

# Physician-Focused Payment Model Technical Advisory Committee

March 3-4, 2025 – PTAC Public Meeting

*Reducing Barriers to Participation in Population-Based Total Cost of Care (PB-TCOC) Models  
and Supporting Primary and Specialty Care Transformation*

## Presenter and Panelist Biographies

**Roundtable Panel Discussion**  
(Monday, March 3, 10:40 a.m. – 12:10 p.m. EST)

### Subject Matter Experts

- [Christopher Crow, MD, MBA](#) – Chief Executive Officer and Co-Founder, Catalyst Health Group
- [Chase Hammon, MBA](#) – Chief Financial Officer, Duly Health and Care
- [Jessica Walradt, MS](#) – Vice President, Finance, VBC Contracting and Performance, Northwestern Medicine
- [Brock Slabach, MPH, FACHE](#) – Chief Operating Officer, National Rural Health Association (NRHA)
- [Michael Barbati, MHA](#) – Vice President of Government Programs, Enterprise Population Health, Advocate Health

**Listening Session 1**  
(Monday, March 3, 1:10 p.m. – 2:40 p.m. EST)

### Subject Matter Experts

- [Clif Gaus, ScD, MHA](#) – Past President and Chief Executive Officer, National Association of ACOs
- [David Johnson, MD, MPH](#) – Assistant Professor of Urology, University of North Carolina, and Clinical Operating Partner, Rubicon Founders
- [Angelo Sinopoli, MD](#) – Executive Vice President of Value-Based Care, Cone Health
- [Dan Liljenquist, JD](#) – Chief Strategy Officer, Intermountain Health

**Listening Session 2**  
(Monday, March 3, 2:50 p.m. – 4:20 p.m. EST)

### Subject Matter Experts

- [Elizabeth Mitchell](#) – President and Chief Executive Officer, Purchaser Business Group on Health (PBGH)
- [Joe Kimura, MD, MPH](#) – Chief Medical Officer, Somatus
- [Robert E. Mechanic, MBA](#) – Senior Fellow, Heller School of Social Policy and Management, Brandeis University, Executive Director, Institute for Accountable Care
- [Frank Opelka, MD, FACS](#) – Principal Consultant, Episodes of Care Solutions ([Previous submitter](#) - ACS-Brandeis Advanced APM proposal)

# Physician-Focused Payment Model Technical Advisory Committee

## Panel Discussion

(Tuesday, March 4, 9:10 a.m. – 10:40 a.m. EST)

### Subject Matter Experts

- [J. Michael McWilliams, MD, PhD](#) – Warren Alpert Foundation Professor of Health Care Policy, Professor of Medicine, Department of Health Care Policy, Harvard Medical School
- [Stephen M. Shortell, PhD, MBA](#) – Blue Cross of California Distinguished Professor of Health Policy and Management Emeritus, Dean Emeritus, and Professor of the Graduate School at the School of Public Health and Haas School of Business, University of California-Berkeley
- [Jose Peña, MD, FACP](#) – Chairman of the Board and Chief Medical Director, Rio Grande Valley (RGV) ACO Health Providers, LLC
- [Tim Layton, PhD](#) – Associate Professor of Public Policy and Economics, Frank Batten School of Leadership and Public Policy, University of Virginia

## Listening Session 3

(Tuesday, March 4, 10:50 a.m. – 12:20 p.m. EST)

### Subject Matter Experts

- [David Muhlestein, PhD, JD](#) – Chief Executive Officer, Simple Healthcare
- [Sanjay K. Shetty, MD, MBA](#) – President, CenterWell, Humana
- [Sean Cavanaugh, MPH](#) – Chief Policy Officer, Aledade
- [Karl Koenig, MD, MS](#) – Executive Director of the Musculoskeletal Institute, Division Chief of Orthopaedic Surgery, and Associate Professor of Surgery and Perioperative Care, Dell Medical School, The University of Texas at Austin

# Physician-Focused Payment Model Technical Advisory Committee

**Roundtable Panel Discussion: Biographies**  
(Monday, March 3, 10:40 a.m. – 12:10 p.m. EST)

## Subject Matter Experts

### Christopher Crow, MD, MBA – Catalyst Health Group



Dr. Christopher Crow founded Village Health Partners in 2006 and created the first of now 10 Medical Village Concepts in Texas. By 2008, Village Health Partners was named one of the country's first Level 3 NCQA Patient-Centric Medical Homes. After practicing family medicine for more than 10 years, Dr. Crow co-founded Catalyst Health Group, a healthcare innovation ecosystem that builds partnership solutions for independent primary care practices to address the pressures physician-owners face of increased cost, business complexity, and burnout. As CEO of Catalyst Health Group, Dr. Crow sets the vision and strategy for the ecosystem, including Catalyst Health Network, an Accountable Care Organization focused on value-based care with 900+ primary care PCPs in three Texas markets and close to one million commercial lives, Catalyst Care Connect, an MSO that provides professional, non-clinical services, and Catalyst Physician Group, the largest independent primary care practice in Texas. In 2024, the American Academy of Family

Physicians awarded Dr. Crow with the Robert Graham Award, an honor that recognizes an outstanding physician executive whose efforts have improved the delivery of primary care. Dr. Crow received his BA at the University of Texas at Austin, his M.D. at The University of Texas Health Science Center at San Antonio and completed a family practice residency at Memorial-Hermann Hospital in Houston. He also holds an Executive MBA from The University of Texas at Dallas.

### Chase Hammon, MBA – Duly Health and Care

Mr. Chase Hammon serves as Chief Financial Officer at Duly Health and Care. In this role, Chase serves as a key member of the senior management team, further positioning our organization for profitable long-term growth and scalability. Mr. Hammon brings more than 16 years of multi-site health care services experience to the Duly organization. He has proven success in long-term capital planning, provider compensation, revenue cycle optimization, business development, mergers and acquisitions, integrated delivery models, strategic planning, and financial leadership of independent, multispecialty physician-directed medical groups. Mr. Hammon most recently served as CFO of Springfield Clinic, where he successfully negotiated significant increases from commercial payors, developed a value-based care platform, generated new revenue streams, and improved financial performance by implementing industry standard benchmarks and driving team-focused collaboration. Prior to that role, Mr. Hammon served as a CFO of Bön Secours Mercy Health for seven hospitals, 400 providers, and more than 100 locations in Richmond, Virginia. He earned his bachelor's degree in finance at George Mason University School of Management in Fairfax, Virginia, and his MBA in Health/Health Care Administration/Management from The University of Texas at Dallas.



# Physician-Focused Payment Model Technical Advisory Committee

**Roundtable Panel Discussion: Biographies (Continued)**  
(Monday, March 3, 10:40 a.m. – 12:10 p.m. EST)

## Subject Matter Experts

### **Jessica Walradt, MS** – Northwestern Medicine (NM)



Ms. Jessica Walradt is Vice President of Finance for Value-Based Care Contracting and Performance at Northwestern Medicine (NM). She oversees the negotiation, implementation, quality reporting, and performance monitoring for NM's commercial and federal VBC contracts, which cover over 400,000 patients.

Prior to this, Ms. Walradt led the Association of American Medical Colleges' policy, advocacy, and data analytic efforts surrounding alternative payment models. Jessica holds an MS in Health Policy and Management from the Harvard School of Public Health and a BA in Political Science from the University of Richmond.

### **Brock Slabach, MPH, FACHE** – National Rural Health Association (NRHA)

Mr. Brock Slabach joined the National Rural Health Association (NRHA) in 2008. He is NRHA's Chief Operating Officer. Mr. Slabach was a rural hospital administrator for more than 21 years and has served on the board of the National Rural Health Association and the regional policy board of the American Hospital Association. Mr. Slabach specializes in rural health system development that encompasses population health and the varied payment programs moving rural providers into value-based purchasing models. He serves on the Board of Commissioners of the Accreditation Commission for Health Care (ACHC) and the Board of Directors for the Pennsylvania Rural Health Redesign Center Organization (RHRCO).



Mr. Slabach received the Calico Quality Leadership Award of the National Rural Health Resource Center in 2015, the American Society of Healthcare Pharmacists (ASHP) Board of Directors' Award of Honor in 2018, and the NRHA's President's Award in 2023. He earned a Master of Public Health degree in Health Administration from the University of Oklahoma and is a Fellow of the American College of Healthcare Executives.

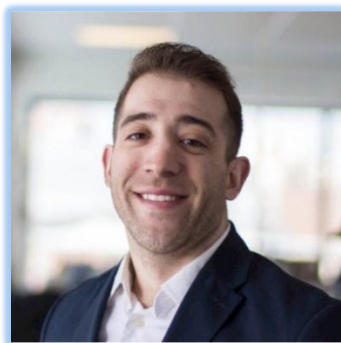


# Physician-Focused Payment Model Technical Advisory Committee

## Roundtable Panel Discussion: Biographies (Continued) (Monday, March 3, 10:40 a.m. – 12:10 p.m. EST)

### Subject Matter Experts

#### Michael Barbati, MHA – Advocate Health



Mr. Michael Barbati is the Vice President of Government Programs at Advocate Health, where he is responsible for the strategic and operational oversight of Advocate Health's portfolio of CMS and the Centers for Medicare and Medicaid Innovations (CMMI) program participation, and the design and implementation of specialty care incentive models. In previous positions at Advocate Health, he has provided oversight of Advocate Aurora Health's Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACOs), Bundled Payments for Care Improvement-Advanced (BPCI-A), commercial & team member health plan bundle payment programs, and evaluation of CMS/CMMI new opportunities. Mr. Barbati provided oversight of population health innovation product and program strategy, including the innovation pilot development cycle, the design, execution, and operational sequencing of innovation programs from concept to consumer. Prior to his work in population health, he focused on non-labor cost reduction within Advocate's clinical service lines and was a former faculty member at the Institute for Healthcare Improvement, where he focused on educating organizations around the country on TCOC reductions within Joint Replacement bundled payments.

## Listening Session 1: Biographies (Monday, March 3, 1:10 p.m. – 2:40 p.m. EST)

### Subject Matter Experts

#### Clif Gaus, ScD, MHA – National Association of ACOs

Dr. Clif Gaus has a diverse background as a public servant, entrepreneur, and health executive. He served in senior healthcare positions under Presidents Nixon, Ford, Carter, and Clinton and was an advisor to CMS in the Obama Administration. In the early 1970s and '80s, as Associate Administrator for Policy, Research, and Demonstrations of HCFA (now CMS), Dr. Gaus directed the development of a broad range of innovations in health care financing and delivery, including the DRG hospital payment system, RBRVS physician payment system, Medicare Hospice Programs and Medicare payment of Physician Assistants. From 1994 to 1997, he was the Administrator of the Agency for Health Care Policy and Research (now AHRQ). Major accomplishments were developing the CAHPS Patient Survey, which is now used throughout the healthcare system, Patient-Centered Clinical Practice Guidelines, and Evidence-Based Practice Centers. In the late 90s, Dr. Gaus held the position of Executive Vice President and Chief Administrative Officer of WellPoint Health Networks Inc (now Anthem), managing a staff of over 3000 employees responsible for all of WellPoint's physician and hospital networks, medical policy, public affairs, human resources, market research and product branding. Prior to WellPoint, he was Senior Vice President of the national Kaiser Permanente Health System in Oakland, California. From 2002-10, Dr. Gaus served on the Board of Directors of the Stanford Children's Hospital, Stanford University. He is the past President and CEO of the National Association of ACOs ([www.naacos.com](http://www.naacos.com)), which he co-founded in 2012. NAACOS is the only national organization owned and managed by ACOs. It advances policy in value-based payment and provides shared learning experiences through conferences, webinars, forums, and work groups. Dr. Gaus holds a master's degree in health administration (MHA) from the University of Michigan and a Doctor of Science (Sc.D.) in health care management from The Johns Hopkins University.



# Physician-Focused Payment Model Technical Advisory Committee

**Listening Session 1: Biographies (Continued)**  
(Monday, March 3, 1:10 p.m. – 2:40 p.m. EST)

## Subject Matter Experts

**David Johnson, MD, MPH** – University of North Carolina and Rubicon Founders



Dr. David Johnson is an Associate Professor of Urology at the University of North Carolina Chapel Hill with a clinical specialization in urologic oncology. With a background in public health, economics, and health services research, Dr. Johnson's non-clinical focus is figuring out ways to leverage value-based care principles to realign the financial incentives of the health care delivery system around outcomes that matter to patients. After completing his fellowship in urologic oncology and health services research at UCLA through the National Clinician Scholars Program, Dr. Johnson joined Blue Cross Blue Shield of North Carolina as a Medical Director for Value Transformation. He was part of the team that implemented a rapid, statewide transition to value-based payments and oversaw the design and implementation of alternative payment models for specialty care. Dr. Johnson

subsequently moved to Rubicon Founders as Clinical Operating Partner, helping make investments and building new physician enablement companies that transform how health care is delivered and financed.

**Angelo Sinopoli, MD** – Cone Health

Dr. Angelo Sinopoli, Executive Vice President of Value-Based Care for Cone Health, is developing new systems, processes, and tools to expand Cone Health's product offerings and maximize its performance in value-based care as they continue their transformation to value. Dr. Sinopoli is also CEO of Buji, LLC, and a physician executive with over 30 years of experience developing and driving a clinically integrated healthcare system. He created successful programs and executed strategies across population health, care model development, health policy, alternative payment models, contracting strategy, and the transition to value-based care. Dr. Sinopoli most recently served as Chief Network Officer for Upstream and as Executive Vice President and Chief Clinical Officer for Prisma Health, the largest not-for-profit integrated healthcare system in South Carolina, with over 4,700 employed and independent providers serving more than 1.2 million patients annually, and President, Founder, and Chief Executive Officer of the Care Coordination Institute (CCI), a



clinical integration, data and analytics, and population health enablement company working with clinically integrated networks (CINs), accountable care organizations (ACOs), provider groups, and employers on their value-based journey. Dr. Sinopoli serves on numerous committees and advisory groups focused on healthcare delivery and transformation, including the Guiding Committee for the CMS Health Care Payment Learning and Action Network (LAN), the University of South Carolina Board of Trustees, the Health and Medical Affairs Committee, and was a past Co-Chair of the Physician-Focused Payment Model Technical Advisory Committee (PTAC). Dr. Sinopoli earned a Bachelor's degree in Biology from the University of South Carolina and an MD from the Medical University of South Carolina. He holds professorship positions at the University of South Carolina (USC) School of Medicine Greenville and the USC Arnold School of Public Health.

# Physician-Focused Payment Model Technical Advisory Committee

## Listening Session 1: Biographies *(Continued)* (Monday, March 3, 1:10 p.m. – 2:40 p.m. EST)

### Subject Matter Experts

#### Dan Liljenquist, JD – Intermountain Health



Mr. Dan Liljenquist is Intermountain Health’s Chief Strategy Officer and helps the company’s Enterprise Leadership Team set and achieve strategic priorities. He leads Intermountain’s Strategy, Corporate Development, Government Relations, Consumer Experience, Strategic Partnerships and Integration, and Digital Technology Services teams. Mr. Liljenquist is also the chief architect and current board Chair of Civica Rx, a nonprofit that aims to ensure essential, generic medications are available and affordable to everyone. Prior to Intermountain Health, he served in the Utah State Senate and was nationally recognized for his work on Medicaid and public-sector pension reforms. Mr. Liljenquist launched his career as a Bain & Company consultant and earned a Juris Doctorate from The University of Chicago Law School. He also serves on boards for several nonprofit organizations.

## Listening Session 2: Biographies (Monday, March 3, 2:50 p.m. – 4:20 p.m. EST)

### Subject Matter Experts

#### Elizabeth Mitchell – Purchaser Business Group on Health (PBGH)

As President and CEO, Ms. Elizabeth Mitchell advances PBGH’s strategic focus areas of advanced primary care, functional markets and purchasing value. Ms. Mitchell leads PBGH in mobilizing health care purchasers, elevating the role and impact of primary care, and creating functional health care markets to support high-quality, affordable care, achieving measurable impacts on outcomes and affordability. At PBGH, she leverages her extensive experience working with health care purchasers, providers, policymakers, and payers to improve health care quality and cost. Ms. Mitchell previously served as Senior Vice President for Healthcare and Community Health Transformation at Blue Shield of California, during which time she designed Blue Shield’s strategy for transforming practice, payment, and community health. She also served as the President and CEO of the Network for Regional Healthcare Improvement (NRHI), a network of regional quality improvement and measurement organizations. Ms. Mitchell also served as CEO of Maine’s business coalition on health (the Maine Health Management Coalition), worked within an integrated delivery system (MaineHealth), and was elected to the Maine State Legislature, serving as a State Representative. She served as Vice Chairperson of the Physician-Focused Payment Model Technical Advisory Committee, Board and Executive Committee Member of the National Quality Forum (NQF), Member of the National Academy of Medicine’s “Vital Signs” Study Committee on core metrics, and a Guiding Committee Member for the Health Care Payment Learning & Action Network. Ms. Mitchell holds a degree in religion from Reed College and studied social policy at the London School of Economics.





# Physician-Focused Payment Model Technical Advisory Committee

**Listening Session 2: Biographies (Continued)**  
(Monday, March 3, 2:50 p.m. – 4:20 p.m. EST)

## Subject Matter Experts

### Joe Kimura, MD, MPH – Somatus



Dr. Joe Kimura is Chief Medical Officer for Somatus, a national leader in specialty value-based care. Prior to joining Somatus, he served as Chief Medical Officer for Atrius Health, now Optum MA, a large multispecialty independent ambulatory practice. As Chief Medical Officer, Dr. Kimura provided executive oversight for the five core clinical service lines as well as the departments of quality and safety, clinical informatics and analytics, medical management and population health, provider wellness, and the academic institute. He has been an avid national advocate for the pragmatic applications of advanced analytics and clinical informatics in value-based accountable care. Over the past two decades, Dr. Kimura has given over 100 presentations on these topics and was recognized as a Top 25 Clinical Informaticist by Modern Healthcare in 2012 and Leading CMIO expert by Health Data Management in 2016. During his tenure at Atrius Health, Dr. Kimura served as a member of the Health Care Payment and Learning Action Network Care Transformation Forum and a

National Board Member for the Council for Accountable Physician Practices. From 2014-2016, he served as Co-Chair of the ONC Federal Advisory Workgroup on Advanced Health Models and Meaningful Use. Dr. Kimura received his BS from Stanford University, MD from Washington University in St. Louis, and MPH from Harvard. He is board-certified in both internal medicine and clinical informatics and maintains a limited clinical practice at the Atrius Health Kenmore Center.

### Robert E. Mechanic, MBA – Brandeis University

Robert E. Mechanic, MBA, is a Senior Fellow at the Heller School of Social Policy and Management at Brandeis University, where his research focuses on health care payment systems and federal health policy. He also serves as Executive Director of the Institute for Accountable Care, a non-profit research institute dedicated to studying the impact of alternative payment models and assessing innovative care delivery models. Mr. Mechanic has provided strategic and analytic support to numerous organizations participating in Medicare ACO and bundled payment programs. He was previously Senior Vice President with the Massachusetts Hospital Association and Vice President with the Lewin Group, a Washington D.C.-based health care consulting firm. His work has been published in *The New England Journal of Medicine*, *JAMA*, and *Health Affairs*. From 2011 – 2022, Mr. Mechanic was a trustee of Atrius Health, an 800-physician multispecialty group practice in Eastern Massachusetts. He earned his MBA in finance from The Wharton School.





# Physician-Focused Payment Model Technical Advisory Committee

**Listening Session 2: Biographies (Continued)**  
(Monday, March 3, 2:50 p.m. – 4:20 p.m. EST)

## Subject Matter Experts

**Frank Opelka, MD, FACS** – Episodes of Care Solutions

(Previous Submitter - ACS-Brandeis Advanced APM proposal)



Dr. Frank Opelka is a surgeon and former medical director for quality and health policy with the American College of Surgeons. He now serves as an expert in surgical episodes of care, advising those who seek to combine episode cost transparency and episode quality. Dr. Opelka's current work continues as a consultant to the American College of Surgeons, and he also works with KPMG on developing distinction in surgical care at a State level of analysis for episodes. His consultant work is as the principal in Episodes of Care Solutions. Dr. Opelka has published in surgical science and health policy.

## Panel Discussion: Biographies

(Tuesday, March 4, 9:10 a.m. – 10:40 a.m. EST)

## Subject Matter Experts

**J. Michael McWilliams, MD, PhD** – Harvard Medical School

Dr. Michael McWilliams is the Warren Alpert Foundation Professor of Health Care Policy and Professor of Medicine at Harvard Medical School and a physician at Brigham and Women's Hospital. His research spans questions related to health care spending, quality, and access, with an overarching goal of informing policies and systems that support efficiency and equity in health care. His work has focused on 6 areas: 1) the design and impact of payment systems, 2) the organization and quality of health care delivery, 3) the role of markets in health care, 4) physician agency, 5) the effects of health insurance coverage, and 6) quasi-experimental methods for causal inference. Dr. McWilliams is currently Principal Investigator of a Program Project (P01) on the Medicare program funded by the National Institute on Aging. In this and other research supported by the Agency for Healthcare Research and Quality, Commonwealth Fund, and Arnold Ventures, he is examining a range of topics, including Medicare Advantage, the design of population-based payment models, risk adjustment, market consolidation, and strategies for leveraging professionalism more productively in health care. His research has earned several honors, including the AcademyHealth HSR Impact Award, investigator awards from AcademyHealth and the Society of General Internal Medicine (SGIM), and distinctions for specific papers from AcademyHealth, SGIM, the National Institute for Health Care Management Foundation, Health Affairs, and NEJM Catalyst. In other roles, he serves as a Senior Advisor to the Center for Medicare & Medicaid Innovation, member of the board of directors for the Institute for Accountable Care, and member of the editorial boards for Health Services Research and the American Journal of Managed Care. Dr. McWilliams received his BS with highest distinction in biology as a Morehead Scholar from the University of North Carolina at Chapel Hill, his MD magna cum laude from Harvard Medical School, and his PhD in Health Policy from Harvard University.



# Physician-Focused Payment Model Technical Advisory Committee

**Panel Discussion: Biographies (Continued)**  
(Tuesday, March 4, 9:10 a.m. – 10:40 a.m. EST)

## Subject Matter Experts

### **Stephen M. Shortell, PhD, MBA – University of California-Berkeley**



Dr. Stephen Shortell is the Blue Cross of California Distinguished Professor of Health Policy and Management Emeritus, Dean Emeritus, and Professor of the Graduate School at the School of Public Health and Haas School of Business at the University of California-Berkeley. He served as Dean of the School of Public Health from 2002-2013. He is the Founding Director of the Center for Healthcare Organizational and Innovation Research (CHOIR) and Co-Founding Director of the Center for Lean Engagement and Research (CLEAR) in health care. The author or co-author of nearly 400 peer-reviewed articles and 10 books, Dr. Shortell has received numerous awards, including the Baxter/Allegiance/Graham Prize for Innovative Contributions to Health Services Research, the Gold Medal Award from the American College of Healthcare Executives (ACHE), the Distinguished Scholar Award from Academy Health, and the AHA/HRET TRUST Visionary Leadership Award. He was recently elected into the Modern Healthcare Hall of Fame and is a recipient of

the Welch-Rose Award for distinguished service to Academic Public Health. His research examines the formation and performance of integrated delivery systems, the organizational factors associated with quality and outcomes of care, and the factors that influence the adoption of evidence-based processes for treating patients with chronic illness. Dr. Shortell is currently conducting research on value-based healthcare delivery models, and on Lean management applications in healthcare.

### **Jose Peña, MD, FACP – Rio Grande Valley (RGV) ACO Health Providers, LLC**

Dr. Jose Peña is the Chairman of the Board and Chief Medical Director of the Rio Grande Valley Accountable Care Organization Health Providers, LLC. His primary areas of focus include process improvement and innovations in patient-centered diabetes management. His organization has become one of the most successful ACOs – as measured by both quality metrics and cost savings.

Prior to working with RGV ACO, Dr. Peña served in a variety of leadership roles in local hospitals. He is board-certified in internal medicine, hospice, and palliative medicine. Dr. Peña received his medical degree from Universidad Autonoma de Santo Domingo and completed his post-graduate training in internal medicine at St. Barnabas Hospital in New York, New York.



# Physician-Focused Payment Model Technical Advisory Committee

**Panel Discussion: Biographies (Continued)**  
(Tuesday, March 4, 9:10 a.m. – 10:40 a.m. EST)

## Subject Matter Experts

### Tim Layton, PhD – University of Virginia



Dr. Tim Layton is an Associate Professor of Public Policy and Economics in the Batten School of Leadership and Public Policy at the University of Virginia, a Research Associate at the National Bureau of Economic Research, and an affiliated researcher at J-PAL at MIT. Dr. Layton's research focuses on the economics of health insurance markets, with a particular focus on markets and social health insurance programs for low-income households. He received his bachelor's degree from Brigham Young University and his PhD from Boston University. Before coming to UVA, Dr. Layton was the 30<sup>th</sup> Anniversary Associate Professor of Health Care Policy at Harvard Medical School.

**Listening Session 3: Biographies**  
(Tuesday, March 4, 10:50 a.m. – 12:20 p.m. EST)

## Subject Matter Experts

### David Muhlestein, PhD, JD – Simple Healthcare

Dr. David Muhlestein is the Founder and CEO of Simple Healthcare. He is a healthcare researcher and entrepreneur committed to transforming healthcare payment and delivery systems. A self-identified data and policy nerd, Dr. Muhlestein regularly speaks and publishes on value-based care, price transparency, and health care system evolution. Additionally, he is a Visiting Policy Fellow at the Margolis Institute for Health Policy at Duke University and an Adjunct Assistant Professor at The Ohio State University College of Public Health. Previously, Dr. Muhlestein was Chief Research and Innovation Officer for Health Management Associates and Chief Strategy and Chief Research Officer for Leavitt Partners. He also served as an Adjunct Assistant Professor of The Dartmouth Institute (TDI) at Dartmouth College. Dr. Muhlestein earned his PhD in Health Services Management and Policy, JD, MHA, and MS from The Ohio State University and a BA from Brigham Young University.





# Physician-Focused Payment Model Technical Advisory Committee

**Listening Session 3: Biographies (Continued)**  
**(Tuesday, March 4, 10:50 a.m. – 12:20 p.m. EST)**

## Subject Matter Experts

### Sanjay K. Shetty, MD, MBA – Humana



Dr. Sanjay Shetty joined Humana in March 2023 as President, CenterWell. He is responsible for leading strategy, growth, and business operations across Pharmacy, Provider Services, and Home Solutions, in addition to scaling the company’s CenterWell capabilities to strengthen our payer-agnostic portfolio. Dr. Shetty is a member of the Humana Management Team and reports to President and Chief Executive Officer Bruce Broussard. Before joining Humana, he was President of Steward Health Care Systems in Dallas, Texas, one of the nation’s largest and most successful accountable care organizations. In his nearly 13 years at Steward, Dr. Shetty served in progressive roles, overseeing day-to-day strategy and operations across all business lines while leading the company’s value-based care approach.

Prior to his time at Steward, Dr. Shetty worked at Bain & Company, supporting healthcare strategy, private equity, mergers and acquisitions, and clinical innovation. He also served on the faculty of Tufts University School of Medicine and Harvard Medical School. Dr. Shetty is a board-certified diagnostic radiologist. He is recognized throughout the healthcare industry as a thought leader, having published multiple scholarly articles, reviews, chapters, and books, in addition to frequently participating in speaking engagements, teaching, panels, and podcasts. Dr. Shetty has served in multiple leadership roles for the American College of Radiology and the Massachusetts Radiological Society. Additionally, he was most recently named to the Dallas 500 2023 by D CEO Magazine. Dr. Shetty earned an AB summa cum laude in Biochemical Sciences, an AM in Biology, and an MD from Harvard University. He also earned an MBA in finance from the Wharton School of the University of Pennsylvania, where he was named a Palmer Scholar.

### Sean Cavanaugh, MPH – Aledade

Mr. Sean Cavanaugh is the Chief Policy Officer at Aledade, where he has also served as Chief Administrative Officer and Chief Commercial Officer. Prior to joining Aledade, he served as the Deputy Administrator and Director of the Center for Medicare at the CMS and Deputy Director at the Center for Medicare and Medicaid Innovation.

Mr. Cavanaugh has also held senior positions at the United Hospital Fund, the New York City Mayor's Office of Health Insurance Access, and the Maryland Health Services Cost Review Commission. He started his career in Congress working for a member of the House Ways and Means Subcommittee on Health.



# Physician-Focused Payment Model Technical Advisory Committee

**Listening Session 3: Biographies (Continued)**  
**(Tuesday, March 4, 10:50 a.m. – 12:20 p.m. EST)**

## Subject Matter Experts

**Karl Koenig, MD, MS** – The University of Texas at Austin



Dr. Karl Koenig leads the Musculoskeletal Institute at Dell Medical School, which consists of several Integrated Practice Units covering the full spectrum of musculoskeletal disease. He also serves as the Division Chief of Orthopaedic Surgery and Joseph Abel Arthroplasty Fellowship Director. Clinically, he specializes in the treatment of hip and knee arthritis, including both primary and revision surgery, and leads the initiative to improve access to musculoskeletal care for Austin's underserved population. Dr. Koenig has a clinical interest in the treatment of periprosthetic fractures and prosthetic joint infections.

After receiving his undergraduate degree at the Massachusetts Institute of Technology, he attended medical school at the Baylor College of Medicine in Houston, Texas. Dr. Koenig went on to complete his residency at Dartmouth-Hitchcock Medical Center (Lebanon, NH) in Orthopaedic Surgery in 2009 and fellowship training for Adult Reconstruction at Stanford University Medical Center in 2010. He is also a graduate of the Dartmouth Institute for Health Policy and Clinical Practice, where he began his work on patient outcomes and cost-effectiveness research. Prior to joining the faculty at Dell Medical School, Dr. Koenig led the Division of Adult Reconstruction at DHMC for 5 years and was one of the architects of the GreenCare Pathway, a sweeping quality improvement initiative to create a self-improving microsystem around total joint replacement.