Acting Principal Deputy Administrator, Centers for Medicare and Medicaid Services
Chief Medical Officer for Centers for Medicare and Medicaid Services (CMS)

Deputy Administrator for Innovation and Quality, CMS
Director, Center for Medicare and Medicaid Innovation, CMS
Director, Center for Clinical Standards and Quality, CMS

#### **Education:**

- B.S. Texas A&M University (Genetics), Summa cum laude
- M.D. Baylor College of Medicine, High Honors
- M.Sc. University of Pennsylvania (Clinical Epidemiology, Health Services Research)

## Postgraduate Training and Fellowship Appointments:

Resident in Pediatrics, Boston Combined Residency Program, Harvard Medical School

Clinical Scholar, Robert Wood Johnson Clinical Scholars Program, University of Pennsylvania School of Medicine

White House Fellow, Department of Health and Human Services

### **Specialty Certification:**

American Board of Pediatrics, Certified 1/2006, Re-certified Maintenance of Certification 2013-

#### Academic Appointments

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2005-07	Instructor, University of Pennsylvania	
2007-10	Assistant Professor of Pediatrics, Cincinnati Children's Hospital Medical	
	Center; Division of General Pediatrics and Division of Health Policy and	
	Clinical Effectiveness	
2010-	Associate Professor of Pediatrics, Cincinnati Children's Hospital Medical	
	Center and the University of Cincinnati Medical School. Externally funded	
	health services researcher. Voluntary faculty appointment as of May 2011.	

# **Employment and Work Experience:**

# 2015- Acting Principal Deputy Administrator, Centers for Medicare and Medicaid Services (CMS)

- In partnership with the Acting Administrator, lead the entire agency
- CMS is responsible for insuring over 130 million Americans and over \$1 trillion in annual spend
- Oversee approximately 6000 federal FTEs and 100,000 contractors and budget exceeding \$6 billion
- Lead for all policy coordination and execution across Medicare, Medicaid, Children's Health Insurance Program, and Marketplaces
- Lead for health care delivery system transformation, including improving quality and lowering costs for CMS
- Co-lead for national health care delivery system reform work for U.S. federal government

- Established data driven process to track national quality and cost metrics monthly, determine root causes of trends, and implement policies and programs across the agency to improve quality and lower costs
- Launched national health care payment learning and action network to achieve goal of reaching more than 50% of payments in alternative payment models by 2018 and 30% by 2016. Public-private partnership with over 3000 members announced by the President and now executing change.
- Responsible for all payment policy, clinical standards, coverage decisions, and innovation models across the nation
- Represent CMS and the federal government nationally, including to Congress, and internationally on health system issues.

# 2013- Deputy Administrator for Innovation and Quality, CMS, and Director of the Center for Medicare and Medicaid Innovation

- Lead all Innovation, Quality, and Value-Based Purchasing Programs for CMS.
- As Director of the Center for Medicare and Medicaid Innovation (CMMI), lead Center responsible for launching numerous new payment and service delivery models aimed at improving quality and lowering costs. Models include Accountable Care Organizations, Comprehensive Primary Care, Bundle Care models for hospital and post-acute care, Partnership for Patients, State Innovation Models, and many others.
- CMMI tests new payment and service delivery models that can be expanded nationally and permanently if successful (i.e., improve quality and lower costs)
- Oversee budget for both Centers of over \$3 billion annually and over 900 federal employees and over ten thousand contractors.
- Lead rapid evaluation of models, including quarterly reviews based on data, and decide which models to expand, modify, or terminate.
- Models involve over 200,000 providers and over 7 million beneficiaries
- Early model results promising (e.g. Pioneer ACOs generated savings and outstanding quality results and improved year 2 vs. year 1). Now focusing on model expansion and scaling.
- Published first strategic plan for CMMI and established first solid organizational structure with key leaders of groups and divisions in place.
- Led development of high impact new models to fill gaps in portfolio, e.g. oncology, next generation ACO, etc
- First CMMI Director to terminate models not demonstrating results
- Led the integration of CMMI and innovation across CMS and HHS
- Led Lean process improvement and culture change across CCSQ and CMMI with demonstrated results such as 90% reduction in contract modification cycle time
- Chief Medical Officer (CMO) of the Centers for Medicare and Medicaid Services (CMS) and Director of the Center of Clinical Standards and Quality (CCSQ) serving as the lead senior executive for CCSQ, the senior physician advisor to the Administrator for CMS, and leader of CMS quality initiatives. Member of career Senior Executive Service (SES).
  - Responsible for all quality related programs for CMS

- Total budget of Center exceeding \$1.5 billion annually and supervision of over 450 federal FTE's and thousands of contractors.
- Leads all quality measurement for CMS including hospitals, physicians, long-term care, accountable care organizations, and all settings and programs, including Marketplace health plan quality measures. Successfully aligned hundreds of measures across CMS and focused on parsimonious sets of high impact measures.
- Leads quality improvement programs in all 50 states with over \$500 million of funding each year. Successful projects such as national decrease in health care acquired infections (meeting a high priority federal government goal) and improved population health (e.g., cardiac health) in communities.
- Set clinical quality and safety standards for all Medicare and Medicaid providers ranging from hospitals to nursing homes, including over 15 provider types nationally. Led largest clinical standards burden reduction ever in the United States removing over \$8 billion of unnecessary regulations as announced by the President.
- Oversee survey and certification for all providers across the country and oversee all accrediting organizations, including the Joint Commission.
   Redesigned survey process to focus on effectiveness and efficiency.
- Lead group responsible for all coverage decisions for treatments, tests, and services for CMS. Redesigned coverage with evidence development process and FDA-CMS parallel review. Removed coverage for non-evidence based therapies.
- Lead value-based purchasing programs including hospital value-based purchasing which shifts over \$1 billion per year based on hospital performance on quality and cost metrics. Lead end-stage renal incentive quality incentive program that adjusts payments to all dialysis facilities and responsible physician value modifier which will affect all physicians in the United States, adjusting payments based on quality and cost metrics.
- Interacts regularly with the Office of the Secretary and other components of the Department of HHS on policy, payment, and other issues.
- Serves as a CMS spokesperson with healthcare stakeholders as well as broadcast media. Subject expert in diverse topics such as healthcare quality improvement; quality measures and reporting; outcomes measurement; coverage and regulatory compliance, presentations to providers, employers, legislators and patient partnership organizations.
- Serves as the CMS liaison to the Joint Commission Board, the National Quality Forum Board, Institute of Medicine, and many other public and private sector national councils, boards, and committees.
- 2007- Attending Physician, Hospitalist Academic Service, Children's National Medical Center. Attending physician on hospital medicine academic service on weekends taking care of hospitalized children, including many children with multiple chronic conditions referred into this tertiary care center. Teach residents and medical students.
- 2010-11 <u>Director of Hospital Medicine</u>. Role entailed leading clinical initiatives focused on quality and safety for over 10,000 hospitalized children annually. Responsible for hospital revenue of over \$50 million per year. Led select

strategic initiatives for hospital such as starting new programs (e.g. high acuity care, community hospital medicine services in region) and integrated clinical care focused on improving outcomes. Required management of over 50 faculty and staff. Over 2 years, led pediatric hospital medicine in Cincinnati to become the <u>leading pediatric hospital medicine division in the country</u> based on quality improvement, outcomes measurement, research, education, and national leadership.

- AVP, Outcomes Performance. Role required leadership of improvement in patient outcomes across the Divisions, Institutes, and Business Units of the entire health system. Entailed leading process of outcomes measurement and reporting, external reporting and transparency initiatives to private payers and others, provider performance measurement and feedback, and embedding quality measures in the electronic health record system. Operating unit included over 50 people and multi-million dollar budget. Led quality improvement work across one of the preeminent pediatric health systems in the country.
- 2010-11 <u>Director of Anderson Center Section on Rapid Evidence Adoption</u>. Led evidence based decision-making group in production of clinical practice guidelines and evidence statements as well as embedding evidence across the institution and successfully implementing model of rapid evidence adoption to improve child health. Led multiple teams to successfully rapidly adopt evidence-based practices (e.g., increase from baseline of less than 10% adoption to greater than 95% adoption in less than 90 days using high reliability methods) across health system and published results nationally. Budget over \$500K annually.
- 2009-2010 Executive Director, Federal Coordinating Council on Comparative Effectiveness Research (CER). This role focused on leading a Council composed of senior federal officials in developing a strategy and Report to Congress and the President on priorities for the \$1.1 billion in Recovery Act CER funding. In addition, led the development of a portfolio for \$400 million allocated to the Office of the Secretary for CER. Coordinated the approval process for this portfolio and its implementation across the Department.
- 2008-2010 Chief Medical Officer, Department of Health and Human Services: Office of the Secretary Office of Assistant Secretary for Planning and Evaluation (ASPE). Served as advisor to the Secretary and the ASPE on health care policy, care delivery and payment, program development, and evaluation of the Department's programs and policies. Projects spanned operational and staff divisions such as CMS, AHRQ, NIH, FDA, CDC, and OPHS. Led initiatives across the Department and in partnership with other federal agencies, White House, legislative branch, and external stakeholders. Directly managed projects with budget over \$100 million mainly focused on quality measurement (including Medicaid and CHIP) and link to payment, comparative effectiveness research, health information technology including meaningful use and EHRs/PHRs, and evaluation of programs.
- 2007-08 White House Fellow, Department of Health and Human Services.

Led projects for the Secretary's Office, Assistant Secretary for Planning and Evaluation and the Agency for Healthcare Research and Quality (AHRQ).

Projects included Director of Secretary's Medicare personal health record pilot, CMS electronic health record demonstration, Secretary's Value-Driven Health Care Initiative, Quality Measurement Strategy for AHRQ, first Departmental Quality Measures Inventory, and Health Care Associated Infections Senior Steering Committee. Required leading and working collaboratively with political and career staff across the Department. Fellowship also includes leadership and policy training.

# 1996-98 <u>Business Analyst and Associate, McKinsey and Company Consulting,</u> Chicago,

IL Management consultant primarily for health care clients' strategy projects including:

- Global launch strategy of blockbuster medication for international pharmaceutical company.
- Organizational redesign and growth strategy for a medical device company entering service sector through series of mergers and acquisitions of perfusion service providers.

Responsibilities included management of client team members, analysis of large volumes of data, synthesis of key success factors from industry analysis/interviews, and written and verbal communication of solutions to CEO/senior management team.

# **Awards and Honors:**

and Honors:	
995	Rhodes Scholar Finalist
996	Brown-Rudder Award (one graduate each year from Texas A&M)
996	Summa Cum Laude and University Honors, Texas A&M University
998	Phi Kappa Phi National Fellowship for Graduate Study (1 of 40 in nation)
000	American Medical Student Association Health Policy Fellow
000-02	Schissler Foundation and President's Scholarships – Baylor full tuition merit-
	based scholarships
001	Alpha Omega Alpha (AOA) Medical Honor Society
002	High Honors Graduate, Baylor College of Medicine
002	Baylor Outstanding Student in Pediatrics (1 graduate)
003 & 04	Von L. Meyer Award for international medical volunteer work, Children's
	Hospital Boston
007	White House Fellow
800	Secretary of Health and Human Services Recognition Award for Top 50
	Projects – Medicare Personal Health Record Choice Pilot
800	Secretary of Health and Human Services Recognition Award for Top 50
	Projects – Heath Information Technology Privacy and Security Framework
800	HHS/ASPE Merit award for outstanding performance: National Quality Forum
	contract
011	Society of Hospital Medicine Outstanding Service award (one nationally)
011	AcademyHealth Nemours Child Health Services Research Award (one
	nationally)
013-	Selected by Modern Healthcare as one of the top 10 physician executives
	nationally in 2013-15
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2013	Selected Modern Healthcare Top 100 most influential people in healthcare
2014	Award for Excellence in Teamwork in Quality Improvement (one given
	nationally), Society for Hospital Medicine; Cincinnati Children's Improving
	adherence to evidence-based recommendations for common serious childhood
	infections.
2014	Master of Hospital Medicine, highest honor bestowed upon hospital medicine
	physician by national specialty society, Society for Hospital Medicine
2014	Secretary of Department of Health and Human Services Distinguished Service
	Award. Highest individual award in the Department given for exemplary
	service and impact on the nation's health.
2014	Elected as a member of the National Academy of Sciences Institute of Medicine
	(IOM) based on superior, lifelong professional accomplishments. One of the
	highest accomplishments in medicine.
2015	Nominated for President Distinguished Senior Executive Service Award, the
	highest award for exemplary service in the federal government (under review
	now)

## **Presentations and Peer-Reviewed Manuscripts**

Presented at hundreds of national and international meetings on topics such as quality, innovation, health policy, Medicare and Medicaid policy, outcomes measurement, health transformation, and others. Audiences ranging from small to thousands of people. Honed skills as excellent public speaker over time. Testified in front of Congress multiple times and significant Hill interaction.

Published over 60 peer reviewed manuscripts in high impact journals such as New England Journal of Medicine, Journal of the American Medical Association, Health Affairs, and others.