



LABOR, IMMIGRATION &
EMPLOYEE BENEFITS DIVISION
U.S. CHAMBER OF COMMERCE

**Realizing Greater Value
Building on Private Sector Successes**

**May 9, 2014
U.S. Chamber of Commerce
Washington, DC**

- 9:30 a.m. – 9:35 a.m. **Welcome and Opening Remarks**
Randy Johnson, Senior Vice President
Labor, Immigration and Employee Benefits
U.S. Chamber of Commerce
- 9:35 a.m. – 10:15 a.m. **A View from the Administration**
Sean Cavanaugh
Deputy Administrator & Director of the Center for Medicare
Centers for Medicare and Medicaid Services
- 10:15 a.m. – 11:00 a.m. **Health Information Technology**
Tobias Barker, CVS MinuteClinic
Janet Boyd, The Dow Chemical Company
Andy Mekelburg, Verizon Communications, Inc.

Moderated by: Ricardo Martinez, North Highland Company
- 11:00 a.m. – 11:45 a.m. **Care Coordination**
Andy Baskin, Aetna
Donald Crane, CAPG
Michael Kedansky, CareMore Health Plan
Rick Morrow, Marriott International

Moderated by: Mark McClellan, The Brookings Institution
- 11:45 a.m. – 12:30 p.m. **Value Based Insurance Design**
Mike Chernew, Harvard Medical School
Tom Meier, Health Care Service Corporation
David Morales, Steward Health Care System, LLC
David Nuzum, McKinsey & Company

Moderated by: Katie Mahoney, U.S. Chamber of Commerce

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Randel K. Johnson, Senior Vice President, Labor, Immigration, and Employee Benefits U.S. Chamber of Commerce

Randel K. Johnson joined the U.S. Chamber of Commerce on December 1, 1997. As senior vice president, he is primarily responsible for labor, immigration, and employee benefits issues pending before Congress and the federal agencies.

Consulting with the Chamber's member policy committees and his staff of 11, Johnson determines the Chamber's position and sets strategy on a wide variety of issues that fall within the jurisdiction of his division. These include union-driven initiatives such as card check legislation, ergonomics, and blacklisting regulations; pension funding reform and health care; civil rights and wage and hour; and comprehensive immigration reform, including visa and border policy. Johnson regularly testifies before Congress and is widely quoted in the media on employment and immigration issues as a recognized expert in these fields.

Johnson serves on the board of directors of the National Immigration Forum and the Lutheran Immigration Refugee Services agency and on the Quality Alliance Steering Committee. Previously, he was a member of the Department of Homeland Security Data Management Improvement Act Task Force on border entry and exit issues, the Chicago Council on Foreign Relations Immigration Task Force, the 21st Century Workforce Commission, and the Carnegie U.S.-Mexico Migration Study Group.

Before joining the Chamber, Johnson was the Republican labor counsel and coordinator for the U.S. House of Representatives Committee on Education and the Workforce where he supervised a staff of professionals and was responsible for employment policy and legal issues before the committee. His work centered on legislative activity under the Occupational Safety and Health Act, the National Labor Relations Act, the Congressional Accountability Act, the Family and Medical Leave Act, the Fair Labor Standards Act, the Civil Rights Act of 1991, and the Americans with Disabilities Act of 1990.

His prior experience includes six years as an attorney with the U.S. Department of Labor where he was the special assistant to the Solicitor of Labor for Regulatory Affairs and the department's liaison to the Office of Management and Budget, specializing in the areas of equal employment opportunity and occupational safety and health. He also served as a lobbyist in the labor relations, immigration, and job training areas with the National Association of Manufacturers; as an attorney with the Department of Labor's Office of Administrative Law Judges; and as a law clerk to a Baltimore city trial judge immediately following law school. Between college and law school, Johnson worked for IBM in Bethesda, Maryland.

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Johnson is a graduate of Denison University and the University of Maryland School of Law and earned his Master of Laws in labor relations from the Georgetown University Law Center. He received a graduate certificate from the Harvard Kennedy School of Government for Senior Managers in Government and is a fellow of the College of Labor and Employment Lawyers.

Sean Cavanaugh, Deputy Administrator and Director of the Center for Medicare Centers for Medicare & Medicaid Services

Sean Cavanaugh is the Deputy Administrator and Director of the Center for Medicare at the Centers for Medicare & Medicaid Services. He is responsible for overseeing the regulation and payment of Medicare fee-for service providers, privately-administered Medicare health plans, and the Medicare prescription drug program. Medicare provides health coverage to 50 million elderly and disabled Americans, with an annual budget of over \$550 billion.

Prior to assuming his current role, Sean was the Deputy Director for Programs and Policy in the Center for Medicare and Medicaid Innovation. In that capacity, he was responsible for overseeing the development and testing of new payment and service delivery models, including accountable care organizations and medical homes.

Previously, Mr. Cavanaugh was director of health care finance at the United Hospital Fund in New York City. He has also served in senior positions at Lutheran Healthcare (Brooklyn, NY), the New York City Mayor's Office of Health Insurance Access, and the Maryland Health Services Cost Review Commission. He started his career on Capitol Hill working for a member of the Ways and Means Health Subcommittee. He attended the University of Pennsylvania and the Johns Hopkins School of Hygiene and Public Health.

Tobias Barker, M.D., Vice President of Medical Operations CVS MinuteClinic

Tobias Barker, M.D. joined CVS MinuteClinic in August of 2011 as Vice President of Medical Operations. He provides clinical oversight for all MinuteClinic operations. This includes management of the nearly 300 medical directors who collaborate with MinuteClinic's 2400+ Nurse Practitioners and Physician Assistants. Current strategic focus is the development of MinuteClinic's innovative TeleHealth program and the creation of joint clinical programs with our clinical affiliates.

Dr. Barker has more than 15 years of experience in medicine. Prior to joining MinuteClinic, Dr. Barker was the Director of Global Programs for the consulting arm of Partners Healthcare and Harvard Medical School. He worked in Dubai for two years, overseeing the development of the emirates premiere medical training facility. Before this, Dr. Barker worked as an attending physician in the department of emergency at Brigham and

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Woman's Hospital in Boston where he served multiple leadership roles for the hospital including medical director for Gillette stadium and interim medical director for the Boston marathon.

Dr. Barker is a graduate of the UCLA School of Medicine and completed his residency training in Emergency Medicine at Yale University. He recently received a Masters in Health Care Management degree from Harvard.

Janet C. Boyd, Director of Government Relations The Dow Chemical Company

Janet Boyd has served as Director of Government Relations for The Dow Chemical Company for 11 years, focusing on tax, benefits and other policy issues. Before joining Dow, Janet was a partner at Akin, Gump, Strauss, Hauer and Feld, L.L.P., representing clients primarily on tax policy issues. She graduated from the University of Texas with a BJ degree and the George Washington University National Law Center, and is a member of the District of Columbia Bar and the Tax Committee of the American Bar Association. Janet serves as the President of the American Benefits Council (ABC) Board and as a member of the Board for both the ERISA Industry Committee (ERIC) and the Corporate Health Care Coalition (CHCC). She is also the immediate Past President of the Charities Aid Foundation America, a charitable organization that operates a multimillion dollar program facilitating worldwide giving by U.S. corporations and individuals

Andrew M. Mekelburg, Vice President for Federal Government Relations Verizon Communications, Inc.

Andy Mekelburg is Vice President for Federal Government Relations for Verizon. In this position, Andy is responsible for working with Congress and the Administration on non-telecommunications issues such as health care, education, human resources and government procurement issues. Andy founded the Health IT Now Coalition, a group of patients, providers and payers that advocates the use of advanced technologies to reduce the cost and improve the quality of health care in the Country. He is also the Chairman of the Board for the Alliance for Connected Care., a group promoting expansion of telemedicine. He is one of the founders and current Chairman of the National Coalition on Benefits, a coalition of associations and employers formed to protect the employer based health care system, as well as a Board Member of the Corporate Health Care Coalition.

Ricardo Martinez, M.D., FACEP, Chief Medical Officer North Highland Company

Ricardo Martinez, MD, FACEP is Chief Medical Officer of North Highland Company, and has served in senior roles in academics, government and business. He provides thought

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leadership and front-line involvement in transformation efforts of healthcare organizations becoming high-performing enterprises. Key areas of focus are physician leadership and engagement, the touchstone of driving physician-led change and adoption of standardized best-practices across an entity; developing team-powered value-based clinical processes to add real value and eliminate wastes; activating patients to ensure that shared clinical care plans are most effective; and enabling technology that supports, extends and improves the performance across the delivery system.

**Andrew Baskin, M.D., Chief Medical Officer
National Medical Director for Quality Performance
Aetna**

Andrew Baskin is Aetna's Interim Chief Medical Officer and National Medical Director for Quality Performance. He is responsible for initiatives to measure and improve quality of care, measurement implementation and public reporting, health plan accreditation, the collection and reporting for HEDIS, and the establishment of performance based networks. Additionally, he partners with others to help establish programs which create incentives for more effective and efficient care, influence and assure compliance with healthcare reform regulations, develop products to improve affordability and quality of care, and promote payment reform.

Prior to this role, Andy served in various medical director roles at Aetna, gaining experience and expertise in clinical and coverage policy development, benefit and plan design, establishing coding and reimbursement policy, disease management program operations, and provider relations. Prior to joining Aetna in 1998, he practiced as a primary care Internal Medicine/Geriatrics physician in the Philadelphia suburbs. Andy is a member of the National Quality Forum (NQF) Consensus Standards Approval Committee (CSAC), NCQA's Committee on Performance Measurement, NCQA's Standards Committee, co-chaired the NQF Steering Committee for GI/GU measurement, AQA Steering Committee, and is a member and past chair of America's Health Insurance Plan's (AHIP) CMO Leadership Council and CMO Committee.

**Donald H. Crane, President and CEO
CAPG**

Mr. Crane is President and CEO of CAPG, the nation's only professional association that exclusively represents capitated, coordinated care organizations, and is a leading voice promoting the interests of physicians practicing accountable care across the nation. CAPG consists of over 160 multi-specialty medical groups and IPAs that provide medical care to over 18 million patients across 24 states.

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CAPG is in the forefront of public policy advocacy on behalf of accountable care organizations. CAPG also serves as a key communication conduit between health care plans and their physician networks within the delegated model of delivery, and provides a collaborative forum for benefit design, product design, and other strategic initiatives.

Mr. Crane is a member of the UCLA Health Services Professional Advisory Council. He is also the Editor-in-Chief of the CAPG Health, a California magazine that reports on business trends, legislation, and industry initiatives impacting on coordinated care. He is a member of the Board of Directors of Northridge Hospital Medical Center.

Mr. Crane received his B.A. from the University of California at Berkeley and his J.D. from Loyola University of Los Angeles.

Michael Kedansky, Senior Medical Officer CareMore Health Plan

Michael Kedansky is the Senior Medical Officer for CareMore Health Plan in Tucson. He has been With CareMore for almost 5 years, and has responsibility for clinical outcomes for all Health Plan members. Prior to that, Michael worked as a clinical faculty member for 6 years at the University of Arizona College of Medicine, Department of Family and Community Medicine. He was the Director of Inpatient Services and ran the Hospitalist group at University Physicians Hospital. He also served in many leadership roles at the hospital, including Chief of Staff and director of the hospital Credentials committee and Physician Peer Review committee. His professional interests include coordination of care, managing health care transitions, reducing unnecessary medical expenses and addressing advanced care planning for all of his patients. He is a firm believer that improving healthcare requires challenging the status quo.

Michael received his MD degree from the State University of New York at Stony Brook. He completed his residency at the University of Arizona in Tucson. He recently completed leadership training at the Institute for Physician Leadership at the University of California San Francisco. His wife is a Tucson native, and they live with their 2 children in Tucson.

Rick Morrow, Director, Benefit Strategies Marriott International, Inc.

Rick has been with Marriott International for 10 years, with all of that time in the Corporate Benefits Department. He is responsible for areas including benefits strategy, local population health initiatives, monitoring health care legislation/regulation, compliance reporting, financial analysis, and competitive benchmarking. Rick also manages Marriott's Length of Service and Recognition Award programs. Prior to joining Marriott, he performed various consulting, project management, and analytical roles in the

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financial and HR services industries with companies such as Aon Hewitt, McLagan Partners (an Aon Hewitt subsidiary), and SouthTrust Bank (now Wells Fargo).

**Mark B. McClellan, Director, Engelberg Center for Health Care Reform
Senior Fellow, Economic Studies
Leonard D. Schaeffer Chair in Health Policy Studies
The Brookings Institution**

A doctor and economist by training, McClellan has a highly distinguished record in public service and academic research. He is a former administrator of the Centers for Medicare & Medicaid Services (CMS) and former commissioner of the Food and Drug Administration (FDA). He also served as a member of the President's Council of Economic Advisers and senior director for health care policy at the White House. McClellan has developed and implemented major reforms in health policy, including:

1. Major reforms in Medicare coverage, including Medicare prescription drug benefit, as well as innovative approaches to health care coverage in Medicaid, including models that states have used to update and expand coverage and "Money Follows the Person" initiatives in long-term services and supports;
2. Innovative approaches to health care financing, including accountable care organizations and related reforms to move from paying for more medical services and complications to paying for personalized, prevention-oriented care;
3. Steps to support faster and more efficient biomedical innovation, including the FDA's Critical Path initiative, regulatory reforms to modernize pharmaceutical manufacturing, and reforms to speed the approval of low-cost generic medicines; and
4. Initiatives to develop better information on the quality and cost of care, and steps to help consumers and providers use this information to improve care.

McClellan has continued to work on these and related issues to support better health care and biomedical innovation. He is the Chairman of the Reagan-Udall Foundation for the FDA, Chairman of the Roundtable on Value and Science-Driven Health Care of the Institute of Medicine, and Co-Chair of the Quality Alliance Steering Committee. He also chairs the National Quality Forum's initiative to implement better measures of quality and cost of care for clinicians. McClellan is also a member of the Institute of Medicine of the National Academy of Sciences and is a research associate at the National Bureau of Economic Research.

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Previously, McClellan served in the Clinton administration as deputy assistant secretary of the Treasury for economic policy, where he supervised economic analysis and policy development on a range of domestic policy issues.

McClellan also served as an associate professor of economics and associate professor of medicine with tenure at Stanford University, where he directed Stanford's Program on Health Outcomes Research; was associate editor of the *Journal of Health Economics*; and co-principal investigator of the Health and Retirement Study (HRS), a longitudinal study of the health and economic status of older Americans. He has twice received the Kenneth J. Arrow Award for Outstanding Research in Health Economics.

McClellan holds an MD from the Harvard University–Massachusetts Institute of Technology (MIT) Division of Health Sciences and Technology, a PhD in economics from MIT, an MPA from Harvard University, and a BA from the University of Texas at Austin. He completed his residency training in internal medicine at Boston's Brigham and Women's Hospital, is board-certified in Internal Medicine, and has been a practicing internist during his career.

Michael Chernew, Ph.D., Leonard D. Schaeffer Professor of Health Care Policy Harvard Medical School

Michael Chernew, Ph.D., is the Leonard D. Schaeffer Professor of Health Care Policy at Harvard Medical School. Dr. Chernew's research activities focus on several areas, most notably the causes and consequences of growth in health care expenditures, geographic variation in medical spending and use and Value Based Insurance Design (VBID). Professor Chernew is Vice Chair of the Medicare Payment Advisory Commission (MedPAC), which is an independent agency established to advise the U.S. Congress on issues affecting the Medicare program. He is also a member of the Congressional Budget Office's Panel of Health Advisors. In 2000, 2004 and 2011, he served on technical advisory panels for the Center for Medicare and Medicaid Services (CMS) that reviewed the assumptions used by the Medicare actuaries to assess the financial status of the Medicare trust funds. Dr. Chernew is a Research Associate of the National Bureau of Economic Research. He co-edits the *American Journal of Managed Care* and is a Senior Associate Editor of *Health Services Research*. In 2010, Dr. Chernew was elected to the Institute of Medicine (IOM) of the National Academy of Sciences and served on the Committee on the Determination of Essential Health Benefits. Dr. Chernew earned his undergraduate degree from the University of Pennsylvania and a doctorate in economics from Stanford University.

Tom Meier, Vice President of Product Development Health Care Service Corporation

Tom Meier is the Vice President of Product Development for Health Care Service Corporation, including Blue Cross Blue Shield of Illinois, Montana, New Mexico, Oklahoma,

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and Texas, and is responsible for the development and management of market-leading products and services that meet and exceed the needs of our Blue Cross Blue Shield clients and members. In this capacity, he is a member of the National Business Group on Health's Board of Directors of the Institute on Health Care Costs and Solutions.

Before joining Health Care Service Corporation, Mr. Meier spent 14 years with the Blue Cross Blue Shield Association, where he focused on the development of consumer directed health plan products and services across the Blue Cross Blue Shield system, as well as the product and consumer tool development efforts for the Federal Employee Program.

Mr. Meier received his Bachelor's Degree from Western Michigan University, and a Masters in Business Administration from Northwestern University's Kellogg School of Management.

David A. Morales, EVP and Chief Strategy Officer President, Steward Medical Professional and General Liability Steward Health Care System, LLC

David Morales is the Executive Vice President and Chief Strategy Officer at Steward Health Care System, New England's largest integrated community health care provider and foremost innovative health care company in Massachusetts. In that capacity, he partners with the CEO to integrate the company's strategic goals and drive successful implementation of such objectives by using data to assess how short-term actions will directly affect the future value of the company.

Morales manages various units that deliver highly successful outcomes. He leads the Strategic Business Solutions Group, a team dedicated to implementing value-driven solutions across Steward, and responsible for negotiating union labor contracts for over 6,000 employees. He leads the federal and state public policy and analytics group, which oversees reimbursement and health care cost data. Morales is also the President of Steward's "captive," medical professional liability, as well as general liability insurance company.

One of the key architects of Massachusetts' Health Care Reform law (Chapter 58), he previously served as Commissioner of the Massachusetts Division of Health Care Finance and Policy, the state's Medicaid rate-setting and health care policy office, now known as the Center for Health Information and Analysis.

As Commissioner, he led efforts to publish provider price transparency and expand access to care. He also presided over the implementation of the All Payer Claims Database and the first Health Care Cost Trends market analyses and hearings. In addition, as a member of the Health Care Cost and Quality Council, Morales worked to standardize the metrics used

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to publicly measure quality, total medical expense and relative prices of hospitals and physicians.

Prior to serving as Commissioner, Morales was Deputy Chief of Staff to Massachusetts Governor Deval Patrick. Before joining the Governor's office, he worked as Senior Adviser to Massachusetts Senate President Robert E. Travaglini. In both roles he led landmark initiatives that include health care reform and the Massachusetts Life Sciences Center.

Morales has extensive expertise in the pharmaceutical market and implemented the nation's first prescription drug insurance model-- Prescription Advantage -- which informed the creation of Medicare Part D.

A graduate of Bowdoin College, he currently serves on the Bowdoin College Board of Trustees, the Massachusetts Business Roundtable Board of Directors, as well as the Mass Taxpayers Foundation Board and the Lynn Classical High School Board of Directors. He lives in Lynn, Massachusetts with his wife Samanda and their two children.

David M. Nuzum, Principal McKinsey & Company

David Nuzum is a Principal in the Washington, DC Office of McKinsey & Company. He has spent more than 15 years working with the management teams of leading healthcare organizations to address the Triple Aim of better health, better care, and lower costs. David currently leads our Health Care Value service line in North America including health plan network strategy and contracting, payment innovation, care management, and transparency initiatives. He also co-leads McKinsey's Health Care Value Analytics division, an advanced analytics unit that supports value-based payment models through a combination of consumer research, clinical research, actuarial science, statistics, economics, and software programming capabilities.

David's recent projects have included:

- Exchange network strategy and/or provider network contracting for Qualified Health Plans in nearly 20 states
- Design and implementation of ACO and medical home initiatives on behalf of numerous private insurers and state Medicaid programs
- Design and implementation of the largest multi-payer bundled payment initiative in the U.S., involving 75 hospitals and more than 3,000 physicians
- Development of State Health Innovation Plans for several states participating in the CMMI State Innovation Models initiative

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David received his M.B.A. in Healthcare Management from the Wharton School at the University of Pennsylvania. In addition, David received an A.B. in Biological Sciences from Harvard University; also while at Harvard, he completed significant graduate coursework in healthcare economics and public policy at the Harvard School of Public Health and the Kennedy School of Government. David resides in Brooklyn, New York.

Katie Mahoney, Executive Director of Health Policy U.S. Chamber of Commerce

Katie W. Mahoney rejoined the U.S. Chamber of Commerce in June 2010. Mahoney has more than 13 years of health care experience in hospital and health plan operations, as well as health policy. She is responsible for developing, advocating, and publicizing the Chamber's policy on health and works with members of Congress, the administration, and regulatory agencies to promote the organization's health policy. Mahoney also crafts regulatory responses for the Chamber and its member companies and addresses material areas as part of a comprehensive health policy.

Mahoney joined the Chamber from the law firm of Greenberg Traurig where she served as assistant director of health and FDA business. While there, she analyzed legislative and regulatory health care proposals and advised insurers, health care providers, and employers on the respective business impact.

Previously, Mahoney worked at the U.S. Chamber as director of health care policy from 2004 to 2007. She focused on access to health coverage for small businesses and the uninsured, health plan mandates, ERISA preemption and regulatory requirements, COBRA, Medicare payment systems, retiree health coverage, medical liability reform, and health care quality improvement initiatives.

Mahoney has consulted on a variety of projects for state agencies and hospitals to maximize reimbursement and improve coverage among underserved populations, using public financing strategies. Her operational experience includes negotiating, implementing, and monitoring all managed care agreements with hospitals and health systems, large medical groups, and ancillaries in Southwest Central Louisiana on behalf of the largest single health carrier in the United States. She completed a postgraduate fellowship with the then-fully integrated Ochsner Health System, working at the executive level with chief executive officers at the Ochsner Health Plan, Ochsner Clinic, and Ochsner Foundation Hospital.

Originally from Massachusetts, Mahoney graduated cum laude from Vanderbilt University with a bachelor's degree in English literature. She earned a law degree and a master's degree in health administration from Tulane University's Schools of Law and Public Health

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and Tropical Medicine, respectively. She lives in Rockville, Maryland, with her husband, Jason, twin sons, and a daughter.