

June 11, 2024 – PTAC Public Meeting

CMS/CMMI Panel Discussion Biographies

CMS/CMMI Discussion Panelists

- [Susannah Bernheim, MD, MHS](#) – Chief Quality Officer and Acting Chief Medical Officer, the Centers for Medicare & Medicaid Services (CMS), Center for Medicare & Medicaid Innovation (CMMI)
- [Jacob Quinton, MD, MPH](#) – Medical Officer, Patient Care Models Group, CMS/CMMI
- [Suzanne Wensky, PhD](#) – Director, Division of Health Systems Research, Research and Rapid Cycle Evaluation Group, CMS/CMMI
- [David Nyweide, PhD](#) – Social Science Research Analyst, Research and Rapid Cycle Evaluation Group, and Evaluation Lead, Independence at Home Demonstration, CMS/CMMI
- [Julia Driessen, PhD](#) – Economist, Research and Rapid Cycle Evaluation Group, and Evaluation Lead, Medicare Advantage Value-Based Insurance Design Model, CMS/CMMI
- [Meghan Elrington-Clayton, MPH](#) – Director, Division of Financial Risk, CMS/CMMI
- [Laura Missett, MPA](#) – Model Lead, Kidney Care Choices Model, Seamless Care Models Group, CMS/CMMI
- [Tonya L. Saffer, MPH](#) – Director, Division of Healthcare Payment Models, Patient Care Models Group, CMS/CMMI

Biographies



Susannah Bernheim, MD, MHS – CMS/CMMI

Dr. Susannah Bernheim is Chief Quality Officer and Acting Chief Medical Officer for the CMS Center for Medicare & Medicaid Innovation. She was previously an Associate Professor at Yale University School of Medicine and Senior Director of Quality Measurement at the Yale-New Haven Hospital Centers for Outcomes Research and Evaluation (CORE).

Dr. Bernheim completed her undergraduate degrees at Yale University and her medical degree at the University of California, San Francisco (UCSF). Dr. Bernheim was a fellow in the Robert Wood Johnson Clinical Scholars program at Yale University, earning a Master’s degree in Health Sciences Research.

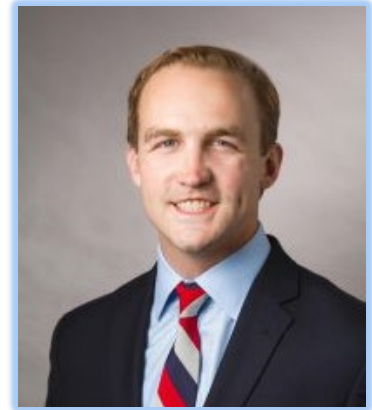
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Jacob Quinton, MD, MPH – CMS/CMMI

Dr. Jacob Quinton is the Medical Officer for the Patient Care Models Group (PCMG) at the CMS Innovation Center at CMS. As part of the leadership team for PCMG he serves as a Senior Technical Advisor in model development, implementation, and evaluation for PCMG’s model portfolio. He is also a practicing primary care internist and sees patients weekly at Mary’s Center FQHC in Silver Spring, MD. Previously, Dr. Quinton was a Clinical Instructor and Post-Doctoral Research Fellow at the University of California, Los Angeles as part of the National Clinician Scholars Program. His research focused on the intersection of value-based payment and equity, and as a fellow he was funded by the NIH for a novel approach to evaluating complex case management programs in Medicaid managed care. He has additionally published on the topics of telemedicine & quality of care. Dr. Quinton received his B.A. from Gonzaga University, M.D. from Louisiana State University – New Orleans, and M.P.H. from Tulane. He completed an internal medicine residency at Yale New Haven Hospital.



Suzanne Wensky, PhD – CMS/CMMI

Dr. Suzanne Wensky is the Director of the Division of Health Systems Research in the CMMI Research and Rapid Cycle Evaluation Group, where she has worked since 2009. Her division is responsible for the evaluations of the MCCM, GUIDE, ACO REACH, AHC, MCP, PCF, and CPC+ Models. Dr. Wensky is a trained health services researcher with a doctorate degree from the Johns Hopkins Bloomberg School of Public Health.

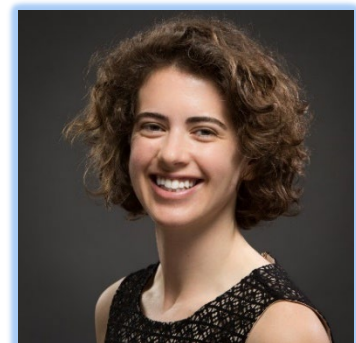


David Nyweide, PhD – CMS/CMMI

Dr. David Nyweide has been a Social Science Research Analyst with the Centers for Medicare & Medicaid Services since 2009. He has led the Independence at Home evaluation since 2019.

Julia Driessen, PhD – CMS/CMMI

Dr. Julia Driessen is an economist in the Research and Rapid Cycle and Evaluation Group at the Center for Medicare and Medicaid Innovation. Dr. Driessen serves as the Evaluation Lead for CMMI’s Medicare Advantage Value-Based Insurance Design Model and holds a PhD in economics from Johns Hopkins University.



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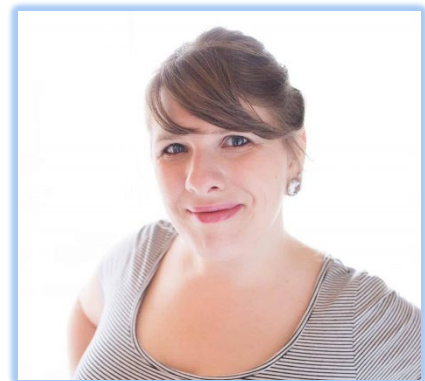
Meghan Elrington-Clayton, MPH – CMS/CMMI

Ms. Meghan Elrington-Clayton is the Director of the Division of Financial Risk in the Center for Medicare & Medicaid Services' (CMS) Innovation Center, which tests innovative payment and service delivery models in the Medicare and Medicaid Programs to reduce program expenditure while preserving or enhancing quality of care. In this role, Ms. Elrington-Clayton manages Accountable Care Organization (ACO) models such as the ACO Realizing Equity, Access, and Community Health (REACH) Model, which strives to drive high quality, affordable, patient-centered care for Medicare beneficiaries by encouraging providers to coordinate services across multiple clinicians and care settings.

Ms. Elrington-Clayton joined CMS in 2005 as a Health Insurance Specialist in the Center for Medicare, where she developed and implemented payment policies for the Medicare Prescription Drug Benefit Program including policies regarding bidding, reinsurance, risk corridors, and the low-income subsidies. During her tenure at CMS, she also supported the implementation of the provisions of the Affordable Care Act related to private health insurance and the new Health Insurance Marketplaces as the Division Director for the Consumer Operated and Oriented Plan (CO-OP) Program and the Division of Reinsurance within the Center for Consumer Information and Insurance Oversight. Prior to her arrival at CMS, Ms. Elrington-Clayton worked with the Envision Consulting Group. She is a graduate of Yale University and holds a Master's degree in Public Health from Emory University's Rollins School of Public Health.

Laura Missett, MPA – CMS/CMMI

Ms. Laura Missett is the Model Lead for the Kidney Care Choices Model in the Seamless Care Models Group at the CMS Innovation Center. In that role, she oversees payment model tests focused on improving care for beneficiaries with kidney disease. Previously, Ms. Missett was the Model Lead for the Comprehensive ESRD Care Model. She has worked with CMS for nine years and in her role in CMMI for six years. Ms. Missett received her undergraduate degree from George Mason University and her MPA from the University of Baltimore.



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Tonya L. Saffer, MPH – CMS/CMMI

Ms. Tonya Saffer is the Director of the Division of Healthcare Payment Models within the Patient Care Models Group at the Centers for Medicare & Medicaid Services' (CMS) Innovation Center. She leads a team of researchers and technical experts working on health care delivery and payment innovations to help people living with serious illnesses remain independent and, in their homes, and communities.

Ms. Saffer is a mission-driven leader that has spent her career leveraging skills in policy, research, reimbursement, and economics to improve health and healthcare access for underserved populations and people living with chronic illness. Prior to joining the CMS Innovation Center in October of 2022, Ms. Saffer was the Vice President of Government Affairs and Market Access for Outset Medical. There she successfully architected and executed a strategy to secure dedicated reimbursement to bring innovations in home dialysis technology to people with kidney failure.

Before joining Outset Medical, Ms. Saffer served as the Vice President of Health Policy for the National Kidney Foundation where she worked with healthcare professionals, health insurers, Federal and state government agencies, and legislators to leverage clinical research and evidence to foster access to high quality care for people living with kidney disease. Ms. Saffer also spent time consulting for life science and medical device companies and patient advocacy organizations on health policy, reimbursement, and product commercialization strategies at Avalere Health. She began her career in health at a Fortune 500 dialysis provider company where she developed alliances with healthcare providers, patients, and families to champion changes in legislation and regulations to improve access to care for people living with kidney disease. Ms. Saffer holds a Master of Public Health degree from the George Washington University.