



Integrative Health Practices
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**Statement in Support of SB 103
January 21, 2020**

I am William Rollow, MD MPH, President of the Maryland Society of Integrative Medicine and Practice Director for Integrative Health Practices, LLC. Located in Ellicott City, IHP provides integrative and functional medicine care. Patients come to us often having seen multiple physicians, looking for someone who will work with them using health-promoting and health-restoring modalities. We listen carefully to patients and use conventional and complementary diagnostics and therapeutics to identify and address underlying systems issues that result in disease and symptoms.

I am a scientifically-based clinician with substantial health policy experience. A graduate of Stanford Medical School, I am board certified in Family Medicine, and also by the American Board of Integrative Holistic Medicine. I have been on faculty at multiple medical institutions over my career, most recently as Director of Clinical Services at the University of Maryland School of Medicine. Additionally, I have held senior level positions in health policy, including seven years as Deputy and Director of the Quality Improvement Group at CMS, where I led the Medicare Quality Improvement Organization program.

I am testifying in support of SB 103. This legislation seeks to improve the choices available to patients by providing an equitable approach to peer review of physicians practicing integrative medicine. In this testimony I will address three things: the need for integrative medicine, the need for equitable review, and how the legislation seeks to address these needs.

As others will also testify, today's environment is placing increasing stress on patients' biological and psychological health. Toxins, tickborne infections, opioid medications, and social and family issues are contributing to illnesses that challenge our ability to treat them. Many patients are turning to integrative medicine physicians in search of treatments that bring together conventional and complementary modalities. In my practice, I hear this from patients repeatedly, and often from other physicians who refer such patients to us. Many of these patients have Lyme disease, or sequelae of it that are complicated by other factors. Many have neuropsychiatric conditions, including Alzheimers and autism. Many have chronic pain and medicine dependence, inflammatory bowel disease, cancer that is end-stage or in remission, or autoimmune conditions. Helping these patients is challenging, and we don't always succeed in whole or in part. But we approach each as an individual and look for factors that might be contributing to their illness and interventions that might support them in healing.

In so doing, while we look for research that demonstrates impact, we often don't find it, and instead rely on our own experience, the experience of other clinicians, case studies, and biological science in presenting options to patients. In so doing, we are always mindful, as is any physician, of the need to do no harm and act in our patients' best interests. Unfortunately, too often we are also mindful of the potential that we may be subject to disciplinary action of the State as a result of providing care that is non-standard and not understood by physicians who are not knowledgeable about what we are doing. As a result, we hold back from interventions that may be beneficial to our patients. In some cases, the result is that our patients seek care from non-physician practitioners, physicians in other states, or physicians in other countries.

There are many examples of such interventions: antibiotics in patients with equivocal serologic testing for Lyme disease, oxidative and hyperthermic therapies that may have antimicrobial and immune system effects, and multimodal treatment for patients with dementia and neuropsychiatric illness. Our view is that although non-standard, patients should have the option of such treatments in the context of appropriate medical evaluation and treatment and with informed consent.

SB 103 seeks to widen the availability of such treatments by increasing the involvement of physicians with experience in such treatments in a peer review process that results from action by the Maryland Board of Physicians. The MSIM has been in dialogue with legislators, MedChi, and the Board itself regarding this legislation. We are gratified by the tremendous support that the legislation has garnered, and have also heard concerns that have been raised by some, for example, about the challenge of defining integrative medical care. We have ideas about how to address these concerns such that the legislation can achieve even broader consensus.

I appreciate the opportunity to provide testimony at today's hearing, and look forward to the passage of this important initiative.

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PROFESSIONAL HISTORY

Integrative Health Practices, LLC **2017-current**
Practice Director

Direct services and provide patient care in an independent insurance- and concierge- based integrative medicine practice

ArchSystems Inc
Senior Vice President and Chief Medical Officer **2013-2017**
Consulting Medical Director **2017-current**

Directed PQRS Data Validation contract
Provide clinical consulting services, business development, and delivery on contracted projects

Maximus Federal
Consulting Medical Director **2017-current**

Provide clinical consulting services, business development, and delivery on contracted projects

Independent Consultant **2017-current**
2013-2015
2007-2009

Provision of strategic and implementation services to organizations promoting measurement and improvement of quality and efficiency of healthcare services, with a focus on payment methodologies and technical support for patient-centered medical home redesign; projects included:

- **Primary Care Development Corporation Consulting Medical Director.** Provided consultation on strategic issues, support business development, and provide clinical and technical support on contracted projects
- **EmblemHealth Strategic Integration.** Facilitated integration of the medical departments of two health plans (HIP and GHI) during the process of their merger
- **EmblemHealth Medical Home High Value Network Project.** Developed and led this project, in which 18 small adult primary care practices received enhanced payment, medical home redesign facilitation, and onsite care management, with project evaluation funded by a \$460,000 grant from the Commonwealth Fund. I led both the payer side (contracting, performance measurement and payment), and the redesign facilitation and care management side (as a consultant for Enhanced Care Initiatives Inc.).

Center for Integrative Medicine, University of Maryland **2013-2018**
Director of Clinical Services
Assistant Professor, Family Medicine

Directed and provided clinical services in coordination with research and education programs in university-based integrative medicine center

IBM, Global Business Services
Solutions Leader – Health Care Value and Transformation

2009-2013

Development, sales, and delivery of strategic and analytic technology-based consultant services to provider, payer, and governmental customers to enable improvements in healthcare outcomes and cost

Centers for Medicare and Medicaid Services
Office of Clinical Standards and Quality
Senior Quality Advisor
Director, Quality Improvement Group
Deputy Director, Quality Improvement Group

2006-2007
2004- 2006
2000-2004

As Deputy Director and Director for QIG, which had responsibility for management of the Medicare Quality Improvement Organization (QIO, formerly Peer Review Organization or PRO) and ESRD Networks programs:

- Secured program funding (\$1.265B for three year QIO contract period)
- Developed core contract for QIO 7th and 8th Scopes of Work, which included:
 - Redesign of beneficiary complaint process to focus on complainant satisfaction and quality improvement
 - Expansion of work to include nursing home improvement with patient-centered focus and home health agency improvement on publicly reported measures
 - Redesign of physician office assistance to focus on HIT adoption, care management, and quality measures reporting (DOQ-IT program)
 - Expansion of hospital improvement program to include surgical complications prevention (SCIP program) and support for public reporting of quality measures
- Evaluated contractor performance and published program results

BlueCross BlueShield of Illinois

Vice President for Medical Management **1996-2000**
Medical Director – Managed Care Network Preferred/BlueChoice **1993-1996**

As Vice President for Medical Management, had senior physician responsibility for medical management and as BlueChoice Medical Director, had utilization, quality and network management responsibility for 130,000 member point-of-service program:

- Served as Vice-Chairperson of National Medical Management Forum, coordinating medical management activities of Blues plans
- Re-engineered medical and payment policy development and implementation
- Developed and managed p4p program for point-of-service program, with primary care physician payment based on quality and efficiency results
- Developed specialty networks in cardiac surgery, perinatology, neonatology; participation and performance assessment based on self-reported outcomes
- Created and directed quality improvement program for review by NCQA, received first NCQA accreditation in the State of Illinois, and subsequently achieved four NCQA accreditation

Rush Health Plans, Anchor HMO

Vice President for Professional Affairs **1990-1992**
Director of Quality Management **1986-1990**
Medical Staff President **1984-1986**
Staff Physician **1982-1992**

As Vice President for Professional Affairs, had accountability for physician group and medical office operations, cost/utilization/quality management, and contracted specialist network for this 120,000

member staff model HMO, and as Director of Quality Management had responsibility for quality and utilization management programs:

- Attained \$10 million improvement in bottom line in two years
- Managed \$100+ million dollar budget, including \$30+ million in direct operating expense
- Developed and implemented utilization and quality management systems and quality improvement program

**Chicago Health Department/Cook County Hospital
Attending Physician**

1980-1982

- Practiced in an underserved neighborhood, in conjunction with teaching appointments at Chicago Medical School and Cook County Hospital
- Served on the Mayor's Transition Task Force in writing a section on revised priorities for the Chicago Health Department

EDUCATION

**University of Michigan
School of Public Health**

MPH 1986

**Cook County Hospital
Family Practice Residency**

Boards 1980

**Stanford University
School of Medicine**

MD 1977

**Harvard University
Department of Psychology**

BA 1973

APPOINTMENTS

**Rush Presbyterian-St. Luke's Medical Center
Department of Family Practice-Adjunct Attending Physician**

1982-2000

**Grant Hospital - Chicago
Department of Family Practice-Associate Attending Physician**

**1983-1992
1995-2000**

**Cook County Hospital
Department of Family Practice-Attending Physician**

1980-1982

CERTIFICATION

**Licensed Physician
State of Illinois
State of Maryland**

**1978
2000**

**Board Certification
American Academy of Family Practice
Recertification**

**1980
1986, 1993, 1999,
2006, 2016**

**American Board of Integrative and Holistic Medicine
American Board of Quality Assurance and Utilization Review**

**2013
1989**

PUBLICATIONS

Rollow W et al. Assessment of the Medicare Quality Improvement Organization Program. Ann Intern Med. 2006;145:342-353.

Rollow W, Cucchiara PJ. Achieving value in primary care: the primary care value model. Ann Fam Med March/April 2016;14(2):159-165.

William C. Rollow, MD MPH

Biography

Dr. Rollow is Practice Director at Integrative Health Practices, LLC, an integrative medical practice in Ellicott City, Maryland and is an independent health policy consultant for organizations including Arch Systems Inc and Maximus Federal.

Board-certified in family medicine, in integrative medicine, and with a master's degree in public health, he has an extensive background in primary care practice transformation, quality improvement, healthcare technology, medical management, managed care, federal government programs, and administration, having developed and led the EmblemHealth Medical Home High Value Network Project, directed the CMS group with responsibility for the Medicare Quality Improvement Organization and End Stage Renal Disease Networks programs, provided technology-based strategic and analytic consulting services at IBM, and held senior medical director positions at BlueCross BlueShield of Illinois and at Anchor HMO.

Dr. Rollow seeks to promote transformation: in the lives of individuals through clinical care, in organizations through delivery system redesign resulting in improvements in outcomes and cost, and in communities through policy and practice that support health and wholeness.