

Physician-Focused Payment Model Technical Advisory Committee

September 16-17, 2024 – PTAC Public Meeting

Identifying a Pathway Toward Maximizing Participation in Population-Based Total Cost of Care (PB-TCOC) Models

Presenter and Panelist Biographies

Panel Discussion

(Monday, September 16, 10:00 a.m. – 11:30 a.m. EDT)

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
- [Ezekiel J. Emanuel, MD, PhD](#) – Vice Provost for Global Initiatives and Professor, Department of Medical Ethics and Health Policy, University of Pennsylvania
- [Timothy G. Ferris, MD, MPH](#) – Founding Senior Vice President of Value Based Performance for Mass General Brigham, Inaugural Chief Transformation Officer for the National Health Service (England), Adjunct Professor of Medicine, Harvard Medical School
- [Alice Hm Chen, MD, MPH](#) – Chief Health Officer, Centene

Roundtable Panel Discussion

(Monday, September 16, 1:40 p.m. – 3:10 p.m. EDT)

Subject Matter Experts

- [Don Calcagno, Jr., MBA](#) – Senior Vice President, Chief Population Health Officer, Advocate Health, and President, Advocate Physician Partners at Advocate Health
- [Mark McClellan, MD, PhD](#) – Director & Professor, Business, Medicine, and Policy, Duke-Margolis Institute for Health Policy, Duke University
- [Palav Babaria, MD, MHS](#) – Chief Quality Officer and Deputy Director of Quality and Population Health Management, California Department of Health Care Services
- [Michael E. Chernew, PhD](#) – Professor, Health Care Policy, Director, Healthcare Markets and Regulation (HMR) Lab, Department of Health Care Policy, Harvard Medical School
- [Charlotte S. Yeh, MD, FACEP](#) – Founder, Yeh Innovation and Former Chief Medical Officer, AARP Services, Inc.

Physician-Focused Payment Model Technical Advisory Committee

Listening Session 1

(Tuesday, September 17, 9:10 a.m. – 10:40 a.m. EDT)

Subject Matter Experts

- [Alice Jeng-Yun Chen, PhD, MBA](#) – Vice Dean for Research and Associate Professor, University of Southern California
- [Michael C. Meng, MBA](#) – Chief Executive Officer and Co-Founder, Stellar Health
- [Steven P. Furr, MD, FAAFP](#) – President, American Academy of Family Physicians – ([Previous Submitter](#) - APC-APM – *Advanced Primary Care: A Foundational Alternative Payment Model for Delivering Patient-Centered, Longitudinal, and Coordinated Care* proposal)
- [Jenny Reed, MSW](#) – Senior Executive Officer, Southwestern Health Resources

Listening Session 2

(Tuesday, September 17, 10:50 a.m. – 12:20 p.m. EDT)

Subject Matter Experts

- [Lisa Schilling, RN, MPH](#) – Chief Quality and Integration Officer, Contra Costa Health
- [Robert L. Phillips, MD, MSPH](#) – Executive Director, The Center for Professionalism & Value in Health Care
- [Barbara L. McAneny, MD, FASCO](#) – Chief Executive Officer, New Mexico Oncology Hematology Consultants and former President, American Medical Association – ([Previous Submitter](#) - MASON – *Making Accountable Sustainable Oncology Networks* proposal)
- [Sarah Hudson Scholle, MPH, DrPH](#) – Principal, Leavitt Partners

Listening Session 3

(Tuesday, September 17, 1:10 p.m. – 2:40 p.m. EDT)

Subject Matter Experts

- [Robert Saunders, PhD](#) – Senior Research Director, Health Care Transformation, Adjunct Associate Professor and Core Faculty Member, Duke-Margolis Institute for Health Policy, Duke University
- [Randall P. Ellis, PhD](#) – Professor, Department of Economics, Boston University
- [Aneesh Chopra, MPP](#) – President, CareJourney
- [John Supra, MS](#) – Chief Digital Health & Analytics Officer, Value-Based Care Institute, Cone Health

Physician-Focused Payment Model Technical Advisory Committee

Panel Discussion: Biographies

(Monday, September 16, 10:00 a.m. – 11:30 a.m. EDT)

Subject Matter Experts

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



Dr. J. 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) 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. He is an elected member of the National Academy of Medicine and American Society for Clinical Investigation.

In other roles, Dr. McWilliams 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. Previously, he served as an Associate Editor for JAMA Internal Medicine and Comments Editor for the Journal of General Internal Medicine.

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. He completed his residency in general internal medicine at Brigham and Women’s Hospital.

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Panel Discussion: Biographies (Continued)
(Monday, September 16, 10:00 a.m. – 11:30 a.m. EDT)

Subject Matter Experts

Ezekiel J. Emanuel, MD, PhD – University of Pennsylvania

Dr. Ezekiel J. Emanuel is the Vice Provost for Global Initiatives and the Diane v.S. Levy and Robert M. Levy University Professor at the University of Pennsylvania. Dr. Emanuel is an oncologist and world leader in health policy and bioethics. He is a Special Advisor to the Director General of the World Health Organization, Senior Fellow at the Center for American Progress, and member of the Council on Foreign Relations.

Dr. Emanuel was the founding chair of the Department of Bioethics at the National Institutes of Health and held that position until August of 2011. From 2009 to 2011, he served as a Special Advisor on Health Policy to the Director of the Office of Management and Budget and National Economic Council. In this role, he was instrumental in drafting the Affordable Care Act (ACA). Dr. Emanuel also served on the Biden-Harris Transition Covid Advisory Board.

Dr. Emanuel is the most widely cited bioethicist in history. He has over 350 publications and has authored or edited 15 books. His recent books include the books *Which Country Has the World's Best Health Care* (2020), *Prescription for the Future* (2017), *Reinventing American Health Care: How the Affordable Care Act Will Improve our Terribly Complex, Blatantly Unjust, Outrageously Expensive, Grossly Inefficient, Error Prone System* (2014) and *Brothers Emanuel* (2013). Dr. Emanuel regularly contributes to the *New York Times*, the *Washington Post*, the *Wall Street Journal*, *The Atlantic*, and often appears on BBC, NPR, CNN, MSNBC, and other media outlets. He has received numerous awards including election to the Institute of Medicine (IOM) of the National Academy of Science, the American Academy of Arts and Sciences, the Association of American Physicians, and the Royal College of Medicine (UK). He received –but refused– a Fulbright Scholarship. Most recently he became a Guggenheim Fellow. He has been named a Dan David Prize Laureate in Bioethics and is a recipient of the AMA-Burroughs Wellcome Leadership Award, the Public Service Award from the American Society of Clinical Oncology, Lifetime Achievement Award from the American Society of Bioethics and Humanities, the Robert Wood Johnson Foundation David E. Rogers Award, President's Medal for Social Justice Roosevelt University, and the John Mendelsohn Award from the MD Anderson Cancer Center.

Dr. Emanuel has received honorary degrees from Icahn School of Medicine at Mount Sinai, Union Graduate College, the Medical College of Wisconsin, and Macalester College. Dr. Emanuel is a graduate of Amherst College. He holds a MSc from Oxford University in Biochemistry and received his MD from Harvard Medical School and his PhD in political philosophy from Harvard University.



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Panel Discussion: Biographies (Continued)
(Monday, September 16, 10:00 a.m. – 11:30 a.m. EDT)

Subject Matter Experts

Timothy G. Ferris, MD, MPH – Harvard Medical School



Dr. Tim Ferris was most recently the inaugural National Director of Transformation at NHS England. His scope included care improvement infrastructure, technology and data strategy and services, innovation, and life sciences. With an annual budget of over two billion pounds, his teams delivered transformation through a major acceleration of frontline digitization, modernizing national data services, and deploying tech-enabled care services at a national scale. Dr. Ferris expanded the services available on the NHS App and delivered it to over 2/3 of the 60 million people of England. His team improved NHS operations by expanding countrywide data feeds, enabling real-time performance analytics. Dr. Ferris supported the launch of the NHS home hospital program, adding 10,000 additional NHS beds over two years. He reorganized NHS teams into a corporate

structure that enabled a 32% reduction in workforce without service interruption. Dr. Ferris complemented this internal work with several groundbreaking agreements with Microsoft, Palantir, Vertex, Moderna, and BioNtech among others.

Dr. Ferris worked across the UK government with senior officials in Number 10, Treasury, Cabinet Office, and the Office for Life Sciences. Before his executive position with the NHS, Dr. Ferris was CEO of the Mass General Physicians Organization and Senior Vice President for Population Health at Mass General Brigham. In addition to his oversight of 3000 Harvard faculty physicians, he also led clinical and financial performance of one of the largest accountable care organizations in the US. These novel Medicare, Medicaid, and commercial contracts covered over 500,000 people. Using 24 distinct tech-enabled changes to care delivery the ACO achieved national top performance on quality metrics as well as cumulative cost savings of over \$1B. As part of a successful national demonstration of proactive care for the elderly and disabled, Dr. Ferris founded the Center for Population Health, an academic-industry partnership focused on using data analytic tools to improve the health of over one million patients annually with documented reductions in mortality and cost.

Dr. Ferris's past roles include multiple committees at the National Academy of Medicine, an independent payment advisory council for the U.S. Secretary of Health and Human Services, and as a Non-Executive Director on the Board of NHS England. He was the founding board chair of an AI-based healthcare coding company, Codamatrix, now deployed in over 20 health systems for automating physician billing codes. Dr. Ferris also served on the board of Health Catalyst. He has received NIH and foundation grant funding, co-authored over 150 publications, and has received the National Patient Safety Socius Award and the Harvard Medical School mentoring award. Dr. Ferris trained in medicine and public health at Harvard University, becoming a professor of medicine in 2018, and remains on the staff of Mass General Hospital. He is currently providing advisory services and teaching at Harvard, MIT, and Brandeis University. Dr. Ferris was also one of the original PTAC Committee members.

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Panel Discussion: Biographies (Continued)
(Monday, September 16, 10:00 a.m. – 11:30 a.m. EDT)

Subject Matter Experts

Alice Hm Chen, MD, MPH – Centene

Dr. Alice Hm Chen is the Chief Health Officer for Centene Corporation, the largest Medicaid and Marketplace managed care organization in the country. Dr. Chen is responsible for Centene’s strategies, policies, and programs in support of improving population health for Centene’s members. Prior to joining Centene, Dr. Chen was Chief Medical Officer at Covered California, the state’s health insurance marketplace, where she was responsible for healthcare strategy focused on quality, equity, and delivery system transformation. She previously worked as Deputy Secretary for Policy and Planning for the California Health and Human Services Agency, where she led signature health policy initiatives on affordability and access and played a leadership role in the state’s response to the COVID-19 pandemic. Dr. Chen was also a professor of medicine at the University of California San Francisco School of Medicine, based at the Zuckerberg San Francisco General Hospital, where she served as its Chief Integration Officer and founding director of the eConsult program. Dr. Chen received a Bachelor of Science from Yale University and a Doctor of Medicine from the Stanford University School of Medicine. She also has a Master of Public Health in healthcare management and policy from Harvard School of Public Health. A primary care internist by training, she holds academic appointments as Clinical Professor of Medicine at the University of California San Francisco (UCSF), Senior Scholar at Stanford’s Clinical Excellence Research Center, and affiliate faculty at UCSF’s Institute for Health Policy Studies. She currently serves as Co-Chair of the Health Care Payment Learning & Action Network’s Executive Forum.



Roundtable: Biographies
(Monday, September 16, 1:40 p.m. – 3:10 p.m. EDT)

Don Calcagno, Jr., MBA – Advocate Physician Partners at Advocate Health



Mr. Don Calcagno is Senior Vice President, Chief Population Health Officer, and President of Advocate Physician Partners at Advocate Health. He leads innovative programs to improve quality while lowering the total cost of care and managing several billion dollars of financial risk. His scope includes the management of over 2 million value-based lives attributed through 70 value-based and capitated contracts across six states. He also leads one of the most mature and successful Clinically Integrated Networks in the country. Mr. Calcagno has 30 years of experience across population health, managed care, operations, clinical integration, accountable care, process improvement, analytics, research and laboratory sciences. Under his leadership, Advocate Aurora Health became a national leader in value-based care. He has led some of the most successful Medicare Shared Savings Program (MSSP) ACOs in the country with over \$494M in total realized savings. Mr. Calcagno managed over 40 value-based contracts and 1.3 value-based lives — contributing to over \$1.1B in value payments while managing over \$1.2B in capitation revenue. Don began his career at Advocate Lutheran General Hospital as a lab tech in 1992. During his brief tenure at AT&T, he built upon his operations leadership skills and brought best practices from an outside industry into his future roles.

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Roundtable: Biographies (Continued)
(Monday, September 16, 1:40 p.m. – 3:10 p.m. EDT)

Subject Matter Experts

Mark McClellan, MD, PhD – Duke University



Dr. Mark McClellan is Director and Robert J. Margolis, MD, Professor of Business, Medicine and Policy at the Margolis Center for Health Policy at Duke University. He is a physician-economist who focuses on quality and value in health care, including payment reform, real-world evidence, and more effective drug and device innovation. Dr. McClellan is at the center of the nation's efforts to combat the pandemic, the author of the COVID-19 response roadmap, and co-author of a comprehensive set of papers and commentaries that address health policy strategies for COVID-19 vaccines, testing, and treatments, nationally and globally.

Dr. McClellan is former Administrator of the Centers for Medicare & Medicaid Services and former Commissioner of the U.S. Food and Drug Administration, where he developed and implemented major reforms in health policy. Dr. McClellan is an independent board member on the boards of Johnson & Johnson, Cigna, Alignment Healthcare, and PrognomIQ; co-chairs the Guiding Committee for the Health Care Payment Learning and Action Network; and serves as an Advisor for Arsenal Capital Group, Blackstone Life Sciences, and MITRE.

Palav Babaria, MD, MHS – California Department of Health Care Services

Dr. Palav Babaria was appointed Chief Quality Officer and Deputy Director of Quality and Population Health Management of the California Department of Health Care Services beginning in March 2021. Prior to joining DHCS, she served as Chief Administrative Officer for Ambulatory Services at the Alameda Health System (AHS) where she was responsible for all outpatient clinical operations, quality of care, and strategy for primary care, specialty care, dental services, and integrated and specialty behavioral health, as well as executive sponsor for value-based programs including the Medi-Cal 1115 Waiver. She also previously served as Medical Director of K6 Adult Medicine Clinic, where she managed a large urban hospital-based clinic, overseeing all practitioners, improving quality of care, and patient safety programs.



In addition, Dr. Babaria served on the Clinical Advisory Committee with the California Association of Public Hospitals/Safety Net Institute. She also has over a decade of global health experience and her work has been published in the *New England Journal of Medicine*, *Academic Medicine*, *Social Science & Medicine*, *L.A. Times*, and *New York Times*. Dr. Babaria received her bachelor's degree from Harvard College, as well as her MD and Master's in Health Science from Yale University. She completed her residency training in internal medicine and global health fellowship at the University of California, San Francisco.

Physician-Focused Payment Model Technical Advisory Committee

Roundtable: Biographies (Continued)
(Monday, September 16, 1:40 p.m. – 3:10 p.m. EDT)

Subject Matter Experts

Michael E. Chernew, PhD – Harvard Medical School



Michael Chernew, PhD, 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 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 Center for Medicare and Medicaid Services (CMS) that reviewed the assumptions used by Medicare actuaries to assess the financial status of 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.

Charlotte S. Yeh, MD, FACEP – Yeh Innovation

Dr. Charlotte Yeh is a force in the world of healthcare innovation. As the founder of Yeh Innovation, she harnesses her vast expertise to empower organizations and groundbreaking businesses to thrive by addressing multifaceted challenges and celebrating the vibrancy of aging. Drawing from her experience as the former Chief Medical Officer of AARP Services, Inc., Dr. Yeh understands consumer engagement and the evolving needs of older adults. With a career spanning over three decades, Dr. Yeh has worn many hats: from the frontline as Chief of Emergency Medicine at Newton-Wellesley Hospital and Tufts Medical Center to strategic roles as Medical Director for the National Heritage Insurance Company, a Medicare Part B claims contractor, and as Regional Administrator for the Centers for Medicare and Medicaid Services in Boston. Her journey from provider to payer, regulator, advocate, and influencer showcases her comprehensive grasp of the healthcare landscape. Renowned for her unwavering commitment to healthcare consumers, Dr. Yeh has earned numerous accolades, including the prestigious 2024 Academy of Geriatric Medicine Gerson Sanders Award for mentorship in Geriatric Emergency Medicine and a spot in Modern Healthcare's 2021 list of the 50 Most Influential Clinical Executives.



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Roundtable: Biographies *(Continued)* (Monday, September 16, 1:40 p.m. – 3:10 p.m. EDT)

Subject Matter Experts

Charlotte S. Yeh, MD, FACEP – Yeh Innovation *(Continued)*

Her leadership extends to various boards and committees, reflecting her dedication to advancing healthcare. Among her many boards and advisory roles, she has previously served on the Dementia Discovery Fund Scientific Advisory Board, the Advisory Council for the National Institute for Deafness and other Communication Disorders, the American Hospital Association and the American College of Emergency Physicians Boards. Currently, she is a board member of The Schwartz Center for Compassionate Care, the Coalition to Transform Advanced Care, and member of the HLTH Foundation Techquity for Health Coalition, and the Advisory Committee for PHTI (Peterson Foundation Health Technology). Dr. Yeh holds a BA from Northwestern University and a medical degree from Northwestern University Medical School. She completed her internship in General Surgery at the University of Washington and her residency in Emergency Medicine at UCLA.

Listening Session 1: Biographies (Tuesday, September 17, 9:10 a.m. – 10:40 a.m. EDT)

Subject Matter Experts

Alice Jeng-Yun Chen, PhD, MBA – University of Southern California



Dr. Alice Jeng-Yun Chen is an Associate Professor of Public Policy and Vice Dean for Research at the USC Sol Price School of Public Policy. Her research focuses on improving the efficiency of health care markets. She examines how providers respond to financial incentives, studies how regulation affects pharmaceutical markets, and considers how health spending affects health and labor indicators.

Published in leading economics, policy, and medical journals, her work has been funded by the National Institutes of Health and cited in major media outlets. Dr. Chen has also offered congressional testimony and presented her work broadly, including at the Congressional Budget Office, Federal Trade Commission, and the Office of the Assistant Secretary for Planning and Evaluation's

advisory committee meetings. She currently serves as Co-Editor of the *Journal of Policy Analysis and Management* and associate editor of the *American Journal of Health Economics*.

At USC Price, Dr. Chen teaches health economics and health finance. In 2016, she was awarded Outstanding Faculty of the Year by USC Price's Health Administration Graduate Program.

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Listening Session 1: Biographies
(Tuesday, September 17, 9:10 a.m. – 10:40 a.m. EDT)

Subject Matter Experts

Michael C. Meng, MBA – Stellar Health

Mr. Michael Meng is the Chief Executive Officer and Co-Founder of Stellar Health. He has invested in healthcare companies for the past decade and has years of experience working in the field. Prior to Stellar Health, Mr. Meng was a Principal at Apax Partners, a large-cap global private equity firm where he deployed \$3bn of capital.

Mr. Meng has served on the board of companies including Vyaire Medical, Medicomp, One Call Care Management, and TriZetto. In addition, he also serves on the board of the CUNY School of Public Health and Global Language Project. Mr. Meng received his bachelor's degree from the University of Michigan and his MBA from Wharton.



Steven P. Furr, MD, FAAFP – American Academy of Family Physicians

(Previous Submitter - APC-APM – Advanced Primary Care: A Foundational Alternative Payment Model for Delivering Patient-Centered, Longitudinal, and Coordinated Care proposal)



Dr. Steven P. Furr is a family physician in Jackson, Alabama, and the President of the American Academy of Family Physicians. The AAFP represents 130,000 physicians and medical students nationwide. As AAFP President, Dr. Furr advocates on behalf of family physicians and patients to inspire positive change in the U.S. health care system. Dr. Furr is the Co-Founder of Family Medical Clinic of Jackson where he also serves as Chief of Staff of a rural hospital and Medical Director of the nursing home. Dr. Furr has cared for patients for 40 years, including obstetrics care for more than 25 years. He is a certified medical director and a certified medical examiner. Dr. Furr has been active in several medical societies at the state level, serving as president of the Medical Association of the State of Alabama and the Alabama Medical Directors Association. He served as the Chair of the Alabama delegation to the American Medical Association.

Dr. Furr served 11 years on the Alabama State Board of Medical Examiners and 8 years on the Alabama State Committee of Public Health. A member of the AAFP since 1981, Dr. Furr served as an Alabama delegate to the AAFP Congress of Delegates and has chaired reference committees on Advocacy and Health of the Public and Science. He was also a Member and Chair of the Commission on Continuing Professional Development. At the chapter level, Dr. Furr has held various leadership roles in the Alabama Academy of Family Physicians, including chapter President and Chairman of the board.

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Listening Session 1: Biographies (Continued)
(Tuesday, September 17, 9:10 a.m. – 10:40 a.m. EDT)

Subject Matter Experts

Steven P. Furr, MD, FAAFP – American Academy of Family Physicians (Continued)

Throughout his career, Dr. Furr has been recognized with several honors and awards. He was inducted into the Alabama Healthcare Hall of Fame in 2012. In 2014, he received the University of South Alabama National Alumni Association Distinguished Alumni Award. In addition, Dr. Furr was given the 2018 Paul W. Burleson Award in recognition for faithful and meritorious service to the profession of medicine by the Medical Association of the State of Alabama. In 2023, Dr. Furr was honored by the University of South Alabama Whiddon College of Medicine by receiving the 50 People of Influence Award, recognizing the 50 people who had the most influence over the first 50 years of the College of Medicine.

Dr. Furr continues to serve as a trustee of the University of South Alabama and as a member of the Health Affairs Committee and the Health Credentialing Board Committee. He was given the title of Chair Pro Tempore Emeritus in 2016 by his fellow trustees. Dr. Furr is an Adjunct Assistant Professor with the Department of Family Medicine at the University of South Alabama College of Medicine in Mobile and an Adjunct Assistant Professor with the Department of Family, Internal and Rural Medicine at the University of Alabama School of Medicine College of Community Health Sciences in Tuscaloosa. He also acts as a volunteer instructor in the clinical Department of Family and Community Medicine at the University of Alabama at Birmingham School of Medicine. Dr. Furr earned his Bachelor of Science degree in biology from the University of South Alabama and his medical degree from the University of South Alabama College of Medicine. He completed his residency at the University of Alabama Huntsville Family Practice Program. Dr. Furr is board certified by the American Board of Family Medicine and has the AAFP Degree of Fellow, an earned degree awarded to family physicians for distinguished service and continuing medical education.

Jenny Reed, MSW – Southwestern Health Resources



Ms. Jenny Reed is the Senior Executive Officer at Southwestern Health Resources oversees payor and direct-to-employer strategy and collaborates with clinical leaders to ensure a robust clinically integrated network from primary and preventive care to highly specialized services. At SWHR, Ms. Reed is the primary executive responsible for relationships between SWHR and managed care organizations, brokers, and employers and facilitates the creation of payor and value-based payment strategies. Through her leadership, she positions SWHR's clinically integrated network for success in a dynamic reimbursement environment. Before joining SWHR, Ms. Reed served as the Senior Vice President of value-based care for Baylor Scott & White Health (BSWH) and the executive administrator for the Baylor Scott & White Quality Alliance (BSWQA). Under her tenure, BSWQA generated more than \$410 million in savings and was consistently among the top savers in the nation while accomplishing greater than 100% growth in direct-with-employer contracts in just two years. Ms. Reed

earned her Bachelor of Science degree from the University of Louisiana at Lafayette and holds a Master of Social Work from Louisiana State University.

Physician-Focused Payment Model Technical Advisory Committee

Listening Session 2: Biographies
(Tuesday, September 17, 10:50 a.m. – 12:20 p.m. EDT)

Subject Matter Experts

Lisa Schilling, RN, MPH – Contra Costa Health

Ms. Lisa Schilling is President and Chief Executive of Schilling and Associates, Inc. and currently serves as the Chief Quality and Integration Officer for Contra Costa Health, an integrated safety net delivery system serving California's most vulnerable individuals. She is a nationally recognized leader with expertise in achieving best-in-class quality performance across a variety of integrated health systems including large corporations, academic medical centers and integrated safety net providers. Ms. Schilling's work in developing and implementing whole system improvement has been internationally recognized as a leading practice to be adopted in healthcare at the WHO Global Ministerial Summit on patient safety and is included in the Montreux Charter on Patient Safety. Ms. Schilling has been recognized by Becker's Healthcare in 2012 as a Top 10 Quality Leader and awarded the Juran Executive Master Black Belt in 2018, only the second healthcare executive and first female to have received such recognition. Ms. Schilling was formerly Stanford Healthcare's Vice President for Quality, Patient Safety and Clinical Effectiveness where she led the organization to achieve a top 10 academic medical center quality ranking nationally in Vizient and top 10 US News and World Report recognition while supporting the opening of the new hospital and managing the delivery system's pandemic response. She has been the national Vice President of Quality, Patient Safety and Care Experience at Kaiser Permanente where she led the strategy and implementation of the national performance improvement structure and developed the Kaiser Permanente Improvement Institute. Ms. Schilling is currently a Technical Advisor to the National Quality Forum on Never Events, lead faculty for Sutter Health's Managing Clinical Excellence program, and faculty for the Institute for Healthcare Improvement. A critical care nurse by training, Ms. Schilling holds a bachelor's degree in Biological Sciences from the University of Vermont, an associate's degree in nursing from Castleton State College, and a Master of Public Health from the University of North Carolina at Chapel Hill.



Robert L. Phillips, MD, MSPH – The Center for Professionalism & Value in Health Care



Dr. Robert Phillips is a health services and primary care researcher as well as a practicing family physician. He aims to transform the clinical environment through research and policy translation, enabling clinicians to practice with greater joy and improve the health of the patients and communities they serve. In early 2016, Dr. Phillips led the launch of the PRIME Registry, the first registry dedicated to primary care disciplines. PRIME focuses on extracting data from EHRs commonly used in primary care, transforming data into actionable information, facilitating measure creation and reporting, and aligning intrinsic motivations with extrinsic incentives, including value-based payments. Currently, PRIME serves more than 600 practices and 7 million patients across all 50 states. As a CMS-designated Qualified Clinical Data Registry, PRIME has become a crucial laboratory for developing and

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Listening Session 2: Biographies (Continued)
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Subject Matter Experts

Robert L. Phillips, MD, MSPH – The Center for Professionalism & Value in Health Care *(Continued)*

testing high-value primary care measures, many of which have successfully passed federal measurement endorsement processes for general use. Dr. Phillips's research and its translation into policy have been funded by esteemed organizations, including the Robert Wood Johnson Foundation, Commonwealth Fund, Health Resources and Services Administration, Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, and the Centers for Medicaid & Medicare Services. Dr. Phillips has authored nearly 300 peer-reviewed papers and book chapters, published in highly regarded and influential journals such as the New England Journal of Medicine, Academic Medicine, Health Affairs, British Medical Journal, and JAMA. In 2010, Dr. Phillips was elected to the National Academy of Medicine and co-chaired the National Academies of Sciences, Engineering, and Medicine consensus committee on Implementing High-Quality Primary Care.

Barbara L. McAneny, MD, FASCO – New Mexico Oncology Hematology Consultants ([Previous Submitter](#) - MASON – Making Accountable Sustainable Oncology Networks proposal)



Dr. Barbara McAneny is a board-certified medical oncologist/hematologist based in Albuquerque, New Mexico, and the Co-Founder and CEO of New Mexico Oncology Hematology Consultants. She was the 173rd president of the American Medical Association and had been a member of the AMA Board of Trustees since June 2010, serving as its chair in 2015–2016. Dr. McAneny is a fellow and former member of the board of directors of the American Society of Clinical Oncology (ASCO), and a past president of the New Mexico Medical Society (NMMS), the Greater Albuquerque Medical Association, and the New Mexico chapter of the American College of Physicians.

She became the delegate to the AMA from ASCO in 2002 and was elected to the AMA Council on Medical Service in 2003, serving as its chair in 2009–2010. Dr. McAneny is the Founder and current Co-Chair of the board of the ONCare Alliance, a network of independent oncology practices across the United States, organized by practicing physicians to provide collaborative, cutting-edge oncology care and to develop new alternative payment models based on sound data-driven principles. Prior to this, she was a founding member of Oncology Circle, a group of oncology practices using data to promote best practices. Dr. McAneny completed her residency in internal medicine at the University of Iowa and her fellowship in hematology/oncology at the University of New Mexico.

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Listening Session 2: Biographies (Continued)
(Tuesday, September 17, 10:50 a.m. – 12:20 p.m. EDT)

Subject Matter Experts

Sarah Hudson Scholle, MPH, DrPH – Leavitt Partners

Dr. Sarah Hudson Scholle is a Principal at Leavitt Partners, a policy firm based in Washington, D.C. She specializes in supporting multi-sector alliances to promote improvement in quality, equity, and person-centered health care. Dr. Scholle is the Project Manager for the Alliance for Person-Centered Care, a multi-sector group of stakeholders with a common interest in facilitating the use of performance measures based on patient-reported data in clinical care and quality programs.



Dr. Scholle also leads work related to federal policy on digital mental health technologies. Before coming to Leavitt Partners, she was Vice President of Research and Analysis at the National Committee for Quality Assurance. Dr. Scholle led a portfolio of quantitative and qualitative research that contributed to national thought leadership in quality and equity, contributed to program development and policy action, and resulted in numerous peer-reviewed studies. Specifically, she led projects to develop and test quality measures, including those subsequently adopted into national programs. Her content expertise includes mental health, substance use, child health, care coordination, and patient-reported outcomes.

Dr. Scholle also led research underpinning NCQA's health equity accreditation program and supported the CMS Office of Minority Health on contracts to identify disparities, develop methods for characterizing equity and identify opportunities for policy change. Her work on primary care practice systems contributed to the development of the patient-centered medical home program. Dr. Scholle led studies to understand barriers to the implementation of quality initiatives in multiple settings.

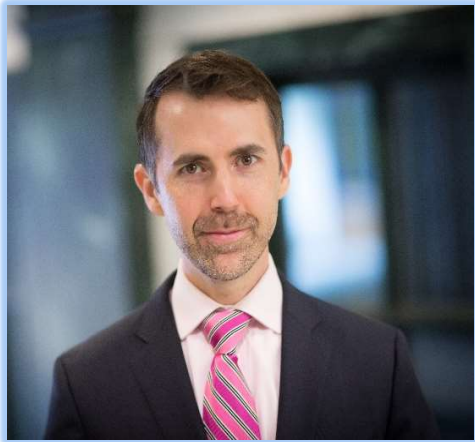
Dr. Scholle has served on national panels for the National Academy of Sciences, Engineering and Medicine, Centers for Medicare and Medicaid Services, and the National Quality Forum. Prior to NCQA, she was an Associate Professor at the University of Pittsburgh School of Medicine and an Assistant Professor at the University of Arkansas. Dr. Scholle received her bachelor's degree and master's in public health from Yale University. She received her doctorate in public health from The Johns Hopkins Bloomberg School of Public Health.

Physician-Focused Payment Model Technical Advisory Committee

Listening Session 3: Biographies
(Tuesday, September 17, 1:10 p.m. – 2:40 p.m. EDT)

Subject Matter Experts

Robert Saunders, PhD – Duke-Margolis Institute for Health Policy



Dr. Robert Saunders is Senior Research Director, Health Care Transformation at Duke-Margolis. In this role, he oversees the Institute's workstream on payment and delivery reform initiatives, including generating practical evidence on these reforms; translating that evidence into recommended solutions; and accelerating progress on effective policy actions at the state, national, and international levels. The team includes portfolios focused on Medicare accountable care transformations, health care transformation for health equity and social needs, Medicaid and state health care transformation in North Carolina and other states, medically and socially underserved populations, and bolstering population health. Prior to joining Duke-Margolis, Dr. Saunders was a Senior Director and then Senior Advisor to the President of the National Quality Forum, a Senior Program Officer at the Institute of Medicine, and managed health care legislative affairs for Representative Rush D. Holt during the Affordable Care Act debates. He received his PhD from Duke University and his undergraduate degree from William and Mary.

Randall P. Ellis, PhD – Boston University

Dr. Randall Ellis is a Professor in the Department of Economics at Boston University, with training in economics from Yale, LSE, and MIT. In 2024, he received the Victor Fuchs Lifetime Achievement Award in the Field of Health Economics from the American Society of Health Economists. Dr. Ellis was one of three original architects of the Diagnostic Cost Group (DCG) and Hierarchical Condition Category (HCC) models, with funding from the Centers for Medicare & Medicaid Services. HCC models are currently used to risk adjust payments to Medicare Advantage (Part C) health plans, Part D prescription drug plans, and the ACA (Obamacare) Health Insurance Exchanges. This body of risk adjustment work received the AcademyHealth 2008 Health Services Research Impact Award.



Since 2018 Dr. Ellis led the creation of an all-new Diagnostic Items (DXI) classification and predictive system that incorporates extensive clinical input, rich disease hierarchies, economic concerns about gaming and incentives, and trained machine learning methods to automate the creation of policy-relevant payment and performance target formulas that could replace the existing HCC system. He has also collaborated with Dr. Arlene Ash on the incorporation of Social Determinants of Health variables in Medicaid capitation and primary care payment formulas. Dr. Ellis's research topics include risk adjustment, provider response to reimbursement systems; optimal insurance; health plan competition; the economics of mental health; and health care systems reform. His recent research funding has been from the NIH AHRQ and the Social Science Research Council (SSRC).

Physician-Focused Payment Model Technical Advisory Committee

Listening Session 3: Biographies (Continued)
(Tuesday, September 17, 1:10 p.m. – 2:40 p.m. EDT)

Subject Matter Experts

Aneesh Chopra, MPP – CareJourney

Mr. Aneesh Chopra is the President of CareJourney, an open data and analytics platform delivering a trusted, transparent provider ratings system anchored on value-based care measures. He served as the first U.S. CTO (2009-2012) and authored "Innovative State: How New Technologies Can Transform Government" (2014).

Mr. Chopra serves on the Boards of IntegraConnect, Virginia Center for Health Innovation, and Chairs the George Mason Innovation Advisory Council. He earned his MPP from Harvard Kennedy School and BA from Johns Hopkins University.



John Supra, MS – Cone Health



Mr. John Supra is the new Chief Digital Health & Analytics Officer at the Value-Based Care Institute at Cone Health. He has been a leader in developing and implementing technology and analytics solutions to support healthcare professionals in driving transformative change in value-based care for over 15 years. Most recently, he served as the Chief Technology and Analytics Officer at UpStream where he oversaw the implementation of a modern infrastructure in support of UpStream's care model. Mr. Supra was a founding leader of Prisma Health's Care Coordination Institute (CCI) and served as the health system's first Chief Data Officer where he led the development and operations of a cloud-first infrastructure leveraging modern tools and analytics methods. His experiences include deep work with clinically integrated networks (CINs) and their efforts to succeed in population health strategies and value-based care arrangements across all lines of business (Medicare [MSSP, REACH & MA], Medicaid, and commercial (third-party payors and self-funded employers [direct-to-employer])).

Mr. Supra served as the Deputy Director for Operations and Information Management and Chief Information Officer at South Carolina's Department of Health and Human Services (SC DHHS) where he was an active leader in efforts to transform Medicaid policies and modernize technology participating in national forums focused on health policy, health system transformation, payment reform efforts, uses of information technology in population health, and organizational effectiveness. John started his career leading substantive process transformation by consistently leveraging technology to fuel innovation and accelerate change across a number of industries. He holds Bachelor's and Master's degrees in engineering from the University of Colorado at Boulder.