

MCFIP Inc.

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Biographical Information: William McFaul

Transitioning of value analysis from industry to healthcare for the sixteen hospital members of a non-profit shared service corporation in New Jersey earned recognition for William McFaul's ability to reduce hospital expenditures. During the New Jersey "experiment" to establish an all-payer reimbursement model using diagnosis related groups (DRGs) in the late 1970s, Bill was selected to represent the New Jersey Hospital Association with the negotiations to establish the non-labor component of DRGs. During that process, he recognized the need to create a clinical model for value analysis that addressed the ability to balance quality and cost in decision making for medical practices as well as for the selection of products.

Following the sale of his company, McFaul and Lyons, Inc. (MLI) to Johnson and Johnson in 1997, after five years of planning and research, Bill formed a think tank (The Center for Modeling Optimal Outcomes®, LLC in 2003) --- www.TheCenterNJ.com. The primary objective of The Center was to enhance the ability of the healthcare industry to reduce unsustainable increases in costs. Utilizing an interdisciplinary complexity science-like process, The Center's initial focus was to attempt to mitigate operating silos; operational mechanisms that restrict interdisciplinary collaboration and result in change inertia.

In 2005, while investigating the cognitive processes for change inertia, an inadvertent discovery that brain chemistry impacted decision making, McFaul's interest in neuroscience was piqued. In conjunction with Michael Miller; Ph.D., the following 14 years were dedicated to develop an algorithm for quantum biology.

By September 2015, numerous peer-reviewed global biomedical research studies emerged to validate the clinical value analysis (CVA) models developed by MCFIP as well as for application of DNA and Gene Entanglement discoveries identified by their algorithm.

The following is provided as an introduction to the facets that constitute the quantum biology algorithm that is required to verify the causal paths of chronic diseases.

<https://www.mcfip.net/upload/Quantum%20Biology%20MCFIP%20Discoveries.pdf>

Information on Dr. Miller and the outcomes of modeling the interactions between neurohormones is available here:

<http://www.mcfip.net/upload/Bio%20Miller%20-%20%20Consult%20to%20The%20Center.pdf>

An overview of McFaul's activities prior to forming The Center appeared in the healthcare media in 2005: <http://www.hponline.com/inside/2004-05/McFaul.htm> and his recognition as one of the industry's preeminent expense reduction innovators was reported here:

<https://www.hponline.com/inside/2008-12/0812-bli.html>

Examples of the innovative models created by Bill McFaul to address healthcare costs prior to 1997 include but are not limited to the following:

- A healthcare adaptation of the industrial model for value analysis into one for clinical decision making. After more than thirty five years, the application of clinical value analysis, albeit outdated and in need of the updates developed by McFaul since 2003, the basic model is still utilized in nearly every hospital in the United States.
- A Consumption and Utilization Analysis® model for supplies, services and clinical practices. The concept was the first statistical comparative effectiveness model utilized on a national basis by hospitals. In 2011, Bill enhanced this model to encompass comparative effectiveness for clinical practices that will utilize ICD-10 and ICD-11 as the basis from which value assessments for efficacy of products and practices can be determined.
- Pioneering of the outsourcing model in hospitals for resident and shared personnel responsible for materials management/supply chain and clinical value analysis.
- Development of the first models for generic acceptability of orthopedic implants and pacemakers by the medical staff in hospitals.
- Pioneering generic acceptability of diagnostic laboratory testing by independent hospitals (sixteen facilities) that reduced expenditures by as much as 70% for these high volume purchased services. His model became the industry standard with several billion dollars in annual savings since 1976.
- The planning and development of the nation's first "super group" --- the nation's first model for the consolidation of purchasing volumes from numerous competing organizations. This entity evolved into the nation's largest NGO for capital equipment purchases in the hospital industry; the Mid-Atlantic Group Network (MAGNET).