

Roger H. Strube, M.D. (Retired)

Managed Care Consultant

2560 Rio Palermo Ct

Punta Gorda, Florida

Biography

Dr. Strube received his medical degree from Marquette University in Milwaukee in 1968. He was board certified by the American Board of Family Practice and spent the first fourteen years of his professional career in private practice as a family physician. He organized the first MaxiCare IPA HMO in Milwaukee in 1980 and served as the part time medical director.

He left practice for a full time administrative position with Employers Health in Green Bay in 1985. When Lincoln National Life purchased Employers Health, Dr. Strube was promoted to the Chief Medical Officer position for the Employee Benefits Division. During this period, Dr. Strube acquired advanced training and practical experience in Total Quality Management and became certified by the American Board of Physician Executives and the American Board of Utilization Review and Quality Assurance Professionals. He was trained by NCQA as a site reviewer, by Value Health Sciences as a VHS reviewer and received training at McMaster University in Hamilton Ontario in clinical epidemiology and critical appraisal of the literature.

Since 1992 Dr. Strube has served as medical director with insurance companies, managed care organizations and a PHO and prepared the health plans for both NCQA and state compliance reviews. He has also provided managed care consulting and training programs to several large health care industry corporations. He has taught the medical quality improvement module for the Master's Degree candidates at the University of Connecticut (UCONN).

Prior to retirement he had been the Lead Physician for ESI, a Washington, D.C. based firm that is contracted with the Center for Medicare & Medicaid Services (CMS) for health care plan compliance reviews serving on an as needed basis. His special professional interests include medical informatics, medical artificial intelligence, electronic medical records, and developing population/disease management programs. Dr. Strube spent several years studying health care reform during 2008 to 2011 then published ***Discovering the Cause and the Cure for America's Health Care Crisis***.

Dr. Strube has been an active member of the boating community and South Shore Yacht Club since joining at 15 years old in 1957. After retirement in 2000, he and his wife lived aboard Millennium Dragon, a 49' cruising catamaran, for three years. He moved ashore, purchasing a home in Punta Gorda Isles in 2003. Since the move ashore, he held a USCG 100 ton operators license. He became a US Sailing Association Race Officer, Sail/Power Instructor and Disabled Sailing Classifier. Dr. Strube is a member of the US Sailing Disabled Championships and Classifier Committees. Since 2003 he has served as a volunteer for US Sailing on a Race Committee Team at the yearly World Sailing Cup – Miami (Olympic/Paralympic Sailing Team qualifier), held at the end of February. Dr. Strube is a past PGSC Board Member and presently the Club's Principal Race Officer (PRO). Dr. Strube was appointed to the Charlotte Harbor Regatta, Inc. (CHR) Board in 2011 and managed/supervised the construction of the floating docks for the 2012 ISDF International Disabled Sailing Championships. He is presently on the CHR Board and the organizations's PRO. Dr. Strube joined Charlotte Harbor Yacht Club in 2012 and is the Club's PRO.

Dr. Strube joined the Charlotte Harbor Youth Sailing, Inc. (CHYS) organization (a free standing 501c3 corporation) in 2012 and is presently the President of the Board. He has taken a leadership role in the Organization's goal to establish High School Sailing Teams in Charlotte County.

He is a past representative of the Punta Gorda Sailing Club to the Charlotte County Board of Supervisors Marine Advisory Committee. Dr. Strube was appointed by the Punta Gorda City Council to serve on their Waterfront Development Advisory Committee through June, 2012 and was an active member until the Advisory Committee was terminated.

In summary, Dr. Strube has practiced medicine as a Family Practitioner for fourteen years and worked in the managed care industry for fifteen years for companies that serve small, medium and large employers. He has additional experience as a consultant working with national firms on varied projects. Following retirement in 2000, he lived aboard his 49' catamaran, Millennium Dragon, for three years. Since moving ashore he has been deeply involved in national and local community organizations and activities.

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PROFESSIONAL EXPERIENCE

ESI, Inc.
Washington, D.C.

1998 to 2002

Lead Medical Director for a team that reviews compliance with regulations of the Centers for Medicare and Medicaid Services (CMS). Responsible for managing the onsite activities of a team of highly skilled professionals during the compliance review process. Directly responsible for evaluation, analysis and timely report submission for the Quality and at times the Utilization Management sections of the reviews. Interviews with and analysis of the work product of upper and middle management of the health care plan under review. Responsible for positive and productive interaction with the regional and central office review personal and compliance officers of the Centers for Medicare and Medicaid Services (a.k.a., HCFA).

Cornerstone Alliance
St. Rita's Medical Center Physician-Hospital Organization (PHO)
Lima, Ohio

March, 99 to April 2000

Medical Director for a medical center hospital based in a small community in a large rural farming area of Northwest Ohio. Directed the managed care unit that provided utilization review and case management services for the sponsoring hospital employees and the UAW employees of the local Ford Motor Company plant. Chairperson of the Quality Improvement, Credential and Utilization Review Committees.

PHP/Cariten Healthcare
Knoxville, Tennessee

March, 97 to June, 98

Medical Director of Quality Improvement for one of the fastest growing for profit managed care organizations in the state of Tennessee. Managed care HMO products included commercial, Medicare and Medicaid (TennCare) offerings. Directly responsible for: Pharmacy and formulary Management; Complex Case Management and policy development; Quality Improvement and policy development; Utilization Management Training/Auditing; and the NCQA review preparation effort. Directly managed four departments with a total of twenty three full time employees. Chairperson of the PHP Quality Improvement and Pharmacy and Therapeutics Committees, member of the PHP Appeals Committee and the Cariten, Corporate Quality Improvement Committee.

Managed Care Consultant
Miami, Florida

June 95 to March 97

As **Managed Care Consultant** provided consulting services to Purchasers, Managed Care Organizations, Disease State Management organizations, Insurance Companies, Pharmaceutical Manufactures and Health Care Providers. Provided assessment of Quality Improvement, Utilization Review, Discharge Planning, Complex Case Management, Pharmacy Services (Formulary), Provider credentialing/compliance and Provider Network Management to MCOs. Services included preparation for MCO site review by NCQA, JCAHCO, HCFA, and AHCA. Assessment of data resources and recommendations provided for compliance with HEDIS reporting requirements. Provides the purchaser with comprehensive assessment of the quality of health care plans responding to RFI/RFPs.

AvMed SantaFe Corporation
AvMed Miami Health Plan
Miami, Florida

June 1993 to March 1995

Senior **Medical Director** in the largest AvMed Health Plan. Reported to the Senior Vice President of Medical Affairs & Chief Medical Officer. Responsible for lowering the bed days by 50 per thousand. Miami, one of AvMed's six plan sites, and contributed over ninety percent of the total retained earnings of AvMed. The initiation of the CQI management style and development of the first procedure manual significantly improved work flow and employee morale. Managed a staff of 35 professionals. Chairperson of the Quality Activities Committee. Significantly contributed to the site audit by the National Committee for Quality Assurance which resulted in NCQA certification.

Metropolitan life
Medical Management Center
Miami, Florida

January 1992 to May 1993

Senior **Medical Director** for South Florida operations. Reported to the Florida Managed Care Operations Director. Internal consultant to the Regional Quality Managers Committee. Lead reviewer for internal NCQA preparatory site visits. Assisted national sales division in presenting managed care to large accounts (Mobile Oil, National Can, etc.). Directly responsible at various times for managing several major accounts (Dade County School Board, Harris Corp.). Management efforts resulted in lowering bed days by 100 per thousand. Promoted to Director of Managed Indemnity (MIPPO) Operations for the last four months at Metropolitan. Initiated a TQM educational effort and management style with resultant significant improvement in employee morale. Managed a staff of 30 professionals.

Lincoln National Corporation
Employee Benefits Division
Fort Wayne, Indiana

1990 to 1991

Vice president National Medical Director & Chief Medical Officer for the Employee Benefits Division of the nation's seventh largest insurance company. Reported directly to the CEO of the division (John Cole, Executive Vice President, LNC). Established and managed the sections responsible for Employee Benefits Division policy development. Major areas include: Medical Policy, Quality Management Policy, Utilization Review/Case Management Policy, and Grievance Policy and Procedures.

Chairman of the following:

Medical Advisory Committee	Benefits Appeals Committee
Medical Executive Committee	Pharmacy & Therapeutics Committee

Member of the following:

Executive Committee	Critical Issues Task Force	Hay Committee
Operating Committee	Strategic Issues Task Force	

Employers Health Insurance
A Lincoln National Affiliate
Green Bay, Wisconsin

1985 to 1990

Vice president Medical Management/National Medical Director with direct responsibility for all aspects of medical management and medical policy development and implementation for a major national small group insurer. Assisted in directing the development and implementation of an automated medical management system. During which time the Managed Care Department expanded from three employees to a staff of ninety-one (91) full-time equivalent professionals with an annual budget of \$3.4 million. In 1988 the unit was directly responsible for overall savings of \$12 million. The savings for 1989 were \$22 million. The company insured 1.1 million members across the United States with annual premiums in excess of \$1 billion.

South Shore Family Medical, S.C./ Cudahy Medical, S.C.
Milwaukee, Wisconsin
1973 to 1985

Solo Practice:

Organized and developed medical practice specializing in family medicine. AAFP Board Certified--Family Practice (1977). Concurrently organized and managed 130 physicians IPA for Maxicare. This included the preparation of contracts and recruiting of physicians, credentials review, peer review, and quality assurance (1980 to 1985).

Fine-Lando Clinic Cudahy, Wisconsin

1971 to 1973

Family Practice.

ADDITIONAL EXPERIENCE

Bay View High School Football Team Physician (1968 to 1982)
Cudahy High School Football Team Physician (1973 to 1985)
AAFP Summer Externship Teaching Program (1978 to 1985)

EDUCATION

St. Luke Hospital

Milwaukee, Wisconsin

1968 to 1971

Residency: Radiology (1969 to 1971) · Internship (1968 to 1969)

Marquette University Medical School Milwaukee, Wisconsin

1964 to 1968

Doctor of Medicine

University of Wisconsin--Milwaukee Milwaukee, Wisconsin

1960 to 1964

Bachelor of Science Degree. Major scholastic concentration in Zoology. Academic co-emphasis in Chemistry and Mathematics

CONTINUING EDUCATION

Medical Management Courses through the American College of physician Executives, AMA, and Employers Health Insurance Company.

Current medical education/development (50 hours annually).

PRIOR BOARD CERTIFICATIONS AND MEDICAL ASSOCIATIONS

American Board of Family Practice
American Board of Quality Assurance & Utilization Review physicians
American Board of Physician Executives
American Medical Association
State Medical Society of Wisconsin
State Medical Society of Indiana
Brown County Medical Society of Wisconsin
American Academy of Family Physicians
Florida Academy of Family Practice
American College of Physician Executives

PAST PROJECTS

Lecturing - Quality Improvement and NCQA/HEDIS

- * Presentations and lectures on integrating of Total Quality Management (TQM) and Continuous Quality Improvement (CQI) concepts and methodologies into the organizational structure to facilitate successful NCQA review and accreditation. These presentations are frequently financed through unrestricted educational grants by major pharmaceutical manufacturers. Presentations have been given to several MCOs, state managed care associations, the Florida chapters of the Academy of Family Practice and the Academy of Osteopathic Physicians.
- * Quality improvement training seminars were developed and six (6) to eight (8) hour sessions conducted for the national managed care account representatives for several major pharmaceutical manufacturers (Pfizer, Searle, Parke-Davis, TAP and Merrel).
- * Lecturer for graduate level course TQM and CQI module for UCONN including a presentation (six hours) on the core failures in the present (first paradigm) fee for service medical delivery system, how TQM and CQI have influenced the managed care (second paradigm) delivery system and how to strategically structure the organization to arrive early at the information age (third paradigm) medical delivery system. This module has been presented to the Blue Cross of Connecticut upper management personnel.

Consultations

- * Developed the Utilization Management Plan, work flows and Policies & Procedures for HIP/NJ as part of the PhyMatrix consulting team.
- * Developed the Purpose Statement, Disease State Management (DSM) program, Quality Improvement program, Roles of the Nephrologist, Case Manager and Others, and Information Systems sections of the HCFA (now Center for Medicare & Medicaid Services {CMS}) End Stage Renal Disease (ESRD) Demonstration RFP for Renal Management, Inc. (RMI) of New Jersey. Ongoing consultation with RMI for development of the entire medical management policies and procedures documents including the QI program and activities. Ongoing responsibility for the Information Technology (IT) strategic plan development and implementation.
- * Consulting with a Florida based organization that will develop a Medicare HMO for a major national small group indemnity insurance company. Responsible for developing all medical management policies and procedures and developing and implementing the strategic information technology plan.

SIGNIFICANT ACCOMPLISHMENTS

Cornerstone Alliance
St. Rita's Medical Center
Lima, Ohio
1998 - 1999

- * Developed and implemented a methodology for administering a quality bonus program for the Physician Hospital Organization based on objective measures of the quality of care provided.
- * Developed an appeals process including committee charter and committee membership qualification for the parent hospital employee plan members.
- * Worked directly with physician providers toward understanding managed care process and procedures. Assisted several physician "outliers" in their response to practice pattern questions from outside managed care organizations.

PHP Companies, Inc.
Knoxville, Tennessee
1997 - 1998

- * Reorganization and redirection of the Case Management Department from individual member care management to a focus on Disease State Management in Populations.
- * Development of multiple cross functional work teams in preparation for NCQA Certification review.
- * Development, implementation, and management of the PHP Diabetes and Asthma Disease State Management Programs.

AvMed Health Plan
Miami Plan Office
Miami, Florida
1993 - 1995

- * Initiation of the CQI management style and development of the first procedure manual significantly improved work flow, employee morale and retained earnings.
- * Achieved a denial rate of benefits for unnecessary medical care of 9% in the Miami Utilization Review Department.
- * Responsible for lowering the bed days by 50 per thousand.
- * Contributed over ninety percent of the total retained earnings of AvMed SantaFe Corporation.
- * Reorganized studies and presentation format to meet NCQA requirements as chairperson of the Quality Activities Committee. as chairperson of the Quality Activities Committee.
- * Significantly contributed to the site audit by the National Committee for Quality Assurance which resulted in NCQA certification.

Metropolitan Life Insurance Company
Managed Care Operations
Miami, Florida
1992 - 1993

- * Provided the guidance, direction and leadership which directly lead to NCQA accreditation by multiple plan offices as internal consultant to the Metropolitan Quality Management Regional Nurse Managers.
- * Directly managed medical costs and utilization which resulted in a reduction of hospital days by 100 per thousand.
- * Assisted national sales division in presenting managed care to large accounts (Mobile Oil, National Can, etc.)
- * Directly responsible at various times for managing several major accounts (Dade County School Board, Harris Corp.)
- * Promoted to Director of Managed Indemnity (MIPPO) Operations for the last 4 months at Metropolitan.

Lincoln National Corporation
Employee Benefit Division
Fort Wayne, Indiana
1990 to 1991

- * Designed, developed and implemented a comprehensive medical research methodology and developed and managed the staff required to set policy regarding over 60 critical medical issues.
- * Developed the criteria and methodology to evaluate over 125 transplant centers. Chaired the committee which credentialed a comprehensive "Centers of Distinction" transplant referral network.
- * Developed and implemented a Corporate Quality Management Plan in order to meet NCQA standards.
- * Directed the development of national HMO and PPO formularies and chaired the Pharmacy and Therapeutics Committee that developed programs to incent physician compliance and secure significant rebate dollars from Pharnaceutical Manufactures.
- * Refined and implemented UR/CM cost savings reports for providing more accurate information to division's senior executives.
- * Streamlined and increased the effectiveness of the claims appeals process while preserving customer focus and ERISA protections.
- * Completed formal business plan for developing an automated health care knowledge based system to support medical decision making and clinical evaluation of provider practice patterns.

Employers Health Insurance
Green Bay, Wisconsin
1985 - 1990

- * Managed the growth of the medical management department from three nurses to ninety-one full time equivalents including nurses, a second physician, a chiropractic consultant and support staff.
- * Facilitated the development of a state-wide chiropractic HMO network to complement and work with the medical HMO.
- * Managed the development of a cost savings methodology for reporting productivity in utilization review and case management. This methodology is presently used to provide internal and external financial reporting for Lincoln National Corporation/EBD.
- * Developed and managed the HMO Quality Assurance Program. Directed and completed three network-wide quality of care studies enabling the plan to meet all state requirements.
- * Managed the interface between the provider networks, Clinic Medical Directors and the Corporation. Performed regular provider relations site visits for financial efficiency and quality review.
- * Developed and managed the claims appeals process to assure conformance with state requirements and preservation of ERISA protection for the company.
- * Developed and managed the medical policy development activities which were the foundation for the more formalized present system.

South Shore IPA (Maxicare)
Milwaukee, Wisconsin
1980 - 1985

Concurrent with full time private practice:

- * Developed and incorporated the first IPA in Wisconsin.
- * Successfully negotiated the contract between Maxicare and the IPA.
- * Designed recruitment materials and successfully recruited 130 physicians for the IPA.
- * Managed the board, peer review and quality assurance activities for the IPA.
- * Administered the claims processing for the special fund.
- * Managed the transition from a fee for service to a capitated payment mechanism.
- * Worked as a provider for the IPA for over 900 members

CREDO

"There is a critical need for development, refining and implementation of systems to assure that the medical care provided is accessible, appropriate, efficacious, efficient, and delivered at the lowest possible cost. The managed care industry scuttled by special interest groups, lobbyists and politicians failed to meet this challenge. The present attempt to reform the financial system without addressing core quality and cost issues will fail. The entire American Health Care Delivery System must be re-engineered on both the financing and delivery sides if quality care and cost effectiveness are to be achieved. This is *Creative Design for Health Care Reform*."

R.H.S.