



## Cost and Efficiency Standing Committee

### COMMITTEE CO-CHAIRS

#### **Brent Asplin, MD, MPH**

Independent  
Cincinnati, OH

Brent Asplin is an emergency physician and healthcare executive who is focused on building a sustainably affordable health system that is consumer friendly and value driven. Most recently, Dr. Asplin served as the Chief Clinical Officer for Mercy Health, a \$4.5B system that operates 23 hospitals in Ohio and Kentucky. He provided system-wide strategic leadership for Mercy's physician network and clinical imperatives. His areas of focus were physician integration, clinically integrated networks, population health management, and Mercy's quality and clinical transformation function. Dr. Asplin came to Mercy Health from Fairview Health Services, a \$3.3- billion, eight-hospital system in Minneapolis, where he was the organization's President and Chief Clinical Officer and President of Fairview Medical Group, a multi-specialty group with more than 550 physicians. Before joining Fairview in 2011, he was Chair of the Department of Emergency Medicine at the Mayo Clinic. Dr. Asplin's career also includes serving as a clinical leader with Regions Hospital and HealthPartners in St. Paul and serving on the Committee on the Future of Emergency Care in the U.S. Health System with the Institute of Medicine in Washington, D.C.

#### **Cheryl Damberg, PhD**

Principal Senior Researcher, RAND Distinguished Chair in Healthcare Payment Policy  
Santa Monica, CA

Cheryl Damberg has more than 25 years of experience in the areas of health economics, quality measurement and reporting, and the use of financial incentives to improve cost and quality. She is a national expert in the areas of pay for performance (P4P) and value-based purchasing applications of performance measures, physician and hospital performance measurement, measures of cost-efficiency/resource use, and evaluating alternative payment models. She is the PI of a 5-year NIH study to evaluate the impact of California's statewide value-based P4P program. She has led numerous CMS and HHS-funded projects related to the use of performance measures including analyses to strengthen the Medicare STAR rating program; a review and synthesis of how to measure success in value-based purchasing programs; and how to assess cost savings and efficiency gains from implementation of EHRs and HIE. She is the RAND Project Director working with the Health Services Advisory Group on the 2015 National Impact Assessment for CMS. She also led an ASPE-CMS funded project to assist CMS with the development of a plan for value-based purchasing for hospitals (which has now become the hospital VBP program).

## STANDING COMMITTEE MEMBERS

### **Kristine Martin Anderson, MBA**

Executive Vice President, Booz Allen Hamilton  
Rockville, MD

Kristine Martin Anderson is an Executive Vice President at Booz Allen Hamilton. Based in Rockville, Maryland, she is recognized as a thought leader for her expertise in quality measurement and using health information technology to improve care. Ms. Martin Anderson leads Booz Allen's work in Civil Health, including work focused on implementing health reform legislation. Prior to joining Booz Allen, she was the Vice President for Operations and Strategy at CareScience, a software solutions company that she helped to launch in 1992 and take public in 2000.

CareScience created the nation's first Web-based clinical performance improvement system for hospitals, and the nation's first health information exchange. Kristine holds a M.B.A from The Wharton School of Business and a B.A. from the University in Pennsylvania.

### **Larry Becker**

Retired  
Rochester, NY

Lawrence M. Becker is the Director of Human Resources Strategic Partnerships, Alliances and Plan Administrator for Xerox Corporation. Mr. Becker has been in this position since January, 2009.

From 2000 until January 2009, he was responsible for the design and implementation of all health and welfare plans as well as defined benefit plans for the company. Mr. Becker joined Xerox in 1990 and has served in several capacities in the benefits, compensation, technology, and operations arenas. Before joining Xerox, he served as vice president of human resources for Baltimore Bancorp and was responsible for compensation, benefits, training, staffing, and payroll. He also has worked for Formica Corporation, Exxon Corporation, and American Can Company in a variety of benefits, compensation, operations, and industrial relations roles. Mr. Becker is a member of the Board of Directors and Finance Committee of the National Quality Forum (NQF) as well as the NQF Steering Committee on Measuring Efficiency across Patient-Focused Episodes of Care, a member of the Executive Board of ERIC (ERISA Industry Council) and a member of the leadership team for the Consumer Purchaser Disclosure Project. He holds an appointment by the US General Accounting Office on the Board of Governors of the Patient Centered Research Institute (PCORI). In addition, Mr. Becker is a member of the QASC Expansion Workgroup commissioned by the Secretary of Health and Human Services (HHS) as well as a member of the Vision Workgroup of the Quality Alliance Steering Committee sponsored by HHS. He also serves on the National Business Group on Health Public Policy Committee. In his local community, he is on the Board of Directors of the Greater Rochester Health Information Operation and the Rochester Health Planning Team. In 1978 Mr. Becker earned a BS degree from Cornell University's Industrial and Labor Relations School.

### **Mary Ann Clark, MHA**

Vice President, Avalere  
Washington, DC

She has over 20 years of experience in working with complex healthcare datasets and has authored

over forty publications on the economic impact of medical technologies. She provides the vision for Neocure's data analytics product portfolio by leveraging knowledge of healthcare databases, analytic techniques and statistical methods, reimbursement and health economics to enhance current product offerings to medical device manufacturers. She was with Boston Scientific for 8 years as the Director of Health Economics and Reimbursement. Early in her career, she was a member of the Harvard RBRVS Medicare physician payment study.

### **Troy Fiesinger, MD, FAAFP**

Lead Physician, Population Health, Village Family Practice  
Houston, TX

Troy Fiesinger graduated from Baylor College of Medicine and completed his family medicine residency at East Carolina University. While practicing family medicine with obstetrics at the Scott and White Clinic, he served as the Regional Clinic Director for Quality and Safety. Dr. Fiesinger then worked as family medicine residency faculty and was the medical director of a federally qualified health center. He currently provides comprehensive primary care as part of a medium size primary care group. He is the lead physician for population health and managed care and chairs the quality committee for a Next Generation ACO.

### **Nancy Garrett, PhD**

Chief Analytics Officer, Hennepin County Medical Center  
Minneapolis, MN

Nancy Garrett, Ph.D. is the Chief Analytics Officer at Hennepin County Medical Center, where she leads the analytics and information technology functions. She has worked at the provider, state and national levels to find creative ways of using data to identify and reduce disparities in health care and health care outcomes. Nancy is currently on the National Quality Forum Cost and Resource Use Steering Committee and also served on the Adjustment for Sociodemographic Factors expert panel. She is helping to connect the work of these committees and implement the trial period for sociodemographic risk adjustment. Nancy served on the Board of Minnesota Community Measurement where she was instrumental in implementing its first cost measure.

Nancy has a Ph.D. in Sociology from the University of Illinois and examined disparities in language proficiency and use based on sociodemographic factors for her doctoral dissertation.

### **Andrea Gelzer, MD, MS, FACP**

Senior Vice President and Corporate Chief Medical Officer, AmeriHealth Caritas  
Philadelphia, PA

Dr. Andrea Gelzer is the senior vice president and corporate chief medical officer for AmeriHealth Caritas. She is responsible for setting and overseeing the organization's overall population health management, informatics, quality and provider network contracting strategies, as well as clinical policy development and data analytics oversight for all AmeriHealth Caritas' health plans and ancillary businesses. Prior to joining AmeriHealth Caritas, Dr. Gelzer served as the Chief Medical Officer for Boston Medical Center HealthNet Plan and Senior Vice President of Clinical Public Affairs at CIGNA Corporation, and spent 16 years practicing internal medicine. Dr. Gelzer serves on several national committees including the Health Care Payment Learning and Action Network's (HCP-LAN)

Alternative Payment Model Framework & Progress Tracking Workgroup, Core Quality Measures Collaborative, CMS Technical Expert Panel on the National Impact Assessment of CMS Quality Measures, and the National Quality Forum's Coordinating Committee for the Medicaid Innovation Accelerator Project. She also chairs the Chief Medical Officer Leadership Council of America's Health Insurance Plans (AHIP). Dr. Gelzer earned her undergraduate degree from Tufts University and her doctor of medicine from St. George's University. She also received a master's degree in preventive medicine/administrative medicine at the University of Wisconsin Madison. She is a board certified by the American Board of Internal Medicine and by the American Board of Preventive Medicine in clinical informatics.

### **Rachael Howe, MS, BSN, RN**

Nurse Informaticist, 3M HIS  
Murray, Utah

Rachael Howe has been a member of the 3M Healthcare Data Dictionary (HDD) team since 2010. She also worked at IHC for a short time aiding in their CERNER rollout. As a HDD project lead, she is responsible for process flow, standard operating procedures, and job assignments in addition to standardization and interoperability for various projects. She obtained her Master's in the Science of Healthcare Informatics degree in 2015. She has been involved in the mapping and design development for multiple different projects to improve interoperability in EHRs and implementation of Meaningful Use Value Sets, in addition to terminology work with SNOMED CT and LOINC.

### **Jennifer Eames Huff, MPH, CPEH**

Principal, JEH Health Consulting  
Senior Advisor, Pacific Business Group on Health  
San Francisco, CA

Jennifer Eames Huff is a consultant that works on improving the quality and affordability of healthcare in the United States. She provides strategic guidance, communications support, and technical assistance on projects related to value-based purchasing, consumer decision-making, performance measurement, quality improvement, and research. Prior to becoming a consultant, Ms. Eames Huff was Director of Advancing Policy for the Pacific Business Group on Health. She has also held positions for biotechnology, philanthropy, and health systems organizations.

Wanting to become more directly involved with health improvement, Ms. Eames Huff started studying and practicing Esoteric Healing over seven years ago. Ms. Eames Huff holds a Master of Public Health in Health Policy and Management from the University of California, Berkeley and a Bachelor of Arts with honors from Wellesley College. She became a Certified Practitioner of Esoteric Healing in April 2016.

### **Sunny Jhamnani, MD**

Provider, Yale University  
New Haven, Connecticut

Sunny Jhamnani is an Advanced Interventional Cardiology Fellow at Yale University and trained in Internal Medicine at Georgetown, prior to which he was a Research Fellow at Harvard University. He has also trained in quantitative methods, including econometrics and statistics. His works centered on the theme of cost and quality in medicine, particularly in cardiology. He is the chair of American

Medical Association's (AMA) Council of Business and Economics, an AMA Delegate, American College of Cardiology's (ACC) Board of Trustee Malpractice Workgroup member, Society for Cardiac Angiography and Interventions' (SCAI) Bundled Payment Group member, among other things. He is a reviewer of several prominent journals, active within his local medical societies and hospital system and a strong advocate for his patients.

**Lisa Latts, MD, MSPH, MBA, FACP**

Deputy Chief Health Officer, Watson Health, IBM  
Denver, CO

Lisa Latts, MD, MSPH, is the Deputy Chief Health Officer at Watson Health, IBM. Her previous positions include Principal with LML Health Solutions, consulting on health care quality, delivery system reform, and provider/health plan collaboration and Vice President of Public Health Policy at WellPoint, responsible for initiatives to measure and improve the health and quality of care for WellPoint's members and communities. She also directed programs to promote health equity, patient safety initiatives, and Strategic Alliances. Dr. Latts lives in Denver, Colorado, where she practices part-time as an internist in the University of Colorado Hospital specializing in Medical Complications of Pregnancy.

**Jason Lott, MD, MHS, MSHP, FAAP**

Director, US Medical Affairs-Market Access, Bayer US LLC  
Whippany, New Jersey

Dr. Lott is the Director of Medical Affairs-Market Access at Bayer, leading evidence generation and value insights at the intersection of patients, pharmaceuticals, managed care, and integrated delivery networks. He is a board-certified dermatologist and health services, outcomes, and "big data" researcher. He has experience in mathematics, statistical modeling, and economics, with an emerging focus on innovative applications of machine learning, deep neural networks, and other next-wave artificial intelligence. He is a firm believer in data as a path to deliver value in healthcare, firmly committed to improving the lives of patients and populations, and, always, a physician.

**Martin Marciniak, MPP, PhD**

Vice President, US Medical Affairs, Customer Engagement, Value, Evidence and Outcomes,  
GlaxoSmithKline  
Durham, NC

Martin Marciniak, MPP, PhD is Vice President, US Medical Affairs responsible for Customer Engagement, Value, Evidence and Outcomes within GlaxoSmithKline. His leadership and research experience has included specific therapeutic area focus in oncology, neuroscience, cardiovascular disease and policy and economics. He has published in peer-reviewed journals and has been invited to present clinical, health outcomes, and economic results at both national and international meetings. In addition to his research activities, Martin has previously served as a member of the National Quality Forum Cost and Relative Resource Use Steering Committee, as a nonvoting industry representative to the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) for the Centers for Medicare and Medicaid Services and as a board member for the National Pharmaceutical Council (NPC) Board of Directors. Presently, he serves on the Editorial Advisory Board for Value and Outcomes Spotlight (an ISPOR publication), and on the advisory board for the

Institute for Clinical and Economic Review (ICER). In addition to these activities, he has also served the broader healthcare community in a number of different ways, most recently through invitations to engage in public forum discussions at BioCentury TV and the FDA/CMS Summit. Martin holds a position of Adjunct Assistant Professor in the Division of Pharmaceutical Outcomes and Policy at the University of North Carolina's Eshelman School of Pharmacy. He received his Ph.D. from the University of California at Berkeley, his masters' degree in Public Policy from Harvard University, and his BS in Pharmacy from Purdue University.

### **James Naessens, ScD, MPH**

Professor, Mayo Clinic  
Rochester, MN

James M Naessens, ScD, MPH, is a Professor of Health Services Research with 30 years of experience in health services research and scientific director of the Center for the Science of Health Care Delivery at Mayo Clinic Florida. He received a BS in Zoology and MPH in biostatistics from the University of Michigan and also received a ScD in Health Systems Management from Tulane. Dr. Naessens is a member of several professional societies, and has extensive publications national and international presentations on outcomes, costs, quality and patient safety topics. Dr. Naessens' recent work has included evaluating the impact of health benefit changes on utilization, assessing the utility of bundling.

### **Jack Needleman, PhD**

Professor of Health Policy and Management, UCLA Fielding School of Public Health  
Los Angeles, CA

Jack Needleman, PhD, FAAN, is Professor of Health Policy and Management, UCLA Fielding School of Public Health. His research on nurse staffing, hospital quality and the business case for nursing won the first AcademyHealth Health Services Research Impact Award. A health economist, he has conducted research examining the performance of nonprofit and for-profit hospitals, and as co-director of the Lewin-ICF public policy practice, designed or evaluated hospital, physician and nursing home reimbursement systems. Dr. Needleman served on the NQF Resource Use Steering Committee, 2010-2011 and the Cost and Resource Use Committee since its inception. He has PhD in Public Policy from Harvard University. He is an elected member of the National Academy of Medicine (formerly Institute of Medicine).

### **Janis Orlowski, MD, MACP**

Chief Health Care Officer, Association of American Medical Colleges  
Washington, DC

As chief health care officer, Janis M. Orlowski, MD, MACP, focuses on the interface between the health care delivery system and academic medicine, especially how academic medical centers can leverage their expertise in research and innovation to support emerging reforms. She leads several AAMC groups, including the Council of Teaching Hospitals and Health Systems, which represents the interests of approximately 400 major teaching hospitals and health systems, including 64 Veterans Affairs medical centers. Dr. Orlowski joined the AAMC after serving as the chief operating officer and chief medical officer of MedStar Washington Hospital Center, Washington, D.C. From 2004-2013, Dr. Orlowski oversaw the medical staff, clinical care, quality, patient safety, medical risk, perioperative

services, ambulatory care, and medical education programs. Prior to MedStar Washington, she served as associate vice president and executive dean of the Rush University Medical School in Chicago. Dr. Orlowski earned her B.S. degree in biomedical engineering from Marquette University and her MD from the Medical College of Wisconsin.

### **Carolyn Pare**

President and CEO, Minnesota Health Action Group  
Bloomington, MN

Carolyn is the President and Chief Executive Officer of the Minnesota Health Action Group, a coalition of more than 50 public and private employers dedicated to health care market reform. In the twenty five years since its formation, this Minnesota based coalition has introduced a number of nationally recognized innovations in health care contracting, delivery, quality and consumerism. The Action Group members are committed to supporting a health care system that delivers the care consumers need at the right time, in the right place and at the right price.

Carolyn was previously a director of Human Resources, responsible for Benefits, Risk Management, and Human Resource Information Systems at Target Corporation. She currently chairs the Consensus Standards Approval Committee and serves on the Cost and Resource Use Standing Committee for the National Quality Forum. Carolyn is past Chair of the National Business Coalition on Health and served on the NCQA Standards Committee for eight years.

Carolyn also participates as a member of the National Advisory Council to the California Health Benefits Review Program, sits on the Multi-Payer Alignment Task Force for Minnesota's Accountable Health Model and has served as interim Program Director of the Minnesota Chartered Value Exchange. Carolyn has a BS in Environmental and Public Health from the University of Wisconsin at Eau Claire and over 35 years experience in occupational health and safety, risk management, and health care.

### **John Ratliff, MD, FACS, FAANS**

Associate Professor of Neurosurgery; Vice Chair, Operations and Business Development; Co-Director, Division of Spine and Peripheral Nerve Surgery, Department of Neurosurgery, Stanford University Medical Center, American Association of Neurological Surgeons  
Stanford, CA

Dr. Ratliff is Professor of Neurosurgery, Vice Chair, Operations and Business Development, Department Quality Officer, and Co-Director, Division of Spine and Peripheral Nerve Surgery at Stanford University Medical Center. He is a board certified neurosurgeon whose clinical focus is complex spinal surgery and whose research focuses on outcomes assessment in spine surgery procedures and defining value of care in spine surgery interventions. Dr. Ratliff holds a leadership position in the AANS. He is former chairman of the AANS/CNS Neurosurgery Quality Council, serves on neurosurgery's Washington Committee, member of the AANS Coding and Reimbursement Committee, and the AANS RUC Advisor. He also received the ACS/AANS Health Policy Scholarship for the Brandeis University Health Policy Leaders Program.

### **Andrew Ryan, PhD (Inactive)**

Assistant Professor, Weill Cornell Medical College



New York, NY

Andrew Ryan, PhD, is an Assistant Professor of Public Health in the Division of Outcomes and Effectiveness Research at Weill Cornell Medical College. Dr. Ryan has a PhD in Social Policy with a concentration in Health Policy from the Heller School of Social Policy and Management, Brandeis University. Dr. Ryan's research focuses on pay-for-performance and public quality reporting in healthcare, quality measurement and provider profiling, disparities and discrimination in healthcare, policy analysis, and applied econometrics. His awards and honors include the 2009 Academy Health Dissertation Award for his dissertation and the John M. Eisenberg Article-of-the-Year in Health Services Research.

### **Srinivas Sridhara, PhD, MHS**

Managing Director, The Advisory Board Company  
Washington, DC

Srinivas Sridhara has fifteen years of experience in measure development, health services research, and health policy analysis. He is the Managing Director for Clinician Analytics at The Advisory Board Company (ABC), where he leads development of provider performance measures and tools to profile and incentivize high value care. Prior to ABC, Dr. Sridhara worked at the Maryland Health Care Commission, where he managed Maryland's All Payer Claims Database and reported on health care costs, quality, utilization, and access; lead price transparency initiatives, program evaluations, and workforce studies; and managed the IRB and data release program. Dr. Sridhara previously worked at Johns Hopkins Bloomberg School of Public Health (JHSPH) and Baltimore Mental Health Systems and completed his graduate work at JHSPH.

### **Lina Walker, PhD**

Vice President of Health Security, AARP — Public Policy Institute  
Washington, DC

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 over 20 years of experience working 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 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.

### **Bill Weintraub, MD, FACC**

Director of Outcomes Research, MedStar Heart and Vascular Institute, MedStar Washington Hospital Center  
Washington, DC

William S. Weintraub, MD, is a nationally recognized expert in outcomes research and a respected cardiologist who has published extensively in the area of health status assessment and health care economics. He serves as the Director of Outcomes Research at MedStar Heart and Vascular Institute, MedStar Washington Hospital Center. He has a long-standing interest in health informatics and played a key role in the development of the ACCF National Cardiovascular Data



Registry. Dr. Weintraub has been the recipient of many national awards and research grants and has served on the editorial boards of numerous peer-reviewed journals.

### **Herbert Wong, PhD**

Senior Economist, Agency for Healthcare Research and Quality  
Rockville, MD

Herbert S. Wong, PhD, is a senior economist with the Agency for Healthcare Research and Quality, Center for Delivery, Organization and Markets. He has over 20 years' experience working on the Healthcare Cost and Utilization Project (HCUP). In his past research, he has analyzed issues related to pricing and competition in the market for hospital and physician services. Dr. Wong currently serves as the Vice Chairman of the Maryland Health Services Cost and Review Commission. Dr.

Wong's work appears in journals such as Health Services Research, Inquiry, Journal of Health Economics, Medical Care, Medical Care Research and Review, Southern Economic Journal, and Review of Industrial Organization. Dr. Wong taught courses at several universities.

### **Dolores Yanagihara, MPH**

Vice President, Analytics and Performance Information, Integrated Healthcare Association  
Oakland, CA

Dolores Yanagihara has ten years of experience dealing with efficiency measures, methodological trade-offs, and how to make results meaningful. She led the addition of utilization and total cost of care measures to the Integrated Healthcare Association's (IHA) statewide pay for performance (P4P) program, to transition from a quality-based to a value-based program. Ms. Yanagihara had to navigate both technical and political challenges while developing and implementing these measures in a multi-payer, multi-stakeholder environment. She convened a technical committee to assess episode groupers using standardized costs, and to develop, test, and implement a population-based, risk and geography adjusted total cost of care measure using actual costs. She worked with Professor James Robinson of the University of California at Berkeley and Tom Williams to publish IHA's experience with episode measurement in a special September 2009 Health Affairs issue. More recently, Ms. Yanagihara led IHA's work to produce the California Regional Health Care Cost & Quality Atlas, which displays clinical quality, hospital utilization, and cost performance by California region and payer type. She has actively served on the NQF Resource Use Steering Committee since its inception.