose R. Sanchez (President and CEO)

X   
Swedish Covenant Hospital  
Mark Newton (President and CEO)

## Appendix A

### **Asian Human Services**

#### **Abha Pandya, CEO**

Abha Pandya joined AHS as Executive Director in 1994, and was named CEO in 2004. Under her leadership, AHS has grown from a staff of six with an annual operating budget of \$270,000, to its present size and scope: an operating budget of \$11.5 million in the current fiscal year, and a staff of 105. Ms. Pandya is a visible advocate for Asian and other immigrant and refugee communities in Chicago, especially in the areas of equitable distribution of resources, and access to linguistically and culturally-appropriate services.

### **Circle Family Healthcare Network**

#### **André L. Hines, DHA, CEO**

André L. Hines has served as Chief Executive Officer (CEO) for the past 3 years. Dr. Hines is an experienced senior healthcare administrator with over 15 years of service in healthcare administration, program management, strategic planning, and fiscal management.

Dr. Hines received her Doctor of Health Administration from Central Michigan University in Mt. Pleasant, MI. She completed the MATCH Postgraduate Fellowship in health care administration at Johns Hopkins University & The National Association of Community Health Centers in Baltimore, MD, and a Postgraduate Fellowship with Aquinas Institute of Theology & Ascension Health in St. Louis, MO. She secured a Masters Degree and a Bachelors Degree in Public Administration at Roosevelt University. Currently, she serves on the Board of Directors for the Christian Community Health Fellowship (CCHF).

Dr. Hines tenure has included a diverse background in community leadership, community organization, and philanthropic planning and management. Over the last decade Dr. Hines has provided healthcare administration and support service programs to diverse populations. Most recently she was the CEO for a frontier extended stay community health center in rural Alaska, where she was responsible for an outpatient community health center, in-patient services, and a pharmacy. In 1995, Dr. Hines served Circle Family Care as its Vice President of Health Services.

### **Community Counseling Centers of Chicago**

#### **Eileen Durkin, President and CEO**

Eileen Durkin was named President and CEO of the Community Counseling Centers of Chicago ("C4"), a leading behavioral health advocate and social service provider

for children, adolescents and adults, in March, 2012.

Eileen has over two decades of executive leadership experience in human services, providing an exceptional perspective on the mission, vision and values of C4 that the agency is able to grow on. She is a recognized leader with diversified experience in the Affordable Care Act, health care reform, mental health and disability service. Her experiences in strategic planning and management foster her ability to openly drive change in today's rapidly changing health care system and to develop partnerships to provide quality services for C4's consumers.

Eileen recently completed her term as a Governor-appointed member of the Human Services Commission where her dedicated efforts led to rebalancing recommendations submitted to the Governor. She continues to be a sought-after speaker, providing insights on mental health leadership on a local and national level. Eileen was recently elected to serve on the Board of the National Council for Community Behavioral Healthcare. She also serves on the Board of Governor's State University, where she continues her dedication to higher education.

Prior to C4 Eileen served as the President & CEO of Neumann Family Services, a leading non-profit offering services to people with developmental disabilities and mental illness. Prior to Neumann Family Services, she served as Executive Director of the Howard Brown Health Center, a nationally recognized AIDS research and treatment facility. She previously held the position of Vice-President of Patient Services at Resurrection Hospital for ten years.

Eileen holds an MBA from Loyola University of Chicago, a B.S. in Health Information Management from the University of Illinois and a B.A. in History from the University of Charleston.

**Erie Family Health Center**  
**Lee Francis, MD, MPH President and CEO**

Dr. Lee Francis joined Erie Family Health Center in 1999 and has served as President and CEO since 2007. Dr. Francis is charged with enacting Erie's strategic vision of serving as a national leader in the provision of community-based health care.

Under Dr. Francis' leadership, Erie has undergone tremendous expansion, adding four new school-based sites and three primary care centers and more than doubling Erie's service capacity to close to 40,000 patients. In addition, Dr. Francis oversaw the successful implementation of electronic health record systems at all of Erie's health centers; the expansion of oral health services; and board development and diversification to assure adequate reflection of Erie's patient population.

In addition to his executive responsibilities, Dr. Francis is a board-certified internist and cares for adult patients at Erie. He also is an Assistant Professor of Clinical Medicine at Northwestern University Feinberg School of Medicine. Dr. Francis

received a Bachelor of Arts degree in chemistry from Amherst College in Massachusetts, and his medical degree from the University of Illinois at Chicago College of Medicine. Dr. Francis earned a Master of Public Health degree from the University of Illinois at Chicago School of Public Health. He completed his medical training in primary care internal medicine at John H. Stroger, Jr. Hospital of Cook County.

Dr. Francis is a member of the Greater Humboldt Park Community of Wellness Steering Committee and the University of Illinois Chicago School of Public Health Executive Advisory Board. He also is a board member of Otho S.A. Sprague Memorial Institute; Physicians for Social Responsibility Chicago Chapter; and Bulletin of Atomic Scientists. Dr. Francis is a Fellow of the Leadership Greater Chicago Class of 2000.

**Heartland Health Centers**  
**Gwenn Rausch, FACHE, Chief Executive Officer**

Gwenn joined Heartland Health Centers in April of 2010 and is proud to lead an organization that has a tradition in human rights and a commitment to providing accessible, high quality healthcare for all ages. With over 30 years experience and an impressive track record in healthcare leadership, Gwenn most recently served eight years as Chief Operating Officer of Saint Anthony Hospital and previously worked at Northwestern Memorial Hospital for many years where she served as the Administrator of the Stone Institute of Psychiatry. Gwenn has a Masters degree in Urban Planning and Policy from the University of Illinois-Chicago and is a Fellow in the American College of Healthcare Executives. She is an active member of the Chicago Health Executive Forum, Women's Health Executive Network and is a member of both the Planning and Insurance Committees of the Illinois Primary Healthcare Association.

**Mercy Family Health Center**  
**Daniel Vicencio, MD, Medical Director**

Daniel Vicencio, MD is the Medical Director of the Mercy Family Health Center, a community health center which has served the diverse communities of Chicago's Near South Side for over 75 years. During his tenure at the Mercy Family Health Center, Dr Vicencio served as primary care physician, section leader, internal medicine resident clinic coordinator, and most recently, Executive Director of the Health Center. Along with his patient care, administrative, and teaching duties, Dr. Vicencio maintains an active clinical practice and has been involved in a number of clinical research trials. His professional interests include cultural competence, multi-disciplinary provider teams, access to care for vulnerable communities and the health literacy in medical primary care settings.

In related professional activities, Dr Vicencio is an active member of the Illinois Primary Health Care Association (IPHCA), serving on a number of committees and Boards. He is presently vice-chair of the Insurance Committee and chair-elect of the

Clinical Professional Staff section of the IPHCA. Dr Vicencio also serves as Vice-Chair of the Clinical Support Committee and is a member of the Medical Directors' Roundtable of the IPHCA.

Dr Vicencio received he received his MD degree from Northwestern University Medical School in Chicago and completed his residency in General Internal Medicine at McGaw Medical Center-Northwestern Memorial Hospital.

Since 1995, Dr. Vicencio has also been an attending physician in the Department of Medicine at Mercy Hospital and Medical Center. He is an active member of the medical staff and teaching faculty in the Department of Medicine at Mercy Hospital and Medical Center.

### **Mercy Hospital & Medical Center**

#### **Carol L. Garikes Schneider, President and Chief Executive Officer**

Carol assumes her role with more than 30 years of healthcare leadership experience. Most recently, Carol served as the System Chief Operating Officer of Cook County Health & Hospitals System (CCHHS) where she implemented executive financial enhancements, designed and steered the Patient Experience culture transformation in preparation for healthcare reform, and led John H. Stroger, Jr. Hospital to an unprecedented three year accreditation from the Joint Commission as a result of their foundation for a Culture of Safety.

Prior to her service at CCHHS, Carol directed the healthcare consulting practice for a national project management firm, and formed CSCHNEIDER Consulting where she served healthcare, non-profit, and manufacturing clients in strategic engagements. She served as President and CEO of Timberline Knolls, a residential treatment center for adolescent girls and women. Carol began her healthcare career at Advocate Christ Medical Center and Hope Children's Hospital, leading the medical center as president for ten years from 1995 to 2005. Carol is also a Full Professor at Lewis University where she teaches coursework in Healthcare Leadership, Management, Quality, and Business Ethics to adult students.

### **Near North Health Service Corporation**

#### **Berneice Mills-Thomas, Executive Director**

Ms. Mills-Thomas is the Executive Director of Near North Health Service Corporation. Near North is a Federally Qualified Health Center that operates eight full-service community-based health centers in Chicago.

Ms. Thomas has worked in the health care industry for more than 25 years. She held managerial and clinical positions in several community health centers and two community hospitals in Chicago. She serves on the board of the Alliance of Chicago Community Health Services and holds membership with the National Association of Community Health Centers, Illinois Public Health Association, the National



Association of Female Executives and the American Management Association and has held past positions on the IPHCA Board, the IMCHC Board, the CDPH Board and the United Way/Crusade of Mercy, Inc. Chicago Council.

### **Norwegian American Hospital**

#### **José R. Sánchez, LMSW, LCSW President and CEO**

José R. Sánchez, President and Chief Executive Officer of Norwegian American Hospital, is Chicago's only Latino hospital CEO. Sánchez has a 30-plus year career as a health care executive and possesses a wealth of knowledge of the health care industry.

Before joining Norwegian American Hospital, Sánchez was the Senior Vice President of the Generations +/Northern Manhattan Health Network, one of the largest health care networks in the New York City Health and Hospitals Corporation. During his tenure, he oversaw three acute care hospitals of which two were level one trauma centers, and 34 community-based health centers in East Harlem, Central Harlem and the South Bronx in New York City.

Sánchez has been a licensed social worker since 1979. He holds a Bachelor of Arts degree in Psychology from the City College of New York and a Master of Social Work from Adelphi University. In 2002, he was conferred an honorary doctorate degree from the New York College of Podiatric Medicine. This honor recognized his measurable accomplishments and steadfast commitment to improving the health status of the poorest and most disadvantaged populations in New York City.

### **PCC Community Wellness Center**

#### **Robert Urso, MS, MHA, BSN President & CEO**

Robert Urso, MS, MHA, BSN has served as the President and Chief Executive Officer of PCC Community Wellness Center since 2001. Mr. Urso received a Masters in Health Care Administration from Chicago Medical School, a Masters of Science in Public Service Administration from DePaul University, and a Bachelor of Science in Nursing from Saint Xavier College in Chicago, Illinois. He has extensive executive experience in the Federally Qualified Health Center (FQHC) and community health center environment as well as in community and tertiary hospitals. Prior experience includes physician practice management and development, fiscal management, and managed care. In addition, Mr. Urso has served as an ambulatory care surveyor for The Joint Commission and was credentialed to survey community health centers. Mr. Urso completed the Johnson and Johnson/UCLA Health Care Executive Program in 2004, and in 2007 he completed a fellowship program through the Mid-America Regional Public Health Leadership Institute at the University of Illinois at Chicago. Additionally, Mr. Urso has been appointed to the rank of Adjunct Instructor in the Department of Family and Community Medicine at Northwestern University Feinberg School of Medicine.

## **Swedish Covenant Hospital**

### **Mark Newton, President and Chief Executive Officer**

Mark Newton has served as president and chief executive officer of Swedish Covenant Hospital since 2000. Under Newton's leadership, Swedish Covenant Hospital has become the largest and most successful independent community hospital on Chicago's north side. The hospital has developed a reputation of technological, teaching excellence, compassion and growth.

Newton's previous positions include a progression of positions in hospitals, international business and transportation operations.

In addition to his responsibilities at Swedish Covenant Hospital, Newton is chair of the Chicago Hospital Risk Pooling Program, and chair of the Association of Community Safety Net Hospitals.

Newton received a master's degree in management with a concentration in finance and marketing from Northwestern University. He completed his bachelor's degree in economics and business administration at North Park University, where he later taught courses in marketing, international business and healthcare entrepreneurship.