



NATIONAL QUALITY FORUM

Driving measurable health
improvements together

Final Roster

Cost and Efficiency Standing Committee, Fall 2019

NQF is currently seeking to fill gaps for the Cost and Efficiency project in the following area: patient/caregiver advocate. Please contact the project team at efficiency@qualityforum.org to submit a nomination. Thank you for your interest.

Committee Chairs

Cheryl Damberg, PhD

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

Cheryl Damberg is the Distinguished Chair in Health Care Payment Policy and Principal Senior Researcher at the RAND Corporation. Dr. Damberg's body of research explores the impact of various strategies being deployed to drive cost and quality improvements in the U.S. health system. Her work also explores how providers are working to redesign of healthcare delivery in response to new payment models and increased accountability for performance. As a national leader in the areas of value-based purchasing and application of performance measures, she has examined the effects of payment reforms on quality and costs, identified strategies to minimize unintended consequences associated with value-based payment schemes, and worked to apply social risk factor adjustments to improve the validity of measures used to compare provider performance and determine incentive payments. Dr. Damberg testified twice before Congress regarding how to include pay for performance into revisions to Medicare physician payments which informed the development of MACRA. Currently, she serves as the Principal Investigator of the RAND Center of Excellence on Health System Performance, under a five-year \$17.5 million grant from the Agency for Healthcare Research and Quality. The Center is focused on characterizing and studying health systems, and identifying the attributes of health systems associated with high performance and mechanisms that systems use to promote the uptake of evidence-based care practices. She also leads a research team that is working with the Center for Medicare and Medicaid Services to generate the annual Medicare Advantage Star Ratings and to conduct analyses to strengthen the Medicare STAR rating program. Dr. Damberg's prior professional experience includes serving as the Director of Quality and Research for the Pacific Business Group on Health, as a Senior Consultant to Fortune 100 firms for the MEDSTAT Group, and as a Research Fellow for the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. She holds a PhD in public policy from the Pardee RAND Graduate School and a Master of Public Health from the University of Michigan.

Sunny Jhamnani, MD

Provider, Dignity Health & Banner Health
Phoenix, AZ

Sunny Jhamnani is an Advanced Interventional Cardiologist serving the community of Phoenix, Arizona. He trained in Cardiology and Advanced Interventional Cardiology at Yale after his training in Internal Medicine at Georgetown; prior to which he was a Research Fellow at Harvard. He has also trained in

quantitative methods, including econometrics and statistics. His works center on the theme of cost and quality in medicine, particularly in cardiology. He is a Board Member of the National Board of Medical Examiners (NBME), part of NBME's Advisory Committee for Medical School Programs, the chair of American Medical Association's (AMA) Council of Business and Economics, an AMA Delegate, and an American College of Cardiology's (ACC) Board of Trustee Malpractice Workgroup member. He is a reviewer of several prominent journals with a solid publication record, active within his local medical societies and hospital system, and a strong advocate for his patients.

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, where she leads the Civilian Services business. In that role, Ms. Anderson and her team aim to address some of the most complex challenges faced by civil government, including healthcare, homeland security, and financial services. Prior to this role, Ms. Anderson was a leader in Booz Allen's federal Health business for 12 years. She is recognized as a thought leader for her expertise in quality measurement and using health information technology and analytics to improve the quality, safety, and efficiency of healthcare. 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. Ms. Anderson holds an MBA from The Wharton School of Business and a BA from the University of Pennsylvania.

Robert Bailey, MD

Johnson & Johnson Health Care Systems, Inc.
Titusville, NJ

As Senior Director of Population Health Research at Janssen Scientific Affairs, LLC, Robert Bailey leads a team focused on research supporting movement to achieve the Triple Aim for Healthcare. Projects include understanding ways to improve quality, decrease cost, and improve care experience. Previous roles have been in Health Economics and Outcomes Research, leading projects focused on quality, policy, and healthcare reform. Being Board Certified in Internal Medicine and Nephrology, Dr. Bailey provided patient care for 10 years prior to joining Janssen. My experience supports understanding of patient, provider, and payer perspectives in multiple therapeutic areas and in multiple sites of care delivery.

Bijan Borah, MSc, PhD

Mayo Clinic, College of Medicine
Rochester, MN
Nominated by Mayo Clinic

Bijan J Borah, MSc, PhD, a health economist and health services researcher at Mayo Clinic College of Medicine, focuses in comparative effectiveness research with expertise in observational data methods. His recent research includes measuring medication adherence in patients with multiple chronic conditions, identifying patients for interventions aimed at improving medication adherence. He serves as a member of Institute for Clinical and Economic Review's Midwest Comparative Effectiveness Public Advisory Council, member of the NQF's Scientific Methods Panel, member in the advisory committees

on medication adherence measurement panel at International Society for Pharmacoeconomics and Outcomes Research and AcademyHealth Health Economics Interest Group.

John Brooks, PhD

University of South Carolina
South Carolina

Dr. John Brooks is a health economist and Professor at the University of South Carolina and the Director of the Center Effectiveness Research in Orthopaedics (CERortho). Dr. Brooks has spent over 30 years performing research assessing performance and treatment effectiveness. At the University of Iowa Dr. Brooks co-founded the Healthcare Effectiveness Research Center (HERCe) here he led numerous studies addressing the theoretical and empirical issues surrounding treatment effectiveness and performance research using observational data. At CERortho, Dr. Brooks led development of the provider performance measures in sports medicine developed by our Qualified Clinical Data Registry (QCDR) for sports medicine (OrthoQCDR).

Cory Byrd

Humana, Inc.
Louisville, KY

Cory Byrd is a healthcare professional that has spent many years improving healthcare service and processes. His experience in consulting and consolidating quality measures supplies him with the clinical knowledge needed to improve the outcome for the patient. Cory is dedicated to working within established guidelines to innovate on and improve every aspect of the healthcare experience.

Michael Chernew, PhD

Harvard Medical School
Cambridge, MA

Michael Chernew is the Leonard D. Schaeffer Professor of Health Care Policy and the director of the Healthcare Markets and Regulation (HMR) Lab in the Department of Health Care Policy at Harvard Medical School. Dr. Chernew's research examines several areas related to controlling health care spending growth while maintaining or improving quality of care. His work on consumer incentives focuses on Value-Based Insurance Design (VBID), which aligns patient cost sharing with clinical value. His work on payment reform involves the evaluation of population-based and episode-based payment models. Other areas of research examine Medicare Advantage, prescribing patterns and medication adherence, the causes and consequences of rising health care spending, and geographic variation in spending, spending growth and quality.

Amy Chin, MS

Greater New York Hospital Association
New York City, NY

Amy Chin is Senior Director of Health Economics and Outcomes Research at the Greater New York Hospital Association (GNYHA) focusing on issues that span policy, finance, economics, and quality. In this role, she models the impact of federal pay for performance programs and evaluates public measurement systems affecting hospitals. Starting her career in health services research, Amy brings expertise in measure development, risk-adjustment, and statistical models using administrative data. Amy earned her M.S. in Biostatistics at UIC-School of Public Health and undergraduate degree in applied mathematics at Drew University.

Lindsay Erickson, MPH

Integrated Healthcare Association
Oakland, CA

Lindsay Erickson leads program operations for IHA's Align. Measure. Perform. Programs—implementing standard measures, reporting, and value-based incentives across 11 health plans and nearly 200 provider organizations in California. She oversees three multi-stakeholder committees that guide development and use of a common measure set that spans quality, patient experience, resource use, and cost. Prior to joining IHA, Lindsay worked at the Georgia Office of Planning and Budget as the policy analyst for Medicaid and CHIP. Lindsay earned her master's degree in Public Health from Emory University in health policy research, and bachelor's degree from the University of California, San Diego.

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.

Emma Hoo

Pacific Business Group on Health
San Francisco, CA

Emma Hoo, Director, Pay for Value at the Pacific Business Group on Health, focuses on measurement and payment reform initiatives, including adoption of common quality outcomes and efficiency measures among ACOs. She has managed joint purchasing and performance measurement initiatives for health plan, pharmacy benefit and disease management services on behalf of PBGH members and in the 2-50 small group segment, implementing risk adjusted premium programs in both segments. She has authored papers on ACOs and high performance provider network design. Previously, Emma managed contracting, data analysis and IT at a Medical Group. Emma received her BA from Harvard University.

Sean Hopkins, BS

New Jersey Hospital Association
Princeton, NJ

Sean J. Hopkins is the Senior Vice President of the Center for Health Analytics, Research & Transformation (CHART) at the New Jersey Hospital Association, a hospital and post-acute provider member organization located in Princeton New Jersey. As the Senior Vice President of CHART Mr. Hopkins is responsible for overseeing all analytical modeling, both financial and statistical, on behalf of the Association and its members and leads the Association's CHART team in its pursuit of facilitating the Association's mission "to improve the health of the people of New Jersey." Mr. Hopkins has almost 40 years of experience in the healthcare field, and has successfully engineered and overseen several demonstration projects approved by the Center for Medicare and Medicaid Services (CMS) and the Center for Medicare and Medicaid Innovation (CMMI). Prior to joining the New Jersey Hospital

Association Mr. Hopkins spent ten years with KA Consulting, Inc., a healthcare consulting company located in Edison, New Jersey. As a Senior Manager of Consulting Services Mr. Hopkins consulted regionally with hospitals on a wide range of financial and strategic issues. Mr. Hopkins served as an ex-officio board member for the New Jersey Chapter of the Healthcare Financial Management Association (HFMA) and previously served as a member of the National HFMA's Advisory Council. Overall Mr. Hopkins has almost 40 years of healthcare experience. Mr. Hopkins graduated from St. Joseph's University, Philadelphia, Pa. in 1981 and earned a Bachelor of Science degree in Accounting.

Rachael Howe, MS, BSN, RN

Nurse Informaticist, 3M HIS
Murray, UT

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 degree in the science of healthcare informatics in 2015. She has been involved in the mapping and design and 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.

Donald Klitgaard, MD, FAAFP

MedLink Advantage
Avoca, IA
Nominated by the American Academy of Family Physicians

Don Klitgaard is the founding CEO of MedLink Advantage (MLA), a practice transformation, healthcare consulting and ACO management firm. Utilizing practical expertise in practice management, cost and quality improvement, and risk adjustment gained through value-based purchasing work, he has served nationally as a consultant and educator. In 2012, Dr. Klitgaard founded Heartland Rural Physician Alliance, an Iowa statewide IPA. He currently manages Heartland MSSP and commercial ACOs, serving as Board Chair and ACO Medical Director. He also provides physician faculty support for the Iowa Healthcare Collaborative and Compass PTN in supporting multiple national CMS initiatives.

Lisa Latts, MD, MSPH, MBA, FACP

Chief Medical Officer, Colorado Department of Health Care Policy & Financing
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 healthcare 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, NJ

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.

Alefiyah Mesiwala, MD, MPH

Senior Medical Director for Value-based Care and Innovation, UPMC Health Plan
Pittsburgh, PA

Alefiyah Mesiwala is a board-certified preventive medicine physician, former Senior Healthcare Advisor to President Obama, and an expert in healthcare innovation and payment reform. She is currently the Senior Medical Director for Innovation and Value-based Care at the University of Pittsburgh Medical Center (UPMC) Health Insurance Services Division. At UPMC, Dr. Mesiwala is responsible for providing leadership on an innovation-focused portfolio that oversees and supports the contracting and design of value-based reimbursement models across the UPMC Health Plan network. She also leads the clinical practice transformation strategy, working closely to align population health activities with UPMC’s clinical integration efforts. Prior to joining UPMC, Dr. Mesiwala most recently served as Senior Healthcare Advisor on the White House National Economic Council under former President Obama. Prior to the White House, Dr. Mesiwala was a Senior Advisor and Medical officer at the Centers for Medicare and Medicaid Innovation (CMMI).

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 healthcare officer, Janis M. Orlowski, MD, MACP, focuses on the interface between the healthcare 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, DC. 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 BS degree in biomedical engineering from Marquette University and her MD from the Medical College of Wisconsin.

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, is a 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.

Srinivas Sridhara, PhD, MHS

Managing Director, The Advisory Board Company
Washington, DC

Srinivas Sridhara has 15 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 healthcare costs, quality, utilization, and access; led 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.

Mahil Senathirajah, MBA

IBM Watson Health
Santa Barbara, CA

Mahil Senathirajah is a Senior Director at IBM Watson Health. Mahil has 25 years of experience in healthcare policy, with a focus on the development of comparative performance information in support of public reporting and payment reform. He has worked extensively across health plan, physician, hospital, and payer sectors and clinical quality, utilization, and cost domains. Additionally, Mahil works with Federal, State, and private sectors initiatives. Recent federal government work includes the Transforming Clinical Practice Initiative, Medicaid Innovation Accelerator Program, and Pioneer ACO

Evaluation. Throughout this work, Mahil has both provided expert advice regarding the development, specification, and use of performance measures to achieve policy goals and has generated widely disseminated measure results. He served for a number of years on the NCQA's Technical Measurement Advisory Panel. Mr. Senathirajah received a BAsC in engineering and an MBA from York University, Toronto.

Danny van Leeuwen, RN, MPH

Health Hats
Arlington, VA

Danny van Leeuwen is a patient/caregiver activist. He learns with people, traveling together toward their best health and advising on what works for people on their health journey: informed decision-making, patient-centered research, communication at transitions of care, and technology supporting solutions created by and for people. Danny, known as Health Hats, wears many hats in healthcare. He is a patient with Multiple Sclerosis, a care partner for several family members' end-of-life journeys, a nurse with 40 years of experience, an informaticist, a QI leader, a mentor to leaders and advocates, and a weekly blogger and podcaster for more than seven years.