

Council on Health Care Economics and Policy

“Can Payment and Other Innovations Improve the Quality and Value of Health Care”

The Robert Wood Johnson Foundation

Princeton, NJ

MAY 28-29, 2008

Speaker Biography: Stuart H. Altman, Ph.D.

Stuart H. Altman is Dean of The Heller School for Social Policy & Management and Sol C. Chaikin Professor of National Health Policy at Brandeis University. He has an M.A. and Ph.D. degree in Economics from UCLA and taught at Brown University and the Graduate School of Public Policy at University of California at Berkeley.

Dr. Altman is an economist whose research interests are primarily in the area of federal and state health policy. In June 2004 he was awarded the AcademyHealth Distinguished Investigator Award; and, in 2003, 2004 and 2005 Modern Healthcare named him among the 100 Most Powerful People in Healthcare. From 2000-2002 he was Co-Chair for the Legislative Health Care Task Force for the Commonwealth of Massachusetts. In 1997, he was appointed by President Clinton to the National Bipartisan Commission on the Future of Medicare. Dr. Altman was Dean of The Florence Heller Graduate School from 1977 until July 1993 and interim President of Brandeis University from 1990-1991. He served as the Chairman of the congressionally legislated Prospective Payment Assessment Commission for twelve years. ProPac was responsible for advising the U.S. Congress and the Administration on the functioning of the Medicare Diagnostic Related Group (DRG) Hospital Payment System and other system reforms.

Dr. Altman is a member of The Institute of Medicine of the National Academy of Sciences and their Committee on the Future of Emergency Care in the United States; a member of the Board of Tufts-New England Medical Center in Boston, Massachusetts; and, Co-Chairman of the Advisory Board to the Schneider Institute for Health Policy at The Heller School for Social Policy & Management, Brandeis University. In addition, Dr. Altman has served on the Board of The Robert Wood Johnson Clinical Scholars Program and on the Governing Council of The Institute of Medicine. He is the Chair of The Robert Wood Johnson Foundation sponsored Council on Health Care Economics and Policy, a private non-partisan group whose mission is to analyze important economic aspects of the U.S. health care system and evaluate proposed changes in the system. He is also Chair of The Health Industry Forum which brings together diverse group leaders from across the health care field to develop solutions for critical problems facing the healthcare system.

Between 1971 and 1976, Dr. Altman was Deputy Assistant Secretary for Planning and Evaluation/Health at HEW. While serving in that position, he was one of the principal contributors to the development and advancement of the Administration's National Health Insurance proposal. From 1973 to 1974 he also served as the Deputy Director for Health of the President's Cost-of-Living Council where he was responsible for developing the Council's program on health care cost containment.

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Speaker Biography: Risa Lavizzo-Mourey, M.D., MBA

Risa Lavizzo-Mourey, M.D., M.B.A., president and CEO of the Robert Wood Johnson Foundation, is a national leader in transforming America’s health systems so people live healthier lives and receive the health care they need. A practicing physician with business credentials and hands-on experience developing national health policy, she was drawn to the Robert Wood Johnson Foundation by the opportunity, as she puts it, to “alter the trajectory and to push society to change for the better.”

Driven by the belief that the Robert Wood Johnson Foundation is a steward of private resources that must be used in the public’s interest, particularly to help the most vulnerable, Lavizzo-Mourey combines the values she learned as a doctor—commitment to others, a sense of altruism—with the skills and knowledge from her business training—the importance of measuring results and outcomes, of clear accountability, of taking a disciplined approach to managing resources and motivating people. Through it all, she is guided by the conviction that philanthropy is about simultaneously improving individual lives, transforming systems and in turn, achieving lasting social change.

Under Lavizzo-Mourey’s leadership, the Foundation has restructured its strategic investments to target a set of high-impact priorities, among them:

- Designing a more effective, performance-driven, patient-centered health system.
- Improving the quality and safety of patient care.
- Strengthening state and local public health systems.
- Halting the rise in childhood obesity by 2015.
- Easing the crisis in the nursing profession.
- Covering the uninsured.
- Developing the next generation of health leaders and policy-makers.

Lavizzo-Mourey was a leader in academic medicine, government service and her medical specialty of geriatrics before joining RWJF in 2001 as senior vice president and director of the health care group. Previously, at the University of Pennsylvania, she was the Sylvan Eisman Professor of medicine and health care systems and director of Penn’s Institute on Aging. In Washington, D.C., she was deputy administrator of what is now the Agency for Health Care Research and Quality. She is a member of the Institute of Medicine of The National Academies.

Raised in Seattle by physician parents, Lavizzo-Mourey earned a medical degree from Harvard Medical School, and an M.B.A. from the University of Pennsylvania's Wharton School. She completed a residency in Internal Medicine at Brigham and Women's Hospital in Boston; was a Robert Wood Johnson Clinical Scholar at the University of Pennsylvania; and trained in geriatrics at Penn. Always a physician as well as an agent for wide-scale social change, she still treats patients at a community health clinic in New Brunswick, N.J. She and her husband of 30 years have two adult children.

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Speaker Biography: Charles N. Kahn III

Charles N. (“Chip”) Kahn III is President of the Federation of American Hospitals (FAH), the national advocacy organization for investor-owned hospitals and health systems. He has served as FAH President since June 2001.

Mr. Kahn is at the forefront of national initiatives to shape policy for health care quality and information technology. In June of 2007, he was appointed as a member of the Governing Board of the National Quality Forum (NQF), a not-for-profit private-public partnership and the nation’s pre-eminent organization for developing and implementing national strategy for health care quality measurement. Mr. Kahn also serves as a principal in the Hospital Quality Alliance (HQA), a private-public partnership that he helped to initiate, and as a Commissioner of the American Health Information Community, a federal policy advisory panel responsible for advising HHS Secretary Michael Leavitt about the diffusion of health information technology.

Before coming to the FAH, Mr. Kahn was President of the Health Insurance Association of America (HIAA), where he focused national attention upon the plight of the uninsured. Under his leadership, HIAA was named by *Fortune* magazine for three consecutive years as the nation’s most influential insurance trade association.

Mr. Kahn has a long and distinguished career as a professional staff person on Capitol Hill, specializing in health policy issues. During 1995-1998, he played a crucial role in formulating significant health legislation while serving as staff director for the Health Subcommittee of the House Ways and Means Committee. During this time, his efforts helped bring about the Health Insurance Portability and Accountability Act (HIPAA) and the Medicare provisions of the Balanced Budget Act of 1997 (BBA).

Mr. Kahn holds a Masters of Public Health (M.P.H.) degree from Tulane University School of Public Health and Tropical Medicine and received a Bachelor of Arts degree from The Johns Hopkins University. He was inducted into the Georgetown University Chapter of Upsilon Phi Delta, a national academic honor society for students in healthcare administration, and he is a member of Delta Omega, the honorary society for graduate studies in public health.

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Speaker Biography: Kathleen A. Buto

Kathleen A. Buto is Vice President for Health Policy, Government Affairs, at Johnson & Johnson. She has responsibility for providing policy analysis and developing positions on a wide range of issues, including the Medicare drug benefit, government reimbursement, coverage of new technologies, and regulatory requirements. In addition to reviewing how federal, state, and international government policies affect Johnson & Johnson products and customers, she is responsible for helping to identify areas of opportunity for J&J to take leadership in shaping health care policy.

Prior to joining J&J, Kathy was a senior health adviser at the Congressional Budget Office, helping to develop the cost models for the Medicare drug benefit. Before that, she spent more than 18 years in senior positions at the Health Care Financing Administration, including Deputy Director, Center for Health Plans and Providers, and Associate Administrator for Policy. In these positions, she headed the policy, reimbursement, research, and coverage functions for the agency, as well as managing Medicare’s fee-for-service and managed care operations.

Kathy received her Bachelor of Arts from Douglass College and her Masters in Public Administration from Harvard University.

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Speaker Biography: Janet M. Corrigan, Ph.D., MBA

Janet M. Corrigan is President and CEO of The National Quality Forum, a private, not-for-profit standard-setting organization established in 1999. The NQF mission includes: setting national priorities and goals for performance improvement; endorsing national consensus standards for measuring and publicly reporting on performance; and promoting the attainment of national goals through education and outreach activities. From 1998 to 2005, Dr. Corrigan was Senior Board Director at the Institute of Medicine (IOM). She provided leadership for IOM’s *Quality Chasm Series* which produced ten reports during her tenure including: *To Err is Human: Building a Safer Health System* and *Crossing the Quality Chasm: A New Health System for the 21st Century*. Prior to joining IOM in 1998, Dr. Corrigan was Executive Director of the President’s Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

Dr. Corrigan received her doctorate in health services research and master of industrial engineering degrees from the University of Michigan, and masters’ degrees in business administration and community health from the University of Rochester. She is the recipient of numerous awards including: IOM Cecil Award for Distinguished Service (2002), American College of Medical Informatics Fellow (2006), American College of Medical Quality Founders’ Award (2007), Health Research and Educational TRUST Award (2007), and American Society of Health System Pharmacists’ Award of Honor (2008). Dr. Corrigan serves on numerous boards and committees including: Quality Alliance Steering Committee (2006 – present); Hospital Quality Alliance (2006 – present), National Center for Healthcare Leadership (2003 – present), Council for Accountable Physician Practices Advisory Council (2004 – present), and the Robert Wood Johnson Foundation Regional Market Project Advisory Council (2005 – present).

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Speaker Biography: Stephen M. Shortell, Ph.D., MPH

Stephen M. Shortell, Ph.D., MPH is the Blue Cross of California Distinguished Professor of Health Policy and Management and Professor of Organization Behavior at the School of Public Health and Haas School of Business at the University of California-Berkeley. He is also the Dean of the School of Public Health at Berkeley. Dr. Shortell also holds appointments in the Department of Sociology at UC-Berkeley and at the Institute for Health Policy Research, UC-San Francisco.

Dr. Shortell received his undergraduate degree from the University of Notre Dame, his masters degree in public health from UCLA, and his Ph.D. in the behavioral sciences from the University of Chicago.

A leading health care scholar, Dr. Shortell has done extensive research identifying the organizational and managerial correlates of quality of care and of high performing health care organizations. Dr. Shortell has been the recipient of many awards including the distinguished Baxter-Allegiance Prize for his contributions to health services research, the Gold Medal Award from the American College of Healthcare Executives for his contributions to the health care field, and the Distinguished Investigator Award from the Association for Health Services Research. He and his colleagues have also received the George R. Terry Book of the Year Award from the Academy of Management, the James R. Hamilton Book of the Year Award from the American College of Healthcare Executives, and several article of the year awards from the American College of Healthcare Executives and the National Institute for Health Care Management. His most recent book (with colleagues) is entitled Remaking Health Care in America: The Evolution of Organized Delivery Systems. During 2006-07 he was a Fellow at the Center for Advanced Study in the Behavioral Sciences at Stanford.

He is an elected member of the Institute of Medicine of the National Academy of Sciences and is past editor of Health Services Research. He serves on many boards and advisory groups.

He is currently conducting research on the evaluation of quality improvement initiatives and on the implementation of evidence-based medicine practices in physician organizations.

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Speaker Biography: Robert A. Berenson, M.D., F.A.C.P

Robert A. Berenson, M.D., F.A.C.P., is a Senior Fellow at the Urban Institute and Clinical Professor of Health Care Sciences and Medicine at the George Washington University School of Medicine and adjunct professor Fuqua School of Business at Duke. He currently focuses policy research on Medicare-related issues, including physician payment reform, chronic care management, contracting with private plans, coverage and payment policy for new technology, and on malpractice reform.

From April, 1998 until October, 2000 he was Director of the Center for Health Plans and Providers in the Health Care Financing Administration, now called the Centers for Medicare and Medicaid Services. CHPP was the focal point in HCFA for payment policy and operational issues related to managed care (Medicare+Choice) plans and health care providers. In October, 2000 he became the Acting Deputy Administrator of HCFA, and, in that position, he was the senior official in the agency for the last five weeks of the Clinton Administration. Earlier in his career, Dr. Berenson spent three years on the Carter White House Domestic Policy staff, working on national health policy issues. In 1993, Dr. Berenson co-chaired two working groups as part of the Clinton White House Task Force on Health Care Reform.

Dr. Berenson is a board-certified internist who practiced for 12 years in a Washington, D.C. group practice, and has served on numerous medical panels and committees, including the Health and Public Policy Committee of the American College of Physicians. From 1993-1996, he was ACP's representative to the Resource Based Relative Value Scale Committee (the RUC). He was also National Program Director of IMPACS—Improving Malpractice Prevention and Compensation Systems—a grant program funded by the Robert Wood Johnson Foundation, from 1994-1998.

Dr. Berenson came to HCFA from The Lewin Group, where he was a Vice President. For a decade until 1997, he was a co-founder, Board member, and Medical Director of the National Capital Preferred Provider Organization (NCPPO), a rental-model PPO then serving about 150,000 persons in the Washington, D.C. area.

He has published widely in nationally recognized journals, including the *New England Journal of Medicine*, the *Annals of Internal Medicine*, the *Journal of the American Medical Association*, and *Health Affairs*. With Walter Zelman, he co-authored *The Managed Care Blues & How to Cure Them*, a review and critique of health maintenance organizations in 1998, by Georgetown University Press. *Medicare Payment Policy and the Shaping of U.S. Health Care*, co-authored with Rick Mayes, was published in 2006, by Johns Hopkins University Press.

Dr. Berenson is a graduate of Brandeis University (Bachelor of Arts) and Mount Sinai University School of Medicine (M.D.)

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Speaker Biography: James Mongan, M.D.

Dr. James Mongan is president and chief executive officer of Partners HealthCare in Boston, an integrated health system founded in 1994 by Brigham and Women’s Hospital and Massachusetts General Hospital.

In addition to its two academic medical centers, the Partners system also includes community hospitals, specialty hospitals, community health centers, a physician network, home health and long-term care services, and other health-related entities.

Partners is one of the nation’s leading biomedical research organizations and a principal teaching affiliate of Harvard Medical School.

A professor of health care policy and a professor of social medicine at Harvard Medical School, Dr. Mongan also serves on the board of the Commonwealth Fund and chairs its Commission on a High Performance Health System.

Prior to being appointed president and CEO of Partners, Dr. Mongan was president of Massachusetts General Hospital, the largest and oldest teaching affiliate of Harvard Medical School. He also served for 15 years as executive director of the Truman Medical Center in Kansas City, a large public hospital, where he also served as dean of the University of Missouri-Kansas City School of Medicine.

Dr. Mongan spent 11 years in Washington as staff to the Senate Finance Committee, working on Medicare and Medicaid legislation. He later served in the Carter administration as deputy assistant secretary for health and then at the White House as associate director of the domestic policy staff.

Dr. Mongan is a member of the Institute of Medicine of the National Academy of Sciences. He has served on the boards of the American Hospital Association and the Kaiser Family Foundation, and was a member of both the Prospective Payment Assessment Commission established by Congress and the Institute of Medicine’s Commission on the Consequences of Uninsurance.

A native of San Francisco, Dr. Mongan received his undergraduate education at the University of California, Berkeley, and Stanford University, and his medical degree from Stanford University Medical School. He completed his internship at the Kaiser Foundation Hospital in San Francisco and served for two years in the U.S. Public Health Service.

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Speaker Biography: Reed Tuckson, M.D.

Reed Tuckson is a graduate of Howard University, Georgetown University School of Medicine, and the Hospital of the University of Pennsylvania’s General Internal Medicine Residency and Fellowship Programs, Dr. Tuckson is currently Executive Vice President and Chief of Medical Affairs at UnitedHealth Group where he is responsible for working with all of the Company’s business units to improve the quality and efficiency of health services.

Formerly, Dr. Tuckson served as Senior Vice President, Professional Standards, for the American Medical Association (AMA). He is former President of the Charles R. Drew University of Medicine and Science in Los Angeles; has served as Senior Vice President for Programs of the March of Dimes Birth Defects Foundation; and is a former Commissioner of Public Health for the District of Columbia.

Dr. Tuckson is an active member of the Institute of Medicine of the National Academy of Sciences and served as the Chairperson of its Quality Chasm Summit Committee and a member on their Committee on the Consequences of the Uninsured. He is immediate past Chair of the Secretary of Health and Human Services’ Advisory Committee on Genetics, Health and Society. Additionally, he recently served as a Commissioner, Certification Commission on Health Information Technology (CCHIT); and is currently a member of the Performance Measurement Workgroup, Ambulatory Care Quality Alliance (AQA); and the Quality Workgroup, American Health Information Community (AHIC).

Dr. Tuckson has also held other federal appointments, including cabinet level advisory committees on health reform, infant mortality, children’s health, violence, and radiation testing.

Most recently, Dr. Tuckson was named one of Modern Healthcare’s “Top 25 Minority Executives” in Healthcare for 2008 and to Ebony magazine’s “2008 Power 150: The Most Influential Blacks in America” list.

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Speaker Biography: Cheryl Damberg, Ph.D.

Cheryl Damberg, Ph.D. is a Senior Researcher at RAND, with more than 20 years of experience as a health policy analyst and researcher for the government and private industry. Her areas of expertise include pay for performance, physician and hospital performance measurement and scoring, patient safety, consumer-directed health plans, and assessing the impact of health care reform initiatives on quality and costs. Currently, Dr. Damberg is the Principal Investigator (PI) on an ASPE-funded project examining methodological issues associated with constructing episode-based payments and tying quality measures to episodes in the context of incentive-based payment reform. She is also the PI for 5-year evaluation of the Integrated Healthcare Association’s pay-for-performance initiative, is co-PI on an AHRQ-funded evaluation of AHRQ’s patient safety initiative, is co-leading the Abt - RAND evaluation of the CMS - Premier hospital pay for performance demonstration, and is a lead investigator on the RAND – Watson Wyatt three-year study of Consumer Directed Health Plans funded by the California Healthcare Foundation. Most recently, Dr. Damberg was PI for the ASPE and CMS-funded project to examine the state-of-the-art in hospital pay-for-performance and to assist CMS with developing a plan for value-based purchasing of Medicare hospital services as called for in the 2005 Deficit Reduction Act. Prior to this, Dr. Damberg served as co-PI on an ASPE-funded study of pay for performance and its application to the Medicare fee schedule. In addition to her RAND work, Dr. Damberg serves as the Director of Research for the Pacific Business Group on Health on a part-time basis, and in this role she is overseeing the analytic work on the CMS-funded California Better Quality Information (BQI) pilot project. In her PBGH role, Dr. Damberg has been responsible for developing and implementing quality measurement projects at the health plan, medical group and hospital levels of the delivery system, and for designing, testing and producing report cards for providers. Dr. Damberg’s prior professional experience includes working as a Senior Consultant to Fortune 100 firms for the MEDSTAT Group and as a Research Fellow for the U.S. DHHS Office of Disease Prevention and Health Promotion. Dr. Damberg received her Ph.D. in Public Policy from the RAND Graduate School of Policy Studies and a Masters of Public Health from the University of Michigan.

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Speaker Biography: Meredith Rosenthal, Ph.D.

Meredith Rosenthal, Ph.D. is Associate Professor of Health Economics and Policy in the Department of Health Policy and Management at the Harvard School of Public Health and a 2006 Sloan Industry Fellow. Dr. Rosenthal received her Ph.D. in health policy at Harvard University in 1998. Dr. Rosenthal’s principal research interests revolve around economic incentives that influence consumer and provider health care decisions. Her other substantive interests include the pharmaceutical industry, mental health policy, and the economics of smoking. She is currently working on a series of related projects that examine evolving trends in the health insurance market, including consumer-directed health plans and financial incentives for improving health care quality and patient safety.

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Speaker Biography: Howard Beckman, M.D.

Howard Beckman, M.D. has been Medical Director of RIPA, a 3200 practitioner community-wide physician organization that contracts for both capitated care and consulting services since 1998. He is also Clinical Professor of Medicine and Family Medicine at the University of Rochester School of Medicine and Dentistry where he conducts health services research and maintains a small internal medicine and geriatrics practice.

Dr. Beckman’s administrative and research interests focus on creating and promoting effective partnerships. As Co-PI for the Excellus\RIPA RWJ Rewarding Results grant, Dr. Beckman has published work on successfully engaging physicians in a P4P program that reduces overuse, underuse and misuse of services. His research includes the first report of an ROI for a P4P program published in the December 2006 issue of the Journal of Healthcare Management. His most recent work, focusing on the risks and benefits of high stakes physician reporting programs, has been published by the Massachusetts Medical Society, the Commonwealth Fund and Health Affairs.

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Speaker Biography: Deidre Mylod, Ph.D.

Deidre Mylod is Vice President of Public Policy at Press Ganey Associates, Inc. Dr. Mylod is responsible for representing Press Ganey clients in national discussions regarding health care quality measurement issues from a policy perspective. Dr. Mylod coordinates Press Ganey’s execution of the HCAHPS initiative and is Press Ganey’s representative on the National Quality Forum, where she currently acts as secretary to the Quality Measurement Research and Improvement Council and has participated in committee work related to measure quality and public reporting.

Prior to her current role, Dr. Mylod was involved in the leadership of the Research and Development Department where she oversaw the development of survey instruments, original research on normative patterns in patient satisfaction, and execution of state public reporting efforts for Rhode Island, Utah, and California.

Before joining Press Ganey, Dr. Mylod conducted longitudinal studies regarding the cognitive and social-emotional development of children at risk for developmental disabilities. Her training included experience in both clinical and research hospital settings. Additionally, she has extensive experience in experimental design and research methodology.

Dr. Mylod has presented at national conferences—CAHPS 10th Annual UGM, AcademyHealth ARM, NAHQ, SHCA—on the importance of measuring patient satisfaction and statistical methods for understanding patterns within data.

Dr. Mylod is a member of the American Psychological Association and AcademyHealth. She received her Ph.D. in developmental psychology from the University of Notre Dame.

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Speaker Biography: Christopher Tompkins, Ph.D.

Christopher Tompkins is an associate professor, and the director of the Institute on Healthcare Systems at the Heller School, Brandeis University. He specializes in health care financing and strategic approaches to managing health care utilization patterns. He has been actively engaged in designing demonstrations and alternate payment systems, such as the Medicare Physician Group Practice Demonstration. Currently, he is directing a CMS project to develop measures for the upcoming Medicare hospital Value Based Purchasing program. Professor Tompkins teaches courses on health care financing, program evaluation, and research methods.

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Speaker Biography: Steve Bandeian, M.D., JD

Steve Bandeian, MD JD is a senior fellow in the Office of the Director at the Agency for Health Care Research and Quality. At AHRQ, Dr. Bandeian is developing new analytic tools to address a broad range of questions related to utilization, costs, and outcomes.

From 1995 to 2006, Dr. Bandeian led data warehousing and analytic teams at two large health insurance plans. These teams provided analytic support for the full-range of health plan operations and also developed interactive, desk-top tools to provide information directly to end-users. Dr. Bandeian also organized and led external committees of specialist physicians to develop practice guidelines and disease-specific interventions.

From 1989 to 1993, Dr. Bandeian focused on Medicare budget initiatives and national health care reform as a senior civil servant at the Office of Management and Budget. Dr. Bandeian organized an interagency team to model health reform options and also developed policy options for health insurance market reform, comparative value information for purchasers of health care, cost containment, and expansion of access.

From 1985 to 1989, Steve was on the staff of the Health Subcommittee of the Committee on Ways and Means and was responsible for legislation related to physician payment, medical education, quality improvement, and fraud prevention.

Dr. Bandeian received MD and JD degrees from Harvard and is a board certified internist trained at Duke.

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Speaker Biography: Eve A. Kerr, M.D., MPH

Eve A. Kerr, MD, MPH, received her medical degree from the University of California, San Francisco in 1989. Dr. Kerr completed her internship and residency in general medicine at University of California, Center for the Health Sciences, Los Angeles, California. She subsequently completed the Robert Wood Johnson’s Clinical Scholar’s Program and received a Masters of Public Health from UCLA. In 1996, she joined the faculty of the University of Michigan Department of Internal Medicine and the Ann Arbor VA Center for Clinical Management Research, a VA Health Services Research and Development Center of Excellence. Dr. Kerr is currently Associate Professor of Internal Medicine at the University of Michigan, Acting Director of the Center for Clinical Management Research and Research Director of the VA Quality Enhancement Research Initiative for Diabetes Mellitus (QUERI-DM).

Dr. Kerr is a nationally recognized expert in quality measurement. Her major research interests center around quality of care measurement and improvement, especially for patients with chronic illness. In particular, she seeks to develop clinically meaningful measures that motivate quality improvement for patients at high risk for poor outcomes while minimizing risk for unintended consequences. These methods are of particular relevance to the pay-for-performance movement and provider profiling in general. In addition, Dr. Kerr has collaborated with colleagues at RAND to help develop and test the RAND QA Tools system, and was the senior author on the 2003 NEJM publication documenting the level of quality of care of adults in the US. Dr. Kerr’s work also focuses on improving ambulatory care organization to optimize care for patients with diabetes and other complex chronic conditions. Dr. Kerr has also been instrumental in demonstrating improvements in quality of care for VA patients, and in particular a VA advantage for diabetes and overall quality relative to patients in managed care and those in a nationally representative community sample. She has spoken nationally and internationally about quality measurement issues and translating quality improvement lessons from VA to other healthcare systems.

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Speaker Biography: Nancy H. Nielsen, M.D., Ph.D.

Nancy H. Nielsen, MD, Ph.D. an internist from Buffalo, NY was elected president-elect of the American Medical Association (AMA) in June 2007. Previously, Dr. Nielsen served four terms as speaker of the AMA House of Delegates (HOD) and three terms as vice speaker. She is a delegate from New York and served two terms on the AMA Council on Scientific Affairs.

Dr. Nielsen worked with colleagues on the Council on Scientific Affairs to help formulate policy positions for AMA-HOD debates on the diagnosis and treatment of depression, alcoholism among women, Alzheimer’s disease, priorities in clinical preventive services, colorectal cancer screening, asthma control, nicotine content of cigarettes and safety in dispensing prescriptions.

Among other AMA positions, Dr. Nielsen has served as a member of the National Patient Safety Foundation board of directors, the Commission for the Prevention of Youth Violence, and the Task Force on Quality and Patient Safety. She currently serves as a delegate to the AMA Medical School Section, and she is a liaison to the Council on Medical Education. In 2002, Dr. Nielsen was appointed to serve on the U.S. Department of Health and Human Services Advisory Committee on Regulatory Reform. She is the AMA representative on several quality initiatives, including the National Quality forum, the AMA-convened Physician Consortium for Performance Improvement, and the Ambulatory Care Quality Alliance. She serves on the Institute of Medicine’s Roundtable on Evidence Based Medicine, and on the Consumer Empowerment Committee of America’s Health Information Community.

Dr. Nielsen was speaker of the Medical Society of the State of New York House of Delegates and a member of the board of directors of the Medical Liability Mutual Insurance Company – one of the largest malpractice carriers in the country. She has also served as president of her county medical society and of her hospital’s medical staff.

Dr. Nielsen holds a doctorate in microbiology and received her medical degree from the State University of New York (SUNY) at Buffalo School of Medicine and Biomedical Sciences, where she is clinical professor of medicine and senior associate dean for medical education. She has served as a trustee of SUNY and as a member of the board of directors of Kaleida Health – a five-hospital system in western New York.

Dr. Nielsen, who was born and raised in West Virginia, is the mother of five children.

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Speaker Biography: Mark B. McClellan, M.P.A., M.D., Ph.D.

Mark B. McClellan, M.P.A., M.D., Ph.D. is a Senior Fellow and Director of the Engelberg Center for Healthcare Reform, and Leonard D. Schaeffer Director’s Chair in Health Policy at the Brookings Institution. He is also a former administrator for the Centers for Medicare and Medicaid Services (CMS) and former commissioner of the Food and Drug Administration (FDA). The Engelberg Center is studying ways to provide practical solutions for access, quality, and financing challenges facing the U. S. health care system. A doctor and economist by training, he is developing and implementing ideas to drive improvements in high-quality, innovative, affordable health care. While at the FDA and CMS, McClellan developed and implemented major reforms in health policy, including the Medicare prescription drug benefit, the FDA’s Critical Path Initiative, and public-private initiatives to develop better information on the quality and cost of care. McClellan’s professional experience includes: associate professor of economics and of medicine, Stanford University, 1995-present; administrator, Centers for Medicare and Medicaid Services, 2004-2006; commissioner of Food and Drugs, 2002-2004; member, President’s Council of Economic Advisers and senior director for Health Care, White House, 2001-2002; member, Institute of Medicine, 2003-present; research associate, National Bureau of Economic Research, 1995-2001, 2006-present; national fellow, Hoover Institution, Stanford University, 2000-2001; director, Program on Health Outcomes Research, Center for Health Policy and Center for Primary Care and Outcomes Research, Stanford University, 1999-2001; associate editor, Journal of Health Economics, 1998-2001; and deputy assistant secretary for Economic Policy, U.S. Department of the Treasury, 1998-1999. McClellan holds a Ph.D. in economics from the Massachusetts Institute of Technology, an M.D. from Harvard University-Massachusetts Institute of Technology Division of Health Sciences and Technology, an M.P.A. from Harvard University and a B.A. from the University of Texas at Austin.

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Speaker Biography: Elliott S. Fisher, MD, MPH

Dr. Elliott Fisher is Professor of Medicine and Community and Family Medicine at Dartmouth Medical School and Director of the Center for Health Policy Research in the newly established Dartmouth Institute for Health Care Policy and Clinical Practice. He received his undergraduate and medical degrees from Harvard University and completed his residency in internal medicine at the University of Washington, where he also was a Robert Wood Johnson Clinical Scholar and received a Master’s in Public Health. At Dartmouth, he was a founding director is now Senior Associate of the VA Outcomes Group, teaches in the Clinical Evaluative Sciences Master’s program and has recently been named to replace John Wennberg as Director of the Dartmouth Atlas of Health Care.

His research focuses on exploring the causes of the two fold differences in spending observed across U.S. regions and health care systems -- and the consequences of these variations for health and health care. His work demonstrating that higher spending regions and health systems do not achieve better outcomes or quality has had a major impact on current thinking about health care and health care reform. He currently serves as co-chair of the National Quality Forum committee developing a new national measurement framework for evaluating and improving health system performance. He has served on the National Advisory Council of the Agency for Healthcare Research and Quality (AHRQ) and is a member of the Institute of Medicine.

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Speaker Biography: Jonathan B. Perlin, MD, Ph.D. MSHA, FACP, FACMI

Dr. Jonathan B. Perlin is Chief Medical Officer and President, Clinical Services of Nashville, Tenn.-based HCA. He is responsible for clinical strategy and continually improving performance at HCA's 171 hospitals and 167 outpatient centers. Current activities include developing and implementing electronic health records throughout HCA and a national program seeking to eradicate healthcare associated infections.

Before joining HCA in 2006, Dr. Perlin was Under Secretary for Health in the U.S. Department of Veterans Affairs. As the senior-most physician in the Federal Government and Chief Executive Officer of the Veterans Health Administration (VHA), Dr. Perlin led the nation's largest integrated health system.

At VHA, Dr. Perlin directed providing care to more than 5.4 million patients annually by more than 200,000 healthcare professionals at 1,400 sites, including hospitals, clinics, nursing homes, counseling centers and other facilities, with an operating and capital budget of over \$34 billion. A champion for implementation of electronic health records, Dr. Perlin led VHA quality performance to international and domestic recognition as reported in academic literature and lay press and as evaluated by RAND, Institute of Medicine, and others.

Dr. Perlin has served on numerous Boards and Commissions including the National Quality Forum, the Joint Commission, and American Health Information Community and is broadly published in healthcare quality and transformation. A Fellow of the American College of Physicians and the American College of Medical Informatics, Dr. Perlin has a Master's of Science in Health Administration. He received his Ph.D. in pharmacology and toxicology (performing research in molecular neurobiology) with his M.D. as part of the Medical Scientist Training Program at Virginia Commonwealth University's Medical College of Virginia Campus.

Dr. Perlin has faculty appointments at Vanderbilt University as Adjunct Professor of Medicine and Biomedical Informatics and at Virginia Commonwealth University as Adjunct Professor of Health Administration and Adjunct Associate Professor of Internal Medicine.

Dr. Perlin resides in Nashville, Tennessee, with his wife, Donna, an Emergency Pediatrics Physician, and children, Ben and Sarah.

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Speaker Biography: Thomas H. Lee, M.D., M.Sc.

Thomas H. Lee, MD, is an internist and cardiologist, and is Network President for Partners Healthcare System and Chief Executive Officer for Partners Community HealthCare, Inc, the integrated delivery system founded by Brigham and Women’s Hospital and Massachusetts General Hospital. He is a graduate of Harvard College (1975), Cornell University Medical College (1979), and Harvard School of Public Health (1987). He completed his training in internal medicine and cardiology in 1985 at Brigham and Women’s Hospital, and received his Masters in Science in Epidemiology in 1987 from the Harvard School of Public Health. Before becoming CEO for Partners Community Healthcare in 2004, he was its Chief Medical Officer since the organization’s inception in 1995.

He is a Professor of Medicine at Harvard Medical School and a Professor of Health Policy and Management at Harvard School of Public Health. His research interests include risk stratification and optimal management strategies for common cardiovascular problems, and improvement of quality of care, with a particular focus on critical pathways, guideline development and implementation, and managed care. Dr. Lee is co-chair of the Committee for Performance Measures of the National Committee for Quality Assurance (NCQA), and has been the Chairman of NCQA’s Cardiovascular Measurement Advisory Panel since 1996. He is a member of the Boards of Bridges to Excellence and of the Massachusetts Health Quality Partnership. He is the Editor-in-Chief for *The Harvard Heart Letter* and Associate Editor of *The New England Journal of Medicine*.

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Speaker Biography: Uwe E. Reinhardt, Ph.D.

Uwe E. Reinhardt, Ph.D., is the James Madison Professor of Political Economy and Professor of Economics and Public Affairs at Princeton University. A native of Germany, he has taught at Princeton University since 1968, rising through the ranks from assistant professor of economics to his current position. He has taught courses in both micro-and macro-economic theory and policy, accounting for commercial, private non-profit and governmental enterprises, financial management for commercial and non-profit enterprises, and health economics and policy.

From 1986 to 1995, Professor Reinhardt served three consecutive three-year terms as a Commissioner on the *Physician Payment Review Commission* established in 1986 by the Congress to advise it on issues related to the payment of physicians. In 1978, Professor Reinhardt was elected to the *Institute of Medicine of the National Academy of Sciences*, on whose Governing Council he served from 1979 to 1982. At the Institute, he has served on a number of study panels, among them the Committee on the Implications of For-Profit Medicine, a study panel on Dental Care in the United States, a panel on the Nursing Shortage, the Institute’s Committee on Technical Innovation in Medicine, and on the Committee on the Implications of a Physician Surplus. He currently serves on the Institute’s Board on Health Care Services, which guides the Institute’s research in health-services research. He is past president and a Distinguished Fellow of the *Association of Health Services Research* on whose Board he served for over a decade.

During 1987-90, Professor Reinhardt was a member of the *National Leadership Commission on Health Care*, a private sector initiative established to develop options for health-care reform, and he continues to serve on that body’s successor, the *National Leadership Coalition on Health Care*, co-chaired by former Presidents Carter and Ford.

Professor Reinhardt currently is a member of the *Council on Health Care Economics and Policy*, a privately funded group of health experts established to track the economic impact of the current revolution in health-care delivery and cost control. He is also on the Board of Advisors of the National Institute of Health-Care Management, a Washington-based think tank devoted to issues in managed care. In 1997, he joined the Pew Health Professions Commission, which explores the implication of health-systems change on the health workforce. Also in 1997, he was appointed to the *External Advisory Panel for Health, Nutrition and Population* of The World Bank, an expert panel that advises The World Bank on its far-flung activities in health care. Since 1997 he has served on the Board of Trustees of the *Duke University Health System*. Since that time, he has also chaired the Coordinating Committee of *The Commonwealth Fund’s International Program in Health Policy*. In 1998, he was appointed as Commissioner of the *Kaiser Commission on Medicaid and the Uninsured*.

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Speaker Biography: Reinhard Busse, Dr. med., MPH, FFPH

Reinhard Busse, Dr. med. MPH FFPH, is professor and department head for health care management as well as dean of the Faculty of Economics and Management at Technische Universität Berlin, Germany. He is also a faculty member of Charité, Berlin's medical faculty as well as Associate Head of Research Policy and Head of the Berlin hub of the European Observatory on Health Systems and Policies and a member of several scientific advisory boards (e.g. for the Federal Association of Company-based Sickness Funds, the German Agency for Health Technology Assessment and the Federal Physicians' Chamber) as well as a regular consultant for WHO, the EU Commission, the Worldbank, OECD and other international organizations within Europe and beyond as well as national health and research institutions. His research focuses on both methods and contents of comparative health system analysis (with a particular emphasis on the reforms in Germany, other social health insurance countries and central and eastern Europe, role of EU), health services research including cost-effectiveness analyses, health targets, and health technology assessment (HTA). His department has been designated as a WHO Collaborating Centre for Health System Research and Management. He was the scientific director of two EU-funded projects (*HealthBASKET*, *HealthACCESS*) which compared the benefit baskets, costs of individual health services and access to health services in EU countries.

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Speaker Biography: Edna Bar Ratson, MBA, MSc.

Edna Bar-Ratson, MBA, MSc. is the Director of the Hospital Accreditation Program at Clalit Health Services in Israel. Mrs. Bar-Ratson received her MBA in health administration at the Heller School for Social Policy and Management, Brandeis University in 2001. Mrs. Bar-Ratson worked as a Director for the Office of Clinical Affairs at Partners Healthcare System during the years 2001-2005. Her major interest involves improving quality and patient safety throughout healthcare settings and changing providers' behavior using various incentives and in particular payment. She is currently working with the Clalit Hospitals and preparing them for their first Joint Commission survey. Three of Clalit's hospitals will be the first ones in Israel to be accredited by the Joint Commission.

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Speaker Biography: Susan Nestor Levy

Susan Nestor Levy is the Chief Advocacy Officer at Ascension Health. Ms. Levy is the strategy leader for Ascension Health's "Healthcare That Leaves No One Behind" portion of the Call to Action. In her role as strategy leader, Ms. Levy is accountable for the system-wide approach to achieving 100 percent access and 100 percent coverage nationally and within each of Ascension Health Ministry communities. In her role, Ms. Levy manages the system-wide functions of national legislative leadership, advocacy, public policy, and government relations. She oversees a number of access model initiatives to expand access within Ascension Health communities. In addition, she is responsible for partnerships with key organizations essential to implement Ascension Health's national legislative, public policy, and advocacy agenda.

Prior to joining Ascension Health, Ms. Levy served as the Executive Director of Policy in the Office of Policy and Representation for the Blue Cross and Blue Shield Association in Washington, D. C. As Executive Director, she was responsible for formulating the Association's national policy on healthcare legislation. Prior to joining the Blue Cross and Blue Shield Association, Ms. Levy served as the Medicare Part A legislative and policy expert to the United States Senate Committee on Finance.

Additionally, Ms. Levy worked for Health One Corporation (now Allina) in Minnesota where she held positions of increasing responsibility, including Vice President of Strategic Development and Director of Hospital Planning. Prior to joining Health One, she was Director of Services for the Aged and Director of Planning for Mercy Health Services (now Trinity Health) in Michigan.

Ms. Levy currently serves on the executive committee of the National Advisory Council for the Department of Health Administration in the School of Public Health at Saint Louis University and the St. Louis University School of Law Center for Health Law Studies Advisory Board. She is a current board member for the Seton Institute, a private international health services organization and a current member of the David A. Winston Health Policy Fellowship board.

Ms. Levy received a bachelor's degree from the University of Notre Dame, South Bend, Ind., and holds a master's of hospital and health services administration degree from Saint Louis University, St. Louis, MO.

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Speaker Biography: Stuart Guterman

Stuart Guterman is senior program director for the Fund's Program on Medicare's Future, based at AcademyHealth in Washington, D.C. He is responsible for the Fund's research agenda on Medicare issues and Medicare's role in achieving a high performance health system, and analyses related to the current performance and future improvements in the Medicare program and the health system overall.

Mr. Guterman was director of the Office of Research, Development, and Information at the Centers for Medicare and Medicaid Services from 2002 to 2005. Prior to that, he was a senior analyst at the Congressional Budget Office, a principal research associate in the health policy center at the Urban Institute, and deputy director of the Medicare Payment Advisory Commission (and its predecessor, the Prospective Payment Assessment Commission) from 1988 through 1999. Previously, Mr. Guterman was chief of institutional studies in the Health Care Financing Administration's Office of Research, where he directed the evaluation of the Medicare Prospective Payment System for inpatient hospital services and other intramural and extramural research on hospital payment.

Mr. Guterman received an A.B. in Economics from Rutgers University and an M.A. in Economics from Brown University, and did additional graduate work at the State University of New York at Stony Brook.

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Speaker Biography: David B. Pryor, M.D.

David B. Pryor, M.D., is the Chief Medical Officer of Ascension Health, the largest not-for-profit healthcare delivery system.

Prior to joining Ascension Health, Dr. Pryor was Senior Vice President and Chief Information Officer for Allina Health System in Minneapolis, Minn. Prior to Allina, Dr. Pryor was President of the New England Medical Center Hospitals in Boston, MA.

Dr. Pryor spent the first 15 years of his career at Duke University Medical Center in Durham, NC, where he served as Director of the cardiology consultation service, the section of Clinical Epidemiology and Biostatistics, the Duke Database for Cardiovascular Disease, and clinical program development.

Dr. Pryor has participated on numerous national and international committees. He has also served as an advisor to a number of developing companies.

In addition to his position at Ascension Health, Dr. Pryor's academic appointments include: Consulting Associate Professor of Medicine at Duke University Medical Center and Adjunct Professor at St. Louis University School of Public Health.

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Speaker Biography: Robert Galvin, M.D.

Robert Galvin, MD, is Director of Global Healthcare for General Electric (GE). In addition to responsibility for GE’s \$3B annual health spend, he oversees GE’s clinical group, encompassing over 215 clinics in 30 countries and leads health policy for the corporation. In his current role Dr. Galvin has focused on issues of market-based health policy and financing, with special interest in performance measurement, payment reform, and the assessment and coverage of new technologies. He is a co-founder of The Leapfrog Group and the founder of Bridges to Excellence. He is on the Board of Directors of the National Committee for Quality Assurance and is a member of the Commonwealth Fund’s Commission on a High Performance Health System. He has also served on several Institute of Medicine Committees.

Dr. Galvin’s work has received awards from the National Health Care Purchasing Institute, The National Business Group on Health and the National Coalition for Cancer Survivorship. He is a Fellow of the American College of Physicians, and his work has been published in the New England Journal of Medicine and Health Affairs. He is a Professor Adjunct of Medicine at Yale where he leads the Robert Wood Johnson Clinical Scholar seminar series on the private sector.

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Speaker Biography: James Robinson

James Robinson is Kaiser Permanente Professor of Health Economics at the University of California at Berkeley, chair of the Medical Technology Committee of the Integrated Healthcare Association, and Contributing Editor to Health Affairs journal.

At Berkeley, Professor Robinson teaches health policy, economics, and finance, focusing on the hospital, insurance, biotechnology, and medical device sectors. His research centers on health care markets, insurance, and innovation. Dr. Robinson has published two books and over 85 papers in scientific and policy journals such as the New England Journal of Medicine, JAMA, and Health Affairs.

At Health Affairs, Dr. Robinson is Contributing Editor, with a focus on expanding the journal’s coverage of policy, payment, and business strategy issues related to health care technology. Health Affairs is the nation’s leading health policy journal, with over 16 million annual articles downloads from the website and a recognized source of peer-reviewed publications covering domestic and global health issues.

At the Integrated Healthcare Association (IHA), Dr. Robinson is a member of the Board of Directors and chairs the Medical Technology Committee. He leads the IHA’s project on value-based purchasing for medical devices in orthopedics and cardiology. The IHA is a multi-stakeholder organization that brings together major health insurance plans, physician group practices, and hospital systems with a focus on improving the quality and efficiency of care in California. Its pay-for-performance project provides unified metrics of performance and financial incentives for 225 medical groups, six health insurance plans, and six million consumers in the state of California.

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Speaker Biography: Raymond J. Baxter, Ph.D.

Raymond J. Baxter, PhD, is Kaiser Permanente’s senior vice president for Community Benefit, Research and Health Policy. As a member of Kaiser’s National Leadership Team, Dr. Baxter leads the organization’s activities to fulfill its social mission, including care and coverage for low income people, community health initiatives, environmental stewardship, and support for community-based organizations.

He also serves as President of KP International, and in 2004 he served as interim President for Kaiser Permanente’s Southern California Region, serving over 3 million members.

Dr. Baxter has earned a national reputation for his work in public health, health systems reform, and health policy. He has worked as an executive, consultant and researcher with government and the private sector at the state, local and national level. He has more than 30 years of experience managing public health, hospital, long-term care and mental health programs, including heading the San Francisco Department of Public Health and the New York City Health and Hospitals Corporation. Dr. Baxter also led The Lewin Group, a health research, policy and consulting firm headquartered in Washington, D.C., where he directed a national initiative for the United Auto Workers and the auto industry to assess and improve local health system performance. He has written and spoken extensively on the critical issues of health and health care. Dr. Baxter holds a doctorate from the Woodrow Wilson School of Public and International Affairs, Princeton University.

In 2001 the University of California, Berkeley, School of Public Health honored him as a Public Health Hero for his service in the AIDS epidemic in San Francisco. In September 2006 he received the CDC Foundation Hero Award for addressing the health consequences of Hurricane Katrina by supporting public health teams in the Gulf Coast, and for his longstanding commitment to improving the health of communities.

Dr. Baxter currently serves on a number of national boards and committees, including The Center for Corporate Citizenship, Boston College; the University of California, Berkeley, School of Public Health; Grantmakers in Health; and the National Public Health and Hospital Institute.

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Speaker Biography: Paul Shekelle, M.D., Ph.D.

Paul G. Shekelle (M.D., Duke University, 1982; Ph.D., University of California, Los Angeles, 1993) is a consultant in health sciences at RAND, Professor of Medicine at the UCLA School of Medicine, and a staff physician at the VA Medical Center in West Los Angeles. His research focus has been in the application of innovative methods to the assessment and improvement of the quality of care. He spent 6 years as a Career Development Awardee of the VA Health Services Research and Development Service. Dr. Shekelle spent 1996-1997 in the United Kingdom as an Atlantic Fellow in Public Policy studying how quality of care was being assessed in the National Health Service. Since 1997, Dr. Shekelle has been the Director of the Southern California Evidence-Based Practice Center, and has led numerous systematic reviews and meta-analyses in that capacity. Dr. Shekelle directed the review of the costs and benefits of Health Information Technology for the Agency for Healthcare Quality and Research.

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Speaker Biography: Steven J. Corwin, M.D.

Steven J. Corwin, M.D., is Executive Vice President and Chief Operating Officer of NewYork-Presbyterian Hospital. In this role he is responsible for managing its day-to-day activities, as well as advancing the Hospital’s key strategic initiatives.

Dr. Corwin joined the Hospital’s management team in 1991. From 1998 through 2005, he served as the Hospital’s Senior Vice President & Chief Medical Officer and led the development and implementation of the Hospital’s clinical service lines, critical to the Hospital’s success.

A cardiologist and internist by training, Dr. Corwin received undergraduate and medical degrees from Northwestern University’s six-year combined-degree program. He graduated summa cum laude and was elected to Alpha Omega Alpha, the honor society for outstanding students. He completed both his Internal Medicine Residency and Cardiology training at Columbia-Presbyterian Medical Center.

Dr. Corwin is a member of both the Greater New York Hospital Association Committee on Quality and Outcomes, and Committee on Bioterrorism. A recipient of the Hope and Heroes Award as well as the VHA Award for Clinical Quality, Dr. Corwin is an enthusiastic and innovative leader with an unwavering commitment to high quality and compassionate patient care.

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Speaker Biography: John Iglehart

John Iglehart has held two editorial leadership positions in the world of health policymaking for the last 26 years. Iglehart has been editor of *Health Affairs*, a bimonthly policy journal that he founded in 1981 under the aegis of Project HOPE, a not-for-profit international health education organization. Over this same period, Iglehart also has served as national correspondent of *The New England Journal of Medicine*, for which he has written more than 100 essays called Health Policy Reports. *Health Affairs*, a peer-reviewed, multidisciplinary journal, has made its mark by translating health services research and analysis into content that is more accessible to Members of Congress and other key participants in federal and state health policymaking. *Health Affairs* publishes its journal six times a year but it also posts original, peer-reviewed papers on its Web site every week. *Health Affairs* is the largest circulating health policy journal in the United States and also has subscribers in 25 foreign countries.

Before 1981, Iglehart served for two years as a vice president of the Kaiser Foundation Health Plan and director of its Washington, D.C. office. During the decade 1969 to 1979, Iglehart held a variety of editorial positions, including the editorship, of *National Journal*, a privately published weekly on federal policymaking. Iglehart was elected to membership in the Institute of Medicine (IOM) of the National Academy of Sciences in 1977 and served on its Governing Council for six years (1985-1991). He also is an elected member of the National Academy of Social Insurance and serves on the Advisory Board of the National Institute For Health Care Management. Previously, Iglehart served on the boards of the American Board of Medical Specialties, the Educational Commission for Foreign Medical Graduates and AcademyHealth. He holds a degree in journalism from the University of Wisconsin and has been a journalist-in-residence at Harvard University.