



Kristine Martin Anderson, MBA

Senior Vice President, Booz Allen Hamilton

Kristine Martin Anderson is a Booz Allen Hamilton Senior Vice President aligned to the health care sector. She is recognized as a thought leader for her expertise in health information technology, health information exchange and evaluating and improving clinical quality of care. She focuses on the use of HIT and incentives to transform performance measurement and improvement. Prior to joining Booz Allen, she was a founding employee at CareScience, a software solutions company that she helped to launch in 1992 and take public in 2000. CareScience launched the nation's first Web-based clinical decision support system for hospitals, and the nation's first HIE.

Stephen Bandeian, MD, JD

Senior Scientist, Agency for Healthcare Research and Quality (AHRQ)

Steve Bandeian MD JD is a senior scientist at AHRQ where he develops tools to analyze utilization, costs, and outcomes.

From 1995 to 2006, Dr. Bandeian led analytic teams at two large health plans. Dr. Bandeian also led development of physician report cards and care improvement initiatives.

From 1989 to 1993, Dr. Bandeian served at the Office of Management and Budget focused on Medicare and health reform. From 1985 to 1989, Dr. Bandeian served on the staff of the Ways and Means Committee responsible for physician payment and quality improvement.

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

David Bodycombe, MSc, ScD

Assistant Scientist, Johns Hopkins University Bloomberg School of Public Health

Prior to coming to the Johns Hopkins Bloomberg School of Public Health, Dr. Bodycombe was the Vice President of Analytics at Premier Inc. and helped formulate what later became the CMS Premier Performance Improvement Demonstration Project. Before that, he directed research and analytics at the American College of Cardiology where he helped found the ACC National Cardiovascular Data Registry which remains the leading registry of cardiovascular procedures in the world. He has also consulted on quality measurement with the NCQA. A management consultant since 1977, he has been involved in a wide range of population-based health services research that has included Federal prisoners, Native Americans, the Armed Services, and minority populations with HIV/AIDS. Dr. Bodycombe holds a Masters of Science in Biostatistics from Georgetown University (1977) and a Doctor of Science in Health Policy and Management from the Johns Hopkins Bloomberg School of Public Health (1993).

Joseph Cacchione, MD

Chairman, Operations and Strategy, Heart and Vascular Institute, Cleveland Clinic

Joseph G. Cacchione, M.D., F.A.C.C., interventional cardiologist at the Cleveland Clinic. In addition to his clinical responsibilities, Dr. Cacchione is the Chairman of Operations and Strategy, Cleveland Clinic Heart and Vascular Institute. He heads up Network Growth Strategy for the Cleveland Clinic Foundation as well as The Medical Director for Managed Care Services. He was previously in a private practice for over nineteen years and served as executive vice president and chief quality officer at Saint Vincent Health System in Erie, PA.

Dr. Cacchione is currently a member of the American College of Cardiology's (ACC) Board of Trustees. He chairs the ACC's Partners in Quality Subcommittee and is an active member of several committees, including the Payment Reform Task force. He serves on the AQA Steering Committee, co-chairs the AQA Reporting Workgroup and has participated in the Brookings Institution's High-Value Health Care Project Data Set Workgroup. Dr. Cacchione's interests include payment reform, longitudinal care delivery and clinical quality improvement.

Francois de Brantes, MS, MBA

Executive Director, Health Care Incentives Improvement Institute

close to 20 years of experience working in various parts of the health care industry, from a larger purchaser (GE) to an innovative not-for-profit (HCI3), building groundbreaking programs to improve quality and affordability of health care.

Dan Dunn, PhD

SVP Business Solutions, Optum

Dan Dunn is SVP of Business Solutions for Optum, a healthcare technology company. He has played a key role in Optum's R&D efforts, including ETGs, an episode of care methodology. Previously, Dan worked as an economist at Harvard University where he served as technical director of the RBRVS Project; a study to develop Medicare's physician payment system. More recently, he chaired a panel for NCQA on measuring resource efficiency and has assisted NCQA with the development of the HEDIS RRU measures implemented in 2007. Dan also led an Optum team in developing a prototype episode of care methodology for Medicare.

Nancy Garrett, Ph.D.

Chief Analytics Officer, Hennepin County Medical Center

Nancy Garrett, Ph.D. is currently Chief Analytics Officer at Hennepin County Medical Center, where she is developing a centralized function to integrate financial, clinical and human resources information. Previously, she implemented population health management analytics at a Pioneer ACO.

She also has an extensive payer background, and is co-author of the chapter "Data Analysis and Provider Profiling in Health Plans" in the best-selling textbook *Essentials of Managed Care* (2013). Nancy is currently on the National Quality Forum Cost and Resource Use Steering Committee where she is reviewing cost measures for national endorsement.

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 Demography from the University of Illinois.

Jennifer Hobart, MBA, MSc

Vice President, Medical Informatics, Blue Shield of California

Jennifer Hobart's academic experience includes:

- A.B. in Economics from Harvard University
- M.Sc. in Economics from London School of Economics
- MBA from the University of California at Berkeley

She has a wide range of experience in healthcare including:

- Training cabinet members from developing countries on application of economic analysis to healthcare policy at the World Bank
- Setting rates of payment for healthcare services purchased by the State of Massachusetts
- Establishing air quality levels to protect health
- Providing analytics to support medical group and hospital operations for the Kaiser Foundation Health Plan
- Supporting care delivery design and delivery at Blue Shield of California

David Hopkins, PhD

Senior Advisor, Pacific Business Group on Health

David S. P. Hopkins, PhD, is Senior Advisor at the Pacific Business Group on Health. Hopkins is also affiliated with the Center for Health Policy and the Clinical Excellence Research Center at Stanford University Medical School. He earned his A.B. in Biology from Harvard, and his M.S. in Statistics and Ph.D. in Operations Research from Stanford. Hopkins chaired the California Cooperative Healthcare Reporting Initiative (CCHRI) Executive Committee from 1996-2012 and is the former Chair of the Integrated Healthcare Association Pay-for-Performance Technical Efficiency Committee. He served two terms on NQF's Consensus Standards Approval Committee and currently chairs the NQF Purchaser Council.

Jim Jones, MBA

Vice President, Provider Partnership Innovations, AmeriHealth Caritas Family of Companies

Jim Jones, MBA is vice president of provider partnership innovations at AmeriHealth Caritas Family of Companies (ACFC), where he is responsible for developing and maintaining corporate value-based strategies and programs for hospital, primary care, specialty, and FQHC providers. He has expertise in medical cost analysis, physician reimbursement, and information solutions. Prior to joining ACFC, Jim worked at Independence Blue Cross. He is a graduate of Pennsylvania State University, where he received a Masters of Business Administration degree in Health Care Administration. He is an adjunct faculty member at The Eastern University Campolo College of Graduate and Professional Studies.

Marjorie L King, MD, FACC, MAACVPR

Director of Cardiac Services and Chair of the Institutional Review Board and Patient Safety Committee, American Association of Cardiovascular and Pulmonary Rehabilitation - AACVPR

Dr. Marjorie King is Director of Cardiac Services and Chair of the Institutional Review Board and Patient Safety Committee at Helen Hayes Hospital in West Haverstraw, NY. She is also an Assistant Clinical Professor of Medicine at Columbia University, and a Past President of the American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR). Dr. King has represented AACVPR on multiple work groups related to performance measures, episodes of care, and shared accountability, including as a member of the Agency for Healthcare Research and Quality Standing Workgroup, the ACCF/AHA/AACVPR/AAFP/AMA-PCPI/ANA/ASHP/NCQA Clinician-Patient Shared Accountability in Performance Measures Workgroup, the AMA-PCPI/ABMS REF/Brandeis University/HCI3/Booz Allen Hamilton Cardiac Clinical Workgroup to develop episode grouper methodology for Medicare, and the Clinical Working Group for cardiac episodes-of-care in the Medicare Episode Grouper.

Mark Levine, MD, FACP

Chief Medical Officer, CMS

As a regional Chief Medical Officer I advise the Regional Administrator on health care policy and serve as clinical advisor to all program areas within CMS. In this regard I conduct data analysis and participate in activities to assess and improve the delivery of services. I also serve as liaison to health professionals, academic medical centers, medical societies and professional associations. I am a member of the Center for Clinical Quality and Standards' Quality Improvement Council, the CMS Value-Based Purchasing Workgroup and the workgroup evolving the Physician Value-Based Payment Modifier. Most of my CMS activities are in service to national programs and activities. I was on the steering committees implementing the Medicare Shared Savings Program (Accountable Care Organizations) and setting up the Center for Medicare and Medicaid Innovation. I am the CMS clinical lead on the Episode Grouper project. I participated in developing and maintaining the curriculum of the Innovation Advisors Program, which I also served as a mentor and the faculty lead for education and accreditation. I serve as a reviewer and operational advisor for the Health Care Innovation Awards program, the Comprehensive Primary Care Initiative, and the Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents.

Jim Loiselle

Director Product Management, McKesson Corp.

As Director of Product Management for McKesson Corporation for the past 16 years I have worked on deployment with payors and providers for both Episodic Groupers (ETG and MEG) and predictive risk modeling tools (ACG, DCG, ERG, and PRG). The methods used in creating episodes of care or risk-profiles is only part of the story. Determining how to implement and use these tools to support provider cost and efficiency measurement or population health management activities continues to be a subject of great interest to me. Prior to my vendor experience I worked 10 years at an IPA-model HMO responsible for the implementation of

efficiency/cost reporting to physicians and have long-standing experience in quality measure development and reporting.

Jelani McLean, PhD, MPA

Senior Consultant, Analytics and Quality Assurance, Blue Health Intelligence

Jelani McLean, Ph.D., M.P.A. is a Senior Analytic Consultant for BHI. McLean is responsible for leading national health economic and outcome measures programs, including serving as the Analytic Project Lead for the Blue Cross and Blue Shield Association's Blue Distinction Center Program. McLean also leads BHI Quality Assurance initiatives and operations, including creation and integration of repeatable quality control reports and analysis for enterprise-wide improved analytics. McLean earned his Ph.D. in Organizational Leadership – Economic and Decision Sciences from Argosy University in Chicago and M.P.A. in Health Policy and Economic Development from the Keller Graduate School of Management.

David Mirkin, MD

Chief Medical Officer - Milliman MedInsight, Milliman MedInsight

Trained as an FP I have been a medical management consultant with Milliman's New York City health practice for the past 19 years. In 2012 I became the CMO for Milliman MedInsight which develops and markets analytic tools for healthcare providers, community coalitions, all payer data exchanges and healthcare payers. Prior to joining Milliman I was the Senior Medical Director for Medicare with FHP Int in CA and prior to this I was in practice practice in Jerome, Idaho.

James Naessens, ScD, MPH

Associate Professor, Mayo Clinic

James M Naessens, ScD, MPH, is an Associate Professor of Health Services Research with 30 years of experience in health services research and associate scientific director of the Value Analysis program at the Center for the Science of Health Care Delivery at Mayo Clinic. 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.

David Redfearn, PhD

Senior Consultant, Advanced Analytics, WellPoint, Inc.

David Redfearn, PhD, has more than 15 years of experience in the use and interpretation of Episode Treatment Group models (including the Optum/Symmetry ETG, Truven MEG and Cave Groupers). He has the lead responsibility for development and implementation of the WellPoint standard physician cost-efficiency methodology. In addition, he has more than 10 years of experience with patient severity measurement models (principally the Verisk DxCG model -

including the new performance assessment and PCP models). He has implemented hospital cost-efficiency measures based on MS-DRG and 3M APRDRG grouper models. He has a Ph.D. in Social Psychology from UCLA.

Andrew Ryan, PhD

Assistant Professor, Weill Cornell Medical College

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 AcademyHealth Dissertation Award for his dissertation and the John M. Eisenberg Article-of-the-Year in Health Services Research.

Tamara Simon, MD, MSPH, FAAP

Assistant Professor, Division of Hospital Medicine, Department of Pediatrics, University of Washington School of Medicine; Seattle Children's Hospital

Dr. Tamara Simon is Assistant Professor in the Division of Hospital Medicine, Department of Pediatrics at the University of Washington School of Medicine. She is attending physician on the Medically Complex Child Service at Seattle Children's Hospital and spends approximately 80 percent of her time conducting research on improving the quality of inpatient care provided to pediatric medical and surgical patients, particularly medically complex children through the Seattle Children's Research Institute. As co-investigator of the Pediatric Quality Measurement Program Center of Excellence on Quality of Care Measures for Children with Complex Needs funded through AHRQ and CMS, Dr. Simon has led work on identification of complex children using administrative data.

Christopher Tompkins

Associate Professor, Brandeis University

I direct institute for domestic health services research at Brandeis. Much of my work has been devoted to improving value in healthcare, most often through financial incentive structures. This has included development of the Medicare shared savings program (ACOs), hospital value-based purchasing, and an episode-of-care system that CMS will use for physician feedback, value-based payment modifiers, and future bundled payment initiatives. I have led development of NQF-endorsed measures.

I have taught health care financing, evaluation science, and research methods. I have conducted randomized experiments, quasi-experiments, and observational studies of particular interventions, organizational, and system-level changes in patient care.