Setting the Standards for quality health care
Our Mission

The Accreditation Association's mission is to promote its position as the preeminent leader in developing Standards to advance and promote patient safety, quality, and value and measurement of performance for ambulatory health care through peer-based accreditation processes, education and research.

Table of Contents

3 Our Mission
4 Letter from John Burke, PhD
5 Letter from Jack Egnatinsky, MD
6 Accredited by AAAHC
9 Accredited Organization Overview
10 Medical Homes, Managed Care Organizations and Office-Based Surgery Centers
12 A Timeline of Accomplishments
14 In the News: 2011 Media Highlights
16 The AAAHC Institute for Quality Improvement
16 Letter from Ronald A. Gabel, MD, and Naomi Kuznets, PhD
18 About the AAAHC Accreditation Survey
19 Developing Standards to Advance Health Care Quality
20 Leadership and Members
22 Financial Summary
22 Healthcare Consultants International, Inc.
23 Executive Staff
It was my privilege in 2011 to serve as President of the AAAHC Board of Directors, which comprises two public members and representatives from 17 member organizations, including medical professional societies, organizations of health care administrators and others that have a direct stake in the quality of care patients receive in ambulatory settings.

Among the Board’s top 2011 priorities was to further enhance the unique, AAAHC peer-based accreditation process through education and outreach to our surveyors. These professionals not only evaluate organizations to make sure they meet the high, nationally recognized Standards of AAAHC, but also to help them improve their care of patients.

Our surveyors are physicians, nurses, dentists, pharmacists, administrators and others who have first-hand experience with well-run ambulatory health care organizations. They give back by promoting excellence in patient care and the importance of peer-based review.

In 2011, we further expanded our services beyond the borders of the United States through our international accreditation program. We now have programs under way in Peru, India and Costa Rica. Next on our horizon is a plan to offer inpatient accreditation in the U.S.

Our Medical Home, Managed Care and Office-Based Surgery accreditation programs were enhanced in 2011, and we expect accreditation of these organizations to grow significantly in response to increasing demand for outpatient providers to demonstrate their ability to deliver high quality, cost-effective health care.

The Accreditation Association for Ambulatory Health Care has been the nation’s leading accreditor of ambulatory health care organizations since its founding in 1979. In 2011, we celebrated a significant milestone when the number of AAAHC-accredited organizations grew to more than 5,000.

Throughout its history, AAAHC has never wavered in its mission to develop Standards and provide resources that advance and promote high quality ambulatory health care. Over the years, we’ve expanded our horizons to meet the growing and changing needs of health care providers and the patients they serve. Today, AAAHC accredits a wide range of organizations, including ambulatory surgery centers, office-based surgery centers, college student health centers, managed care organizations, military health care clinics, large medical and dental practices and medical homes.

One of the most important reasons for our success is that we are continually seeking input from both accredited and non-accredited organizations through surveys and other outreach to our stakeholders. Success can be measured in many ways, but it is particularly important to AAAHC to seek feedback from the organizations we accredit. In 2011, we asked them to complete a survey and tell us how we’re doing. Nearly all (98 percent) said they would seek reaccreditation with AAAHC; more than 90 percent said they sought AAAHC accreditation to demonstrate their commitment to quality; and nearly 70 percent said they chose AAAHC because of its reputation. We also got high marks for our unique educational and consultative approach to the accreditation survey.

We are delighted with these results, but we always will strive to be better. We remain steadfast in our mission, and this commitment has made AAAHC accreditation an enduring symbol for patients, government agencies, third-party payers and others that an ambulatory health care organization is committed to delivering the highest quality care.

John Burke, PhD
Executive Vice President and Chief Executive Officer

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As the nation’s health care system evolves, the AAAHC Board of Directors, member organizations and staff remain committed to the ongoing evaluation and revision of our Standards, our accreditation process and our education and research programs to keep pace with advances in medical practice and the changing needs of ambulatory organizations and the patients entrusted to their care.

Jack Egnatinsky, MD
President, Board of Directors
With all the changes taking place in medicine, we wanted assurance that we were keeping up with the latest standards for ambulatory surgery centers and maintaining high quality care for our patients. We found the accreditation process to be extremely helpful and educational for our staff. AAAHC accreditation also is a sign to our patients and our community that we are committed to providing safe, quality care.

– David R. Byrd, MD, director, the Rochester Surgery Center, Rochester Hills, Michigan

The Rochester Surgery Center of Rochester Hills was honored as the 5,000th organization to be accredited by AAAHC. Pictured are Jack Egnatinsky, MD, AAAHC Board President and David Byrd, MD, the founder of the center.

Accredited by AAAHC

AAAHC is committed to seeking feedback from our accredited organizations. Here’s what some of them have to say.

“By undergoing the process of attaining and sustaining accreditation, our organization improved markedly….”

– 2011 customer satisfaction survey

“This is the uniqueness of AAAHC. Their accreditation Standards become the framework that binds corporate strategies, organizational operations and compliance with applicable laws and regulations while dovetailing those activities with quality health care.”

– Kathleen Manlove, RN, CPHQ, LHCRM, AAAHC Surveyor

“Pride. I feel proud when I receive accreditation from AAAHC.”

– 2011 customer satisfaction survey

“The AAAHC survey was extremely consultative and useful to management and staff alike. I can highly recommend the AAAHC to any community health center seeking accreditation.”

– Steven D. Weinman, Executive Vice President and COO, CHS Healthcare, Immokalee, Florida

“AAAHC is the foundation of our organization, policies and procedures and daily operations….”

– 2011 customer satisfaction survey

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– David R. Byrd, MD, director, the Rochester Surgery Center, Rochester Hills, Michigan

“The AAAHC surveyors are industry leaders in ambulatory care. They do more than simply ‘inspect’ – they are committed to helping you improve the quality of care.”

– Anil N. Keswani, MD, Vice President of Medical Management, Dreyer Medical Clinic, Aurora, Illinois

The Accreditation Association for Ambulatory Health Care offers accreditation programs for all types of ambulatory organizations from primary care to specialty care to managed care and more, including:

Ambulatory Surgery Centers
College and University Health Centers
Community Health Centers
Dental Group Practices
Diagnostic Imaging Centers
Endoscopy Centers
Immediate/Urgent Care Centers
International Organizations
Indian Health Centers
Lithotripsy Centers
Managed Care Organizations
Medical Homes
Medical Group Practices
Military Health Care Clinics
Office-Based Surgery Centers
Women’s Health Centers

Why Accreditation?

AAAHC accreditation demonstrates that an organization delivers care that meets nationally-recognized Standards.

– States require or recognize the value of accreditation.
– Professional medical societies endorse it.
– The best and brightest staff want to be part of it.
– Web sites list accredited centers.
– Consumers look to accreditation for assurance of high quality care.

AAAHC has accredited more ambulatory care centers than any other accrediting body in the United States.
Medical Homes, Managed Care Organizations and Office-Based Surgery Centers

**Setting Standards Tailored to the Needs of Diverse Ambulatory Care**

Although high AAAHC Standards remain a constant, there is no one-size-fits-all AAAHC accreditation. Every ambulatory organization must meet core health care Standards, but each organization is unique. What is required of an excellent ambulatory surgery center, for example, is different from that which distinguishes a primary care clinic. As health care delivery in ambulatory settings grows, AAAHC is evolving by offering new accreditation programs targeted to specific practice settings.

**Medical Home**

In 2009, AAAHC introduced the nation’s first Medical Home Accreditation to include an on-site survey. In 2011, we launched a pilot Medical Home Certification program; again, the first with an on-site assessment. Our on-site accreditation survey is the bedrock of the AAAHC commitment to quality ambulatory care, allowing us to see it in action. Questionnaires, checklists, statistics, charts and graphs do not go far enough. The best way to assess care is at the point of care. And nowhere is an on-site evaluation more crucial than in the Medical Home, which assumes responsibility for all medical care from cradle to grave. Is there mutual respect and understanding between the patient, physician and other health care providers? Is the patient/provider relationship a close and collaborative one? Are patients being treated in a clean and attractive environment? Is staff attentive to their needs? Are they being included as part of the health care decision-making team? These and so many other aspects are at the heart of the successful Medical Home. They cannot be adequately evaluated without direct observation and the expert eyes and ears of our surveyors.

Sam JW Romeo, MD, MBA
Medical Director, AAAHC
Chair, AAAHC Medical Home Task Force

**AAAHC on-site surveyors assess Medical Homes on the following characteristics:**

- Relationship with the patient
- Continuity of care
- Comprehensiveness of care
- Accessibility of care
- Quality of care

**Managed Care**

AAAHC has offered an accreditation program for managed care organizations (MCOs) since 1983. The AAAHC MCO accreditation process is tailored to fit the needs of small, mid-sized and regional MCOs. The criteria for assessing MCOs are quite different from those of direct providers of ambulatory care, but they are equally important to assure that MCO members are getting quality care.

In 2011, AAAHC took steps in an ongoing program to tailor its accreditation to the specific needs of MCOs by conducting a review of MCO Standards with an eye to further adapting them to fit the changing MCO landscape. The number of AAAHC surveyors with hands-on experience in managed care was increased to maximize the value of peer consultation and collaboration as an integral part of the on-site survey.

**Office-Based Surgery**

As more and more surgical procedures are performed in physician offices, AAAHC in 2011 refined its program aimed specifically at medical and dental practices that perform office-based surgery (OBS) and comprise four or fewer physicians/dentists and two or fewer procedure rooms. The AAAHC OBS Standards are written as statements describing the characteristics required of an accreditable organization. The Handbook for Office-Based Surgery Centers with Review Guidelines is a tool that gives organizations a clearer understanding of how compliance with each of the Standards will be assessed.

Being accredited by AAAHC enhances the profile and prestige of OBS centers in their communities and among their peers; and reassures patients and third-party payers that they are delivering care based on nationally recognized Standards.
Mid-1960s – American Group Practice Association (AGPA) begins national discussion to establish accreditation of medical group practices.

1967 – The American College Health Association (ACHA) launches certification program for college and university health centers.

1968 – AGPA forms Commission on Accreditation and begins development of standards.


Late-1960s – Mid-1970s – Focus of nation’s health care system begins to shift from hospital to ambulatory settings.

1979 – The Accreditation Association for Ambulatory Health Care is founded by six charter members: ACHA, AGPA (now the American Medical Group Association), FASA (now the Ambulatory Surgery Center Association), the Group Health Association of America (now the American Association of Health Plans), the Medical Group Management Association and the National Association of Community Health Centers.


1987 – The American Academy of Dental Group Practice becomes an organizational member.


1993 – The American Society for Dermatologic Surgery becomes a member organization.


1999 – American College of Obstetricians and Gynecologists, American Society of Anesthesiologists, Society for Ambulatory Anesthesia and the American Academy of Dermatology become members.

2004 – The American Gastroenterological Association becomes a member.

2005 – The American College of Gastroenterology and the American Society for Gastrointestinal Endoscopy join as organizational members.


2009 – New Standards chapters are added for behavioral health, lithotripsy services and Medical Homes.

2011 – 5,000th organization is accredited by AAAHC.

– The Association of periOperative Registered Nurses becomes the first nursing organization represented on AAAHC Board.

– A three-year term is established for all AAAHC accreditations.
In 2011, the media highlighted the work of AAHCH in articles reaching a total audience of more than 20 million. A highlight was a guest feature in Medical Economics written by AAHCH Medical Director Sam Romeo, MD, on “The Promise of the Medical Home: Five Essential Principles for Success.” AAHCH also entered into a year-long agreement with OR Today to author an article in each issue, reaching 20,000 readers a month. The year’s other notable coverage showcased various AAHCH activities, including: the AAHCH Institute’s ambulatory performance measurement and benchmarking studies, the Standards public comment period, policy changes, patient safety news and others.
The AAAHC Institute for Quality Improvement

Our mission

The AAAHC Institute for Quality Improvement is a nonprofit organization that offers ambulatory health care organizations opportunities to learn about and become involved in performance measurement, benchmarking and quality improvement.

LETTER FROM RONALD A. GABEL AND NAOMI KUZNETS

Conducting quality improvement activities is an integral part of being eligible for AAAHC accreditation. Since its creation as a nonprofit subsidiary of AAAHC in 1999, the AAAHC Institute for Quality Improvement has conducted and published more than 70 studies examining both clinical and nonclinical issues affecting the quality and efficiency of care delivered in ambulatory settings.

The studies have explored processes of care and patient outcomes for many commonly performed ambulatory procedures, as well as for disease management. Studies have also been conducted on special quality-related issues such as pay for performance, medical event reporting and the impact of the economic downturn on ambulatory care.

The AAAHC Institute study results to evaluate their strengths and weaknesses, compare themselves with peer organizations, identify practices and procedures that have been shown to improve outcomes, develop tools to further enhance quality of care and measure performance improvement over time.

In addition to offering opportunities for ambulatory health care organizations to participate in clinical performance and benchmarking activities, the AAAHC Institute has produced teaching materials to assist organizations and AAAHC surveyors. The Institute’s QI Toolkit publications (1) elaborate on specific QI issues (Quality Improvement Insights), (2) teach organizations how to develop, implement, and report QI activities (QI Workbook), and (3) review examples of “good” studies (Innovations Award Compendium). The Compendium is derived from QI activities that have been recognized through the AAAHC Institute’s annual Bernard A. Kershner Innovations in Quality Improvement Award.

Another AAAHC Institute role is to help AAAHC achieve its mission. The Institute represents AAAHC in national organizations dedicated to improving quality of care, such as the National Quality Forum, the Physician Consortium for Performance Improvement and the ASC Quality Collaboration. The Institute also helps AAAHC conduct its own internal quality improvement activities by providing reports from AAAHC survey data on the interpretation of AAAHC quality improvement and benchmarking Standards. Additionally, the Institute provides content for AAAHC educational programs.

The AAAHC Institute leadership and staff are dedicated to continuing their support of the AAAHC community, as well as to seeking new and better ways to measure and improve quality of patient care.

Ronald A. Gabel, MD
Chair, Board of Trustees
AAAHC Institute for Quality Improvement

Naomi Kuznets, PhD
Senior Director and General Manager
AAAHC Institute for Quality Improvement

2011 INSTITUTE STUDIES

Four new reports were issued in 2011 by the AAAHC Institute to establish benchmarks and best practices for procedures commonly performed in the ambulatory setting, including cataract surgery, colonoscopy, knee arthroscopy and low back injection. The reports include data such as pre-procedure, procedure and discharge time comparisons, operative techniques, complications, anesthesia, wrong-site surgery prevention and patient outcomes. The results illustrate that excellent ambulatory patient care reflects the ability to identify and adapt proven practice and procedural efficiencies, many of which are detailed in these reports.

AAAHC INSTITUTE AWARDS

The Bernard A. Kershner Innovations in Quality Improvement Awards are given annually by the AAAHC Institute to recognize exemplary quality improvement activities of organizations accredited by the AAAHC.

In the Primary Care category, the 2011 winner was the University Health Service at the University of Michigan, Ann Arbor. They won the award for an initiative to improve documentation that meets the Centers for Disease Control and Prevention recommendations for assessment of students who may be infected with sexually transmitted diseases. The University of Texas at Austin received an honorable mention for an initiative to improve the evaluation and treatment of pharyngitis/tonsillitis.

In the Surgical/Procedural Care category, the winner was the Elgin Gastroenterology Endoscopy Center in Elgin, Illinois, for a program to avoid abrupt fluctuations in blood sugar in patients with diabetes undergoing endoscopy procedures. The Pinehurst Surgical Clinic in Pinehurst, North Carolina, received honorable mention for a quality improvement activity to enhance the process of informed consent.
About the AAAHC Accreditation Survey

AAAHC Surveyors Are Experts in Ambulatory Care

The AAAHC survey model is one of cooperation and education. AAAHC is unique in offering accreditation that is conducted by professionals who are actively involved in ambulatory care and have first-hand understanding of the specific issues facing the facilities they survey. Surveyors not only assess that an organization meets current Standards, they also help ambulatory service providers maintain high Standards, share their knowledge and experience of how other organizations meet the Standards, and are proactive in promoting and advancing high quality health care.

AAAHC Surveyors Must:

- Be practicing health care professionals (physicians, dentists, podiatrists, pharmacists, nurses and administrators) employed or privileged by an ambulatory health care organization. If retired, the surveyor must have continued activity in the profession, at least one reference from a currently active AAAHC surveyor or an AAAHC Board member who has performed at least five surveys, and a reference from the last employer.
- Have recent experience in an ambulatory health care organization that is accredited by a nationally recognized accreditation organization.

“Surveyors are the eyes and ears of the AAAHC. Our reports have a huge impact on accreditation decisions. As part of the survey process, AAAHC surveyors are encouraged to solicit feedback on how our Standards are working, offer help and consultation to our peers and also to learn from them.”

– Lawrence S. Kim, MD, FACG, South Denver Gastroenterology, Colorado, AAAHC Surveyor and Board of Directors member

Each year, AAAHC revises its Standards and updates the Accreditation Handbook to recognize the latest developments in ambulatory health care. Our Standards also are reviewed to make sure they are current with the Medicare requirements for ambulatory surgery centers seeking AAAHC/Medicare Deemed Status. The Standards development and revision process is overseen by the Standards and Survey Procedures Committee which comprises AAAHC Board members and surveyors who represent a variety of ambulatory health care organizations. The Committee ensures that the Standards used to measure compliance of an accredited organization are revised annually and reflect the latest developments in ambulatory health care. The Committee submits its recommendations for new or updated Standards to the AAAHC Board of Directors for approval.

As part of the Standards revision process, AAAHC seeks input from its accredited organizations, individual health care providers and others, including the public, to ensure that the voices of all who have a stake in quality health care are heard.

“I’ve been a surveyor for more than 10 years and believe the peer-review aspect of AAAHC accreditation is critical. I like being a teacher and a learner. The exchange of information that takes place during an accreditation survey helps everyone improve the quality of patient care. I get so much personal satisfaction from being an accreditation surveyor.”

– S. Teri McGillis, MD, DermaSurgery Center, Lancaster, Pennsylvania, AAAHC Surveyor and Board of Directors member

Developing Standards to Advance Health Care Quality

AAAHC
AAAHC Leadership and Members

2011/2012 OFFICERS
Jack Egnatinsky, MD; President
Karen M. McKellar, Vice President
Margaret E. Spear, MD; Treasurer
Lawrence S. Kim, MD, FACG, AGAF; Secretary
Marshall M. Baker, MS, FACMP; Immediate Past President
John E. Burke, PhD Executive Vice President and CEO

2011/2012 BOARD OF DIRECTORS
Edward S. Bentley, MD, 2006
W. Done Binder, MD, 2010
Frank J. Chapman, MBA, 2005
W. Patrick Davey, MD, MBA, 2003
Jan Davidson, MSN, RN, CNOR, 2011
Mark S. DeFrancesco, MD, MBA, 2000
Meena Desai, MD, 2009
Richard L. Dolsky, MD, 2004
Richard D. Gentile, MD, 2006
Steven A. Gunderson, DO, 2002
Susan M. Hughes, MD, 2004
Girish P. Joshi, MD, 2006
Gerard F. Koornbusch, DDS, MBA, 2008
Ross Levy, MD, 2012
W. Elwyn Lyles, MD, 2011
S. Teri McGillis, MD, 2006
Timothy Peterson, MD, 2009
Beverly K. Philip, MD, 2000
Jerome R. Pottsokin, MD, 2009
Kenneth M. Sadler, DDS, MPA, FACD, 2005
James Schall, DDS, 2011
Dennis Schultz, MD, 2010
Edwin W. Slade, DMD, JD, 2004
Scott Tenner, MD, FACG, MPH, 2007
Arnaldo Velez, MD, 2010
Mary Ann Vann, MD, 2008
Christopher J. Vest, MD, 2011
Robert C. Williams, 2001

Dates indicate beginning year of service.

ORGANIZATIONS
Ambulatory Surgery Foundation (ASF); William M. Prentice
American Academy of Cosmetic Surgery (AACS); Gail Fairhall, PhD
American Academy of Dental Group Practice (AADGP); Robert A. Hankin, PhD
American Academy of Dermatology (AAD); Ronald A. Henrichs, CAE
American Academy of Facial Plastic & Reconstructive Surgery (AAFPRS); Stephen C. Duffy
American Association of Oral & Maxillofacial Surgeons (AAOMS); Robert C. Rinaldi, PhD
American College of Gastroenterology (ACG); Bradley C. Stillman
American College Health Association (ACHA); Doyle E. Randol, MS, Col. USA (Ret.)
American College of Mohs Surgery (ACMS); Kim Schardin, CAE
American Congress of Obstetricians & Gynecologists (ACOG);
Hal C. Lawrence, MD
American Gastroenterological Association (AGA); Jennifer Conte, CGCS
American Society of Anesthesiologists (ASA); John Thorner, JD, CAE
American Society for Dermatologic Surgery Association (ASDSA);
Katherine J. Duersdorff, CAE
American Society for Gastrointestinal Endoscopy (ASGE); Patricia Blake, CAE
Association of periOperative Registered Nurses (AORN);
Linda Groah, MSN, RN, CNOR, NEA-BC, FAAN
Medical Group Management Association (MGMA); Susan Turner, MD
Society of Ambulatory Anesthesia (SAMBA); Nicole Bradle, MA, CMP

STANDING COMMITTEES
Accreditation
Audit and Finance
Bylaws
Executive
Governing Council
Nominating
Standards and Survey Procedures
Surveyor Training and Education
AAAHC Financial Summary

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HEALTHCARE CONSULTANTS INTERNATIONAL, INC. (HCI)

HCI, a for-profit subsidiary of AAAHC, provides consulting expertise and educational programs for a range of ambulatory health care settings. HCI's primary focus is assisting ambulatory health care organizations in preparing for accreditation, licensure, and certification (including Medicare), as well as providing expertise in quality assessment/performance improvement, infection control and regulatory compliance. HCI's consultants and instructors are experienced clinical practitioners and accreditation surveyors with a wide range of expertise in the development, administration and accreditation of ambulatory surgery centers and office-based surgery practices. In 2011, Kristine Mighion, MD, MBA, was appointed Managing Director and CEO of HCI, and the organization's consulting team was expanded to enhance the services offered to ambulatory organizations.

HCI consulting services are entirely separate and independent from the accreditation services of AAAHC. All accreditation decisions by AAAHC are made without regard as to whether consulting services have been provided by HCI or any other organization.

AAAHC Executive Staff

JOHN BURKE, PhD  Executive Vice President and CEO

GEOFFREY CHARLTON-PERRIN  Director, Marketing and Communications

MEG GRAVESMILL, MBA  Vice President, Accreditation Services

RAY GRUNDMAN, MSN, MPA  Senior Director, External Relations

MEG KERR  Director, Education and Surveyor Credentialing

CAROLYN KURTZ, JD  General Counsel and Vice President Government/Public Affairs

NAOMI KUZNETS, PhD  Senior Director and General Manager, AAAHC Institute

JIM PAVLETICH, MHA, CAE  Vice President and Chief Operating Officer

JANICE PLACK  Director, Information Technology

SERGIO TUMANG  Chief Financial Officer and Senior Director Administration