

Speaker Biographies



Dr. Stuart Altman, Sol C. Chaikin Professor of National Health Policy at The Heller School for Social Policy and

Management, Brandeis University, is an economist with five decades of experience working closely with issues of federal and state health policy within government, the private sector, and academia.

He has demonstrated leadership in health care through service on numerous government advisory boards on both the federal and state levels, including service as the Deputy Assistant Secretary for Planning and Evaluation/Health at the U.S. Department of Health Education and Welfare (HEW) from 1971 to 1976; as Chairman of the Prospective Payment Assessment Commission (ProPac) from 1984 to 1996; and in 1997 as an appointed member of the National Bipartisan Commission on the Future of Medicare. In total, Dr. Altman acted as advisor to five U.S. presidential administrations. He also served as Chair of the Institute of Medicine's Committee for the Evaluation of the Future of Nursing Campaign for Action in the 2015. In January 2016 Governor Charles Baker re-appointed Dr. Altman to chair the Massachusetts Health Policy Commission as part of the states' attempt to moderate the growth in healthcare spending.

Dr. Altman has also been recognized as a leader in the health care field by Health Affairs and by Modern Healthcare, which named him in 2006 among the 30 most influential people in health policy over the previous 30 years, and which from 2003 to 2011 named him one of the top 100 most powerful people in health care. In 2014 he was awarded the Graham Life Time Achievement Award in Health Services Research by the Association of Health Administration Programs. He has served on the Board of Directors of several for-profit and not-for-profit companies, and he is a member of The Institute of Medicine and chairs the Health Industry Forum at Brandeis University. He is a published author of numerous books and journal articles, the most recent, *Power, Politics and Universal Health Care: The Inside Story of a Century-Long Battle* (2011). In addition to teaching at Brandeis, Dr. Altman has taught at Brown University and at the Graduate School of Public Policy at the

University of California at Berkeley and the University of North Carolina. He served as Dean of the Heller School from 1977 to 1993 and from 2005 to 2008. He also served as interim President of Brandeis University from 1990 to 1991.



Drew Altman is President and Chief Executive Officer of the Henry J. Kaiser Family Foundation. He is an innovator in the world of

foundations and a leading expert on national health policy who publishes and speaks widely on health issues.

Dr. Altman founded the current-day Kaiser Family Foundation in the early 1990's, directing a complete overhaul of the Foundation's mission, staff, and operating style. Prior to joining the Foundation, Dr. Altman was Commissioner of the Department of Human Services for the state of New Jersey under Governor Tom Kean. As Commissioner, he developed nationally recognized initiatives in welfare reform, school-based youth services, programs for the homeless, and Medicaid managed care. Dr. Altman was Director of the Health and Human Services at the Pew Charitable Trusts; Vice President of the Robert Wood Johnson Foundation, where he led the development of the Foundation's programs in HIV/AIDS, health services for the homeless, and health care financing; and he served in the Health Care Financing Administration in the Carter administration.

Dr. Altman received his BA from Brandeis University and his Masters in political science from Brown University. He earned his PhD in political science from the Massachusetts Institute of Technology, did his post-doctoral work at the Harvard School of Public Health, and taught public policy at MIT before moving on to public service. He holds an honorary doctorate from the Morehouse School of Medicine. Dr. Altman is a member of the Council on Foreign Relations and the Institute of Medicine.



Joseph R. Antos is the Wilson H. Taylor Scholar in Health Care and Retirement Policy at the American Enterprise Institute and

adjunct associate professor of emergency medicine at the George Washington University. He is also serving a third term as a commissioner on the Maryland Health Services Cost Review Commission. Previously, Antos was Assistant Director for Health and Human Resources at the Congressional Budget Office, and he held senior management positions in the U.S. Department of Health and Human Services, the Office of Management and Budget, and the President's Council of Economic Advisers. His work focuses on the economics of health policy, including the Affordable Care Act, Medicare, the uninsured, and the overall reform of the health care system. Antos earned his Ph.D. in economics from the University of Rochester.



Tom Miller is a resident fellow at the American Enterprise Institute, where he focuses on health policy, with particular emphasis on such

issues as information transparency, health insurance regulation, and market-based alternatives to the policies of the Patient Protection and Affordable Care Act. He is the coauthor of "Why ObamaCare Is Wrong for America" (HarperCollins, 2011) and author of "When ObamaCare Fails: The Playbook for Market-Based Reform" (AEI, 2012).

Miller served as a member of the National Advisory Council for the Agency for Healthcare Research and Quality from 2007 to 2009. He was a senior health policy adviser for the John McCain presidential campaign in 2008. Before joining AEI in 2006, Miller served for three years as senior health economist for the Joint Economic Committee of the U.S. Congress. He has also been director of health policy studies at the Cato Institute and director of economic policy studies at the Competitive Enterprise Institute. He is a member of the National Academy of Social Insurance and the State Bar of Georgia.

Miller's writing has appeared in such publications as Health Affairs; Wall Street Journal; New York Times; Washington Post; Los Angeles Times; USA Today; Reader's Digest; National Review; American Journal of Medicine; Journal of Law and Contemporary Problems; Journal of Law, Medicine, and Politics; University of Miami Business Law Review; National Affairs; Regulation; and Cato Journal.

He has testified before various congressional committees on issues including healthcare consolidation and competition, the uninsured, health care costs, pre-existing health conditions and high-risk pools, cost-sharing reduction subsidy funding, Medicare cost-sharing reform, Medicare prescription drug benefits, medical savings accounts, health insurance tax credits, genetic information, social security, federal reinsurance of catastrophic risks, and terrorism insurance. Miller holds a bachelor's degree cum laude in political science from New York University and a law degree from Duke University.

Before coming to Washington, Miller had a real life, as a trial attorney, a journalist, and a radio broadcaster. He holds a bachelor's degree cum laude in political science from New York University and a law degree from Duke University.



Stephen Zuckerman is a senior fellow and codirector of the Health Policy Center at the Urban Institute. He has studied health economics and health policy for almost 30 years and is a national expert on Medicare and Medicaid physician payment, including how payments affect enrollee access to care and the

volume of services they receive. He is currently examining how payment and delivery system reforms can affect the availability of primary care services, and studying the implementation and impact of the Affordable Care Act. Zuckerman also codirected the development of the Geographic Practice Cost Indices used in the Medicare physician fee schedule. Before joining Urban, Zuckerman worked at the American Medical Association's Center for Health Policy Research. He received his PhD in economics from Columbia University in 1983.



Justine Handelman is Senior Vice President of the Office of Policy and Representation for the Blue Cross Blue Shield Association (BCBSA), a national federation of 36 independent, community-based and locally operated Blue Cross and Blue Shield (BCBS) companies. The BCBS System is the nation's

largest health insurer, covering one-in-three of all Americans.

In overseeing BCBSA lobbying and policy development activities, Handelman represents BCBSA's Washington office and BCBS companies with the Administration, Congress, government agencies and other national associations. This includes development of legislative and regulatory policy positions and legislative strategy on a wide range of issues, including healthcare reform, government programs, healthcare financing, tax legislation and health information technology.

Handelman has more than 25 years of experience in providing strategic analysis, policy development and federal representation on legislative, regulatory and federal policy issues pertaining to public and private healthcare. During her tenure, she has developed key policy positions that were incorporated in legislation enacted by Congress on key healthcare issues, including Medicare Modernization Act, the Affordable Care Act, legislation to prevent opioid abuse and legislation to address mental health parity.

Prior to joining BCBSA in 2001, Handelman was the director of the Health Care Practice Group in the Government Relations Division of SmithBucklin. In this capacity, she was responsible for the day-to-day government relations activities for several non-profit professional medical specialty societies and healthcare organizations. Prior to joining the Smith, Bucklin team, she served as a senior legislative associate of MARC Associates, Inc.

Handelman received her bachelor's degree in political science from the Catholic University of America and serves on the board of directors for URAC.



Chip Kahn is the President and CEO of the Federation of American Hospitals, the national advocacy organization for investor-owned hospitals. A job he has held since 2001.

Chip's extensive health policy expertise, outstanding leadership abilities, and

lengthy Capitol Hill experience, combined with his proven campaign and communications skills make him one of Washington, DC's most effective and accomplished trade association executives.

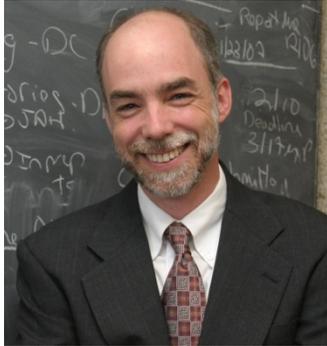
He is one of only five health care leaders who have appeared on Modern Healthcare magazine's annual "100 Most Influential People in Healthcare" list since its inception. He is also regularly recognized by other publications for the impact he has on health policy.

Chip is at the forefront of efforts to improve quality at our nation's hospitals, serving in several roles at the National Quality Forum and writing about the topic in publications such as Health Affairs. He also serves on the boards of several companies and foundations.

This work combined with volunteer efforts led to him being honored with the B'nai B'rith National Health Care Award in 2016.

Before coming to the FAH, Chip served as the President of HIAA (Health Insurance Association of America), where he ran the precedent-setting "Harry and Louise" campaign.

He also spent more than a decade on Capitol Hill in a variety of influential roles and cut his political teeth in the 1970s managing House Speaker Newt Gingrich's first two congressional campaigns. Chip is also an avid amateur photographer, and his photography has been displayed at juried exhibitions.



Michael Doonan is an associate professor and Director for the Masters of Public Policy Program, Schneider Institute for Health Policy at The Heller School for Social Policy and Management,

Brandeis University. He is the Executive Director of the Massachusetts Health Policy Forum. His Ph.D. from Brandeis is both in Political Science and Health Services Research. His research and publications focus on issues related to access to health care reform, federalism, Medicaid, federal/state relations, public health and the politics and economics of health system change. He speaks widely on state and national health care reform. He is author of *American Federalism in Practice: The Formulation and Implementation of Contemporary Health Policy*, published by the Brookings Institute Press in 2013.

Michael worked as program specialist for the Centers for Medicare and Medicaid Services (CMS), in the area of Medicaid managed care and state health care reform. He served as a member of President Clinton's Health Care Taskforce working primarily on the Low-Income and Working Families work group, and as a member of the Taskforce Speakers Bureau. Michael also worked as a fellow for the U.S. Senate Finance Committee as they considered national reform in 1994. He began his career as a legislative aide for Senator John Kerry where he worked on health and environmental issues.



Matt Salo was named Executive Director of the National Association of Medicaid Directors (NAMD) in February 2011. The newly formed association represents all 56 of the nation's state and territorial Medicaid Directors, and provides them with a strong unified voice in national

discussions as well as a locus for technical assistance and best practices.

Matt formerly spent 12 years at the National Governors Association, where he worked on the Governors' health care and human services reform agendas, and spent the 5 years prior to that as a health policy analyst working for the state Medicaid Directors as part of the American Public Human Services Association.

Matt also spent two years as a substitute teacher in the public school system in Alexandria, VA, and holds a BA in Eastern Religious Studies from the University of Virginia.



Dr. Hernández became president and CEO of the California Health Care Foundation in January 2014. CHCF is an independent foundation with assets of more than \$700 million, headquartered in Oakland, California, and dedicated to making health care work for

all Californians, especially low income and underserved populations.

Prior to joining CHCF, Hernández was CEO of The San Francisco Foundation, which she led for 16 years. She previously served as director of public health for the City and County of San Francisco. She also co-chaired San Francisco's Universal Healthcare Council, which designed Healthy San Francisco, an innovative health access program for the uninsured.

Hernández is an assistant clinical professor at the University of California, San Francisco, School of Medicine. She practiced at the San Francisco General Hospital in the AIDS clinic from 1984 to 2016. She served on the External Advisory Committee at the Stanford Center for Population Health Sciences in 2016. She currently serves on the Betty Irene Moore School of Nursing Advisory Council at UC Davis and the UC Regents Committee on Health Services. She is a graduate of Yale University, the Tufts School of Medicine, and the certificate program for senior executives in state and local government at Harvard University's John F. Kennedy School of Government.



Stuart Butler is a Senior Fellow in Economic Studies at Brookings Institution. Before joining Brookings, Butler 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. He is an

Adjunct Professor at Georgetown’s McCourt School of Public Policy, a board member and Visiting Fellow at the Convergence Center for Policy Resolution, and a board member of Mary’s Center, a health clinic serving families in Washington D.C.

Dr. Butler serves on the editorial board of Health Affairs, is a member of the Board on Health Care Services of the National Academy of Medicine and of the Advisory Group for the Academy’s Culture of Health Program. He is on advisory councils for the National Coalition for Cancer Survivorship, the Kaiser Permanente 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.

Dr. Butler earned a MA in economics and history and a Ph.D. in American economic history from St. Andrews University.



Murray Ross is Vice President, Kaiser Foundation Health Plan, Inc., and leads the Kaiser Permanente Institute for Health Policy in Oakland, California. The Institute seeks to shape public policy and private practice by sharing Kaiser Permanente’s

experience in meeting the health and care needs of over 10 million people in 8 states and the District of Columbia. It does so through publications, digital media, convenings, and by supporting and promoting the work of like-minded partner organizations.

An economist by training, Dr. Ross speaks frequently to domestic and international audiences on a wide range of health care and policy topics. He serves on a number of academic and non-profit boards. Before joining Kaiser Permanente in 2002, he was an advisor to the U.S. Congress, first at the Congressional Budget Office and later as executive director of the Medicare Payment Advisory Commission. He enjoys distance running, writing, photography, and traveling (often together).



G. William Hoagland joined the Bipartisan Policy Center (BPC) in September 2012 as senior vice president. He helps direct and manage fiscal, health and economic policy analyses for BPC. Before joining BPC, he served as CIGNA Corporation’s vice president of public policy beginning in 2007.

Prior to joining CIGNA, Hoagland completed 33 years of federal government service, 25 spent as staff in the U.S. Senate. From January 2003 to January 2007, he served as the director of budget and appropriations in the office of Senate Majority Leader Bill Frist.

From 1982 until 2003, Hoagland was a staff member of the Senate Budget Committee, serving as that committee’s staff director from 1986 to 2003, reporting to Senator Pete V. Domenici, chairman and ranking member during this period.

In 1981 he served as the administrator of the Department of Agriculture’s Food and Nutrition Service and as a Special Assistant to the Secretary of Agriculture. He was one of the first employees of the then newly created Congressional Budget Office in 1975, working with its first director, Alice Rivlin.

Born in Covington, Indiana, he attended the U.S. Merchant Marine Academy and holds degrees from Purdue University and the Pennsylvania State University. His family’s Indiana family farm was awarded by that State as a “Hoosier Homestead” for having remained in the family for over a century.



As senior vice president of the Henry J. Kaiser Family Foundation and Director of the Foundation's Program on Medicare Policy, **Tricia Neuman** oversees the Foundation's policy analysis and research pertaining to Medicare, and health coverage and care for aging Americans and people with

disabilities. A widely cited Medicare policy expert, Dr. Neuman focuses on topics such as the health and economic security of older adults, the role of Medicare Advantage plans, Medicare and out-of-pocket spending trends, prescription drug costs, payment and delivery system reforms, and policy options to strengthen Medicare for the future. She has authored numerous papers pertaining to Medicare, has been invited several times to present expert testimony before Congressional committees, and has appeared and been quoted as an independent expert by major, national media outlets. Before joining the Foundation in 1995, Dr. Neuman served on the professional staff of the Ways and Means Subcommittee on Health in the U.S. House of Representatives and on the staff of the U.S. Senate Special Committee on Aging working on health and long-term care issues. Dr. Neuman received a Doctorate of Science degree in health policy and management and a Masters of Science degree in health finance and management from the Johns Hopkins School of Public Health. She received her Bachelor's degree from Wesleyan University.

Congressional Budget Office. Prior to joining AARP, she was at the Brookings Institution and was research professor at Georgetown University. She has a PhD in economics from the University of Michigan.



Elizabeth Fowler is currently Vice President for Global Health Policy at Johnson & Johnson where she is focused on delivery system and payment reform in the U.S. and health care systems reform in emerging markets. Prior to joining

Johnson & Johnson, Liz was special assistant to President Obama on healthcare and economic policy at the National Economic Council. During the health reform debate in 2009-2010, she was Chief Health Counsel to Senate Finance Committee Chair, Senator Max Baucus (D-MT), where she played a critical role in developing the Senate version of the Affordable Care Act. She also played a key role in drafting the 2003 Medicare Prescription Drug, Improvement and Modernization Act (MMA). Liz has nearly 25 years of experience in health policy and health services research. She earned her bachelor's degree from the University of Pennsylvania, a Ph.D. from the Johns Hopkins School of Public Health, where her research focused on risk adjustment, and a law degree (J.D.) from the University of Minnesota. She is admitted to the bar in Maryland, the District of Columbia, and the U.S. Supreme Court. Liz is a Fellow of the inaugural class of the Health Innovators Fellowship and a member of the Aspen Global Leadership Network.



Lina Walker is Vice President of Health Security in AARP's Public Policy Institute. She leads the Institute's

research to improve the health and well-being of older people. She has 20 years of experience on health and aging issues, most recently focusing on Medicare payment and delivery system reforms, and health care quality. Dr. Walker has worked in state and federal governments: at the Office of Policy Analysis of the Maryland General Assembly and the



Dr. Steve Miller, a nationally recognized advocate for fair drug pricing, supports government relations, leads the Pharmacy & Therapeutics Committee, manages the Medical Affairs team and interfaces with client groups. His expertise represents years

as a medical researcher, clinician and administrator, and spans numerous healthcare subjects.

Steve has served as Chief Medical Officer since 2006, focused on clinical matters including e-prescribing initiatives, specialty solutions and overall development of products that make prescription drugs safer and more affordable.

He previously was the vice president and chief medical officer at Barnes-Jewish Hospital, Washington University School of Medicine in St. Louis.

He received his medical degree from the University of Missouri-Kansas City. He trained in the Pathology and Research fellowship at the University of Alabama at Birmingham. He was the William J. and Dorothy Fish Kerr Fellow in Cardiology at the University of California, San Francisco. Steve also did Internal Medicine training at the University of Colorado and Nephrology and Transplantation at Washington University in St. Louis. He earned his MBA at the Olin School of Business at Washington University.



Peter B. Bach is a physician, epidemiologist, researcher, a healthcare policy expert on the cost and value of drugs in the

United States. As the Director of Memorial Sloan Kettering's Center for Health Policy and Outcomes, Dr. Bach leads an academic team of researchers and analysts.

Through the Drug Pricing Lab, he and his team work to educate policymakers, healthcare professionals, industry officials, and patients on drug development and pricing. Their work is aimed at promoting reforms based on evidence and research to reduce the high cost of drugs in the U.S. healthcare system while ensuring innovation for the future.

In 2015, Dr. Bach released DrugAbacus, the first ever interactive tool to help determine the price of a cancer drug based on its value compared with the price assigned by the pharmaceutical company. The online DrugAbacus pricing tool allows the user to manipulate various elements that contribute to pricing, such as cost of research, improved outcomes versus earlier drugs, and side effects. It demonstrates that it is

possible to arrive at an evidence driven, value-based price focused on the patient.

Dr. Bach is a regular speaker, writer, and sought-out expert on the topic of drug pricing in the United States, and his work has become foundational for in-depth reporting on the topic. Dr. Bach has published more than 100 peer-reviewed articles and editorials in scientific journals such as the *New England Journal of Medicine* and the *Journal of the American Medical Association*. As a pulmonologist, Dr. Bach has also been a pioneering researcher in the areas of lung cancer screenings, tobacco use guidelines, cancer care delivery in Medicare, and confronting racial and ethnic disparities in healthcare and lung cancer treatment.

He served as a Senior Advisor to the Administrator of the Centers for Medicare and Medicaid Services (CMS) in 2005 and 2006, and later as Chair of the CMS Expert Panel that developed quality measures for cancer hospitals. He is currently the Vice Chair of the CMS MEDCAC and a regular speaker at bipartisan congressional health policy meetings and conferences.

Dr. Bach completed his undergraduate studies at Harvard University and his medical studies at the University of Minnesota and the University of Chicago Harris School. He is triple board-certified having completed a residency in internal medicine at Johns Hopkins University followed by a fellowship in pulmonary and critical care medicine at the University of Chicago and Johns Hopkins. While at the University of Chicago, he was a Robert Wood Johnson Foundation Clinical Scholar. Dr. Bach has been a faculty member of Memorial Sloan Kettering's Department of Epidemiology and Biostatistics since 1998, and a Senior Scholar at the International Agency for Research on Cancer since 2008. He is a member of the National Academy of Medicine.



Lori M. Reilly is Executive Vice President for Policy, Research and Membership at the Pharmaceutical Research and Manufacturers of America (PhRMA). Ms. Reilly heads PhRMA's policy and research department in the

development and implementation of legislative, regulatory and political strategies to successfully navigate the ever-changing federal health care landscape, working to advance policies that encourage medical progress and patient access to the fruits of pharmaceutical innovation. In her membership role, Ms. Reilly leads the association's efforts to grow the depth and breadth of innovative pharmaceutical company membership and engagement.

In addition to her public policy work, Ms. Reilly is a frequent presenter on industry-related issues and is an industry spokesperson. Ms. Reilly testified before the House Energy and Commerce Subcommittee on Health to discuss the importance of the reauthorization of the pediatric exclusivity program and the Food and Drug Administration Globalization Act.

Prior to joining PhRMA, she was counsel at the U.S. House of Representatives Committee on Commerce. And before joining the House Commerce Committee, Ms. Reilly was Chief of Staff/Counsel to Rep. Jon Christensen, a member of the House Ways and Means Committee.

Ms. Reilly is currently a Board Member for the Pharmacy Quality Alliance (PQA) and a member of the National Quality Forum (NQF) Policy Advisors. Ms. Reilly is also a 2016 Honoree of the Irish America Healthcare and Life Sciences 50.

Ms. Reilly received a B.A. in Political Science from the University of Nebraska-Lincoln where she graduated with Honors, and a J.D. from the University of Nebraska College of Law. She is a Member of the Virginia Bar and currently resides in Alexandria, Virginia with her husband and their four children.



As a proven leader with 30 years of achievement in improving the delivery of health care and human services, particularly for low-income and vulnerable populations, **Audrey Shelto** assumed leadership of the Foundation in August 2013. She is widely

recognized for her expertise in all aspects of health care and leads the Foundation's strategic agenda to broaden health coverage and reduce barriers to care through grants, research, and policy initiatives.



Rodney Whitlock is a veteran health care policy professional with more than 20 years of experience working with the US Congress,

where he served as health policy advisor and as Acting Health Policy Director for Finance Committee Chairman Chuck Grassley of Iowa and, earlier, on the staff of former US Representative Charlie Norwood of Georgia.

During his years with Representative Norwood, Rodney managed the Patients' Bill of Rights, which passed the House in 1999 and 2001. In February 2005, Rodney left the office of Congressman Norwood to join the Finance Committee Staff as a health policy advisor to Chairman Grassley. In that capacity, he was lead Senate Republican staffer for Medicaid legislation from 2005 to 2010, including the Deficit Reduction Act of 2005, the Tax Relief and Health Care Act of 2006, the CHIP Reauthorization Act of 2007 and 2009, and the Affordable Care Act of 2010. He continued to serve Senator Grassley through 2015 working on all health-related issues.

In 2007, Rodney worked on the Children's Health Insurance Program Reauthorization Act, which passed Congress twice and was subsequently vetoed twice by President George W. Bush. Rodney spent 2009 and 2010 deeply engaged in health care reform legislation. Late in 2010, he became the Acting Health Policy Director for Senator Grassley, and shepherded the Medicare and Medicaid Extenders Act of 2010 into law. Following his tenure in Senator Grassley's Congressional office, Rodney served as Health Policy Director in the Senator's personal office.



Sabrina Corlette is a Research Professor at the Center on Health Insurance Reforms (CHIR) at Georgetown University's Health Policy Institute. At CHIR she directs research on private health insurance and insurance markets. She provides expertise and strategic advice to individuals and

organizations on federal and state health insurance laws and programs and provides technical support through the publication of resource guides, white papers, issue briefs, blogs and fact sheets. She has published numerous papers relating to the regulation of private health insurance and the development of health insurance marketplaces. A full list of her publications is available at <http://chir.georgetown.edu/publications.html>. She also serves on the Standards Committee for the National Committee for Quality Assurance (NCQA) and on the Public Health-Health Care Collaboration Work Group to the Centers for Disease Control and Prevention (CDC).

Prior to joining the Georgetown faculty, Ms. Corlette was Director of Health Policy Programs at the National Partnership for Women & Families, where she provided policy expertise and strategic direction for the organization's advocacy on health care reform, with a particular focus on insurance market reform, benefit design, and the quality and affordability of healthcare.

From 1997 to 2001, Ms. Corlette worked as a professional staff member of the U.S. Senate Health Education, Labor and Pensions (HELP) Committee, where she served as health legislative assistant to Senator Tom Harkin. After leaving the Hill, Ms. Corlette served as an attorney at the law firm Hogan Lovells (formerly Hogan & Hartson LLP), where she advised clients on health care law and policy relating to HIPAA, Medicare and Medicaid, and the Food, Drug and Cosmetic Act.

Ms. Corlette is a member of the D.C. Bar and received her J.D. with high honors from the University of Texas at Austin and her undergraduate degree with honors from Harvard University.



Richard G. Frank, PhD, is the Margaret T. Morris Professor of Health Economics in the Department of Health Care Policy at Harvard Medical School. From 2009 to 2011, he served as the deputy assistant secretary for planning and evaluation at DHHS directing the office of Disability, Aging and Long-

Term Care Policy. From 2013 to 2014, he served as a Special Advisor to the Office of the Secretary at the Department of Health and Human Services, and from 2014 to 2016 he served as Assistant Secretary for Planning and Evaluation in the Department of Health and Human Services. His research is focused on the economics of mental health and substance abuse care, long term care financing policy, health care competition, implementation of health reform and disability policy. Dr. Frank served as an editor for the *Journal of Health Economics* from 2005 to 2014. Dr. Frank was awarded the Georgescu-Roegen Prize from the Southern Economic Association, the Carl A. Taube Award from the American Public Health Association, and the Emily Mumford Medal from Columbia University's Department of Psychiatry. In 2011, he received the Distinguished Service Award from the Mental Health Association of Maryland. Dr. Frank also received the John Eisenberg Mentorship Award from the National Research Service Awards. He was elected to the Institute of Medicine (National Academy of Medicine) in 1997. He is co-author with Sherry Glied of the book *Better but Not Well* (Johns Hopkins Press).



With a breadth of health care experience spanning several decades, **Wendy Everett, ScD** was chosen to oversee the formation of NEHI in 2002 as its first president. 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. Dr. Everett now serves as NEHI's Special Advisor where she leads NEHI's initiatives for the Global Lab for Health and the Nick Littlefield Fellowship.

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 the mid-1990s, she was Director of the Institute for the Future, leading the Health and Health Care research team and overseeing the creation of ten-year, national forecasts in health and health care.

Dr. Everett is the Vice Chair of the Massachusetts Health Policy Commission, an independent state agency that monitors the reform of the health care delivery and payment systems in Massachusetts. She also serves 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.



Dr. Elisabeth L. Rosenthal, is the author of the recently released New York Times best seller "An American Sickness, How Healthcare Became Big Business and How You Can Take it Back." She is

editor-in-chief of Kaiser Health News and was previously a reporter and senior writer at the New York Times for 22 years. At the NY Times, she

covered beats from health care to international environment and won numerous awards for her work. She received a B.S. degree in biology from Stanford University, an M.A. degree in English literature from Cambridge University, where she was a Marshall Scholar and an M.D. degree from Harvard Medical School.



Dr. Feinstein is President and Chief Executive Officer of the Jewish Healthcare Foundation (JHF) and its two operating arms, the Pittsburgh Regional Health Initiative (PRHI) and Health Careers Futures (HCF). Together they perform a unique mix of grantmaking, research, teaching,

coaching, and project management.

Under her leadership, JHF and PRHI have become a leading voice in patient safety, healthcare quality, and related 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 by applying industrial engineering principles. Dr. Feinstein also founded HCF 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.

Dr. Feinstein is widely regarded as a leader in healthcare quality improvement and frequently presents at national and international conferences. She was a presenter at the 2016 TEDxBeaconStreet event, an independently organized Technology, Entertainment, and Design (TED) event with a global audience. She has served on the faculties of Boston College, Carnegie Mellon University, and the University of Pittsburgh. She is the author of numerous regional and national publications on quality and safety. While at Boston College, she was the editor of the Urban & Social Change Review; she is the editor of the book Moving Beyond Repair:

Perfecting Health Care. In 2015 she was named Pittsburgher of the Year by Pittsburgh Magazine. Dr. Feinstein is a past President of Grantmakers In Health and Grantmakers of Western PA, and co-chair of the Pennsylvania Health Funders Collaborative. She serves on many nonprofit, governmental, and for-profit boards, including NRHI, the United Way, the Allegheny Conference on Community Development, and the Allegheny Parks Foundation. She is on the Commonwealth of Pennsylvania Health Research Advisory Committee, Board of Visitors of the University of Pittsburgh's Graduate School of Public Health, UPMC Presbyterian/Shadyside Board of Directors, and the UPMC System-wide Patient Care Committee and IT Advisory Committee. She is a founding member of the national Women of Impact coalition and co-founder of the Women's Health Activist Movement Global (WHAM Global), which empowers women to lead efforts to advance healthcare systems that are transparent, respectful, accountable, and equitable.

Dr. Feinstein earned her bachelor's degree in American History at Brown University, her Master of Social Work at Boston College, and her doctorate at the Heller School for Social Policy and Management at Brandeis University. Karen has Honorary Doctorates from Chatham and Carlow Universities.



As Chief Innovation Officer, **Dr. Shrestha** is responsible for driving UPMC's innovation strategy, serving as a catalyst in transforming the organization into a more patient-focused and economically sustainable system. A cross-functional team collaborator, he is committed to preparing and empowering UPMC for the future of health care. By driving alignment among stakeholders, championing new technologies, and tearing down organizational roadblocks, he creates an environment that accelerates idea generation and the conversion of ideas into reality.

In addition to leading innovation at UPMC, Dr. Shrestha also serves as Executive Vice President of UPMC Enterprises, pushing the needle in the pursuit of a unique blend of health care intelligence, technology expertise, and entrepreneurial drive to develop inventive and commercially successful solutions that address complex health care challenges. Dr. Shrestha is part of an executive team that leads over 200 technology professionals innovating towards intelligent health care, building patient-centric, value-based technology solutions that are transforming the industry. Through strategic partnerships, joint development agreements, and investment in start-ups, he champions the development, implementation, and commercialization of these innovations.

Dr. Shrestha is a respected thought leader and visionary in the field of health care information technology. A frequent speaker and presenter at national and international health care, innovation, and technology conferences, he was recently recognized as "26 of the Smartest People in Health IT" by Becker's Hospital Review, and was acknowledged as one of the "Top 20 Health IT Leaders Driving Change" and as a "Top Healthcare Innovator" by InformationWeek.

Prior to leading innovation at UPMC, Dr. Shrestha served as Vice President of Information Technology and was Medical Director of Interoperability and Imaging Informatics at UPMC. Before joining UPMC, Dr. Shrestha was Informatics Director at the University of Southern California, where he was also Professor of Radiology Research at the Keck School of Medicine.

Dr. Shrestha received his medical degree from CCS University in India, completed his fellowship in informatics from the University of London, and earned his MBA from the University of Southern California. He currently serves as the Chair of the Informatics Scientific Program Committee at the Radiological Society of North America (RSNA) and is a board member of several innovative organizations. He is also a longtime member of the Advisory Board of KLAS Research.



Dr. Gagliano brings more than 25 years of clinical and leadership experience to Culbert. Before joining Culbert, Dr. Gagliano served as senior vice president of CVS Health and as Chief Medical Officer of

MinuteClinic, CVS Caremark. In these roles, she led operations, physician management, footprint expansion, health system affiliations, as well as innovation of new services including telehealth. Under her leadership, CVS/MinuteClinic grew from 400 to over 1,100 clinics in 6 years, seeing over 5 million patients annually. Prior to this, she served as senior vice president of Practice Improvement at Massachusetts General Hospital (MGH)/Massachusetts General Physicians Organization (MGPO), where she was responsible for improving patient access, clinical quality and operational efficiency for MGH's 400 medical practices. In addition, as a physician leader she led efforts to enhance physician productivity, maximize use of the EHR, and to develop leadership talent.

Dr. Gagliano completed her M.D. from Harvard Medical School, M.B.A. from Northeastern University and B.S. from Union College. She is a renowned speaker, most recently presenting at the following conferences, among others: IEEE PULSE EHR Visionary Series, Providence Women in Leadership Symposium, and The Wharton Business School Healthcare Conference. Additionally, she was recently recognized by Providence Business News as an industry leader in healthcare services.



Dr. Gibbons is the Chief Health Innovation Adviser to the Federal Communications Commission's Connect2Health Task Force. He is also the Founder & CEO of

The Greystone Group, Inc., a digital health innovation company and an adjunct Professor at Johns Hopkins.

Previously Dr. Gibbons was an Associate Director of the Johns Hopkins Urban Health Institute, and an Assistant Professor of Medicine, Public Health and Health Informatics at Johns Hopkins University. He is a published author and international speaker who has authored over 75 books, book chapters, research manuscripts, monographs and technical reports. Dr. Gibbons obtained his medical degree from the University of Alabama and then completed residency training in Preventive Medicine, a basic science research fellowship and a Master of Public Health degree all from Johns Hopkins.

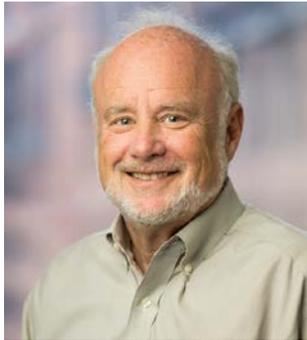


Deneen Vojta, MD is Executive Vice President, Research & Development at UnitedHealth Group. Dr. Vojta is a member of the core Enterprise Research and Development leadership group, a division of UnitedHealth Group that

is focused accelerating enterprise innovation solutions to improve health care quality, reduce care costs, more effectively engage consumers in their health and help modernize the health system.

Dr. Vojta previously served as Vice President of Research and Innovation for UnitedHealthcare. Before joining UnitedHealth, Dr. Vojta held several senior management positions in health care including serving as CEO of MYnetico, a company she founded to focus on the childhood obesity epidemic facing the nation. Dr. Vojta has more than 20 years of executive experience in health system and health plan administration. She has served as a board member of non-profit health care institutions, and earned numerous federal and foundation grants to investigate complex health care concerns. Recent accomplishments include a National Diabetes Prevention Program in partnership with the Y-USA and the Centers for Disease Control and Prevention, an evidence-based childhood obesity solution, and Project NOT ME, a reality TV diabetes prevention program that earned Dr. Vojta a regional Emmy for her role as an Executive Producer. She also was named a CES Innovations Design and Engineering Awards Best of Innovations Honoree in 2014. She is widely published and frequently invited to speak on a number of health issues.

Dr. Vojta earned her Bachelor's degree from the University of Pittsburgh and her medical degree from Temple University School of Medicine. She trained in pediatrics at the Children's Hospital of Philadelphia and in 2003 was named "Top 40 under 40" by the Philadelphia Business Journal. In 2011, she was named among the "Top Women in Business" by the Minneapolis-St. Paul Business Journal. Dr. Vojta lives in Edina, Minnesota, with her husband and three children.



Robert Berenson, is an Institute Fellow at the Urban Institute in Washington DC. 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. His primary research and policy interests currently are in the areas of payment and delivery system reform, market concentration, and performance measurement.

Dr. Berenson serves on the Physician-Focused Payment Model Technical Advisory Committee, established by the Medicare Access and CHIP Reauthorization Act of 2015. In 2012, he completed service on the Medicare Payment Advisory Commission, including two years 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 on the Carter White House Domestic Policy Staff. 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 PPO 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 publishes frequently

in journals that include the *New England Journal of Medicine*, the *Journal of the American Medical Association*, and *Health Affairs*. Dr. Berenson received his B.S. from Brandeis University and his M.D. degree from the Mount Sinai School of Medicine. He is a Fellow of the American College of Physicians and is on the adjunct faculty of the George Washington University School of Public Health.



Dr. Kavita Patel is a Nonresident Senior Fellow at the Brookings Institution and a co-founder of Tuple Health, a physician led company focused on practical clinical solutions to bring care back to health as well

as a practicing primary care physician at Johns Hopkins Medicine. In her role at the Brookings Institution, Dr. Patel was instrumental in the development of several specialty payment models including the Oncology Care Model Initiative and the Next Generation ACO model. Dr. Patel was previously a Director of Policy for The White House under President Obama and a senior advisor to the late Senator Edward Kennedy. Her prior research in healthcare quality and community approaches to mental illness have earned national recognition and she has published numerous papers and book chapters on healthcare reform and health policy. She has testified before Congress several times and she is a frequent guest expert on NPR, CBS, NBC and MSNBC as well as serving on the editorial board of the journal *Health Affairs*.



Richard Deem is the senior vice president of the American Medical Association (AMA) Advocacy Group. In this capacity, he directs the AMA's federal and state advocacy efforts, as well as the organization's health policy functions. The AMA's advocacy team includes a political staff that

manages physician grassroots activists and a network of patient-activists that total more than 1.2 million voters and they also serve AMPAC, the AMA's

political action committee, which is rated as one of the most effective political action committees in the country. Mr. Deem has served in numerous capacities in his 34-year career at the AMA. Prior to joining the AMA, he served as a special assistant to former Health and Human Services Secretary Richard S. Schweiker and worked in Sec. Schweiker's Senate office for five years. He is a graduate of American University and resides in Arlington, VA.



Dr. Crosson is the Chairman of the Congressional Medicare Payment Advisory Commission (MedPAC). MedPAC advises the U.S. Congress on ways to promote high quality coordinated care for beneficiaries and preserve the fiscal

integrity of the Medicare program. Previously, Dr. Crosson was the founding Executive Director of The Permanente Federation, the national organization of the Permanente Medical Groups, the physician component of Kaiser Permanente. He also served as a Senior Fellow in the Kaiser Permanente Institute for Health Policy, where in 2010, he co-authored a book entitled *"Partners in Health: How Physicians and Hospitals Can Be Accountable Together"*. Dr. Crosson was a Group Vice-President of the American Medical Association from 2012-2014, working on improving physician practices. He is a graduate of the Kaiser Permanente Executive Program at Stanford Business School. He also served on the National Advisory Committee of the Agency for Healthcare Research and Quality (AHRQ) from 2012-2015. Dr. Crosson received an undergraduate degree in Political Science and, in 1970, a medical degree from Georgetown University.



Christopher F. Koller is President of the Milbank Memorial Fund and Publisher of the Milbank Quarterly. The Fund is a 110 year operating foundation that improves population health by connecting leaders with the best information and experience. Before joining the Fund in 2013,

he served the state of Rhode Island for eight years as the country's first health insurance commissioner, where he and his team aligned regulation and rate review with statutory authority to help promote delivery system reform in such areas as primary care transformation. Prior to that, he was CEO of Neighborhood Health Plan of Rhode Island. He is a member of the National Academy of Medicine's Health Care Services Board and serves in numerous national and state health policy advisory capacities. Mr. Koller is also adjunct professor of community health in the School of Public Health at Brown University.



Ms. Donna Kinzer is the Executive Director of the Maryland Health Services Cost Review Commission ("HSCRC"). Ms. Kinzer took a leave from her 40 year consulting career to lead the HSCRC staff through

development and implementation of hospital payment modernizations under the new All-Payer Model in Maryland. In her current role, Ms. Kinzer has led the HSCRC staff and the field through transitioning all Maryland hospitals to global budgets, adapting Maryland's quality improvement programs to the new Model, developing new payment policies, analyzing potentially avoidable utilization for each hospital, and implementing broad stakeholder input approaches that include consumers, physicians, nurses, other providers, payers, hospitals, and purchasers. As the All-Payer Model embarks on its fourth performance year, Ms. Kinzer is now leading the field through developing and implementing strategies for delivery transformation that are needed to sustain and support the objectives of the new Model.

Prior to her work at HSCRC, Ms. Kinzer served as the Director at Berkley Research Group ("BRG"). At BRG, she led the Care Improvement and Payment Reform practice, leading the HSCRC leadership in developing Maryland's new All-Payer Model and in obtaining a new Medicare Waiver for Maryland. Before joining BRG, she acted as Managing Director at Navigant Consulting, worked for DK Consulting, and was a Partner at Arthur Anderson. In these roles, Ms. Kinzer focused her career on helping payers, providers, and

other health care entities develop and implement new analytics, delivery approaches, and payment models as well as on supporting infrastructure in response to transformational market shifts, changing customer demands, and health care reform.

Ms. Kinzer holds a certificate in Business Administration, is a certified Public Accountant and holds a Bachelor of Science in Accounting and Business/Management from Towson University.



David Seltz is the first Executive Director of the Massachusetts Health Policy Commission. Prior to this role, Mr. Seltz was the chief health care advisor for then-Senate President Therese Murray and served as the Special Advisor on health care for former Governor Deval

Patrick (MA). Through these positions, Mr. Seltz advised the passage of Chapter 58 of the Acts of 2006 and Chapter 224 of the Acts of 2012. Mr. Seltz is a 2003 graduate of Boston College and originally from Minnesota. He was a recipient of Modern HealthCare's 2015 Up and Comer Award, which recognizes young executives that have made significant contributions in the areas of healthcare administration, management or policy.



Anya Rader Wallack is the Acting Secretary of Health and Human Services for the State of Rhode Island. Prior to taking this position, she was a Program Manager at the Center for Evidence Synthesis in Health within Brown University's School of Public Health. Anya was Rhode Island's Medicaid Director until September 30

of last year. Prior to serving as Medicaid Director, Anya was Director of HealthSource RI, Rhode Island's health insurance exchange.

A native Vermonter, Anya has lived in Rhode Island for the past 18 years. Prior to taking the position with HealthSource, she ran her own health policy consulting firm, Arrowhead Health Analytics. Her consulting focus was state and federal health policy,

including Medicaid policy, the effect of national health reform on states and health care payment and delivery system reform. Her clients have included Governor Peter Shumlin of Vermont, Dartmouth-Hitchcock Health, Fletcher Allen Health Care, the Universal Health Care Foundation of Connecticut and the National Academy for State Health Policy.

Anya served as Chair of Vermont's Green Mountain Care Board from 2011-2013. The Board oversees cost control and provider payment innovation in Vermont. She also served from 2013-2014 as Chair of the Vermont State Innovation Model (SIM) governing board.

Anya served previously as interim President of the Blue Cross Blue Shield of Massachusetts Foundation and Executive Director of the Massachusetts Medicaid Policy Institute. She served from 1991-1994 as Policy Director and then Deputy Chief of Staff for Vermont Governor Howard Dean, M.D. She represented Governor Dean on First Lady Hillary Rodham Clinton's Health Care Task Force in 1993. From 1995-1998 she ran the Vermont Program for Quality in Health Care, a quasi-governmental agency that specializes in quality measurement and improvement at the state level.

Anya is a former member of the Vermont Board of Medical Practice and the Massachusetts Health Care Quality and Cost Council. She holds a Ph.D. in social policy from the Heller School at Brandeis University.