

PRINCETON CONFERENCE XXII

SPEAKER BIOGRAPHIES

Opening Dinner Session



Joseph Antos, Ph.D., is the Wilson H. Taylor Scholar in Health Care and Retirement Policy at the American Enterprise Institute, a nonpartisan public policy organization based in Washington, DC. He is also

an adjunct associate professor of emergency medicine at the George Washington University, where he lectures on health policy. Antos recently completed seven years as a member of the Panel of Health Advisers for the Congressional Budget Office (CBO). In addition, he recently completed two terms as a commissioner of the Maryland Health Services Cost Review Commission. His research focuses on the economics of health policy, including Medicare and broader health system reform, health care financing, health insurance regulation, and the uninsured.



Uwe E. Reinhardt, Ph.D., is the James Madison Professor of Political Economy and Professor of Economics, Princeton University, USA, where he

teaches health economics, comparative health systems, general micro-economics and financial management. The bulk of his research has been focused on health economics and policy, both in the U.S. and abroad.

Recognized as one of the leading U.S. authorities on health care economics and health policy, Reinhardt serves, or has served, on a number of government care, number of commissions and advisory boards, among them the Physician Payment Review Commission (now part of Medicare Payment Advisory Commission, or Medpac), a commission established by the U.S. Congress to advise it on issues related to physician payment; the National Council on Health Care Technology of the U.S. Department of Health, Education and Welfare (now Department of Health and Human Services (DHHS)); the Special Advisory Board of the VA; the National Advisory Board of the Agency for Health Care Quality and Research, DHHS.

He is a member of the Institute of Medicine and served on its Governing Council in the 1980s. He is past president of the Association of Health Services Researchers (now Academy Health), and of the Foundation for Health Services Research. He is also past president of the International Health Economics Association on whose Executive Committee he still serves. He also is a Commissioner of the Kaiser Family Foundation Commission on Medicaid and the Uninsured. He has been a trustee of Duke University and also of the Duke University Health System, and has served or still serves as director of several health care-related corporations.

He is a trustee of the National Bureau of Economic Research (NBER), and also serves on the board of the National Institute of Health Care Management and is chairman of the coordinating committee of the Commonwealth Fund's International Program in Health Policy. He is a senior associate of the Judge Institute for Management of Cambridge University, UK. He served on the World Bank External Advisory Panel for Health, Population and Nutrition. In October 2006 Reinhardt was appointed by Governor John Corzine of New Jersey to chair the health reform commission for the state.

Reinhardt is or was a member of numerous editorial boards, among them the New England Journal of Medicine, the Journal of the American Medical Association, the Journal of Health Economics, Health Affairs, and the Milbank Memorial Quarterly.

His academic honors include the Governor's Gold Medal of the University of Saskatchewan in Canada, several honorary doctorates, the Federal Merit Cross bestowed by Germany's President and the William B. Graham Prize for Health Services Research, also known as the Baxter Prize.

Session I



Robert Berenson, M.D., is an Institute Fellow at the Urban Institute. He is an expert in health care policy, particularly Medicare, with experience practicing medicine, serving in senior positions in two

Administrations, and helping organize and manage a successful preferred provider organization. Dr Berenson recently completed a three year term on the Medicare Payment Advisory Commission (MedPAC), the last two as Vice-Chair. From 1998-2000, he was in charge of Medicare payment policy and private health plan contracting in the Centers for Medicare and Medicaid Services. Previously, he served as an Assistant Director of the Carter White House Domestic Policy Staff. His primary research and policy interests currently are in the areas of payment reform, provider and plan pricing power, quality improvement, performance measurement, and delivery system reform.

Dr. Berenson is a board-certified internist who practiced for twenty years, the last twelve in a Washington, D.C. group practice, and while practicing helped organize and manage a successful preferred provider organization serving the Washington, D.C. metropolitan area. He was co-author, with Walter Zelman, of *The Managed Care Blues & How to Cure Them*, and, with Rick Mayes, *Medicare Prospective Payment and the Shaping of U.S. Health Care*. He is a graduate of the Mount Sinai School of Medicine, a Fellow of the American College of Physicians, and on the adjunct faculty of the George Washington University School of Public Health.



Lawton Robert Burns, Ph.D., MBA, is the James Joo-Jin Kim Professor, a Professor of Health Care Management, and a Professor of Management in the Wharton School at the University of Pennsylvania. He is also Director of the Wharton Center for Health Management & Economics, and Co-Director of the Roy & Diana Vagelos Program in Life Sciences and Management. He received his doctorate in Sociology and his MBA in Health Administration from the University of Chicago. Dr. Burns taught previously in the Graduate School of Business at the University of Chicago and the College of Business Administration at the University of Arizona.

Dr. Burns has analyzed physician-hospital integration over the past 25 years. In recognition of this research, Dr. Burns was named the Edwin L. Crosby Memorial Fellow by the Hospital Research and Educational

Trust in 1992. Dr. Burns has also published several papers on hospital systems and physician group practices. The last 13 years he spent studying the healthcare supply chain. He completed a book on supply chain management in the healthcare industry, *The Health Care Value Chain* (Jossey-Bass, 2002), and a recent analysis of alliances between imaging equipment makers and hospital systems. These studies focus on the strategic alliances and partnerships developing between pharmaceutical firms/distributors, disposable manufacturers, medical device manufacturers, group purchasing organizations, and organized delivery systems. He has also edited *The Business of Healthcare Innovation* (Cambridge University Press, 2012) which analyzes the healthcare technology sectors globally: pharmaceuticals, biotechnology, medical devices, and information technology. Most recently, he has served as lead editor of the 6th Edition of the major text, *Healthcare Management: Organization Design & Behavior* (Delmar, 2011). His latest book, *India's Healthcare Industry*, was just published in 2014 (Cambridge University Press, 2014).

Dr. Burns teaches courses on healthcare strategy, strategic change, strategic implementation, organization and management, managed care, and integrated delivery networks. From 1998-2002, he was a Visiting Professor in the Department of Preventive Medicine at the University of Wisconsin School of Medicine, where he taught corporate strategy to physicians. Dr. Burns also received an Investigator Award from the Robert Wood Johnson Foundation to study the reasons for failure in organizational change efforts by healthcare providers. He is a past member of the Grant Review Study Section for the Agency for Health Care Policy & Research, and a past board member of the Health Services Section of the Institute of Medicine. He is also a Life Fellow of Clare Hall at the University of Cambridge.



In August 2013, **Sherry Glied** became Dean of New York University's Robert F. Wagner Graduate School of Public Service. From 1989-2013, she was Professor of Health Policy and Management at Columbia University's Mailman School of Public Health. She was Chair of the department from 1998-2009. On June 22, 2010, Glied was confirmed by the U.S. Senate as Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services, and served in that capacity from July 2010 through August 2012. She had previously served as Senior Economist for health care and labor market policy on the President's Council of Economic Advisers in 1992-1993, under Presidents Bush and Clinton, and participated in the Clinton Health Care Task Force. She has been elected to the Institute of Medicine of the National Academy of Sciences, the National Academy of Social Insurance, and the Board of AcademyHealth, and has been a member of the Congressional Budget Office's Panel of Health Advisers.

Glied's principal areas of research are in health policy reform and mental health care policy. Her book on health care reform, *Chronic Condition*, was published by Harvard University Press in January 1998. Her book with Richard Frank, *Better But Not Well: Mental Health Policy in the U.S. since 1950*, was published by The Johns Hopkins University Press in 2006. She is co-editor, with Peter C. Smith, of *The Oxford Handbook of Health Economics*, which was published by the Oxford University Press in 2011.

Glied holds a B.A. in economics from Yale University, an M.A. in economics from the University of Toronto, and a Ph.D. in economics from Harvard University.



Richard M. Scheffler, Ph.D., is Distinguished Professor of Health Economics and Public Policy at the School of Public Health and the Goldman School of Public Policy at

the University of California, Berkeley. He also holds the Chair in Healthcare Markets & Consumer Welfare endowed by the Office of the Attorney General for the State of California. Professor Scheffler is the founding director of The Nicholas C. Petris Center on Health Care Markets and Consumer Welfare.

Professor Scheffler has published 200 papers and edited and written twelve books. He has recently completed a longitudinal study and survey of health insurance rate review regulations in all 50 states from 1995-2013 funded by the Robert Wood Johnson Foundation. Professor Scheffler has just completed a study entitled *Covered California: The Impact of Provider and Health Plan Market Power on Premiums*. He is also Co-Chair of the Berkeley Forum for Improving California's Healthcare Delivery System and the lead author of the Berkeley Forum Report "A New Vision for California's Healthcare System: Integrated Care with Aligned Financial Incentives" published in the California Journal of Politics and Policy, 2014.



David T. Vandewater currently serves as President and Chief Executive Officer of Ardent Health Services, owner and operator of medical/surgical facilities in urban and suburban areas around the United States. In his career, he has served in executive positions in the hospital industry ranging from CEO of Vista Hills Medical Center in El Paso to Executive Vice President and Chief Operating Officer at Republic Health Corporation to President and Chief Operating Officer of Columbia/HCA Healthcare Corporation.

Mr. Vandewater is a member of the American Hospital Association Health Care Systems Governing Council. He is past Chairman of the Federation of American Hospitals and presently serves on its board.

Mr. Vandewater holds a Bachelor of Science degree from Henderson State College and a Master's degree in healthcare administration from the University of Houston Clear Lake.

Session II



Linda Fishman became Senior Vice President of Public Policy Analysis and Development at the American Hospital Association (AHA) in July 2008. Ms. Fishman first joined the AHA in October 2006 as Vice President of Legislative Affairs.

Prior to coming to the AHA, Ms. Fishman served as Director of the Office of Legislation at the Centers for Medicare & Medicaid Services (CMS) for more than 18 months, reporting to Administrator Mark McClellan. In this capacity she directed an office of 50 legislative and policy professionals in the strategic planning, evaluation, analysis and coordination of health care policy, including implementation of the Medicare drug benefit, and was principal advisor to senior administration officials in the Department of Health and Human Services and the White House on legislative matters and Congressional relations.

Ms. Fishman has broad and deep experience working in both the executive and legislative branches of the Federal government, including staff leadership positions for the Senate Finance and the House Ways and Means Committees, and as Senior Policy Advisor to CMS Administrator Tom Scully. Ms. Fishman was a key contributor to four major pieces of Medicare and Medicaid legislation: the Deficit Reduction Act of 2005, the Medicare Modernization Act of 2003 when she was chief health aide to Senate Finance Committee Chairman Chuck Grassley, and the Balanced Budget Refinement Act (BBRA) of 1999 and the Medicare, Medicaid, and S-CHIP Benefits and Improvement and Protection Act (BIPA) of 2000 when she served as professional staff to Ways and Means Health Subcommittee Chairman Bill Thomas.

Ms. Fishman was a senior advisor at Hogan & Hartson, L.L.P., and prior to her government service, spent many years at the Association of American Medical Colleges (AAMC) representing teaching hospitals in an advocacy role.

Ms. Fishman holds BA and MBA degrees from the University of Washington and is a member of Phi Beta Kappa.



Dr. Susan C. Reinhard is a Senior Vice President at AARP, directing its Public Policy Institute, the focal point for public policy research and analysis at the state, federal and international levels.

She also serves as the Chief Strategist for the Center to Champion Nursing in America, a national resource center created to ensure America has the nurses it needs to provide care in the future.

Dr. Reinhard is a nationally recognized expert in health and long-term care policy, with extensive experience in conducting, directing and translating research to promote policy change. Previously, she served as Professor and Co-Director of Rutgers Center for State Health Policy, directing several national initiatives with states to help people with disabilities of all ages live in their communities.

As Deputy Commissioner of the New Jersey Department of Health and Senior Services, she led the development of policies and nationally recognized programs for family caregiving, consumer choice and community-based care options. She is a former faculty member at the Rutgers College of Nursing, an American Academy of Nursing fellow and a National Academy of Social Insurance member. She holds many governance positions, including Chair of the Center for Health Policy Development/National Academy for State Health Policy. She holds a master's degree in nursing from the University of Cincinnati and a Ph.D. in Sociology from Rutgers University.



J. Sanford (Sandy) Schwartz, M.D., is Leon Professor of Medicine and Health Management and Economics, School of Medicine and Wharton School; Senior Fellow, Leonard Davis Institute of Health Economics (LDI); and

Senior Scholar, Center for Clinical Epidemiology/Biostatistics. Former Executive Director, LDI (University of Pennsylvania's center for health services and policy research), Schwartz is a clinically oriented health services researcher focusing

on assessment of medical interventions (including cost/quality trade-offs and healthcare disparities), medical decision making, and medical innovation adoption/diffusion. Dr. Schwartz has served as advisor to federal agencies (NIH, AHRQ, CDC, IOM, NAS, CMS, DOD); nonprofit groups (Robert Wood Johnson, W.K. Kellogg, John A. Hartford, AAMC, NCOA); pharmaceutical, insurance, and managed care organizations; and state health/regulatory agencies. Founding Director of American College of Physicians' Clinical Efficacy Assessment Project (the medical profession's first evidence-based guideline program) and past-President of the American Federation of Clinical Research and Society for Medical Decision Making, he served in editorial capacities for the *American Journal of Managed Care*, *Journal of General Internal Medicine* and *Medical Decision Making*. Dr. Schwartz is a member of the NHLBI Adult Treatment Panel III National Cholesterol Education Program; Blue Cross and Blue Shield Associations Medical Advisory Panel; CMS Medicare Coverage Advisory Committee (MCAC); and several policy-related American Heart Association Disease Management, Reimbursement and Policy Workgroups.



Gail R. Wilensky, Ph.D., is an economist and senior fellow at Project HOPE, an international health foundation. She directed the Medicare and Medicaid programs and served in the White House as a senior adviser on health and welfare issues to President GHW Bush. She was also the first chair of the Medicare Payment Advisory Commission. Her expertise is on strategies to reform health care, with particular emphasis on Medicare, comparative effectiveness research and military health care.

Dr. Wilensky currently serves as a trustee of the Combined Benefits Fund of the United Mine Workers of America and the National Opinion Research Center, is on the Board of Regents of the Uniformed Services University of the Health Sciences (USUHS), the Visiting Committee of the Harvard Medical School and the Board of Directors of the Geisinger Health System Foundation.

She is an elected member of the Institute of Medicine and served two terms on its governing council. She

currently chairs the Healthcare Servicing Board and co-chaired the IOM Committee on Reforming the Financing and Governance of GME. She is a former chair of the board of directors of Academy Health, a former trustee of the American Heart Association and a current or former director of numerous other non-profit organizations. Dr. Wilensky testifies frequently before Congressional committees, serves as an adviser to members of Congress and other elected officials, and speaks nationally and internationally. She received a bachelor's degree in psychology and a Ph.D. in economics at the University of Michigan and has received several honorary degrees.

Session III



Richard Evans is the Founder and General Manager of SSR Health LLC, a boutique sell-side investment research firm. He has received numerous top rankings as a sell-side analyst including first team selection by Institutional Investor for Major Pharmaceuticals;

was twice ranked first for drug stock selection by Bloomberg, and in 2006 was ranked amongst the top 20 stock pickers globally across all industries, also by Bloomberg

Previously, he was a member of senior management at Roche, serving most recently as vice president, Business Policy and Account Management. In this capacity, he was responsible for Roche's commercial interactions with large organized buyers such as hospitals, hospital purchasing groups, managed-care organizations and governments. His responsibilities also included those areas of the company which define and support account interactions, namely account management, customer marketing, pricing, contract administration, pharmacoeconomics, and distribution. During his seven years at Roche, Richard also served as the head of Business Development and Strategic Planning, and as product director for the company's injectable anesthetics. He earned a doctorate in Veterinary Medicine from North Carolina State University in 1988 and a master's of Public and Private Management from Yale University in 1991.



Justin Klein, MD, JD, joined NEA in 2006 and is a Partner on the healthcare team. He focuses on medical device, healthcare technology, and biopharmaceutical company investments. He serves as a director of Advanced Cardiac Therapeutics, Ajax Vascular,

Cartiva, PhaseBio Pharmaceuticals, Relievent Medsystems, Senseonics, VertiFlex, and VytronUS, and has co-sponsored NEA's investments in Carticept Medical, ExploraMed, FIRE1, NeuroPace, Nevro (NYSE: NVRO), and TriVascular (NASDAQ: TRIV). Justin's past board memberships and investments include CV Ingenuity (acquired by Covidien), Topera (acquired by Abbott), and Ulthera (acquired by Merz). He is also a member of the advisory boards for the National Venture Capital Association's Medical Industry Group and its Medical Innovation and Competitiveness Coalition (MedIC), as well as a member of AdvaMed's Business Development Committee.

Prior to NEA, Justin worked for the Duke University Health System—reporting directly to the hospital CEO on health system strategy, finance and clinical service unit operations—as Duke built one of the nation's first and largest healthcare integrated delivery systems. Justin concurrently earned his MD from the Duke University School of Medicine and his JD from Harvard Law School. He has also served as a member of the Board of Trustees of Duke University, where he earned his AB in Economics and his BS in Biological Anthropology and Anatomy.



Kevin A. Schulman, MD, MBA, is a professor of medicine and the Gregory Mario and Jeremy Mario Professor of Business Administration at Duke University. He served as a visiting professor of General Management at Harvard Business School in 2013 and was

reappointed for the 2014-2015 academic year. He holds several leadership appointments at Duke. He is an associate director of the Duke Clinical Research Institute in the School of Medicine, the country's largest academic clinical research organization. In Duke's Fuqua School of Business, he served for more than a decade as the director of the Health Sector

Management program, the Master of Management in Clinical Informatics degree program, and the Center for the Study of Health Management. His other university affiliations include the Trent Center for Bioethics, Humanities and History of Medicine; the Duke Translational Medicine Institute; and the Duke Global Health Institute.

Dr. Schulman has published nearly 400 articles and book chapters; his peer-reviewed papers have appeared in the *New England Journal of Medicine*, *JAMA*, and *Annals of Internal Medicine*. He is the senior associate editor of *Health Services Research* and a member of the editorial/advisory board of *The American Heart Journal*.

A recipient of numerous awards, Dr. Schulman is a fellow of the American College of Physicians and an elected member of the American Society for Clinical Investigation. He was a voting member of the Medicare Evidence Development and Coverage Advisory Committee. He is the founding president of the Business School Alliance for Health Management (BAHM-Alliance.org), a consortium of the leading business schools offering health management programs.



Julie Hutcheson Stoss is Vice President in the Government Relations Department of Kaiser Foundation Health Plan in Oakland, California. She focuses on providing strategic counsel and legislative and analytical support

to Kaiser Permanente's legislative representatives in Washington DC and our state capitals. She also represents Kaiser Permanente before the National Association of Insurance Commissioners.

She the current 2015 Chair of Californians Allied for Patient Protection and is a Board Member for the Civil Justice Association of California.

Prior to joining Kaiser Permanente in 1999, Ms. Stoss was a senior consultant for Assemblymember Liz Figueroa focusing on health care issues. She also clerked for the Honorable Cecil F. Poole, U.S. Court of Appeals for the Ninth Circuit and worked in private practice at McCutchen, Doyle, Brown and Enersen in San Francisco specializing in litigation and bankruptcy.

A native Californian, Ms. Stoss received a B.A. in Political Science from the University of California at Berkeley and a law degree from Harvard University.



Sean Tunis, MD, MSc., is the Founder, President and Chief Executive Officer of the Center for Medical Technology Policy in Baltimore, Maryland. CMTP is an independent, non-profit organization that provides a neutral platform for multi-stakeholder collaborations that are focused on improving the quality, relevance, and efficiency of clinical research. His work currently focuses on expanding infrastructure for the conduct of pragmatic clinical trials within the health care delivery systems, developing condition-specific evidentiary standards for reimbursement, and promoting greater engagement of patients and consumers in clinical research.

Through September of 2005, Dr. Tunis was the Chief Medical Officer at the Centers for Medicare and Medicaid Services (CMS), where he had lead responsibility for clinical policy for the Medicare and Medicaid programs. Previously he served as the Director of the Health Program at the Congressional Office of Technology Assessment and as a health policy advisor to the U.S. Senate, where he worked on pharmaceutical and device policy issues.

Dr. Tunis trained at the University of California in Los Angeles and the University of Maryland in Internal Medicine and Emergency Medicine, and holds adjunct faculty positions at the Department of Internal Medicine at the Johns Hopkins School of Medicine, the Department of Surgery at the University of California at San Francisco and Tufts University School of Medicine.

Session IV



Carmella Bocchino, a registered professional nurse and former hospital administrator, works with the executives of member organizations to develop strategies to improve health plan operations and business opportunities, reform care delivery and payment

models that drive quality improvement and value, and promote greater organization in the health care system.

Ms. Bocchino's clinical and public policy expertise has been widely recognized by national and state lawmakers, policymakers, patient advocacy groups, employers, and throughout the health care community. She has been appointed to numerous private, state, and federal health care advisory committees, including the National Academy of Sciences Institute of Medicine for the Study of the Medicare End-Stage Renal Disease (ESRD) program; Advisor to the Rand Health Sciences Program for the capitation study for the end-stage renal disease project; the Advisory Committee for Quality Improvement Standards for Managed Care; the Planning Committee establishing the National Quality Forum; the Robert Wood Johnson Foundation (RWJF) ONCHIT Health Information Technology Adoption Initiative Expert Consensus Panel and the RWJF National Advisory Committee, Project Health Design: Rethinking the Power and Potential of Personal Health Records.

Ms. Bocchino received her Masters in Business Administration from Rutgers University, Graduate School of Management (Newark, NJ). She also has an undergraduate degree in human resources management from Upsala College and a nursing degree from Mountainside Hospital School of Nursing. Prior to her positions in health policy, Ms. Bocchino held administrative and clinical positions in critical care medicine and renal replacement therapy.



Michael Chernew, Ph.D., is the Leonard D. Schaeffer Professor of Health Care Policy at Harvard Medical School. Dr. Chernew's research activities focus on several areas, most notably the causes and consequences of growth in health care expenditures, geographic variation in medical spending and use, and Value Based Insurance Design (VBID). Dr. Chernew is a member of the Congressional Budget Office's Panel of Health Advisors and of the Institute of Medicine Committee on National Statistics. Dr. Chernew is the former Vice Chair of the Medicare Payment Advisory Commission, which is an independent agency

established to advise the U.S. Congress on issues affecting the Medicare program. In 2000, 2004 and 2011, he served on technical advisory panels for the Center for Medicare and Medicaid Services that reviewed the assumptions used by the Medicare actuaries to assess the financial status of the Medicare trust funds. Dr. Chernew is a Research Associate of the National Bureau of Economic Research. He co-edits the *American Journal of Managed Care* and the *Journal of Health Economics*, and is a former senior associate editor of *Health Services Research*. In 2010, Dr. Chernew was elected to the Institute of Medicine of the National Academy of Sciences and served on the Committee on the Determination of Essential Health Benefits. Dr. Chernew earned his undergraduate degree from the University of Pennsylvania and a doctorate in economics from Stanford University.



Dr. Stuart Levine is currently the Chief Innovation and Clinical Care Officer at Blue Shield of California where he is responsible for the ACO initiative state-wide, clinical optimization across all partner provider groups/ systems and business lines, clinical care as well as government programs and clinical innovations for the enterprise. He had previously served as the Vice President of Quality, and Vendor Management of External Clinical Programs at Blue Shield of California in San Francisco. There, he was responsible for developing and executing the quality programs which focused on improved health care processes and delivery.

Prior to rejoining Blue Shield, Dr. Levine served as the Executive Vice President and Executive Medical Director for Clinical Integration and Transformation Officer at Heritage Medical Systems where he was responsible for clinical optimization and innovation across the enterprise. In addition, Dr. Levine was responsible for putting together the joint venture between Trinity Health and Heritage Provider Group to form one of the largest integrated delivery system in the United States. Prior to this role at Heritage, he served as the Executive Vice President and Executive Medical Director of Arizona Priority Plus where he oversaw the clinical and administrative services including quality of care, outcomes and clinical

services for Heritage Medical Services outside of California.

Prior to working at Arizona Priority Plus, Dr. Stuart Levine was the Executive Vice President and Chief Innovation Officer of Accretive Health and was the leader of the company's enhancement of physician engagement strategies, clinical quality capability, and future market development of Accretive Health's Quality and Total Cost of Care and Population Health program.

Dr. Levine was the Corporate Medical Director and Regional Medical Director of HealthCare Partners Medical Group of California where he was responsible for the company's clinical-focused initiatives for 6 years, prior to and through the transition to DaVita, including company-wide clinical optimization and innovation, mergers and acquisitions as well as corporate and regional operations.

Prior to joining HealthCare Partners Medical Group, Dr. Levine was the Medical Director for SCAN Health Plan for 10 years. Here he was responsible for all clinical operations for the HMO as well as all clinical operations for network management, provider services and contracting. He also oversaw the CME program and participated in all other aspects of HMO operations where clinical participation was essential.

Dr. Levine initially started out his physician leadership career as the CEO of PsychCare Alliance and Topaz Health, where grew this to become the largest behavioral health medical group in the United States doing full risk and collaborative behavioral health care.

Dr. Levine is an Assistant Professor of Internal Medicine and Psychiatry at the University of California, Los Angeles David Geffen School of Medicine since 1992 as well as resident expert on Population Health. Dr Levine was also recently appointed Assistant Clinical Professor of Internal Medicine at Stanford University School of Medicine and has been active in their teaching programs around population health and future of medicine since 2014. He has published three dozen articles, book chapters and other abstracts in a variety of referred journals in addition to multiple national presentations and other works. This has included a wide array of subjects including population health, palliative care,

and the future of medicine, risk stratification and collaborative care in behavioral health as a principal investigator of IMPACT depression care.

Prior to his career in medicine, he has served as an administrator at the University of California, San Francisco Medical Center and the University of Chicago Medical Center.

Dr. Levine completed his Psychiatry Residency at UCLA NPI and internship in Medicine and Pediatrics at LAC-USC and is board certified in psychiatry. He later taught and ran the consultation liaison psychiatry service at USC-LAC and the HIV services for LA County -USC Hospital.

Dr. Levine graduated from the University of Illinois College Of Medicine at Chicago as a James Scholar. He also holds a Master's degree in Healthcare Administration from George Washington University in Washington, D.C. Dr. Levine is also a graduate of fellowships at University of California, San Francisco/CHCF in health care leadership and health care policy as well as a fellowship at Stanford University in Biodesign and Medical innovation. He currently serves on a number of boards for health care companies including as the President of the Board of California Health Care Foundation Leadership Alumni program and the Partners of Care Foundation.



Murray Ross, PhD, is Vice President, Kaiser Foundation Health Plan, Inc. and leads the Kaiser Permanente Institute for Health Policy in Oakland, California. Kaiser Permanente is the largest private integrated health care delivery system in

the U.S., serving 9.5 million people in eight states and Washington, D.C. The Institute seeks to shape public policy and private practice by sharing evidence and experience from Kaiser Permanente's operations through publications, expert roundtables, and conferences.

Before joining Kaiser Permanente in 2002, Dr. Ross was a policy advisor to the U.S. Congress. He served five years as the executive director of the Medicare Payment Advisory Commission, an influential

nonpartisan agency that makes recommendations on Medicare payment and other policy. Previously, he spent nine years at the Congressional Budget Office, ultimately leading the group charged with assessing the budgetary impact of legislative proposals affecting Medicare and Medicaid.

Dr. Ross earned his doctorate in economics from the University of Maryland, College Park, and completed his undergraduate work in economics at Arizona State University. He enjoys distance running, writing, photography, and traveling (often together).

Session V



Jonathan (Jon) Blum is the Executive Vice President for Medical Affairs at CareFirst BlueCross BlueShield, which provides health care coverage in

Maryland, the District of Columbia and Northern Virginia. Jon has responsibility for overseeing CareFirst's nationally recognized Patient-Centered Medical Home program. He also oversees CareFirst's medical and care coordination policies, pharmacy policies, and provider networks.

From 2009-2014, Jon served in senior leadership positions at the Centers of Medicare and Medicaid Services (CMS), serving most recently as the agency's Principal Deputy Administrator. He spent the majority of his time at CMS as its policy and operations director of the Medicare program, overseeing the regulation and payment of Medicare fee-for service providers, privately-administered Medicare health plans (Medicare Advantage), and the Medicare prescription drug program (Medicare Part D). The Medicare program experienced its longest sustained period of cost-control during Jon's tenure.

Prior to CMS, Jon worked as a program analyst at the Office of Management and Budget, focusing on the Medicare program. He served on the professional staff of the Senate Finance Committee, advising its prior chairman, Senator Max Baucus, on prescription drug and Medicare Advantage policies during the development of the Medicare Part D prescription drug program. He was also a Vice President at the health care advisory services firm, Avalere Health,

overseeing its Medicaid and Long-Term Care Practice.

Jon holds a Master's degree from Harvard University's John F. Kennedy School of Government and a BA from the University of Pennsylvania. He lives in Takoma Park, Maryland with his wife and daughter.



James C. Capretta is a Senior Fellow at the Ethics and Public Policy Center and a Visiting Fellow at the American Enterprise Institute. From 2001

to 2004, he served as an Associate Director at the White House Office of Management and Budget (OMB), where he had responsibility for Medicare, Medicaid, Social Security, education, and welfare programs. Earlier, he spent a decade at the Senate Budget Committee as a senior analyst for health care and entitlement policy. He received an M.A. in public policy studies from Duke University and a B.A. in government from the University of Notre Dame.



Dr. Karen Davis is currently the Eugene and Mildred Lipitz Professor in the Department of Health Policy and Management and Director of the Roger C. Lipitz Center for Integrated Health Care at the Bloomberg School of Public Health at Johns Hopkins University. The center strives

to discover and disseminate practical, cost-effective approaches to providing comprehensive, coordinated, and compassionate health care to chronically ill people and their families.

Dr. Davis has served as President of The Commonwealth Fund, Chairman of the Department of Health Policy and Management at The Johns Hopkins Bloomberg School of Public Health, and Deputy Assistant Secretary for Health Policy in the Department of Health and Human Services.

In addition, she was a senior fellow at the Brookings Institution in Washington, D.C., a visiting lecturer at

Harvard University and an assistant professor of economics at Rice University. She received her Ph.D. in economics from Rice University.

Dr. Davis also serves on the Board of Directors of the Geisinger Health System and Geisinger Health Plan and formerly on the Board of Trustees of ProMedica Health System in Ohio (2012-2014). She is a member of the Kaiser Commission on Medicaid and the Uninsured. She was elected to the Institute of Medicine in 1975, has served two terms on the IOM governing Council (1986-90 and 1997-2000), and was a member of the IOM Committee on Geographic Variation in Health Care Spending. She is also a former member of the Agency for Healthcare Quality and Research (AHRO) National Advisory Council for Health Care Policy, Research and Evaluation, of the Panel of Health Advisers for the Congressional Budget Office, and a past chairman of AcademyHealth from whom she received a Distinguished Investigator Award. She has received numerous awards including the Baxter-Alliance Foundation Prize for Health Services Research, the Healthcare Financial Management Association Board of Directors Award, the Health Research and Educational Trust TRUST award and most recently the National Academy of Social Insurance's (NASI) Robert M. Ball Award in 2015. She is a fellow of the American Academy of Arts and Sciences, and an honorary fellow of the American College of Healthcare Executives and the Royal College of Physicians. In 2014, she was invited to join Senator Ben Cardin's Health Advisory Group.



Stuart Guterman is vice president for Medicare and Cost Control at The Commonwealth Fund. He leads the Fund's special initiative on Advancing Medicare, which supports analysis of data and development of policies to improve Medicare as a source of coverage for aged and disabled Americans, as a program that accounts for a large share of federal health spending, and as a platform for implementation and testing of new approaches to payment and health care delivery. He also staffs the Fund's special initiative on Controlling Health Costs, which focuses on identifying and addressing the drivers of health care spending, as well as several other Fund programs.

Mr. Guterman was executive director of The Commonwealth Fund's Commission on a High Performance Health System from 2011 to 2013, and previously directed the Fund's Program on Payment and System Reform and its Program on Medicare's Future. Before coming to the Fund in 2005, he directed the Office of Research, Development, and Information at the Centers for Medicare and Medicaid Services. 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. He holds an A.B. in Economics from Rutgers College and an M.A. in Economics from Brown University, and did further work toward the Ph.D. in *Economics at the State University of New York at Stony Brook*.

Evening Dinner Session



Wendy Everett, ScD, is the CEO of the Network for Excellence in Health Innovation (NEHI). With a breadth of health care experience spanning 40 years, Dr. Wendy Everett was chosen to oversee the formation of NEHI in 2002 as its first president and was named Chief Executive Officer in 2014. Along with NEHI's founders, Dr. Everett's vision was to create an independent, research-based organization that convened diverse members of the health care industry to achieve the common goal of addressing the most urgent health care issues. Under her leadership, this vision has resulted in ground-breaking research on medical innovation, patient safety, health care spending and health care information technology, and has influenced significant national policy changes. Dr. Everett works with public and private policymakers to translate NEHI's research findings into long-term solutions that improve health care quality and lower health care costs. Previously,

Dr. Everett held executive positions at the University of California, San Francisco Medical Center (UCSF) and Brigham and Women's Hospital in Boston. She has directed national demonstration programs for the Robert Wood Johnson Foundation and the Kaiser Family Foundations. In addition, she has served on the boards of many philanthropic foundations and non-profit organizations. Dr. Everett earned two Bachelor of Science degrees and she holds Master's and Doctoral degrees in health policy and management from Harvard University.



Lee Gutkind, recognized by Vanity Fair as "the Godfather behind creative nonfiction," is the author or editor of more than 30 books and founder and editor of *Creative Nonfiction*, the first and largest literary magazine to publish narrative nonfiction exclusively. He is Distinguished Writer-in-Residence in the Consortium for Science, Policy & Outcomes at Arizona State University and a professor in the Hugh Downs School of Human Communication

Gutkind has lectured to audiences around the world—from China to the Czech Republic, from Australia to Africa to Egypt. He has appeared on many national radio and television shows, including *The Daily Show with Jon Stewart* (Comedy Central), *Good Morning America*, National Public Radio's *Talk of the Nation* and *All Things Considered*, as well as *BBC World*.

Gutkind is the recipient of grants and awards from many different organizations, from the National Endowment for the Arts to the National Science Foundation. A prolific author, Gutkind's narrative nonfiction books cover many aspects of technology and healthcare including robotics, organ transplantation, child and adolescent mental health and personalized medicine. His book: *You Can't Make This Stuff Up: The Complete Guide to Writing Creative Nonfiction, From Memoir to Literary Journalism to Everything in Between*, is "Reminiscent of Stephen King's fiction handbook *On Writing*," according to Kirkus Reviews—An accessible, indispensable nonfiction guidebook from an authority who knows his subject from cover to cover."



Alan Weil became the Editor-in-Chief of *Health Affairs* on June 1, 2014. A multidisciplinary peer-reviewed journal dedicated to the serious exploration of domestic and international health policy and system change, *Health Affairs* is the nation's leading journal at the intersection of health, health care, and policy.

For the previous decade he was the executive director of the National Academy for State Health Policy (NASHP), an independent, non-partisan, non-profit research and policy organization. Previously, he directed the Urban Institute's Assessing the New Federalism project, one of the largest privately funded social policy research projects ever undertaken in the United States; held a cabinet position as executive director of the Colorado Department of Health Care Policy and Financing; and was assistant general counsel in the Massachusetts Department of Medical Security.

Mr. Weil is a frequent speaker on national and state health policy, Medicaid, federalism, and implementation of the Affordable Care Act. He is the co-editor of two books, publishes regularly in peer-reviewed journals, has testified before Congress more than half-a-dozen times, and is called upon by major media outlets for his knowledge and analysis.

He is a member of the Institute of Medicine's Board on Health Care Services and the Kaiser Commission on Medicaid and the Uninsured. He is a member of the Board of Trustees of the Consumer Health Foundation in Washington, DC, and of the Board of Directors of the Essential Hospitals Institute. He earned his bachelor's degree from the University of California at Berkeley, a master's degree from Harvard's Kennedy School of Government, and a J.D. from Harvard Law School.

Report from CMS Office of the Actuary



Steve Heffler, MBA, leads the group responsible for developing historical national health spending estimates, health spending estimates by state and age, short- and long-run projections of

national health spending, price indexes used to update Medicare payments to hospitals, physicians, skilled nursing facilities, and home health agencies, and analysis of the financial condition of health care providers. He earned a B.A. in Economics from the University of Maryland-Baltimore County and a M.B.A. from the University of Baltimore.

Session VII



Dr. Karen Feinstein is president and chief executive officer of the Jewish Healthcare Foundation (JHF) and its two supporting organizations, the Pittsburgh Regional Health Initiative (PRHI) and Health Careers Futures (HCF). Appointed the Foundation's first president, Dr. Feinstein has made JHF and PRHI a leading voice in patient safety, healthcare quality and workforce issues. When Dr. Feinstein founded PRHI, it was among the nation's first regional multi-stakeholder quality coalitions devoted simultaneously to advancing efficiency, best practices and safety in health care through the use of industrial engineering principles. Dr. Feinstein also founded Health Careers Futures to assist the region's healthcare industry in attracting, preparing and retaining employees, and was a leader in the formation of the Network for Regional Healthcare Improvement (NRHI), a national coalition of Regional Health Improvement Collaboratives that supports national policy efforts to improve healthcare quality and value. Dr. Feinstein is widely regarded as a national leader in healthcare quality improvement and often presents at national and international conferences. She is the author of numerous regional and national publications on quality and safety; she was the editor of the *Urban & Social Change Review*, and she is the editor of the book *Moving Beyond Repair: Perfecting Health Care*. Additionally, she has served on the faculties of Boston College and Carnegie Mellon University, and taught at the University of Pittsburgh. Dr. Feinstein has previously held executive posts at other nonprofits, including the United Way, and is a past president of Grantmakers In Health. She serves on a number of nonprofit and for-profit boards, including the board of directors and executive committee of NRHI; the board of directors of the Allegheny Conference on Community Development, United Way of Allegheny County, Allegheny County Parks

Foundation, and Institute of Politics; and as co-chair of the board of directors for the Pennsylvania Health Funders Collaborative. Dr. Feinstein earned her bachelor's degree at Brown University, her master's degree at Boston College and her doctorate at Brandeis University.



Ashish K. Jha, M.D., M.P.H. is Director for the Harvard Global Health Institute, K.T. Li Professor of International Health & Health Policy at the Harvard T.H. Chan School of Public Health, Professor of Medicine at Harvard Medical School, and a practicing Internal Medicine physician at the VA Boston Healthcare System.

Dr. Jha received his M.D. from Harvard Medical School and trained in Internal Medicine at the University of California, San Francisco where he also served as Chief Medical Resident. He completed his General Medicine fellowship from Brigham and Women's Hospital and Harvard Medical School and received his M.P.H. from Harvard T.H. Chan School of Public Health.

Dr. Jha's major research interests lie in improving the quality and costs of healthcare with a specific focus on the impact of policy efforts. His work has focused on a broad set of issues including transparency and public reporting of provider performance, financial incentives, health information technology, and leadership, and the roles they play in fixing healthcare delivery systems.



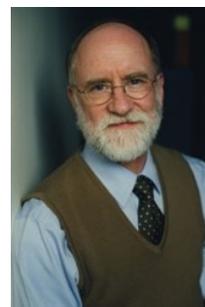
Michael L. Millenson, president of Health Quality Advisors LLC, Highland Park, IL, is a nationally recognized expert on making American health care better, safer and more patient-centered. He is the author of the critically acclaimed book, *Demanding Medical Excellence: Doctors and*

Accountability in the Information Age, and is also an adjunct associate professor of medicine at Northwestern University's Feinberg School of Medicine. National Public Radio called him "in the

vanguard of the movement" to measure and improve American medicine.

As a consultant, Millenson has been involved with strategic planning, designed a website to aid consumer care decisions and developed a tool to improve doctor-patient communication during office visits. His clients have included provider organizations, health plans, drug and device companies, entrepreneurs and non-profits. In the policy realm, he has authored numerous white papers and testified before Congress, the Illinois legislature and the Federal Trade Commission. He is also co-principal investigator on a grant examining leading edge, patient-centered practices by ACOs. Prior to starting his own firm, Millenson was a principal in the health-care practice of a major human resources consulting firm. Before that, he was a health care reporter for the *Chicago Tribune*, where he was nominated three times for a Pulitzer Prize.

Millenson has lectured at the National Institutes of Health and served as a faculty member for the Institute for Healthcare Improvement. He co-authored a case study for the Harvard Business School, is a regular contributor to Forbes.com and has written for publications ranging from the *British Medical Journal* and *Health Affairs* to *The Washington Post* and *USA Today*. A former board member of the Society for Participatory Medicine, he currently serves on the board of the American Medical Group Foundation and in an advisory capacity to the *American Journal of Medical Quality*, the Johns Hopkins' Armstrong Institute for Patient Safety and Quality and several health care start-ups.



Gordon Mosser, MD, MLitt, is a Senior Fellow in the University of Minnesota School of Public Health and an Adjunct Assistant Professor of Medicine in the Medical School.

He graduated from Harvard College and Harvard Medical School, did his residency in internal medicine at the University of Minnesota, and did a fellowship in epidemiology at Oxford.

He practiced general internal medicine for 27 years and served as a physician leader in several

organizations. In St. Paul in 1983, he founded an interprofessional healthcare practice of physicians, nurse practitioners, psychologists, and others. In 1993 he co-founded the Institute for Clinical Systems Improvement (ICSI), an association of 75 Minnesota medical groups and hospitals who collaborate in doing healthcare quality improvement. He was ICSI's president for its first 13 years.

In 2006 he moved to the University of Minnesota School of Public Health to teach quality improvement, healthcare leadership, and teamwork. He retired from full-time teaching in 2011 but continues to teach and write. His most recent publication is *Understanding Teamwork in Health Care*, written with James W. Begun and issued by McGraw-Hill in 2013.



Dr. Neel Shah, MD, MPP is an Assistant Professor at Harvard Medical School and associate faculty at the Ariadne Labs for Health Systems Innovation. His work broadly aims to help clinicians provide better care at lower cost. As an obstetrician-gynecologist at

Beth Israel Deaconess Medical Center, Dr. Shah cares for patients from childbirth through menopause and practices both primary care and surgery.

In addition, he is the Founder and Executive Director of Costs of Care, a nationally recognized nonprofit that helps caregivers deflate medical bills. He has been listed among the "40 smartest people in health care" by the Becker's Hospital Review, and profiled in the New York Times, the New England Journal of Medicine, and other outlets for his efforts to expose how low value care can cause financial harm to patients.

Dr. Shah completed residency at Brigham & Women's Hospital and received degrees in medicine and public policy from Brown Medical School and the Harvard Kennedy School of Government. He is co-author of the McGraw-Hill textbook *Understanding Value-Based Care*, and co-chair of both the Institute for Healthcare Improvement National Forum and the AcademyHealth Annual Research Meeting.

Session VIII

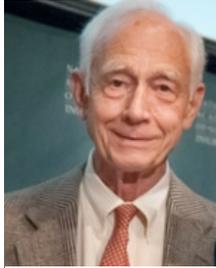


Stuart Butler is a Senior Fellow in Economic Studies at the Brookings Institution in Washington DC. Prior to joining Brookings, he spent 35 years at The Heritage Foundation, as Director of the Center for Policy Innovation and earlier as Vice-

President for Domestic and Economic Policy Studies. Butler is also currently an Adjunct Professor at Georgetown's McCourt School of Public Policy and a Visiting Fellow at the Convergence Center for Policy Resolution. He is a member of the editorial board of *Health Affairs*, serves on the panel of health advisers for the Congressional Budget Office, and is a member of the Board on Health Care Services of the Institute of Medicine. He also serves on advisory councils for the National Coalition for Cancer Survivorship, the Kaiser Institute for Health Policy, and the March of Dimes. In 2002 he was an Institute of Politics Fellow at Harvard University. In 1990 he served as a member of Housing Secretary Jack Kemp's Advisory Commission on Regulatory Barriers to Affordable Housing.

Most recently, he has played a prominent role in the debate over health care and reform, arguing for solutions based on individual choice and market competition. He has also been working on a wide range of other issues, including the future of higher education, economic mobility, budget process reform and federal entitlement reform.

Stuart Butler was born in Shrewsbury, England and emigrated to the United States in 1975. He was educated at St. Andrews University in Scotland, where he received a Bachelor of Science degree in physics and mathematics in 1968, a Master of Arts degree in economics and history in 1971, and a Ph.D. in American economic history in 1978.



Bill Gradison has long been involved in health policy issues. During his 18 years in the House of Representatives he was the Ranking Member of the Ways and Means Health subcommittee as well as Ranking on the House Budget Committee. He later served as President of the Health Insurance Association of America. He was a founding Member of the Public Company Accounting Oversight Board set up under the Sarbanes-Oxley Act to register, inspect, and if necessary discipline the auditors of public companies. He also served as Vice Chairman of the U.S. Bipartisan Commission on Comprehensive Health Care (the "Pepper Commission") and Vice Chair of the Commonwealth Fund Task Force on Academic Health Centers. He has served for the last four years as a Commissioner on the Medicare Payment Advisory Commission set up by the Congress to advise it on Medicare payment issues. For over a decade Mr. Gradison was a Scholar in Residence in the Health Sector Management Program at Fuqua. He is a graduate of Yale University and earned his MBA and Doctorate at the Harvard Business School.



Amy Hall currently serves as Staff Director for the Subcommittee on Health Minority on the Ways and Means Committee. Ms. Hall previously served as Senior Professional Staff for the Committee on Energy and Commerce, as well as Director of the Office of Legislation at the Centers for Medicare & Medicaid Services. She attended Wellesley College and received her M.P.A. from the University of Delaware.



Charles N. Kahn III ("Chip") is President and Chief Executive Officer of the Federation of American Hospitals (FAH), the national public policy organization for investor-owned hospitals. Mr. Kahn represents FAH member companies on Capitol Hill and within the Administration. He also is at the forefront of national initiatives to shape policy for advancing health care

quality and information technology, including as a member of the Measure Applications Partnership (MAP) Coordinating Committee of the National Quality Forum (NQF).

Previously, Mr. Kahn served as one of the nation's top public policy leaders for the health insurance industry. As President of the Health Insurance Association of America (HIAA), he focused national attention upon the plight of the uninsured and was one of two "major movers" of an effort sponsored by the RobertWood Johnson Foundation bringing together a diverse, "strange bedfellows" coalition of often-opposing major national advocacy organizations to seek solutions for extending health coverage. In 1993 and 1994, as HIAA Executive Vice President, Mr. Kahn ran the precedent-setting "Harry and Louise" campaign, which ultimately assumed a major role during consideration of President Clinton's proposed health reform plan and later was characterized by *Advertising Age* magazine as "among the best conceived and executed public affairs advertising programs in history."

Mr. Kahn has an extensive and distinguished career as a professional staff person on Capitol Hill. During 1995-1998, as staff director for the Health Subcommittee of the House Ways and Means Committee, he played a crucial role in formulating significant health legislation. Previously, he served as the Subcommittee's minority health counsel, as senior health policy advisor to former Senator David Durenberger (R-MN), and as legislative assistant for health to then-Senator Dan Quayle (R-IN).

Mr. Kahn has taught health policy at The Johns Hopkins University, The George Washington University, and Tulane University and is the author or co-author of several articles and commentaries for *Health Affairs*. He holds a Masters of Public Health (M.P.H.) degree from Tulane University's School of Public Health and Tropical Medicine, which in 2001 bestowed upon him its prestigious "Champion of Public Health" award, and he received the school's 1988 Outstanding Alumnus Award. Mr. Kahn holds a Bachelor of Arts degree from The Johns Hopkins University.



Jay Khosla is the Policy Director for the Senate Finance Committee where he is responsible for coordinating policy for the committee on health care, taxes and international trade. He also

serves as the Majority Chief Health Counsel and Legislative Director for Senator Orrin Hatch. During the 2008 presidential campaign, Mr. Khosla was Arizona Sen. John McCain's chief health policy advisor. Prior to the campaign, he served as health counsel for former Chairman Judd Gregg at the U.S. Senate Budget Committee and prior to that as health counsel for former Senate Majority Leader William Frist. A Virginia native, he has his B.S. in biology from Virginia Commonwealth University, a J.D. from the University of Richmond's law school, and a master's degree in health administration from Virginia Commonwealth University's medical school.