

Physician-Focused Payment Model Technical Advisory Committee

March 25-26, 2024 – PTAC Public Meeting

*Developing and Implementing Performance Measures for Population-Based
Total Cost of Care (PB-TCOC) Models*

Presenter and Panelist Biographies

Panel Discussion

(Monday, March 25, 10:30 a.m. – 12:00 p.m. EDT)

Subject Matter Experts

- [Cheryl L. Damberg, PhD, MPH](#) - Director, RAND Center of Excellence on Health System Performance
- [Helen Burstin, MD, MPH](#) - Chief Executive Officer, Council of Medical Specialty Societies (CMSS)
- [John B. Bulger, DO, MBA](#) - Chief Medical Officer Insurance Operations and Strategic Partnerships, Geisinger Health Plan
- [Eric C. Schneider, MD, MSc](#) - Executive Vice President, Quality Measurement and Research, National Committee for Quality Assurance (NCQA) – (*Previous Submitter – The "Medical Neighborhood" Advanced Alternative Payment Model (AAPM) (Revised Version) Proposal*)

Listening Session 1

(Monday, March 25, 1:00 p.m. – 2:30 p.m. EDT)

Subject Matter Experts

- [Thomas Sequist, MD, MPH](#) - Chief Medical Officer, Mass General Brigham Research
- [David Meltzer, PhD, MD](#) - Chief of the Section of Hospital Medicine, Director, Center for Health and the Social Sciences, and Chair, Committee on Clinical and Translational Science, University of Chicago; and Fanny L. Pritzker Professor of Medicine, Department of Medicine, University of Chicago Harris School of Public Policy and the Department of Economic – (*Previous Submitter - Comprehensive Care Physician Payment Model (CCP-PM) Proposal*)
- [Franklin Gaylis, MD, FACS](#) - Chief Scientific Officer, Genesis Healthcare Partners; Executive Medical Director, Unio Health Partners; and voluntary Professor, Urology, University of California San Diego

Listening Session 2

(Monday, March 25, 2:40 – 4:10 p.m. EDT)

Subject Matter Experts

- [Krishna G. Ramachandran, MBA, MS](#) - Senior Vice President, Health Transformation and Provider Adoption, Blue Shield of California
- [Dana Gelb Safran, ScD](#) - President and Chief Executive Officer, National Quality Forum
- [Vivek Garg, MD, MBA](#) - Chief Medical Officer, Primary Care, Humana
- [Sai Mai, PhD, MPA](#) - Director, Enterprise Clinical Quality, Elevance Health

Physician-Focused Payment Model Technical Advisory Committee

Roundtable Panel Discussion (Tuesday, March 26, 9:10 – 10:40 a.m. EDT)

Subject Matter Experts

- [Danielle A. Whitacre, MD, CMD](#) - Chief Medical Officer, Bloom Healthcare
- [Brian Smith, MD, MPH](#) - Family Physician, Versailles Family Medicine
- [Adrian F. Hernandez, MD, MHS](#) - Executive Director, Duke Clinical Research Institute, and Vice Dean, Duke University School of Medicine
- [Moon Leung, PhD](#) - Senior Vice President, Chief Informatics Officer, SCAN Health Plan

Listening Session 3 (Tuesday, March 26, 1:00 – 2:30 p.m. EDT)

Subject Matter Experts

- [Karen E. Joynt Maddox, MD, MPH](#) - Practicing Cardiologist, Barnes-Jewish Hospital; Associate Professor, Washington University School of Medicine and School of Social Work; and Co-Director, Center for Advancing Health Services, Policy & Economics Research
- [Mark Friedberg, MD, MPP](#) - Senior Vice President, Performance Measurement & Improvement, Blue Cross Blue Shield of Massachusetts
- [Nick Frenzer](#) - Population Health and Implementation Executive, Epic

Panel Discussion: Biographies (Monday, March, 10:30 a.m. – 12:00 p.m. EDT)

Subject Matter Experts

Cheryl L. Damberg, PhD, MPH – RAND Center of Excellence on Health System Performance



Dr. Cheryl Damberg is Director of the RAND Center of Excellence on Health System Performance, Distinguished Chair in Health Care Payment Policy, and a Principal Senior Economist at the RAND Corporation in Santa Monica, CA. Her research explores the impact of strategies to drive cost and quality improvements in health care. She also studies how providers are redesigning health care delivery in response to new payment models and increased accountability and the effects of health care consolidation on health care spending and quality performance. Dr. Damberg's work has focused on improving the design of value-based payment systems to improve the quality of care and to address disparities and advance health equity. She is an international expert in pay-for-performance and value-based payment reforms and has advised Congress and federal agencies on these and other issues. Dr. Damberg was appointed in

Physician-Focused Payment Model Technical Advisory Committee

Panel Discussion: Biographies (Continued)
(Monday, March, 10:30 a.m. – 12:00 p.m. EDT)

Subject Matter Experts

Cheryl L. Damberg, PhD, MPH – RAND Center of Excellence on Health System Performance

2022 by the Comptroller General of the U.S. to serve as a MedPAC Commissioner. Dr. Damberg was also appointed in 2021 by the Comptroller General of the U.S. to serve on the Secretary of Labor’s State All Payer Claims Databases Advisory Committee and currently is a member of the California Healthcare Payment Database Advisory Committee which is providing guidance to the state of California as it implements the state’s APCD. She earned her PhD in Public Policy from the Pardee RAND Graduate School of Public Policy Studies and a Master of Public Health degree from the University of Michigan.

Helen Burstin, MD, MPH – Council of Medical Specialty Societies (CMSS)



Dr. Helen Burstin is the Chief Executive Officer of the Council of Medical Specialty Societies (CMSS), a coalition of more than 50 specialty societies representing more than 800,000 physicians. As the national organization of specialty societies, CMSS advances the expertise and collective voice of medical specialty societies in support of physicians and the patients they serve. Representing every specialty, from primary care to surgery, CMSS addresses critical issues across specialties through shared learning and innovation, convening, collaboration, and collective action.

Dr. Burstin formerly served as Chief Scientific Officer of The National Quality Forum (NQF). Prior to joining NQF, she was the Director of the Center for Primary Care, Prevention, and Clinical Partnerships at the Agency for Healthcare Research and Quality (AHRQ). Prior to joining AHRQ, Dr. Burstin was an Assistant Professor at Harvard Medical School and served as Director of Quality Measurement at Brigham and Women’s Hospital. She is the author of more than 100 articles and book chapters on quality, safety, equity, and measurement. She is a member of the National Academy of Medicine. Dr. Burstin currently serves on the board of the Society to Improve Diagnosis in Medicine.

A graduate of the State University of New York at Upstate College of Medicine and the Harvard School of Public Health, Dr. Burstin completed her residency training in primary care internal medicine at Boston City Hospital and fellowship in General Internal Medicine and Health Services Research at Brigham and Women’s Hospital and Harvard Medical School. She is a Clinical Professor of Medicine at George Washington University School of Medicine and Health Sciences.

Physician-Focused Payment Model Technical Advisory Committee

Panel Discussion: Biographies (Continued)
(Monday, March 25, 10:30 a.m. – 12:00 p.m. EDT)

Subject Matter Experts

John B. Bulger, DO, MBA – Geisinger Health Plan

Dr. John Bulger is the Chief Medical Officer Insurance Operations and Strategic Partnerships for Geisinger Health Plan. Geisinger Health has a clinical presence spanning northeast and central Pennsylvania. GHP serves over 600,000 members throughout Pennsylvania. He is tasked with improving the quality and affordability of care for the people and populations that Geisinger serves. Dr. Bulger served as the Chief Quality Officer for the Geisinger Health System from 2011 to 2015.

Prior to that, Dr. Bulger founded Geisinger Medical Center’s hospitalist program with six physicians and lead the program’s development to include six hospitals and over 100 physicians and advanced practitioners. He is a general internist and has been at Geisinger since 1998. Dr. Bulger is a lifelong resident of Pennsylvania. He is a graduate of Juniata College, PCOM, and the Pennsylvania State University.



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

(Previous Submitter – The "Medical Neighborhood" Advanced Alternative Payment Model (AAPM) (Revised Version) Proposal)



Dr. Eric Schneider is Executive Vice President for Quality Measurement and Research at the National Committee for Quality Assurance (NCQA) and an internationally known expert on health care quality. Prior to joining NCQA in 2022, Dr. Schneider was Senior Vice President at the Commonwealth Fund. He previously held the RAND Distinguished Chair in Health Care Quality at the RAND and was research faculty at Harvard Medical School and Harvard School of Public Health.

Dr. Schneider practiced primary care internal medicine at Brigham and Women’s Hospital. He is a fellow of the American College of Physicians and the National Academy of Social Insurance. Dr. Schneider is a graduate of Columbia University (BS), the University of California, Berkeley (MSc), and University of California, San Francisco (MD).

Physician-Focused Payment Model Technical Advisory Committee

Listening Session 1: Biographies
(Monday, March 25, 1:00 – 2:30 p.m. EDT)

Subject Matter Experts

Thomas Sequist, MD, MPH – Mass General Brigham Research



Dr. Thomas Sequist is the Chief Medical Officer at Mass General Brigham. In this role, he is responsible for developing and executing strategy, policy and metrics for patient experience, quality, safety, health equity, community health, pharmacy, and physician wellbeing. Dr. Sequist is a practicing General Internist at Brigham and Women’s Hospital and is a Professor of Medicine and Professor of Health Care Policy at Harvard Medical School. Dr. Sequist’s research interests focus on quality measurement and improvement, health care equity, patient and provider education, and the innovative use of health information technology. His prior leadership roles have included Chief Patient Experience and Equity Officer at Mass General Brigham, Chief Quality and Safety Officer at Partners Healthcare System, and Director of Research and Clinical Program Evaluation at Atrius Health. Dr. Sequist is a member of the Taos Pueblo tribe in New Mexico and has conducted influential health policy research to advance our

understanding of health care for Native American communities. He serves as the Director of the [Four Directions Summer Research Program](#) and the Medical Director of the [Brigham and Women’s Hospital Physician Outreach Program with the Indian Health Service](#). Dr. Sequist graduated from Cornell University with a BS in chemical engineering. He received his MD degree from Harvard Medical School, and his MPH degree from the Harvard School of Public Health. He is an elected member of the National Academy of Medicine and has been named a Top 25 Minority Leader in Healthcare by Modern Healthcare.

David Meltzer, PhD, MD – University of Chicago Harris School of Public Policy and the Department of Economics (*Previous Submitter – Comprehensive Care Physician Payment Model (CCP-PM) Proposal*)

Dr. David Meltzer is Chief of the Section of Hospital Medicine, Director of the Center for Health and the Social Sciences and the UChicago Urban Health Lab, and Chair of the Committee on Clinical and Translational Science at The University of Chicago, where he is The Fanny L. Pritzker Professor in the Department of Medicine, the Harris School of Public Policy Studies and the Department of Economics. Dr. Meltzer’s research explores problems in health economics and public policy with a focus on the theoretical foundations of medical cost-effectiveness analysis and the cost and quality of hospital care. He currently leads CMMI and PCORI-funded studies of the effects of improved continuity in the doctor-patient relationship between the inpatient and outpatient setting on the costs and outcomes of care for frequently hospitalized Medicare patients. Dr. Meltzer helped lead the CTSA-funded Chicago Learning Effectiveness Advancement Research Network (Chicago LEARN) and the PCORI-funded Chicago Area Patient Centered Outcomes



Physician-Focused Payment Model Technical Advisory Committee

Listening Session 1: Biographies (Continued)
(Monday, March 25, 1:00 – 2:30 p.m. EDT)

Subject Matter Experts

David Meltzer, PhD, MD – University of Chicago Harris School of Public Policy and the Department of Economics (*Previous Submitter – Comprehensive Care Physician Payment Model (CCP-PM) Proposal*)

Research Network (CAPriCORN) and has a long history of leading research training grants supporting trainees ranging from high-school students through junior faculty. Dr. Meltzer completed his MD and PhD in economics at the University of Chicago and his residency in internal medicine at Brigham and Women’s Hospital. His awards include the Garfield Award from Research America, the AHRQ Eisenberg Excellence in Mentoring Award, and the AAMC Learning Healthcare System Award. Dr. Meltzer is a member of the National Academy of Medicine.

Franklin Gaylis, MD, FACS – Genesis Healthcare Partners; Unio Health Partners; and UC San Diego



Dr. Franklin Gaylis is Chief Scientific Officer at Genesis Healthcare Partners (GHP), an Integrated Urology Group, and voluntary Professor of Urology at the University of California, San Diego. He received his MBBCh (Cum Laude) from the University of Witwatersrand in Johannesburg, South Africa. After a year of basic science research, Dr. Gaylis completed his general surgical training at the University of Minnesota and his specialty training in urology at Northwestern University Medical School, Chicago, Illinois. He was nominated to the distinguished Alpha Omega Alpha Medical Honor Society at Northwestern and has received an award for his work on value-base care from the Western Section of The American Urological Association.

Dr. Gaylis is a fellow of the American College of Surgeons and a member of the California Medical Association and American Urological Association. He is a diplomat of the American Board of Urology. Dr. Gaylis lectures nationally and internationally on medical quality and leads an implementation science research program focusing on specific interventions including audited physician feedback and Pay-for-Performance (P-4-P). His research has been published in clinical journals such as *Urology*, *Journal of Urology*, and *New England Journal of Medicine*. Dr. Gaylis has developed clinical tools aimed at improving outcomes following radical prostatectomy as well as reducing cost. Dr. Gaylis and his team at GHP have been awarded a P-4-P demonstration project by UnitedHealthcare to optimize adoption of conservative management and the quality of active surveillance for men with low-risk prostate cancer.

Physician-Focused Payment Model Technical Advisory Committee

Listening Session 2: Biographies
(Monday, March 25, 2:40 – 4:10 p.m. EDT)

Subject Matter Experts

Krishna G. Ramachandran, MBA, MS – Blue Shield of California



Mr. Krishna Ramachandran is Senior Vice President, Health Transformation and Provider Adoption, at Blue Shield of California, a nonprofit health plan with \$24 billion in annual revenue serving 4.8 million members. In this role, he is responsible for leading partnerships and innovations to improve healthcare quality and affordability for Blue Shield's members, bringing tools and support that benefit providers, and promoting health equity and healthier communities throughout California. Previously, Mr. Ramachandran served as Divisional Senior Vice President of Health Care Delivery at Blue Cross and Blue Shield of Illinois where he led contracting, collaborating with providers in Illinois to improve health outcomes and reduce costs of care. Prior to that, he led the Network Solutions team for Health Care Service Corporation (HCSC), which operates the Blue Cross and Blue Shield plans in Illinois, Montana, New Mexico, Oklahoma, and Texas.

Mr. Ramachandran is passionate about collaboration, innovation, and use of technology, analytics, and incentives to improve patient access, outcomes, and affordability. He served as Chief Administrative Officer, Chief Information and Transformation Officer at Duly Health and Care. He also served as Director of Technical Services of Epic Systems Corporation, a leading provider of health care software. Mr. Ramachandran holds a Bachelor of Engineering degree from Birla Institute of Technology and Science in India, a Master of Science degree in Electrical and Computer Engineering from the University of Illinois at Chicago, and an Executive MBA from Northwestern University's Kellogg School of Management. Mr. Ramachandran is also an instructor and scientific advisor in The University of Chicago's Master of Science in Biomedical Informatics program. He was honored as Crain's Chicago Business Notable LGBTQ Executives (2021) and 40 Under 40 (2017).

Dana Gelb Safran, ScD – National Quality Forum

Dr. Dana Gelb Safran is President and Chief Executive Officer of the National Quality Forum (NQF). In addition to overseeing NQF's longstanding function as steward for our nation's portfolio of healthcare quality measures, Dr. Safran is leading the expansion of NQF's portfolio of products and services to advance healthcare quality, outcomes, equity, and affordability. Dr. Safran is an internationally recognized healthcare executive with a unique blend of accomplishment in business and academia. A central feature of her work has been combining the science of quality measurement with the art of its use to drive significant change in the quality, outcomes, and affordability of care. Dr. Safran's prior roles include serving for more than a decade as a senior executive



Physician-Focused Payment Model Technical Advisory Committee

Listening Session 2: Biographies (Continued)
(Monday, March 25, 2:40 – 4:10 p.m. EDT)

Subject Matter Experts

Dana Gelb Safran, ScD – National Quality Forum

at Blue Cross Blue Shield of Massachusetts (BCBSMA), where she was a lead architect of the BCBSMA Alternative Quality Contract (AQC), which is widely credited with having catalyzed the value-based payment movement among public and private payers nationally. She was also a founding member of the executive team at Haven, a joint venture of Amazon, Berkshire Hathaway, and JPMorgan Chase to achieve better health outcomes, care experiences, and costs of care through innovation in care delivery, benefit design and purchasing. Dr. Safran is on the faculty of Tufts University School of Medicine and has held a broad range of advisory roles in the public sector and internationally supporting efforts to improve health and healthcare through effective uses of performance measurement. From 2017-2023, she served as a Commissioner of the Medicare Payment Advisory Commission (MedPAC). She holds a BA in Biology and Government from Wesleyan University and completed her post-graduate studies at the Harvard School of Public Health to earn an ScM and ScD in Health Policy and Management.

Vivek Garg, MD, MBA – Humana



Dr. Vivek Garg is Chief Medical Officer and Senior Vice President at Humana. He is a physician and executive dedicated to building the models and cultures of care we need for our loved ones and healthcare professionals to thrive. Dr. Garg is the former Chief Medical Officer (CMO) of CareMore & Aspire Health, innovative integrated healthcare delivery organizations with more than \$1.6 billion in revenue and more than 180,000 patients in 32 states. As Chief Medical Officer, Dr. Garg led clinical strategy and model development, clinical excellence and performance, and the organization's clinical teams nationally. He also previously led CareMore's growth and

product functions including expansion into Medicaid and home-based complex care.

Prior to CareMore, Dr. Garg joined Oscar Health during its first year of operations as Medical Director, designing and implementing technology-enabled clinical services for patients and network doctors in care management and engagement, utilization management, and quality, leading to Oscar's initial NCQA accreditation. He also served as Clinical Assistant Professor of Medicine at Weill Cornell Medical College. From 2012 to 2014, Dr. Garg was national Medical Director at One Medical Group, focused on clinical programs, where he led initiatives in preventive and chronic care, virtual care, quality, and population health. He previously worked at McKinsey & Company and the Medicare Payment Advisory Commission, a congressional advisory body on payment innovation in Medicare. Dr. Garg graduated summa cum laude from Yale University with a BS in biology and earned his MD from Harvard Medical School and MBA from Harvard Business School. He trained in internal medicine at Brigham & Women's Hospital, where he received board certification.

Physician-Focused Payment Model Technical Advisory Committee

Listening Session 2: Biographies (Continued)

(Monday, March 25, 2:40 – 4:10 p.m. EDT)

Subject Matter Experts

Sai Mai, PhD, MPA – Elevance Health

Dr. Sai Ma possesses two decades of extensive experience in the healthcare sector, holding leadership roles in government, academia, research organizations, and health insurance companies. With a background in healthcare research and evaluation, she has authored over 30 publications. Her expertise spans quality measure development and application, health equity, Medicare policy, and value-based purchasing programs. In her current role as Director for Enterprise Clinical Quality at Elevance Health, Dr. Ma leads the development and implementation of comprehensive whole health strategies. Throughout her career, she has demonstrated a commitment to identifying health disparities and enhancing health equity, with notable contributions at Humana and the National Quality Forum (NQF). Her portfolio includes leading the evaluation of various payment models, including the Value-based Insurance Design (VBID) at CMMI, and serving as a Subject Matter Expert for the MA-PD Star Ratings and CAHPS at CMS. Notably, she recently served as a co-chair for the CQMC health equity work group. Dr. Ma earned her PhD in Health Policy Analysis from the Pardee RAND Graduate School and holds an MPA from the Maxwell School of Syracuse University.



Roundtable Panel Discussion: Biographies

(Tuesday, March 26, 9:10 – 10:40 a.m. EDT)

Subject Matter Experts

Danielle A. Whitacre, MD, CMD – Bloom Healthcare



Dr. Danielle Whitacre has been serving as the Chief Medical Officer of Bloom Healthcare of Denver, Colorado, since the practice's establishment in 2019. Bloom Healthcare deploys a model of care specifically designed to enhance the quality of life and well-being of homebound seniors and their caregivers by providing high quality healthcare where they choose to live – in private homes or senior living communities. Dr. Whitacre oversees the practice's primary care providers and leads a comprehensive multidisciplinary care team, comprising nurse clinical coordinators, social workers, pharmacists, behavioral health specialists, and wound care specialists. Bloom Healthcare is recognized as one of fourteen (14) High Needs ACO REACH organizations (formerly GPDC Model) and participates in the global risk track. Before assuming leadership of the practice, Dr. Whitacre was involved in home-based primary care through Bloom's Healthcare's predecessor, Physician House Calls. Her professional background also encompasses service in a critical access hospital and rural clinic on the eastern plains of Colorado, illustrating her dedication to enhancing healthcare accessibility in diverse settings.

Physician-Focused Payment Model Technical Advisory Committee

Roundtable Panel Discussion: Biographies (Continued)
(Tuesday, March 26, 9:10 – 10:40 a.m. EDT)

Subject Matter Experts

Brian Smith, MD, MPH – Versailles Family Medicine



Dr. Brian Smith has been a family physician in Versailles (we pronounce it phonetically, not like the place in France), Kentucky in private practice for 15 years. He attended Duke University Medical School and did his Family Medicine residency at West Suburban Medical Center in Oak Park, Illinois. Dr. Smith has been involved with ACO's for over a decade in both no risk and shared risk models. Currently, he is a member of Evolent ACO.

Adrian Hernandez, MD, MHS – Duke University School of Medicine

Dr. Adrian Hernandez is a cardiologist who aims to improve health by accelerating clinical evidence through outcomes research, clinical trials, comparative effectiveness and health policy. He has led multiple large-scale patient-centered research programs, registries and clinical trials across multiple health conditions. He leads the NIH's Health System Collaboratory and PCORI-funded PCORnet® both aimed at improving the evidence generation and implementation system through research embedded into healthcare.



Dr. Hernandez has served as the steering committee chair or principal investigator on multiple studies and has authored over 800 publications. He is an elected member of the American Society for Clinical Investigation, the Association of American Physicians and serves on the board of directors of the Reagan-Udall Foundation.

Physician-Focused Payment Model Technical Advisory Committee

Roundtable Panel Discussion: Biographies (Continued) (Tuesday, March 26, 9:10 – 10:40 a.m. EDT)

Subject Matter Experts

Moon Leung, PhD – SCAN Health Plan



Dr. Moon Leung is Senior Vice President, Chief Informatics Officer, at SCAN. Under his leadership he and the informatics team perform analyses and activities that are critical to SCAN's success and sustainability including risk adjustment, Medicare Star rating, HEDIS and encounter data processing -- all of which are done to ensure SCAN Health Plan members are getting the high-quality care they need when they need it.

Prior to joining SCAN in 1999, Dr. Leung was Director of Data Management and Information Analysis for Foundation Health Systems, where he was responsible for providing company-wide support, design, and analysis of all disease management studies, HEDIS and data warehousing for 17 different healthcare plans. A nationally recognized expert in biostatistics and healthcare informatics, Dr. Leung has published more than two dozen papers and articles in periodicals such as the *Biometrical Journal*, *Annual Review of Public Health*, *The American Journal of Public Health*, *Archives of Internal Medicine*, and the *Journal of Clinical Epidemiology*. Dr. Leung holds a PhD in biostatistics from the University of California, Los Angeles. He earned his Master of Philosophy in Statistics as well as his Bachelor of Science from the Chinese University of Hong Kong.

Listening Session 3: Biographies

(Tuesday, March 26, 10:50 a.m. – 12:20 p.m. EDT)

Subject Matter Experts

Karen E. Joynt Maddox, MD, MPH – Barnes-Jewish Hospital; Washington University School of Medicine and School of Social Work

Dr. Karen Joynt Maddox is a practicing cardiologist at Barnes-Jewish Hospital and an Associate Professor with Tenure at Washington University School of Medicine and Washington University's Brown School of Social Work. She is co-director of the Center for Advancing Health Services, Policy and Economics Research at Washington University's Institute for Public Health. She served from 2014-2016 as Senior Advisor in the Office of Health Policy in the United States Department of Health and Human Services. Dr. Joynt Maddox received her AB in Public Policy from the Woodrow Wilson School at Princeton University, and her MD from Duke University School of Medicine. She trained in Internal Medicine at Duke University Medical Center, and then in Cardiovascular Medicine at Brigham and Women's Hospital. She also



Physician-Focused Payment Model Technical Advisory Committee

Listening Session 3: Biographies (Continued)
(Tuesday, March 26, 10:50 a.m. – 12:20 p.m. EDT)

Subject Matter Experts

Karen E. Joynt Maddox, MD, MPH – Barnes-Jewish Hospital; Washington University School of Medicine and School of Social Work

completed a research fellowship in Health Policy at the Harvard School of Public Health, from which she received her MPH. Dr. Joynt Maddox has three main areas of research, all focused on health equity. The first area of work is in quantifying inequities in health care quality and outcomes for historically marginalized populations including individuals living in poverty, individuals from racially or ethnically minoritized groups, individuals with disabilities, people living with frailty, and those in rural areas. The second area of work is in evaluating the impact of federal and state health policies, such as Medicare's value-based and alternative payment models and state Medicaid expansions, on quality, outcomes, and costs, with a particular focus on their effect on racial, socioeconomic, and geographic inequities. The third area of work regards the ways in which social risk, disability, and frailty are used in risk prediction models for costs, utilization, and clinical events across a range of conditions, and how this might lead to over- or underestimates of risk and therefore inaccurate clinical interventions, quality measurement, and payment.

She has authored over 250 peer-reviewed publications, and has received federal and foundation grants focused on issues in health policy. She serves as the Associate Editor for health policy at the Journal of the American Medical Association, and is a member of committees related to quality measurement and payment reform at the National Quality Forum, American College of Cardiology, and American Heart Association.

Mark Friedberg, MD, MPP – Blue Cross Blue Shield of Massachusetts



Dr. Mark Friedberg is Senior Vice President, Performance Measurement & Improvement at Blue Cross Blue Shield of Massachusetts. He is responsible for activities related to measuring and improving the quality and equity performance of BCBSMA's provider network, including metrics used in value-based contracts such as our Alternative Quality Contract. Dr. Friedberg led the design of BCBSMA's pay-for-equity program, which is an accountable care contract that applies financial incentives directly to measures of health equity.

Before joining BCBSMA in 2019, Dr. Friedberg was a Health Services Researcher at RAND, 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 an MD from Harvard Medical School, MPP from the Harvard Kennedy School of Government, and BA from Swarthmore College.

Physician-Focused Payment Model Technical Advisory Committee

Listening Session 3: Biographies (Continued)
(Tuesday, March 26, 10:50 a.m. – 12:20 p.m. EDT)

Subject Matter Experts

Nick Frenzer – Epic



Mr. Nick Frenzer is an Implementation Executive at Epic who brings experience leading large-scale software implementations around the country to his work coordinating the company's global support for Population Health strategy and execution. In 2020, Mr. Frenzer led a team that helped health systems add more than 92,000 beds to treat more patients during COVID-19 surges, and later focused on Epic's patient experience and interoperability efforts.

Mr. Frenzer graduated from Arizona State University with bachelor's and master's degrees in accounting, and worked in accounting for several years after his service in the United States Marine Corps.