

Physician-Focused Payment Model Technical Advisory Committee

March 7-8, 2022 – PTAC Public Meeting

Key Definitions, Issues and Directions Related to Population-Based Total Cost of Care (TCOC) Models
Theme-Based Discussion

Presenters and Panelists

March 7 – Listening Session on Population-Based TCOC Models Day 1 (11:15 a.m. – 12:45 p.m. EST)

Subject Matter Experts

- ❖ [Michael S. Adelberg, MA, MPP](#), Principal, Faegre Drinker Consulting
- ❖ [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
- ❖ [Cheryl L. Damberg, PhD](#), Principal Senior Researcher, RAND Corporation; Director, RAND's Center of Excellence on Health System Performance
- ❖ [Chris DeMars, MPH](#), Interim Director, Delivery Systems Innovation Office; Director, Transformation Center, Oregon Health Authority

March 8 – Listening Session on Population-Based TCOC Models Day 2 (11:15 a.m. – 12:45 p.m. EST)

Subject Matter Experts

- ❖ [Sherry Glied, PhD](#), Dean, Robert F. Wagner Graduate School of Public Service, New York University
- ❖ [Karen E. Holt](#), Vice President, South Region, Collaborative Health Systems
- ❖ [Valinda Rutledge, MBA, MSN](#), Chief Corporate Affairs Officer, UpStream
- ❖ [Christina Severin, MPH](#), President and CEO, Community Care Cooperative

Previous Submitter

- ❖ [Jon Broyles, MSc](#), Chief Executive Officer, Coalition to Transform Advanced Care (C-TAC), [Gary Bacher, JD, MPA](#), Chief of Strategy, Policy, & Legal Affairs, Capital Caring Health, and [Torrie Fields, MPH](#) Chief Executive Officer, Votive Health: *Advanced Care Model (ACM) Service Delivery and Advanced Alternative Payment Model* proposal

March 8 – Panel Discussion on Definitional Issues Related to Population-Based TCOC Models (1:15 p.m. – 2:30 p.m. EST)

Subject Matter Experts

- ❖ [Jennifer L. Kowalski, MS](#), Vice President, Public Policy Institute, Anthem, Inc. – *Payer Perspective*
- ❖ [Emily Maxson, MD](#), Chief Medical Officer, Aledade, Inc. – *Provider Perspective*
- ❖ [Judith A. Stein, JD](#), Executive Director/Attorney, Center for Medicare Advocacy – *Patient Advocacy Perspective*
- ❖ [Gail R. Wilensky, PhD](#), Senior Fellow, Project HOPE – *Academic/Policy Research Perspective*

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March 7 – Listening Session Presenters' Biographies

Michael S. Adelberg, MA, MPP, Faegre Drinker Consulting



Mr. Mike Adelberg leads the Healthcare Strategy Practice as Principal at Faegre Drinker Consulting. He has 25 years of progressive healthcare industry and government experience in Medicare, Medicaid, and commercial health insurance. Among other projects, Mr. Adelberg co-leads a 33-health plan consortium focused on improving plan benefits and a 19-health plan consortium focused on improving provider networks. He spent fifteen years at the Centers for Medicare & Medicaid Services (CMS), including concurrently serving as the director of the Insurance Programs Group and the acting director of the Exchange Policy and Operations Group in the Center for Consumer Information and Insurance Oversight (CCIIO), where he oversaw several Affordable Care Act (ACA) programs; serving as the Director of Medicare Advantage Operations, where he supervised the annual cycle for review and award of Medicare Advantage bids and contracts, developed CMS's operational policy, and led the monitoring of Medicare Advantage contractors; and serving as the associate regional administrator for Medicare operations (Chicago Region) and the director of education and assistance programs. Mr. Adelberg gained private sector experience as vice president of product development and government affairs for the Universal American Corporation, a multi-state health insurer which operated Medicare Advantage and Medicaid health plans (subsequently acquired by Wellcare). Mr. Adelberg has also led or co-led health policy studies published in *Health Affairs* and the *American Journal of Managed Care*. He speaks and publishes frequently on healthcare topics, has served on numerous advisory committees, and has earned two foundation grants. He's been quoted in the *Washington Post*, *New York Times*, *Modern Healthcare*, NPR, and other leading media. In his spare time, Mike is an author. He's written three novels, a history book, several scholarly journal articles, and over sixty book reviews.

Michael E. Chernew, PhD, Healthcare Markets and Regulation Lab, 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) while previously serving 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.



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March 7 – Listening Session Presenters' Biographies (Continued)

Cheryl L. Damberg, PhD, RAND Corporation



Dr. Cheryl Damberg is the Director of RAND's Center of Excellence on Health System Performance and holds the Distinguished Chair in Healthcare Payment Policy at the RAND Corporation. Dr. Damberg has more than 25 years of experience in the areas of health economics and public policy, with particular emphasis on measuring provider and plan performance, examining the impacts of health care delivery and payment reforms, and understanding changes in health care markets and their impacts on cost and quality. As an expert in performance measurement, she has worked to develop measures of health equity and provide guidance to policymakers on how to redesign value-based incentive programs to advance health equity. She is an international expert in pay for performance (P4P) and value-based payment (VBP) reforms and has advised Congress, federal agencies, the UK National Health Service, and the governments of Germany and South Korea on embedding performance-based incentives into provider payments schemes. Dr. Damberg was 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. In 2019-2020, Dr. Damberg was appointed by Governor Newsom to serve as Vice-Chair of the California Healthcare Payments Database (HPD) Review Committee to establish a plan for California's all-payer claims database (APCD), and she now serves as a member of the California HPD Advisory Committee which is providing guidance to the state of California as it implements the APCD.

Chris DeMars, MPH, Transformation Center, Oregon Health Authority

Ms. Chris DeMars is the Interim Director of the Delivery Systems Innovation Office and the Director of the Transformation Center at the Oregon Health Authority (OHA), overseeing policy and programs that support delivery system innovation and quality improvement for Oregon's health system reform efforts. Ms. DeMars also plays a lead role in the agency's value-based payment and social determinants of health work. Before joining the OHA in 2013, she spent eight years as a senior program officer at the Northwest Health Foundation, where she managed the foundation's health care reform grantmaking, including providing support for Oregon's delivery system reform initiatives and health reform advocacy organizations. Prior to working for the foundation, Ms. DeMars spent six years as a senior health policy analyst for the U.S. Government Accountability Office, where she authored numerous reports for Congress on Medicaid, Medicare, and private health insurance payment policy. She has also worked at Kaiser Permanente Northwest and health-policy consulting firms, including Health Management Associates. Ms. DeMars holds a Master of Public Health degree from the University of Michigan School of Public Health and a bachelor's degree in English literature from the University of Michigan.



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March 8 – Listening Session Presenters' Biographies

Subject Matter Experts

Sherry Glied, PhD, Robert F. Wagner Graduate School of Public Service, New York University



Dr. Sherry Glied was named Dean of the Robert F. Wagner Graduate School of Public Service at New York University in 2013. From 1989 to 2013, she was professor of Health Policy and Management at Columbia University's Mailman School of Public Health. Dr. Glied was Chair of the Department of Health Policy and Management from 1998-2009. On June 22, 2010, Dr. Glied was confirmed by the U.S. Senate as Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services, and served in that capacity from July 2010 through August 2012. She had previously served as Senior Economist for health care and labor market policy on the President's Council of Economic Advisers in 1992-1993, under Presidents Bush and Clinton, and participated in the Clinton Health Care Task Force. Dr. Glied is a Nonresident Senior Fellow of the Brookings Institution. She has been elected to the National Academy of Medicine, the National Academy of Social Insurance, and served as a member of the Commission on Evidence-Based Policymaking. In 2021, she

was awarded the Association of University Programs in Health Administration's (AUPHA's) William B. Graham Prize for Health Services Research. Dr. Glied's principal areas of research are in health policy reform and mental health care policy. She is the author of *Chronic Condition* (Harvard University Press, 1998), coauthor (with Richard Frank) of *Better but Not Well: Mental Health Policy in the U.S. Since 1950* (Johns Hopkins University Press, 2006), and coeditor (with Peter C. Smith) of *The Oxford Handbook of Health Economics* (Oxford University Press, 2011). Dr. Glied holds a B.A. in economics from Yale University, an M.A. in economics from the University of Toronto, and a Ph.D. in economics from Harvard University. She is a member of the Board of Directors of the New York State Urban Development Corporation, Geisinger, the Milbank Fund, and NRX Pharmaceuticals (NRXP).

Karen E. Holt, Collaborative Health Systems (CHS)

Ms. Karen Holt has over 20 years of experience in strategic management of health care organizations focusing on value-based care, provider network development, and group practice operations. She joined CHS as a Vice President in mid-2015 and currently manages two IPAs with 200+ PCPs, an MSSP, and two Direct Contracting Entities with providers in Florida, Alabama, Georgia, Tennessee, Texas, California, Hawaii. Before joining CHS, Ms. Holt served as the Director of Physician Network Development for Memorial Hermann Health System in Houston, Texas. She was a member of the executive strategy team that led the Memorial Hermann ACO (MHACO) development. In addition, she was directly involved in the development, engagement, and transformation of 2,500 independent physicians in Memorial's Clinically Integrated Network, where she focused on quality reporting and utilization management. In 2020, CHS helped Medicare healthcare providers achieve \$91 million in total savings through the Next Generation Accountable Care Organization (ACO) Model and Medicare Shared Savings Program (MSSP).



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March 8 – Listening Session Presenters' Biographies (Continued)

Subject Matter Experts (Continued)

Valinda Rutledge, MBA, MSN, UpStream

Effective February 2022, Ms. Valinda Rutledge will be the Chief Corporate Affairs Officer at UpStream Care which is a full risk managed services organization providing primary care physicians with the support and systems they need to improve healthcare for seniors. She was recently the Executive Vice President, Federal Affairs for APG where she oversaw APG's analysis of legislative changes, regulatory agenda, and CMMI payment models. Ms. Rutledge led the National Direct Contracting Coalition and APG Risk Evolution Task Force in which best practices are exchanged to improve performance in public/private risk-based contracts for APG members. She previously worked as a founding member of the leadership team (Senior Advisor and Group Director) at the Center for Medicare and Medicaid Services Innovation (CMMI) where she helped to build the Innovation Center from its startup phase and managed the design and launch of several of the Center's Alternative Payment Models. Ms. Rutledge has also led numerous engagements with providers designed to transform multi-payer (Medicare, Medicaid and Commercial) programs to achieve care and payment transformation. Her presentation will focus on physicians' preparedness and obstacles in participating in population-based Total Cost of Care models.



Christina Severin, MPH, Community Care Cooperative



Ms. Christina Severin is a leading health care executive with more than 20 years of experience and numerous accomplishments in managed care, delivery systems, health insurance, Accountable Care Organizations, quality, public policy, and public health. She has led Community Care Cooperative (C3) since the organization's launch in 2016, leveraging the proven best practices of ACOs throughout the country, building the organization on the collective strengths of its health centers, and growing the organization to better serve MassHealth members throughout the commonwealth. Ms. Severin's prior leadership experience includes serving as President and Chief Executive Officer of Beth Israel Deaconess Care Organization and as President of Network Health, a nonprofit Massachusetts health plan. In this presentation, Ms. Severin will be discussing the benefits of a community health center-based Primary Care Accountable Care Organization, C3's approach to addressing TCOC and APMs as well as ensuring the integration of equity in all of the organization's efforts.

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March 8 – Listening Session Presenters' Biographies (Continued)

Previous Submitter

Jon Broyles, MSc, Coalition to Transform Advanced Care (C-TAC)

(Advanced Care Model (ACM) Service Delivery and Advanced Alternative Payment Model proposal)

Mr. Jon Broyles oversees day-to-day operations and sets strategy for C-TAC. Early in his career he met Reverend Diane Smalley, a powerful advocate living with advanced illness, who told him to keep it simple: focus on opening doors. In acting on Diane's legacy Jon has the benefit of drawing on hundreds of innovators' experience and talent in the Coalition. His role is channeling these resources into practical approaches to improve care for those living with advanced illness.



Gary Bacher, JD, MPA, Capital Caring Health

(Advanced Care Model (ACM) Service Delivery and Advanced Alternative Payment Model proposal)



Mr. Gary Bacher is Chief of Strategy, Policy, & Legal Affairs at Capital Caring Health. In this role, he directs efforts to determine how best to improve all aspects of advanced illness and hospice care throughout Capital Caring Health and on a national level. Mr. Bacher most recently served as Chief Strategy Officer at the Center for Medicare and Medicaid Innovation, where he was responsible for directing the development of new models and initiatives to improve and refine value-based care. For more than a decade, he has led efforts in health care improvement, operating at the intersection of public policy, law, regulatory affairs, and business development. Mr. Bacher is widely recognized as a national expert on a broad range of health plans, encompassing providers, employers, state-based exchanges, and government organizations. He has also served as a policy and legal advisor on issues including fraud and abuse, antitrust, HIPAA, government payment systems, and FDA rules and regulations. Mr. Bacher also served on active military duty from 1996-2000,

as Assistant to the Army General Counsel, and during that period assisted at the White House Counsel's Office. He holds a JD from Stanford Law School, an MPA from the Woodrow Wilson School at Princeton University, and a BA from Georgetown University.

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March 8 – Listening Session Presenters’ Biographies (Continued)

Previous Submitter (Continued)

Torrie Fields, MPH, Votive Health

(Advanced Care Model (ACM) Service Delivery and Advanced Alternative Payment Model proposal)



Ms. Torrie Fields serves as Founder and CEO of Votive Health, a technology-enabled network manager that helps health plans and providers deliver complex care at home. Launched in 2019, Votive Health acts as a conduit, removing the barriers between cost and care so people living with complex and serious illness can focus on living and their providers can focus on caring. Votive Health works to support community home and hospice providers by providing administrative, operational and technological infrastructure so providers can focus on clinical care with little administrative burden. We leverage new and innovative payment models and policy opportunities to increase access to and engagement in serious illness management services, creating value for patients and families, their providers and the overall health care system.

Prior to Votive Health, Ms. Fields served as Head of Palliative Care at Blue Shield of California and Cambia Health Solutions and worked as a management and actuarial consultant for health plans, purchasers, and academic centers evaluating the impact of palliative care on achieving the Institute for Healthcare Improvement’s Triple Aim. She has led development of highly successful palliative care initiatives including benefit design, case management, caregiver support, medical home development and policy and engagement efforts. Ms. Fields’ experience has encompassed work as an economist and health services researcher in a variety of settings, including health plans, health delivery systems and local and federal health departments. She has a deep expertise in health policy development and implementation, translating evidence-based research into legislative concepts and regulatory change.

Ms. Fields holds a Master’s in Public Health focused in Health Management & Policy from Oregon Health and Sciences University, a B.S. in Sociology from Portland State University, a B.A. in Communication Theory from the University of California, San Diego, and a Certificate in Gerontology from Portland Community College.

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March 8 – Panel Discussion on Definitional Issues Related to Population-Based TCOC Models Panelists' Biographies

Jennifer L. Kowalski, MS, Public Policy Institute, Anthem, Inc.

Payer Perspective



Ms. Jennifer Kowalski is Vice President, Public Policy Institute, at Anthem, Inc., one of the nation's leading health benefits companies. In her role as head of the Public Policy Institute, she directs policy research and data analysis; supports and guides external research; and oversees the development of papers, issue briefs, and other research that contribute thought leadership to the health policy debate. Ms. Kowalski also serves as a member of the Health Affairs Council on Health Care Spending and Value, contributing to recommendations on moderating spending growth while maximizing value from the health care system. Prior to joining Anthem in 2014, Ms. Kowalski was Vice President at Avalere Health, a Washington, DC based health policy consulting firm, where she spent nearly a decade advising managed care and life sciences companies on policy and strategy related to health insurance reform and the Affordable Care Act, Medicare Advantage, and

Medicaid. She holds a Master of Science in health policy and management from the Harvard University School of Public Health and a Bachelor of Arts with honors in community health from Brown University.

Emily Maxson, MD, Aledade, Inc.

Provider Perspective

Dr. Emily Maxson is Aledade's Chief Medical Officer. An internist and primary care doctor, she oversees Aledade's practice and physician engagement and clinical strategy as it relates to core product development and value-based care innovation. Previously, Dr. Maxson has worked with physicians in metro New York's most underserved areas to disseminate prevention-oriented electronic health record systems through the Department of Health and Mental Hygiene's Primary Care Information Project and successfully launched the U.S. Department of Health and Human Services' Beacon Community Program to improve population health, quality, and cost-efficiency. She was a practicing primary-care physician for several years in a federally qualified community health center before dedicating her career to population health. Dr. Maxson earned her undergraduate and medical degrees from Duke University School of Medicine and completed her medical training in internal medicine/primary care at Harvard's Brigham and Women's Hospital in Boston, MA.



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March 8 – Panel Discussion on Definitional Issues Related to Population-Based TCOC Models Panelists’ Biographies (Continued)

Judith A. Stein, JD, Center for Medicare Advocacy

Patient Advocacy Perspective



Ms. Judith Stein is the Executive Director of the Center for Medicare Advocacy, which she founded in 1986. She has focused on legal representation of older people since beginning her legal career in 1975. From 1977 until 1986, Ms. Stein was the Co-Director of Legal Assistance to Medicare Patients (LAMP) where she managed the first Medicare advocacy program in the country. She has extensive experience in developing and administering Medicare and related advocacy projects and conferences, representing Medicare beneficiaries, producing educational materials, teaching, and consulting. She has been lead or co-counsel in numerous federal class action and individual cases challenging improper Medicare policies and denials – including, *Jimmo vs. Sebelius*, which is opening doors to Medicare coverage and access to care for people with longer-term and chronic conditions.

Ms. Stein is an editor and author of books and articles regarding Medicare including the *Medicare Handbook* (Wolters Kluwer Publishers, 20th Edition, 2019; updated annually). She is a past President and a Fellow of the National Academy of Elder Law Attorneys, a past Commissioner of the National Long Term Care Commission and the American Bar Association Commission on Law and Aging, an elected member of the National Academy of Social Insurance, and a recipient of the Health Care Financing Administration (now CMS) Beneficiary Services Certificate of Merit. She was a delegate to the 2015 and 2005 White House Conference on Aging, received the 2020 Excellence in Elder Law Award from the National Elder Law Foundation, the 2018 Chairman’s Award from the American Medical and Rehabilitation Providers Association, the 2017 Association of Retired Americans-CT Advocacy Award, the 2015 Grantmakers in Aging Diversity Award, and the 2007 CT Commission on Aging Age-wise Advocate Award. Ms. Stein is a member of the Executive Committee of the Connecticut Elder Action Network (CEAN). Ms. Stein graduated cum laude from Williams College and received her law degree with honors from Catholic University School of Law.

Gail R. Wilensky, PhD, Project HOPE

Academic/Policy Research Perspective

Dr. Gail Wilensky is an Economist and Senior Fellow at Project HOPE, an international health foundation. She also co-chairs the Bipartisan Policy Center’s initiative on the future of health care, is a trustee with NORC, and is on the Geisinger Health System Foundation Board of Directors. Dr. Wilensky is also an elected member of the National Academy of Medicine. Throughout her career, she has published on health system financing and reform. Dr. Wilensky also has federal government experience; she directed Medicare programs, served as a senior advisor on health and welfare issues to President George H. W. Bush, and has advised Congressional members and other elected officials. Dr. Wilensky provides the perspective of a health policy advisor to the government and the private sector on subjects including Medicare and health system financing and reform.

