

Physician-Focused Payment Model Technical Advisory Committee

September 19-20, 2022 – PTAC Public Meeting

Population-Based Total Cost of Care Models: Payment Considerations & Financial Incentives

Presenter and Panelist Biographies

Listening Session 1

(September 19, 9:55 – 11:10 a.m. EDT)

Subject Matter Experts

- [Mark Miller, PhD](#), Executive Vice President, Health Care, Arnold Ventures
- [J. Michael McWilliams, MD, PhD](#), Warren Alpert Foundation Professor of Health Care Policy, Department of Health Care Policy, Harvard Medical School
- [Michael E. Chernew, PhD](#), Leonard D. Schaeffer Professor of Health Care Policy, Department of Health Care Policy, Harvard Medical School; Director, Healthcare Markets and Regulation Lab, Harvard Medical School

Listening Session 2

(September 19, 11:25 a.m. – 12:40 p.m. EDT)

Subject Matter Experts

- [Kristen Krzyzewski, MBA](#), Chief Strategy and Program Development Officer, LTC ACO
- [Jeff Micklos, JD](#), Executive Director, Health Care Transformation Task Force
- [Clare Wirth](#), Director, Value-Based Care Research, Advisory Board

Roundtable Panel Discussion

(September 19, 1:30 – 3:00 p.m. EDT)

Subject Matter Experts

- [Alice Chen, PhD, MBA](#), Associate Professor of Public Policy, USC Sol Price School of Public Policy, University of Southern California (*Academic / Policy Research Perspective*)
- [Maryellen E. Guinan, JD](#), Policy Manager, America's Essential Hospitals (*Provider Perspective*)
- [Kathleen Holt, MBA, JD](#), Associate Director, Center for Medicare Advocacy (*Patient Advocacy Perspective*)
- [Gregory P. Poulsen, MBA](#), Senior Vice President, Policy, Intermountain Healthcare (*Payer Perspective*)
- [Katie Wunderlich, MPP](#), Executive Director, Maryland Health Services Cost Review Commission (*State Government Perspective*)

Listening Session 3

(September 20, 9:10 – 10:40 a.m. EDT)

Subject Matter Experts

- [Amol Navathe, MD, PhD](#), Co-Director, Healthcare Transformation Institute, Director, Payment Insights Team, and Associate Director, Center for Health Incentives and Behavioral Economics, University of Pennsylvania; Physician and Core Investigator, Philadelphia Veterans Affairs Medical Center; and Commissioner, Medicare Payment Advisory Commission, US Congress
- [Mark Friedberg, MD, MPP](#), Senior Vice President, Performance Measurement and Improvement, Blue Cross Blue Shield of Massachusetts
- [Eric C. Schneider, MD, MSc](#), Executive Vice President, National Committee for Quality Assurance

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Listening Session 3 (Continued) (September 20, 9:10 – 10:40 a.m. EDT)

Previous Submitter

- [Brian Bourbeau, MBA](#), Division Director, Practice Health Initiatives, American Society of Clinical Oncology

Listening Session 4 (September 20, 10:50 a.m. – 12:20 p.m. EDT)

Subject Matter Experts

- [Mark McClellan, MD, PhD](#), Robert J. Margolis Professor of Business, Medicine, and Policy, and Founding Director, Duke-Margolis Center for Health Policy, Duke University
- [Joseph Francis, MD MPH](#), Executive Director, Analytics and Performance Integration, Office of Quality and Patient Safety, Veterans Health Administration
- [Kate Freeman, MPH](#), Manager, Market Transformation, American Academy of Family Physicians
- [Nancy L. Keating, MD, MPH](#), Professor of Health Care Policy, Department of Health Care Policy, Harvard Medical School; Professor of Medicine and Practicing General Internist, Brigham and Women's Hospital
- [Robert E. Mechanic, MBA](#), Executive Director, Institute for Accountable Care; and Senior Fellow, Heller School of Social Policy and Management, Brandeis University

Listening Session 1 Biographies (September 19, 9:55 – 11:10 a.m. EDT)

Subject Matter Experts

[Mark Miller, PhD](#), Arnold Ventures



Dr. Mark Miller leads Arnold Ventures' work to lower the cost and improve the value of health care. He joined the team with more than 30 years of experience developing and implementing health policy, including prior positions as the Executive Director of the Medicare Payment Advisory Commission; Assistant Director of Health and Human Resources at the Congressional Budget Office; Deputy Director of Health Plans at the Centers for Medicare & Medicaid Services; Health Financing Branch Chief at the Office of Management and Budget; and Senior Research Associate at the Urban Institute.

Dr. Miller has extensive experience identifying emerging health care issues, developing policy solutions, working with policy makers, and engaging diverse stakeholders. Over the course of his career, he has been directly involved in the development of major health legislation such as the Balanced Budget Act; the Medicare Prescription Drug, Improvement, and Modernization Act; and the Affordable Care Act.

Dr. Miller holds a PhD in Public Policy Analysis from the State University of New York at Binghamton and an M.A. and B.A. in Political Science from Old Dominion University.

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Listening Session 1 Biographies (Continued)
(September 19, 9:55 – 11:10 a.m. EDT)

Subject Matter Experts

J. Michael McWilliams, MD, PhD, Harvard Medical School



Dr. J. Michael McWilliams is the Warren Alpert Foundation Professor of Health Care Policy, a Professor of Medicine at Harvard Medical School, and a general internist at Brigham and Women's Hospital. His research spans questions related to health care spending, quality, and access, with an overarching goal of informing policies that support efficiency and equity in health care. His work has focused on 4 areas: 1) the design and effects of payment systems, 2) the organization and quality of health care delivery, 3) effects of health insurance coverage, and 4) quasi-experimental methods for causal inference in observational research. Dr. McWilliams is currently principal investigator of a Program Project (P01) on the Medicare program funded by the National Institute on Aging and an R01 grant from the National Cancer Institute on Medicaid expansions in the South.

In other research supported by the Agency for Healthcare Research and Quality and Arnold Ventures, he is examining the effects of provider consolidation, performance of standard risk adjustment and methods for improving risk adjustment approaches, design of population-based payment models, and strategies for leveraging professionalism more productively in health care. Dr. McWilliams currently serves as a Senior Advisor to the Center for Medicare and Medicaid Innovation and a member of the board of directors for the Institute for Accountable Care. He is also an Associate Editor for *JAMA Internal Medicine* and a member of the editorial boards for *Health Services Research* and the *American Journal of Managed Care*.

His work has earned several honors, including the Academy Health HSR Impact Award and distinctions for specific papers from Academy Health, the Society of General Internal Medicine, the National Institute for Health Care Management Foundation, *Health Affairs* and *NEJM Catalyst*. He is an elected member of the American Society for Clinical Investigation and received the Alice S. Hersh New Investigator Award from Academy Health, the Outstanding Junior Investigator of the Year Award from the Society of General Internal Medicine, a Paul B. Beeson Career Development Award in Aging Research, and a Clinical Scientist Development Award from the Doris Duke Charitable Foundation. Dr. McWilliams received his BS with highest distinction in biology as a Morehead Scholar from the University of North Carolina at Chapel Hill, his MD magna cum laude from Harvard Medical School, and his PhD in Health Policy from Harvard University. He completed his residency in general internal medicine at Brigham and Women's Hospital.

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Listening Session 1 Biographies (Continued) (September 19, 9:55 – 11:10 a.m. EDT)

Subject Matter Experts

Michael E. Chernew, PhD, Harvard Medical School



Dr. 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 improving the health care system including studies of novel benefit designs, Medicare Advantage, alternative payment models, low value care and the causes and consequences of rising health care spending. Dr. Chernew is currently serving as the Chair of the Medicare Payment Advisory Commission (MedPAC) and previously served as the Vice Chair from 2012-2014 and a member from 2008-2012. In 2000, 2004 and 2010, he served on technical advisory panels for the Centers for Medicare & Medicaid Services (CMS) that reviewed the assumptions used by Medicare actuaries to assess the financial status of the Medicare trust funds. He is a member of the Congressional Budget Office's Panel of Health Advisors and Vice Chair of the Massachusetts Health Connector Board. Dr. Chernew is a member of the National Academy of Sciences, a research associate at the National Bureau of Economic Research and a senior Visiting Fellow at MITRE. He is currently a co-editor of the American Journal of Managed Care. Dr. Chernew earned his undergraduate degree from the University of Pennsylvania and his PhD in Economics from Stanford University. In 1998, he was awarded the John D. Thompson Prize for Young Investigators by the Association of University Programs in Public Health. In 1999, he received the Alice S. Hersh Young Investigator Award from the Association of Health Services Research.

Listening Session 2 Biographies (September 19, 11:25 a.m. – 12:40 p.m. EDT)

Subject Matter Experts

Kristen Krzyzewski, MBA, LTC ACO

Ms. Kristen Krzyzewski serves as the Strategy and Program Development Officer at LTC ACO, an Enhanced Track Medicare Shared Savings Program Accountable Care Organization that serves Medicare fee-for-service beneficiaries residing in long-term care nursing facilities across the country. She developed the initial concept for LTC ACO in 2015 and she currently works with the executive team to develop and execute strategic initiatives to support the long-term growth and success of LTC ACO. Prior to this role, Ms. Krzyzewski consulted with health care organizations on various strategic projects, including a value-based managed care solution for oncology, due diligence coordination, RFP response development, market entry strategy, and business plan development. Prior to consulting, she served as the SVP, Corporate Planning and Development



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Listening Session 2 Biographies (Continued) (September 19, 11:25 a.m. – 12:40 p.m. EDT)

Subject Matter Experts

Kristen Krzyzewski, MBA, LTC ACO (Continued)

for Value Options, a managed care behavioral health company, where she led the organization's dual eligible and Medicaid Aged, Blind and Disabled strategy. Prior to that, Ms. Krzyzewski served as SVP, Business Development for HealthSpring, A Cigna Company, and Bravo Health/Elder Health where she was responsible for new market development and service area expansions, including state licensure and CMS approval; development of I-SNP, D-SNP, Medicare-Medicaid Alignment Initiative Plan (IL), Medicaid proposals (TX STAR+PLUS); and strategic planning and market/competitive research. Ms. Krzyzewski earned a Master's in Business Administration degree from Harvard University Graduate School of Business and a Bachelor of Arts degree in Economics from Cornell University.

Jeff Micklos, JD, Health Care Transformation Task Force



Mr. Jeff Micklos is the Executive Director of the Health Care Transformation Task Force. An attorney by training, he is the former Executive Vice President, Management, Compliance, & General Counsel of the Federation of American Hospitals, a national trade association representing investor-owned hospitals, and a former Partner in the Health Law Department of the international law firm of Foley & Lardner LLP. Mr. Micklos began his career as a litigator and regulatory counsel for the Health Care Financing Administration, U.S. Department of Health and Human Services, and also served in the Office of General Counsel of the Social Security Administration. Mr. Micklos is a graduate of the Columbus School of Law, The Catholic University of America, and received a Bachelor Arts Degree from Villanova University.

Clare Wirth, Advisory Board

Ms. Clare Wirth is the Director of Advisory Board's value-based care research team. She aims to revitalize the conversation around VBC and inspire cross-industry stakeholders to take action. Ms. Wirth is passionate that meaningful risk-based payment is the right answer for the industry. Her areas of expertise include value-based care, population health management, behavioral health, care team redesign, avoidable emergency department utilization, and care management model redesign.

Ms. Wirth graduated Magna Cum Laude from Franklin and Marshall College with a Bachelor of Arts in Business with a Chemistry minor. She is currently pursuing her MBA from the University of Virginia Darden School of Business.



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Panel Discussion

(September 19, 1:30 – 3:00 p.m. EDT)

Subject Matter Experts

Alice Chen, PhD, MBA, USC Sol Price School of Public Policy, University of Southern California
(*Academic / Policy Research Perspective*)



Alice Chen is an Associate Professor of Public Policy and Vice Dean for Research at the USC Sol Price School of Public Policy and the Leonard D. Schaeffer Center for Health Policy and Economics. Her research focuses on improving the efficiency of health care markets. She examines how providers respond to changes in financial incentives and considers how health spending jointly affects health and labor indicators. Her work has been published in leading economics, policy, and medical journals, and it has been cited in major media outlets, including *Business Week*, CBS News, CNN, *Forbes*, *The Atlantic*, and *The Washington Post*. Prior to earning her MBA and PhD in Business Economics from the University of Chicago's Booth School of Business, Dr. Chen graduated with an AB and SM in Applied Math from Harvard University.

Maryellen E. Guinan, JD, America's Essential Hospitals
(*Provider Perspective*)

Ms. Maryellen Guinan's background is in health law and health services research, previously serving as Associate General Counsel for a national rehabilitation services company. As Policy Manager at America's Essential Hospitals, she works within the advocacy and policy departments. The more than 300 members of America's Essential Hospitals provide primary care through trauma care, disaster response, health care workforce training, research, public health programs, and other vital services, all while maintaining a commitment to those in need and to underserved communities.



Ms. Guinan's work for America's Essential Hospitals focuses on quality improvement programs and hospital payment systems—with particular focus on how these programs impact safety-net hospitals, teaching hospitals, and other hospitals dedicated to the care of marginalized communities. Ms. Guinan has a deep understanding of value-based care delivery and the challenges facing essential hospitals in their adoption of and performance in Medicare alternative payment models, including accountable care organization models. In addition, her work covers areas of patient safety, infection control and prevention, and emergency preparedness. Ms. Guinan acts as liaison to other health care quality organizations, including the Centers for Disease Control and Prevention, the Institute for Healthcare Improvement, and the Joint Commission. She also serves as organizational representative of America's Essential Hospitals on the NQF Measures Application Partnership (MAP) Hospital Workgroup. Ms. Guinan received her JD with a Health Law concentration from Drexel University and her BA in Health Policy from the University of Pennsylvania.

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Panel Discussion (Continued)
(September 19, 1:30 – 3:00 p.m. EDT)

Subject Matter Experts

Kathleen Holt, MBA, JD, Center for Medicare Advocacy
(Advocacy Perspective)

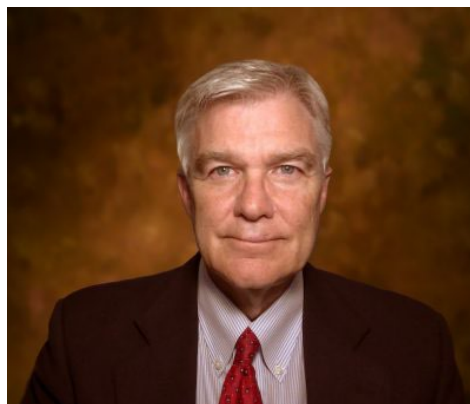


Ms. Kathleen Holt is Associate Director and attorney at the Center for Medicare Advocacy, a national nonprofit, nonpartisan law organization based in Connecticut and Washington, D.C., which helps beneficiaries obtain access to comprehensive Medicare coverage, health equity, and quality health care.

Ms. Holt concentrates her legal practice on Medicare home health and durable medical equipment. She has previous experience as a Social Security disability attorney and a hospital administrator. Ms. Holt serves on hospital, housing, patient advocacy, and teacher retirement boards.

Gregory P. Poulsen, MBA, Intermountain Healthcare
(Payer Perspective)

Mr. Greg Poulsen is Senior Vice President for Intermountain Healthcare. For 40 years Mr. Poulsen has variously had direct responsibility leading strategy development, research and planning, marketing, IT development, population health, and health policy for one of the most progressive and integrated health systems in the nation, and has been deeply immersed in all of Intermountain's insurance, hospital and physician activities.



Mr. Poulsen is a Commissioner for the Medicare Payment Advisory Commission (MedPAC), which advises Congress on Medicare's trillion-dollar payment issues. He has been a Board and Executive Committee member for the American Hospital Association; Chair of the AHA's Mountain region; and chair of the Utah Hospital Association. He is a national guest scholar at the Stanford University School of Medicine and a guest lecturer at the Stanford Graduate School of Business. As a trustee for the American Board of Internal Medicine Foundation he was involved in the Foundation's focus on advancing medical professionalism, including the influential *Choosing Wisely* initiative. Mr. Poulsen has been a consultant to the Swedish Health Ministry and has provided counsel on health policy development for several countries, including Great Britain, Canada, France, New Zealand, Australia, Norway, and Germany. As a commissioner for The Commonwealth Fund in Washington, DC he participated in the development

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Panel Discussion (Continued)
(September 19, 1:30 – 3:00 p.m. EDT)

Subject Matter Experts

Gregory P. Poulsen, MBA, Intermountain Healthcare (Continued)
(Payer Perspective)

of the policy papers and initiatives *Bending the Curve*, and *Why Not the Best*, which have helped shape the discussion on health policy in America for many years. Mr. Poulsen serves on the boards of many community organizations and is a board member and past chair of the Utah Foundation, a nonprofit public policy research organization. He serves as a policy lead for the World Economic Forum and serves on their international *Value in Healthcare* Committee. Mr. Poulsen has appeared frequently before Congressional committees and participates in many national and international health policy forums. He has authored and coauthored several health strategy and policy articles over many years including *The Case for Capitation*, published in the *Harvard Business Review*. Mr. Poulsen holds a Bachelor's degree in Biophysics and an MBA, both from Brigham Young University.

Katie Wunderlich, MPP, Maryland Health Services Cost Review Commission
(State Government Perspective)

Ms. Katie Wunderlich began her tenure as Executive Director of the Health Services Cost Review Commission in September 2018, leading the Commission through the transition from the hospital-based All-Payer Model to the Total Cost of Care Model. Previously, Ms. Wunderlich was the Principal Deputy Director at HSCRC overseeing the Center for Provider Alignment and Engagement. Before joining the HSCRC in 2016, she was a Deputy Legislative Officer in Governor Hogan's Legislative Office.

Ms. Wunderlich also served as Director of Government Relations for the Maryland Hospital Association and as a Budget Analyst for the General Assembly's Legislative Services department. She received a Master's in Public Policy from George Washington University.



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Listening Session 3

(September 20, 9:10 – 10:40 a.m. EDT)

Subject Matter Experts

Amol Navathe, MD, PhD, University of Pennsylvania; Philadelphia Veterans Affairs Medical Center; MedPAC



Dr. Amol Navathe is Co-Director of the Healthcare Transformation Institute and Director of the Payment Insights Team at the University of Pennsylvania, where he is also an Associate Director of the Center for Health Incentives and Behavioral Economics. He is also a physician and core investigator at the Philadelphia Veterans Affairs Medical Center.

Dr. Navathe is a Commissioner of the Medicare Payment Advisory Commission (MedPAC), a nonpartisan agency that advises the US Congress on Medicare policy, and serves as an advisor to the governments of Singapore and Canada on health care financing and delivery models. Dr. Navathe also is a Co-Founder of Embedded Healthcare, a health care technology company that brings behavioral economics solutions to improving health care affordability and quality.

Dr. Navathe is a leading scholar on payment model design and evaluation, particularly bundled payments. His scholarship is unique because of its bi-directional translation between scientific discovery and real-world practice, including focus on: (1) the impact of value-based care and payment models on health care value; (2) financial and non-financial incentive design, including applications of behavioral economics, to drive clinician practice change; and (3) a mix of pragmatic clinical trials and observational data analyses.

Dr. Navathe has published over 100 peer-reviewed articles in *Science*, *The New England Journal of Medicine*, *The Journal of the American Medical Association (JAMA)*, *Health Affairs*, and other leading journals, as well as *The New York Times* and other news outlets. Dr. Navathe completed medical school at the University of Pennsylvania School of Medicine and internal medicine residency at the Brigham and Women's Hospital at Harvard Medical School. He obtained his PhD in Health Care Management and Economics from The Wharton School at the University of Pennsylvania.

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Listening Session 3 (Continued)
(September 20, 9:10 – 10:40 a.m. EDT)

Subject Matter Experts

Mark Friedberg, MD, MPP, Blue Cross Blue Shield of Massachusetts (BCBSMA)



Dr. Mark Friedberg is Senior Vice President of Performance Measurement and Improvement for Blue Cross Blue Shield of Massachusetts (BCBSMA), the largest private health plan in Massachusetts and one of the largest independent, not-for-profit Blue Cross Blue Shield plans in the country. BCBSMA serves more than 3 million members, has more than 20,000 employers, and is consistently rated among the nation's best health plans for overall member satisfaction and quality.

Dr. Friedberg is responsible for all activities related to measuring and improving the performance of the BCBSMA provider network, including quality and equity metrics used in our value-based contracts such as our Alternative Quality Contract. He also oversees Data Analytics related to BCBSMA's own performance, ensuring BCBSMA meets or exceeds state and federal standards as well as HEDIS, NCQA and CMS quality measures. Before joining BCBSMA in 2019, Dr. Friedberg was a Researcher at the RAND Corporation, a leading Policy Research organization, where he led multiple projects to measure, evaluate and improve health system performance. He is a general internist who provides primary care at Brigham and Women's Hospital, where he completed his residency and fellowship. Dr. Friedberg has earned an MD from Harvard Medical School, a Master of Public Policy from the Harvard Kennedy School of Government, and a Bachelor of Arts from Swarthmore College. He is also a part-time Assistant Professor of Medicine at Harvard Medical School.

Eric C. Schneider, MD, MSc, National Committee for Quality Assurance (NCQA)

Dr. Eric Schneider leads NCQA's measurement, research, and contracting agenda as Executive Vice President of the Quality Measurement and Research Group. In this role, he helps drive NCQA's efforts to create a more equitable health care system and to advance the move to digital quality measurement. Dr. Schneider came to NCQA from The Commonwealth Fund, where he was Senior Vice President for Policy and Research and a member of its executive management team. He has a long history with NCQA, most recently as Co-Chair of its Committee on Performance Measurement. He served on that committee for more than 10 years, including nine as Co-Chair. Prior to his tenure at The Commonwealth Fund, Dr. Schneider was Principal Researcher at the RAND Corporation and held the RAND Distinguished Chair in Health Care Quality. As the first Director of Rand's Boston office, Schneider built its highly regarded multidisciplinary team of



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Listening Session 3 (Continued)
(September 20, 9:10 – 10:40 a.m. EDT)

Subject Matter Experts

Eric C. Schneider, MD, MSc, National Committee for Quality Assurance (NCQA) (Continued)

health services researchers. As a Professor at the T.H. Chan Harvard School of Public Health and Harvard Medical School, Dr. Schneider taught Health Policy and practiced Primary Care Internal Medicine for 25 years. Widely regarded as one of the nation's preeminent health services researchers, Dr. Schneider has authored more than 125 published peer-reviewed research investigations and dozens of other scientific or medical research publications, reviews, chapters, editorials, and more. His work has focused on four aspects of health care quality — performance measurement methods; evaluation of quality and safety measurement in public reporting and financial incentive programs; use of health care quality measures to assess racial, ethnic, and socioeconomic disparities in health care quality; and evaluation of innovative approaches in health insurance, organization and financing of health care, and the organization of health care delivery. Dr. Schneider trained in health services research, public health and primary care general internal medicine. He holds a Bachelor of Science, cum laude, in Biology from Columbia University and a Master of Science from the University of California, Berkeley. He earned his medical degree from the University of California, San Francisco. He is a member of the Academy Health Board of Directors and a Fellow of both the American College of Physicians and the National Academy of Social Insurance.

Previous PTAC Proposal Submitter

Brian Bourbeau, MBA, American Society of Clinical Oncology



Mr. Brian Bourbeau is the Division Director of Practice Health for American Society of Clinical Oncology. Mr. Bourbeau oversees the ASCO QOPI quality measurement program; PracticeNET, an operational benchmarking collaborative; coverage and reimbursement policy; as well as care delivery and payment reform efforts.

Prior to joining ASCO, Mr. Bourbeau was the Director of Practice Operations at Oncology Hematology Care in Cincinnati Ohio, where he brought forth the practice's transformation as a leader in value-based care. His experience also includes quality and financial management roles with The Ohio State University, University of Cincinnati Medical Center, and Lee Memorial Health System. Mr. Bourbeau holds a degree of Master of Business Administration from Franklin University in Columbus, as well as certifications in Lean, Six Sigma, and Business Intelligence.

Physician-Focused Payment Model Technical Advisory Committee

Listening Session 4

(September 20, 10:50 a.m. – 12:20 p.m. EDT)

Subject Matter Experts

Mark McClellan, MD, PhD, Duke-Margolis Center for Health Policy, Duke University

Dr. Mark McClellan is Director and Robert J. Margolis, MD, Professor of Business, Medicine and Policy at the Margolis Center for Health Policy at Duke University. He is a physician-economist who focuses on quality and value in health care, including payment reform, real-world evidence and more effective drug and device innovation.



Dr. McClellan is at the center of the nation's efforts to combat the pandemic, the author of COVID-19 response roadmap, and co-author of a comprehensive set of papers and commentaries that address health policy strategies for COVID-19 vaccines, testing, and treatments, nationally and globally. He is former Administrator of the Centers for Medicare & Medicaid Services and former Commissioner of the U.S. Food and Drug Administration, where he developed and implemented major reforms in health policy. Dr. McClellan is an independent board member on the boards of Johnson & Johnson, Cigna, Alignment Healthcare, and PrognomiQ; co-chairs the Guiding Committee for the Health Care Payment Learning and Action Network; and serves as an Advisor for Arsenal Capital Group, Blackstone Life Sciences, and MITRE.

Joseph Francis, MD MPH, Veterans Health Administration



Dr. Joe Francis has served as the Executive Director for Analytics and Performance Integration since March 2020. In his current role, he leads a team of health system analysts that use electronic health record data and other sources to monitor the performance of the hospitals and clinics in the Veterans Health Administration, the nation's largest integrated health care system.

Dr. Francis's office enables the entire VHA health system to use data to drive high-value and veteran-centric care, to reduce unwarranted variation, and to respond to public health emergencies including the COVID-19 pandemic. His team is also responsible for public reporting of VA COVID-19 data.

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Listening Session 4 (Continued)
(September 20, 10:50 a.m. – 12:20 p.m. EDT)

Subject Matter Experts

Kate Freeman, MPH, American Academy of Family Physicians

Ms. Kate Freeman serves as a deep subject matter expert and staff lead on public and private primary care transformation initiatives at the American Academy of Family Physicians. She specializes in transformative payment models that increase the investment in non-fee-for-service payments that support and reward the widespread adoption of advanced primary care delivery in a variety of care settings to preserve the patient-physician relationship. With this technical APM and market expertise, Ms. Freeman develops and maintains external relationships with key stakeholders, such as private and public payers, large purchasers, and regional health improvement organizations to advance the strategic priorities of AAFP members. Prior to joining the AAFP, Ms. Freeman worked in nonprofit public health roles supporting quality improvement and practice transformation efforts alongside physicians and care teams in Chicago, IL. She earned her Master's degree from DePaul University where she studied Public Health with an emphasis in Epidemiology and Community Health Practice.



Nancy L. Keating, MD, MPH, Harvard Medical School; Brigham and Women's Hospital



Dr. Nancy Keating is Professor of Health Care Policy and Medicine at Harvard Medical School and a primary care physician at Brigham and Women's Hospital. Dr. Keating's research examines provider, patient, and health system factors that influence the delivery of high-quality care for individuals with cancer.

Dr. Keating is currently Clinical Lead of the Evaluation Team for the Center for Medicare and Medicaid Service's Oncology Care Model, an alternate payment and delivery model for oncology practices administering chemotherapy. The evaluation is assessing total costs of care, quality of care, health care utilization, patients' experiences, and outcomes for patients in approximately 200 participating practices compared with non-participating practices. In other work, Dr. Keating is studying the impact of financial integration of oncology practices into systems and hospitals and its impact on care delivery.

In ongoing work, she is assessing the reliability and consistency of quality and equity measurement across oncology practices caring for individuals with cancer. Previous work has examined patient, physician, and health system factors contributing to the variations in the intensity of end-of-life (EOL) care for individuals

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Listening Session 4 (Continued)
(September 20, 10:50 a.m. – 12:20 p.m. EDT)

Subject Matter Experts

Nancy L. Keating, MD, MPH, Harvard Medical School; Brigham and Women's Hospital
(Continued)

with advanced cancer, and she has recently completed pilot testing of interventions to improve patients' understanding of the goals of chemotherapy and to improve patients' discussions with their clinicians about their preferences and goals of care. Dr. Keating received her MD degree from the University of Chicago Pritzker School of Medicine, and her MPH degree from the Harvard TH Chan School of Public Health. In 2022, she was awarded the John M. Eisenberg Award for Career Achievement in Research by the Society of General Internal Medicine. She is an elected member of the American Society for Clinical Investigation and the Association of American Physicians. Dr. Keating has been continuously funded by the National Institutes of Health as Principal Investigator for more than 20 years. She currently serves as an Associate Editor at the *Journal of the National Cancer Institute*, a member of the editorial board of the *Journal of Geriatric Oncology*, and a member of the National Comprehensive Cancer Center Senior Oncology Guideline Panel. Dr. Keating previously completed 3-year terms on the Council of the Society of General Internal Medicine and the American Society of Clinical Oncology Clinical Practice Guidelines Committee.

Robert E. Mechanic, MBA, Institute for Accountable Care and Brandeis University



Mr. Robert Mechanic is Executive Director of the Institute for Accountable Care, a nonprofit research institute dedicated to studying innovative health care payment and delivery models, measuring provider performance, and evaluating public policy. He is also Senior Fellow at the Heller School of Social Policy and Management at Brandeis University where he serves as Executive Director of the Health Industry Forum. Mr. Mechanic's research focuses on health care payment systems and the adaptation of organizations to new payment models. Mr. Mechanic was a co-investigator for Harvard Medical School's evaluation of the Blue Cross of Massachusetts Alternative Quality Contract, one of the country's largest commercial ACO programs. He has worked extensively on design and analysis of bundled payment models and has helped numerous hospitals, physician groups and integrated delivery systems evaluate the financial, strategic and policy implications of participation in alternative payment models. Mr. Mechanic was

previously Senior Vice President with the Massachusetts Hospital Association and Vice President with the Lewin Group, a Washington D.C.-based health care consulting firm. His work has been published in *The New England Journal of Medicine*, *JAMA*, and *Health Affairs*. From 2011–2022, Mr. Mechanic served as a Trustee of Atrius Health, an innovative 800-physician multispecialty group practice in Eastern Massachusetts. Mr. Mechanic earned an MBA in Finance from The Wharton School.