

Presenter Biosketches

Lynn A. Blewett, PhD, is Professor of Health Policy at the University of Minnesota and directs the State Health Access Data Assistance Center (SHADAC), a research center that provides data analytics and analysis on how policy impacts health insurance coverage, access to need care and population health. She led the RWJF-funded project at SHADAC to help states use data to implement the Affordable Care Act and has worked on health policy issues at the state and federal levels. Dr. Blewett received her MA in public affairs and her PhD in health services research and policy from the University of Minnesota.

Larry Boress serves as President and CEO of the Chicago-based Midwest Business Group on Health (MBGH) and Executive Director of the National Association of Worksite Health Centers (NAWHC). He has over 35 years' experience in health care and benefits. MBGH, which has over 130 self-funded employers providing benefits for over 4 million lives, assist employers in improving the value of their health benefits, increasing the health of covered populations and addressing the quality and safety of the health care system. NAWHC is the nation's only non-profit association dedicated to expanding the knowledge and capabilities of employer-sponsors of onsite health, fitness and wellness centers. In 2013, Mr. Boress co-founded the Private Exchange Evaluation Collaborative to provide unbiased information, advice and services to employers wanting to evaluate or contract with private health insurance exchange. Earlier in his career, he spent 17 years at the Illinois State Medical Society.

Laura Braslow specializes in data and analytics for health policy and strategy applications, with particular expertise in safety net payment and delivery system transformation. Laura has provided technical and strategic support to Manatt clients for twelve years, working with providers, government, health plans, foundations, and advocacy organizations to leverage data and analytics to better meet the needs of low-income and high-need populations. Laura is currently providing data and analytics advisory support to the State of Washington as it implements its DSRIP program, building off of her previous experience providing comprehensive analytics support to five of New York's DSRIP Performing Provider Systems.

Ellen Bunting has worked in the field of health care informatics for more than 20 years. In her current role as Manager of the Michigan Data Collaborative, she manages a team who has developed a multi-payer claims database that includes clinical EMR data for the Michigan Primary Care Transformation Project. Her prior experience includes 13 years with the University of Michigan Clinical Information and Decision Support Services, measuring outcomes and using health informatics to improve quality efforts for various Health System departments.

Kelly Cronin serves as the director of the Office of Care Transformation in the Office of the National Coordinator for Health Information Technology, where she has been involved in establishing and evolving the national agenda for health information technology. Her current responsibilities involve coordination of ONC programs and policies with HHS-related health reform implementation. Ms. Cronin has also been a senior advisor to the Centers for Medicare & Medicaid Services (CMS) administrator, and has supported the establishment of the CMS Center for Innovation and development of CMS's accountable care organizations programs. Prior to ONC and CMS, Ms. Cronin directed patient safety initiatives at the Food and Drug Administration and supported the drafting of the Patient Safety and Quality Improvement Act while working for the house energy and commerce health subcommittee. She also formerly worked as director at the Lewin Group where she led a variety of outcomes research projects. Ms. Cronin holds a Master's degree in public health and a Master's degree in health policy from George Washington University.

Maria de Jesus Diaz, PhD, is responsible to advance CIVHC's capabilities for reporting health care quality measures publicly via the All Payers Claims Data Base website and directly to health care providers. Previous to coming to CIVHC, Maria was responsible for managing data reporting and analysis from Electronic Health Records for a Federally Qualified Health Center System, producing measures to inform operations, clinical quality outcomes, performance improvement, program implementation and evaluation. Maria has a doctoral degree in Health and Behavioral Sciences from the University of Colorado and a Masters in Social Psychology from the National Autonomous University in Mexico City.

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Karl Finison has been an integral member of Onpoint's research team since 1992, earning widespread recognition for his expansive knowledge and incisive analyses. Karl has helmed much of Onpoint's research and serves as the lead analyst on many of their larger reporting initiatives. His areas of expertise include statistical analysis, health utilization and costs using administrative claims, hospital inpatient discharge and outpatient reporting, and SAS. He authored the first multi-state analysis of geographic variation in expenditures and utilization using state-mandated commercial all-payer claims databases. Additionally, Karl leads Onpoint's analytics development, including supervising analytic data enhancements, measurement calculations, web-based public reporting, SAS-based analysis and reporting methods, and report design and deployment.

Robin Gelburd, JD, is the president of FAIR Health, a national, independent nonprofit with the mission of bringing transparency to healthcare costs and insurance reimbursement. Under Ms. Gelburd's direction, FAIR Health uses its database of billions of privately billed medical and dental claims (from both fully insured and self-insured plans) to power an award-winning free consumer website and to create data products serving all healthcare stakeholders, including government officials, researchers, consumers, providers, insurers and others. Certified by the Centers for Medicare & Medicaid Services (CMS) as a Qualified Entity, FAIR Health receives all Medicare Parts A, B and D claims data for use in nationwide transparency efforts.

Stefan Gildemeister is the State Health Economist and Director of the Health Economics Program at the Minnesota Department of Health. In this role, Mr. Gildemeister advises policy makers and the Administration on a broad set of health policy and reform issues. He also directs applied policy analysis and health services research covering topics, such as health care costs, access to health care, provider performance, and health care market trends. As part of his duties, Mr. Gildemeister manages the development and use of Minnesota's All Payer Claims Database. Mr. Gildemeister holds degrees in economics and business administration from the New School for Social Research, New York, and the University of Bremen, Germany. Over the years, Mr. Gildemeister has consulted on a variety of health policy issues for organizations and academic institutions in Germany and the U.S.

April Grady April Grady has an extensive background in Medicaid, the Children's Health Insurance Program, and other health policy and financing issues. With more than 15 years of experience, April regularly supports states and health care organizations to understand and best position themselves to meet the challenges of new and changing healthcare system policies—with a particular focus on data and analytics to support policy and strategic advice. Prior to Manatt, April was a policy director for the Medicaid and CHIP Payment and Access Commission where she helped develop and manage MACPAC's policy and research agenda. She also held several positions with the Congressional Budget Office and other nonpartisan support agencies that provide health policy analyses and technical assistance to members of Congress and their committees and staff.

Betty Harney is a Data Curator at the Massachusetts Center for Health Information and Analysis where she maintains a knowledge management system of data findings. She has worked in health care information technology for many years, most recently with the MA All-Payer Claims database. Betty received her BA from Bentley University and is currently pursuing her MPA as a fellow at Suffolk University's Sawyer School of Business.

Kevin Heslin is a health scientist in the Center for Delivery, Organization, and Markets at the Agency for Healthcare Research and Quality, where he works on the Healthcare Cost and Utilization Project.

Sylvia Hobbs is a Manager at CHIA. For 12 years, she worked as Director of Research and Evaluation for Massachusetts Department of Public Health where she created the research partnerships and co-authored one of the first funded NIH R01 grants using all payer claims data and also served as the National Association of State Emergency Medical Services Officials' liaison to the Federal GAO on highway information systems. She has a Master of Public Health Degree in epidemiology and biostatistics from Boston University and Bachelor's Degree in French Literature from Oberlin College.

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Dr. John Hsu is a health policy researcher and internal medicine physician. He is the director of the Clinical Economics and Policy Analysis Program, Mongan Institute, Massachusetts General Hospital and Harvard Medical School.

Janel L. Jin leads program data work for primary care models at the Center for Medicare & Medicaid Innovation (CMMI), including the Comprehensive Primary Care (CPC) initiative and Comprehensive Primary Care Plus (CPC+). Primary focus is on shaping Medicare efforts to participate in multi-payer data sharing and designing measurement of care delivery transformation.

Kimberly A. Johnson, PhD, began her tenure as Director of the Center for Substance Abuse Treatment in February 2016 and leads the center's activities to improve access to, and promote high quality, effective substance use disorder treatment and recovery services. Dr. Johnson's broad experience in and contributions to the behavioral health field ensure the center's programs are appropriately focused and strategically support SAMHSA's mission. Prior to coming to CSAT, Dr. Johnson worked as a scientist at the University of Wisconsin, Madison where her projects included studies on mobile apps for behavior change, quality improvement in care development and acting as the co-director of the national coordinating office of the Addiction Technology Transfer Centers, and as co-deputy director of NIATx. She has also served as the state of Maine single state authority for substance abuse, and as the executive director of a substance abuse treatment agency. In her early career, Dr. Johnson was a child and family therapist and managed treatment and prevention programs. Dr. Johnson's dedication and contributions to the behavioral health field earned her numerous awards and she is a highly-regarded thought leader. She has authored a variety of publications on topics important to addiction and recovery. Dr. Johnson holds a MSED in Counselor Education, and MBA with a focus on healthcare finance, and a PhD in population health.

Gopal Khanna In May 2017, Gopal Khanna became Director of the Agency for Healthcare Research and Quality. He comes to AHRQ from Illinois, where he was director of the FRAMEWORK Project that developed the Illinois' Healthcare and Human Services Innovation Incubator. Khanna was also Minnesota's first chief information officer and held senior policy positions for the Peace Corps and chief financial officer of the Executive Office of the President's Office of Administration in the second Bush Administration. He earned a BA in economics, mathematics, and political science from Christ Church College in Kanpur, India, and an MBA from the University of Maine.

Alex Lamb has spent 30 years developing technology solutions for KPNW. In his current role as lead developer for the External Reporting Team, Alex has developed the programs and led the submission process to meet Oregon's APAC submissions requirements as well as Oregon's and Washington's Medicaid reporting requirements. Alex is currently collaborating with the Washington State regulators to develop, test and implement a KPNW solution for the emerging WA APCD requirements.

Chris Lattig PMP, CSM, LSS Black Belt, is a proud member of Data and Information Management Enhancement (DIME) Team, providing business intelligence and advanced analytics in support of Kaiser Permanente Northwest (KPNW). In his current role, Chris sets the overall strategic direction for the DIME team and directly manages DIME's Program Team – providing project management, training, and communication services for the 70+ person analytics department. For the past 4 years, Chris has been directly involved with the Oregon APAC submission process, supporting the DIME External Reporting Team's efforts to meet evolving regulatory requirements.

Mark McClellan, MD, PhD, is the Robert J. Margolis Professor of Business, Medicine, and Policy, and Director of 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. He 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

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implemented major reforms in health policy. He was previously Senior Fellow at the Brookings Institution and a faculty member at Stanford University.

Pamela Neely-Buffone has 10+ years of experience in the field of analytics with industry leaders Cognos and IBM. The focus of her career has been making analytics more consumable and easy to use, thereby bringing the value of insight and discovery to more people across industries and domains. At Privacy Analytics, her mandate is to make the risk-based approach to de-identification more accessible to meet the dual needs of data utility and privacy protection.

Tara Oakman, PhD, is a senior program officer at the Robert Wood Johnson Foundation working to transform our health and health care system to improve health outcomes for everyone. Before joining the Foundation in 2013, Oakman was director of the Quality Team at the Center for Consumer Information and Insurance Oversight (CCIO) in the Centers for Medicare and Medicaid Services. Earlier, she worked on global AIDS prevention and treatment in the U.S. Department of Health and Human Services (HHS) Office of Global Health Affairs and also served in the HHS Budget Office. Oakman received a BA from Brown University, and a Masters of Public Policy and PhD in Health Care Policy from Harvard University.

Tom Ricciardi, PhD, Director of Analytic Products & Data Services, HealthInsight Oregon. HealthInsight is a private, nonprofit, community-based organization dedicated to improving health and health care, composed of locally governed organizations in four western states: Nevada, New Mexico, Oregon and Utah. Tom is responsible for Oregon's analytic product development, data services and vendor management, optimization of data and analytics processes, and technical aspects of community and national partnerships. Tom has worked in a variety of roles in software engineering, data analytics, medical informatics, healthcare information technology management, and academic research.

Ed Simcox is the Deputy Chief Technology Officer (CTO) at the U.S. Department of Health and Human Services (HHS). As the Deputy CTO at HHS, Ed provides leadership and direction to ensure that HHS effectively uses data, technology and innovation to improve the lives of the American people and the performance of the operating divisions across the Department. Simcox has been working within the intersection of healthcare and technology for 18 years. He is a strong advocate for liberating health data to create transparency, reduce costs, and improve clinical outcomes. His experience includes being CTO at Indiana University Health, a large integrated health system. During his time at IU Health, he chaired the health system's data steering committee. Simcox has been both a presenter and industry board member for the American Telemedicine Association, a member of the Gartner Emerging Technology Council, a HIMSS presenter and member, and a speaker at an MIT's Enterprise Forum held in conjunction with Harvard Medical School.

Emilie L. Sites, MPH, is a program coordinator at Oregon Health Care Quality Corporation (Q Corp). She works primarily on health care transparency and affordability issues. Prior to her time at Q Corp, Emilie worked at Portland State University in Enrollment Management and Student Affairs. She received her Masters of Public Health degree with a focus in Health Management and Policy at Portland State University in 2016.

Ruirui Sun is a service fellow (economist) in the Center for Delivery, Organization and Markets at the Agency for Healthcare Research and Quality, where she works on the Healthcare Cost and Utilization Project. Ruirui works on HCUP tasks including inpatient data processing, Fast Stats, supplemental files and intramural research. Her research interest focuses on hospital market structure and payer mix.

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Joseph W. Thompson, MD, MPH, is the President & CEO, Arkansas Center for Health Improvement and Professor, University of Arkansas for Medical Sciences. His work is centered at the intersection of clinical care, public health and health policy. He is responsible for developing research activities, health policy, and collaborative programs that promote better health and health care in Arkansas. Dr. Thompson has led vanguard efforts in planning and implementing health care financing reform, tobacco- and obesity-related health promotion and disease prevention programs. He has worked with Arkansas's executive and legislative leadership and the U.S. Department of Health and Human Services to develop a creative alternative to Medicaid expansion under the Patient Protection and Affordable Care Act. In addition, Dr. Thompson is guiding Arkansas's innovative initiatives to improve health system access, quality and cost including a systematic, multi-payer overhaul of Arkansas's health care payment system.

Kristy Thornton is Senior Manager at the Pacific Business Group on Health (PBGH), and currently staffs the California Healthcare Performance Information System (CHPI). Kristy helped to launch CHPI over five years ago, and now leads several new business development strategic activities. These include strategic planning with the CHPI Board of Directors, the development of the measure library and methodology, and the implementation of new data uses with third parties. Prior to CHPI, Kristy led PBGH's work on the Center for Healthcare Transparency, with the goal of creating meaningful and reliable provider cost information readily available for 50% of the US by 2020. Kristy served as program officer for pilot projects to test novel methodological approaches to making high value performance information available to the public, and managed the CHT measure dashboard. Kristy has over a decade of experience in healthcare transparency with expertise in claims data, ambulatory performance measurement and non-profit governance. Kristy serves as the PBGH representative to the Integrated Healthcare Association Technical Measurement Committee, and has presented nationally on issues of healthcare transparency. Prior to joining PBGH in 2010, Kristy was with Med-Vantage (now IMS Health). There she developed, tested and certified National Committee for Quality Assurance (NQCA) Healthcare Effectiveness Data and Information Set (HEDIS) measures and as well as managed clinical content for an enhanced healthcare provider search solution. Earlier in her career, Kristy coordinated two NIH Research Project Grant Program (R01) randomized controlled trials examining the impact of computer-tailored messaging on health outcomes. Kristy received her Bachelor of Science in Biology from Tufts University and Master's Degree in Public Administration with an emphasis in Health Services Administration at the University of San Francisco, with honors. kthornton@pbgh.org, [linkedin.com/in/kristythornton](https://www.linkedin.com/in/kristythornton)

Norm Thurston, PhD is the Director, Office of Health Care Statistics, Utah Department of Health. OHCS is responsible for collecting data from the health care system on cost and quality, including the APCD, facilities databases, CAHPS, and HEDIS. Before taking this position in September 2013, Dr. Thurston was the Health Reform Implementation Coordinator for the Governor's Office and has been a policy adviser on health reform since 2005. He has a PhD in economics from Princeton University and was on the economics faculty at Brigham Young University from 1995-2003. Dr. Thurston was elected to the Utah House of Representatives and serves on the Health and Human Services committee.