



**PETERSON
CENTER ON
HEALTHCARE**



HEALTHCARE FORUM

WHY ARE HEALTHCARE PRICES SO HIGH, AND WHAT CAN BE DONE ABOUT THEM?

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HOSTS AND MODERATORS

Jay Want, MD, *Executive Director, Peterson Center on Healthcare*

Dr. Want is Executive Director of the Peterson Center on Healthcare. He leads the Center's expanding portfolio of initiatives and grants to identify high-performance models of healthcare, validate their impact on quality and cost, and facilitate their adoption on a national scale.

Dr. Want brings decades of experience in healthcare delivery, improvement science, data transparency and executive leadership. His background as a primary care physician further grounds the Center in its work to enable physicians, partnering with patients and care teams, to transform healthcare delivery from within the system.

Formerly Chief Medical Officer and Board Chairman at the Center for Improving Value in Health Care, Dr. Want has significant expertise in creating public-private partnerships that support the transparency necessary for healthcare transformation. He has also consulted for the Network for Regional Healthcare Improvement, the Center for Medicare and Medicaid Services, and the Robert Wood Johnson Foundation.

Dr. Want has also served as an Innovation Advisor for the Center for Medicare and Medicaid Innovation and was the President and Chief Executive Officer of a management services organization that is now part of the Medicare Shared Savings ACO Program. He served on the board of the non-profit Rocky Mountain Health Plan and on task forces for the Colorado Division of Insurance, the Colorado Trust, the Colorado Hospital Association, the Governor's Blue Ribbon Commission on Health Care Reform, as a commissioner on the Colorado Commission for Affordable Health Care, and as a fellow of the Colorado Health Foundation.

Dr. Want received his internal medicine training at the University of Colorado Health Sciences Center, his medical degree from Northwestern University and his undergraduate degree from Wabash College.

Gary Claxton, *Vice President, Director of the Health Care Marketplace Project, and Co-Executive Director of the Program for the Study of Health Reform and Private Insurance, Kaiser Family Foundation*

Gary Claxton is a Vice President, the Director of the Health Care Marketplace Project and Co-Executive Director of the Program for the Study of Health Reform and Private Insurance at the Henry J. Kaiser Family Foundation. The Health Care Marketplace Project provides information, research, and analysis

about trends in the health care market and about policy proposals that relate to health insurance reform and our changing health care system. The Program for the Study of Health Reform and Private Insurance examines changes in the private insurance market under the Affordable Care Act as federal and state policymakers implement provisions of the health reform law.

Prior to joining the Foundation, Mr. Claxton worked as a senior researcher at the Institute for Health Care Research and Policy at Georgetown University, where his research focused on health insurance and health care financing. From March 1997 until January 2001, Mr. Claxton served as the Deputy Assistant Secretary for Health Policy at the U.S. Department of Health and Human Services, where he advised the Secretary on health policy issues including: improving access to health insurance, Medicare reform, administration of Medicaid, financing of prescription drugs, expanding patient rights, and health care privacy. Other previous positions include serving as a consultant for the Lewin Group, a special assistant to the Deputy Assistant Secretary for Health Policy in the Office of the Assistant Secretary for Planning and Evaluation, an insurance analyst for the National Association of Insurance Commissioners, and a health policy analyst for the American Association of Retired Persons.

Larry Levitt, *Senior Vice President for Health Reform, Senior Advisor to the President, and Co-Executive Director of the Program for the Study of Health Reform and Private Insurance, Kaiser Family Foundation*

Larry Levitt is Senior Vice President for Health Reform at the Kaiser Family Foundation and Senior Advisor to the President of the Foundation. Among other duties, he is Co-Executive Director of the Program for the Study of Health Reform and Private Insurance. He previously was Editor-in-Chief of kaisernetwork.org, the Foundation's online health policy news and information service, and directed the Foundation's communications and online activities and its Changing Health Care Marketplace Project.

Prior to joining the Foundation, he served as a Senior Health Policy Advisor to the White House and Department of Health and Human Services, working on the development of President Clinton's Health Security Act and other health policy initiatives.

Earlier, he was the Special Assistant for Health Policy with California Insurance Commissioner John Garamendi, a medical economist with Kaiser Permanente, and served in a number of positions in Massachusetts state government.

He holds a bachelors degree in economics from the University of California at Berkeley, and a masters degree in public policy from Harvard University's Kennedy School of Government.

Cynthia Cox, *Director, Program for the Study of Health Reform and Private Insurance, Kaiser Family Foundation*

Cynthia Cox is Director for the Program for the Study of Health Reform and Private Insurance, where she conducts economic and policy research on the Affordable Care Act (ACA) and its effects on private insurers and enrollees. Her work focuses on enrollment, pricing, and competition in the ACA's exchange markets. She has also played a key role in the development of interactive tools, such as the Health Insurance Marketplace Calculator.

In addition to her work on the ACA, she contributes to the Peterson-Kaiser Health System Tracker, a partnership of the Peterson Center on Healthcare and the Kaiser Family Foundation aimed at monitoring the performance of the U.S. health system over time and in relation to other developed countries.

Prior to joining the Kaiser Family Foundation, she held research and advocacy positions at Columbia University Medical Center and the American Cancer Society. She also serves on the Board of Directors of the Berkeley Free Clinic.

Cynthia holds a Bachelor of Science degree from the University of California at Berkeley and a Master of Public Health degree from Columbia University.

PANELISTS

Gerard F. Anderson, Ph.D., *Professor, Johns Hopkins Bloomberg School of Public Health and Medicine*

Dr. Gerard Anderson is a professor of health policy and management and director of the Johns Hopkins Center for Hospital Finance and Management. Prior to coming to Johns Hopkins in 1983, Dr. Anderson worked in the Office of the Secretary of the US Department of Health and Human Services from 1978 to 1983. While in the Office of the Secretary, Dr. Anderson worked primarily on health care financing issues and was one of the principle architects of the Medicare Prospective Payment System. Dr. Anderson is currently conducting research on drug pricing, chronic conditions, comparative insurance systems, medical education, health care payment reform, and technology diffusion. He has directed reviews of health care systems for the World Bank, World Health Organization and USAID in multiple countries and has directed over 100 research projects. He has authored two books on health care payment policy, published 300 peer-reviewed articles, testified in Congress 50 times, and serves on multiple editorial committees.

Lawrence D. Brown, Ph.D., *Professor of Health Policy and Management, Columbia University Mailman School of Public Health*

Dr. Lawrence Brown served as former chair of the Mailman School's Department of Health Policy and Management for 10 years and Columbia University's Public Policy Consortium for three years. A political scientist, he served on the faculty of Harvard University and the University of Michigan, and held positions at the Brookings Institution before joining the Columbia faculty in 1988. Dr. Brown is the author of *Politics and Health Care Organizations: HMOs as Federal Policy* (Brookings Institution, 1983) and of articles on the political dimensions of community cost containment, expansion of coverage for the uninsured, national health reform, the role of analysis in the formation of health policy, and cross-national health policy. Dr. Brown edited the *Journal of Health Politics and Policy and Law* for five years, and has served on several national advisory committees for the Robert Wood Johnson (RWJ) Foundation. He is a recipient of an RWJ Investigators in Health Policy award and a member of the Institute of Medicine.

Jennifer Bryant, *Senior Vice President, Policy & Research, Pharmaceutical Research and Manufacturers of America*

Jenny Bryant serves as Senior Vice President, Policy and Research for the Pharmaceutical Research and Manufacturers of America (PhRMA), the national association representing the country's leading pharmaceutical research and biotechnology companies.

At PhRMA, she oversees development of public policy related to Medicare, Medicaid and health care reform, as well analysis and policy development related to changes in the health care delivery system. She oversees a broad portfolio of economic and policy research, with a focus on better understanding how medicines are used and valued, and the impact of appropriate medication use on health care costs.

Prior to joining PhRMA, Ms. Bryant was Vice President at The Lewin Group, a national health care consulting firm. Previously, she held positions at Blue Cross Blue Shield Association, Blue Cross Blue Shield of Florida, New York Hospital-Cornell Medical Center, and the State of New York.

Ms. Bryant graduated magna cum laude from Harvard College and received her MBA from the Harvard Graduate School of Business Administration.

James C. Capretta, *Resident Fellow, American Enterprise Institute*

James C. Capretta is a resident fellow at the American Enterprise Institute (AEI), where he studies health care, entitlement, and US budgetary policy.

Mr. Capretta spent more than 16 years in public service before joining AEI. As an associate director at the White House's Office of Management and Budget from 2001 to 2004, he had lead responsibility for health care, Social Security, welfare, labor and education issues.

Mr. Capretta has been widely published in newspapers, magazines, and trade journals. He has an M.A. in public policy studies from Duke University and a B.A. in government from the University of Notre Dame.

Patricia M. Danzon, Ph.D., *Celia Moh Professor Emeritus, The Wharton School, University of Pennsylvania*

Professor Danzon received a B.A. from Oxford University, England, and a Ph.D. in Economics from the University of Chicago. She has held faculty positions at Duke University, the University of Chicago and the Indian School of Business. Professor Danzon is an internationally recognized expert in the fields of economics of health care, the biopharmaceutical industry, and insurance. She is a member of the Institute of Medicine and the National Academy of Social Insurance, and a Research Associate at the National Bureau of Economic Research. She has served as a consultant to many governmental agencies, NGOs and private corporations in the US and internationally. Professor Danzon has served on the Board of Directors of Medarex, Inc., the Policy and Global Affairs Board of the National Academy of Sciences, and the Policy Board of the Office of Health Economics in London.

Professor Danzon has been an Associate Editor of the American Economic Review, the Journal of Health Economics and the International Journal of Health Care Finance and Economics. She has published widely in scholarly journals on a broad range of subjects related to health care, pharmaceuticals, biotechnology, insurance, and the economics of law. She served as Section Editor on "The BioPharmaceutical and Medical Technology Industries" in Elsevier's Encyclopedia of Health Economics (2014) and co-edited the Handbook on the Economics of the Biopharmaceutical Industry (2012), for Oxford University Press.

Martin Gaynor, *E.J. Barone Professor of Economics and Health Policy, Carnegie Mellon University*

Martin Gaynor is the E.J. Barone University Professor of Economics and Public Policy at Carnegie Mellon University and former Director of the Bureau of Economics at the U.S. Federal Trade Commission. He is one of the founders of the Health Care Cost Institute, an independent non-partisan nonprofit dedicated to advancing knowledge about US health care spending, and served as the first Chair of its governing board. He is also an elected member of the National Academy of Medicine and of the National Academy of Social Insurance, a Research Associate at the National Bureau of Economic Research, an International Research Fellow at the University of Bristol, and a board member of the Jewish Healthcare Foundation. Prior to coming to Carnegie Mellon Dr. Gaynor held faculty appointments at Johns Hopkins and a number of other universities. He has been an invited visitor at the Hungarian Academy of Sciences in Budapest, the Hebrew University of Jerusalem, Northwestern University, and the Toulouse School of Economics.

His research focuses on competition and antitrust policy in health care markets. He has written extensively on this topic, testified before Congress, and advised the governments of the Netherlands, the United Kingdom, and South Africa on competition issues in health care. Gaynor is on the Pennsylvania Governor's Health Advisory Board and co-chaired the state's workgroup on shoppable care. He has won a number of awards for his research, including the American Economic Journal: Economic Policy Best Paper Award, the Victor R. Fuchs Research Award, the National Institute for Health Care Management Foundation Health Care Research Award, the Kenneth J. Arrow Award, the Jerry S. Cohen Award for Antitrust Scholarship (finalist), and a Robert Wood Johnson Foundation Investigator Award in Health Policy Research.

Dr. Gaynor received his B.A. from the University of California, San Diego in 1977 and his Ph.D. from Northwestern University in 1983.

Kris Haltmeyer, *Vice President, Legislative & Regulatory Policy, Blue Cross and Blue Shield Association, Washington, D.C.*

Kris Haltmeyer oversees legislative and regulatory policy development for BCBSA, working on a broad range of issues, including health insurance reform, exchanges, and government programs.

With over 25 years of experience in strategic analysis and policy development, Kris has contributed to the debates on each of the major laws impacting health plans in recent years. These include the Affordable Care Act (ACA), the Mental Health Parity and Addiction Equity Act (MHPAEA), the Medicare Modernization Act (MMA), and the Health Insurance Portability and Accountability Act (HIPAA).

Prior to joining BCBSA, Kris was a health policy analyst with Blue Cross of California and WellPoint, Inc. Kris has a Masters in Health Services Administration and a Masters of Science in Gerontology from the University of Southern California.

Melinda Reid Hatton, *General Counsel, American Hospital Association*

Melinda "Mindy" Hatton is the General Counsel to the American Hospital Association (AHA). In this position, she provides leadership on all legal matters for the AHA. In addition to supervising advocacy-related litigation, she directly oversees the AHA's work on medical privacy, antitrust, fraud and abuse and other related regulatory matters.

Prior to joining the AHA, Ms. Hatton was a partner at Hogan & Hartson where her areas of practice included antitrust, consumer protection, privacy and public policy issues. Prior to that, she served as the Antitrust Counsel for the Senate Judiciary Committee's Subcommittee on Antitrust, Monopolies and Business Rights.

AHA's Legal Team was named to The Legal 500's "Powerlist" in 2015. The list identifies the "most innovative in-house teams working in the United States." AHA was cited for among other achievements playing a critical role in AHA's high profile advocacy work, numerous influential amicus briefs and opposition to Medicare policies that harm hospitals and their patients. In 2014, AHA's legal team won "Health Care Team of the Year" for, among other achievements, challenging Recovery Audit Contractor policies that harmed hospitals and their patients.

Ms. Hatton earned a bachelor's degree with high honors from North Carolina State University in Raleigh, NC. She received her master's in public administration from the American University in Washington, D.C. In 1988, Ms. Hatton received her law degree from Catholic University of America, also in Washington, where she was the recipient of numerous honors and awards.

Robert Murray, *President, Global Health Payment LLC and former Executive Director of the Maryland Health Services Cost Review Commission*

Robert Murray is President of Global Health Payment LLC, a management consulting firm specializing in the design and implementation of payment systems for health care providers. In addition to his consulting responsibilities, Mr. Murray is also a writer and health service researcher, having written extensively on topics related to hospital rate setting and hospital global budgeting.

Previously, Mr. Murray was appointed by the Governor of Maryland to serve as Executive Director of the Health Services Cost Review Commission (HSCRC) in 1994. He is the longest serving HSCRC Executive Director, having held that position for 17 years (from 1994 to 2011).

Under Mr. Murray's leadership the HSCRC initiated a number of innovative payment programs including the development of: 1) an all-patient severity adjusted DRG-based payment system employing a volume adjustment mechanism, 2) a bundled outpatient hospital prospective payment system, 3) bundled and Admission-Readmission episode-based payment structures for 31 hospitals in the State; 4) fixed global budgets for 10 rural hospitals, which served as the proto-type demonstration for the State's current state-wide hospital global budget demonstration with CMS; and 5) several all-payer pay-for-performance incentive arrangements focusing on improving patient satisfaction and reducing the frequency of adverse events and hospital-acquired conditions.

Since leaving the HSCRC, Mr. Murray has worked as a consultant developing hospital global budget payment models for the State of Vermont, a prospective payment system for 26 small and rural hospitals for the Oregon Health Authority and the Oregon Association of Hospitals and Health Systems, as well as other hospital-based and physician-based payment models. In Maryland, Mr. Murray is assisting the CareFirst Maryland BlueCross BlueShield extend its successful Patient-Centered Medical Home (PCMH) Shared Savings Program and represents CareFirst on policy issues before the HSCRC.

Internationally, he has assisted the Chinese and the French Ministries of Health in the design of DRG-based payment systems and has worked as a Short Term Consultant for the World Bank on payment-reform initiatives in the Russian Federation, Brazil, the United Arab Emirates and the Philippines.

Mr. Murray has a BA and MA in Economics and an MBA, from Stanford University in Palo Alto, California.

Robin Osborn, M.B.A., *Vice President and Director, International Program in Health Policy and Practice Innovations, The Commonwealth Fund*

Robin Osborn has responsibility for the Commonwealth Fund's annual International Symposium on Health Policy, annual international health policy surveys and comparisons of health systems data, program on Frugal Innovations, The Commonwealth Fund-Nuffield Trust international conferences on quality, the Harkness Fellowships in Health Care Policy and Practice, the Australian-American Health Policy Fellowships, and 23 international partnerships with Health Ministries, research organizations, and health foundations.

Prior to joining the Fund in 1997, Osborn was director of fellowship programs at the Association for Health Services Research (now AcademyHealth), where she directed the Picker/Commonwealth Scholars Program and served as deputy director of the Robert Wood Johnson Foundation Investigator Awards in Health Policy Research Program. While living in London from 1986-1992, she held management positions at BUPA, the largest private health insurer in the United Kingdom, with responsibility for developing managed care programs. Her previous positions include managing director of the Miller Institute for Performing Artists at St. Luke's-Roosevelt Hospital Center; executive director of Blue Cross and Blue Shield of Greater New York's corporate foundation; special assistant to the vice president of Blue Cross and Blue Shield for the division charged with quality improvement and cost containment; and assistant director of Jacobi Hospital Center, a 1,400-bed, public safety net hospital.

She earned a B.S. with honors at Tufts University and an M.B.A. from Columbia University.