

About the Homeowners

Challenge and change:

Cleve Killingsworth's eventful life and career



Cleve Killingsworth and Daren Chentow (and one of their dogs) on the porch of their home in Honeoye.

Cleve Killingsworth grew from a working class kid in a rough Chicago neighborhood to become a key figure in health care reform.

In one of his early jobs as a hospital administrator, Killingsworth says: "I was told to check the emergency room at 11 p.m. and admit people, just to fill beds. It became apparent to me that hospital admissions and even medical procedures were ordered to generate income, and not necessarily for the good of the patients."

A number of studies gave Killingsworth the data to confirm what he saw: The U.S. health care industry was delivering a lot less "health" than it should for what we were spending on health services. Killingsworth was determined to

do something about it.

He took on increasingly influential roles across the country, including in Rochester, seeking better health care at a better price. In 2004, he was hired to be CEO of Blue Cross and Blue Shield of Massachusetts—specifically to reform health care.

Of course Boston, where he was based, is a world leader in medical care, and Killingsworth had an uphill battle. "I used to hear, 'Where did you get your MD?' when I tried to talk to physicians about health care," he says.

But Killingsworth knew all about challenges. He had grown up in a neighborhood where few people went to college: "I had several teachers who

were cheerleaders for me. They decided there would be a group of students from my high school who would go to college, and because I had an interest in math and science they chose me. It never would have happened without people who believed in me."

He found enough funding for one year at DePaul University. That next summer, he rode to Boston with a friend who was interviewing at MIT. Curious, Killingsworth walked into the Office of Undergraduate Admissions, where the dean of admissions explained that only the best students in the world get admitted to MIT. He asked Killingsworth about his record at DePaul.

"I told him I took humanities, physics,

and got straight A's in graduate-level math classes," Killingsworth says. "He told me, 'If you're not lying about your grades, it would behoove you to apply.'"

"When I walked out of there, I didn't know what the word 'behoove' meant, but I *did* know what the word 'lie' meant. So I had my transcript sent over just to prove I wasn't lying." A few weeks later, Killingsworth got a call inviting him to enroll at MIT.

He graduated from MIT with a B.S. in management studies in 1975 and went on to earn a master's of public health from Yale in 1976.

To push for reform in Massachusetts, Killingsworth relied on knowledge and data. In 2002, the Institute of Medicine had released a report called the Chasm Study that quantified the difference between the quality of care Americans get and what they *should* get.

"That report pulled the rug out from under physicians' ability to dismiss non-physicians in talking about the quality

of care," says Killingsworth, who then commissioned a compilation of research that further quantified the problem.

Killingsworth believed that eliminating what the Institute of Medicine described as the "overuse, underuse, and misuse" of care was a moral imperative. Instead of paying providers based on the volume or complexity of services, Killingsworth argued that insurers should pay based on the value of those services—meaning, outcomes that represent quality care. Under Killingsworth's leadership, the Alternative Quality Contract changed the way the insurer paid for health services for their members: "By stopping the practice of paying by procedure, we stopped creating incentives that didn't make clinical sense for patients, and didn't control costs."

Harvard Medical School's Department of Health Care Policy published a study in 2012 that showed improvement in both cost and quality in the first two years of the contract.

The White House took notice. In the build-up to the Affordable Care Act (ACA), Killingsworth was invited to Washington to share information about his work. Though ultimately the ACA focused on expanding coverage, "I still believe that we need to explore a national alternative to the fee-for-service model of paying health care providers, and to improve the quality of care for all Americans," he says.

Killingsworth overcame challenges all his life, but none like his current one. His blindness came on in less than six months.

As Killingsworth learns to adjust, he is philosophical. "I think I can work around being blind. I'm going to get the University of Rochester public lecture calendar, to continue learning." And just like in his career, he is open to the idea of making the most of change. This blindness can shift me to another place, and that could be a very viable life." **R**

– Martha Clement Rochford