Sean Cavanaugh

[redacted]

SUMMARY

National expert with executive experience in health care payment and service delivery across the public, nonprofit, and private sectors, including the design and implementation of new alternative payment models. Experienced leader of large, complex health care organizations from the federal government to rapid-growth companies and hospitals. Respected strategist, negotiator, and bipartisan consensus builder.

EXPERIENCE

Aledade, Inc. **2017-present**

Chief Policy Officer

(formerly Chief Administrative Office and Chief Commercial Officer)

- Member of the executive leadership team for the nation's largest sponsor of primary care-centered Accountable Care Organizations.
- Responsible for the company's business development and public policy as the company grows into 45 states with 10,000+ physician partners and 1300+ employees.
- Grew Aledade's lives under management from 100,000 to 1.2M in four years.
- Provide policy analysis of value-based care and alternative payment models—and how they can be improved to incentivize better care at lower costs across the country—to inform physician practices, other ACO networks, and policymakers.

Centers for Medicare and Medicaid Services **2014-2017**

Deputy Administrator and Director of the Center for Medicare

- Directed policy and operations for the Medicare program, which provides comprehensive health coverage to 57 million senior and disabled Americans.
- Developed and implemented complex series of regulations governing payments to Medicare fee-for-service providers, Medicare Advantage plans and the Medicare prescription drug program (Medicare Part D).
- As a member of the Senior Executive Service, managed a career staff of more than 700 employees.
- Major accomplishments include:
    - Significantly expanded Medicare's investment in primary care, care coordination and behavioral health and incentives for addressing the social determinants of health.
    - Promoted and implemented the first-ever Medicare payment policy for advance care planning.
    - Catalyzed the expansion of accountable care organizations through the Medicare Shared Savings Program by significantly improving the incentives for providers to improve care for Medicare beneficiaries.
    - Oversaw a major revision to the risk adjustment methodology for Medicare Advantage and implemented the first use of socio-economic adjusters in the Star Ratings quality bonus program.

Center for Medicare and Medicaid Innovation (CMS) **2011-2014**

Deputy Director for Policy and Programs (January 2012- 2014)
Director of Provider Contracting and Reimbursement (2011)

- Directed the activities of a Center with a $10 billion budget and 200+ staff that tests new, alternative payment and service delivery models designed to reduce Medicare, Medicaid, or Children's Health Insurance Program expenditures while enhancing the quality of care.
- Represented the Director before key officials of CMS, the Office of the Secretary, the White House, Congress, and other federal and state agencies.
- Oversaw the launch of new models related to accountable care organizations, advanced primary care, bundled payments, Medicare/Medicaid beneficiaries ("dual-eligibles") and others.
- Engaged external stakeholders to identify new payment and delivery system models, ensure new models are patient-centric, and increase public understanding of the Center's work.
- Received the CMS Administrator's Special Citation Award (2011) for work in developing the Pioneer ACO model, the first CMS-operated ACO model and the first to be certified by the Office of the Actuary as generating measurable cost savings to the Medicare trust funds.

United Hospital Fund **2007-2011**

New York, NY
Director of Health Care Finance

- Senior leader at a nonprofit health services research and philanthropic organization whose mission is to shape positive change in health care for the people of New York.
- Directed analysts who designed and conducted research on health care financing, service delivery, and public policies affecting New York City's health care system, with an emphasis on how those policies affect low-income New Yorkers and safety net providers.
- Supervised a staff that designed and implemented multi-hospital quality improvement collaboratives promoting evidence-based medicine and increased patient safety. Successful programs focused on reducing infections (CLABSI and C. difficile), implementing rapid response systems, and improving perinatal safety.
- Designed and implemented a Clinical Quality Fellowship Program that provides quality improvement training to early and mid-career physicians in New York City hospitals.

Lutheran HealthCare (now NYU Langone Hospital – Brooklyn) **2003-2007**

Brooklyn, NY
Assistant Vice President – Financial Planning (2006-2007)
Director of Financial Planning and Reimbursement (2003-2005)

- Oversaw the budget and fiscal planning processes for a 476-bed hospital with $400 million in revenues that is the principal provider of community-based care for an underserved and ethnically diverse community in southwest Brooklyn.
- Conducted strategic analyses of current and proposed service lines and implemented the first cost accounting systems at Lutheran.
- Identified, analyzed, and implemented initiatives to maximize Medicare and Medicaid revenues
- Supervised filing of Medicare and Medicaid cost reports, maintenance of hospital charge master, budget variance monitoring, and third-party audits.

Independent Consultant **2001-2003**

- Provided strategic, technical, and legislative consulting services to a variety of public and private health care organizations, including a Medicaid managed plan, a health care trade association, a grassroots advocacy campaign, and a state regulatory agency.

- Successfully assisted a client in negotiating with a multi-state Tricare contractor to avoid federal pre-emption of Maryland health regulations.

New York City Mayor's Office of Health Insurance Access **2000-2001**
Program Director
- Conceived and implemented strategic plans for the most comprehensive municipal effort in the nation to increase enrollment in public health insurance programs, working collaboratively with multiple city agencies and private sector partners.
- Developed the Mayor's legislative agenda to simplify application and re-certification procedures for public health insurance programs.
- Spearheaded the participation of the Board of Education in the Mayor's initiative.

Maryland Health Services Cost Review Commission **1995-2000**
Principal Deputy Director (1998-2000)
Associate Director for Policy Development (1995-1998)
- Negotiated binding public and private health insurance reimbursement rates for Maryland's $5.8 billion hospital industry.
- Supervised a staff of 30 employees including economists, research statisticians, accountants, and rate analysts.
- Provided expert testimony in administrative reviews of contested hospital rate cases and in state health planning commission reviews of hospital capital projects.
- Testified regularly before the Maryland legislature and represented the Commission before the U.S. Congress, the Health Care Financing Administration (now CMS), and on executive branch task forces.

U.S. Representative Benjamin L. Cardin **1987-1994**
Legislative Assistant
- Staffed the Congressman's health care work on the House Ways and Means Committee; major legislation during this period included the Clinton Health Security Act, three omnibus budget reconciliation acts, and the repeal of the Medicare catastrophic health insurance act.
- Drafted bills, amendments, memoranda, speeches and press releases relating to legislation considered by the Committee and the full House of Representatives.
- Delivered speeches before national audiences and led statewide, city, and town meetings on behalf of the Congressman.
- Acted as a liaison with other members of Congress, White House officials, the Congressional Budget Office, congressional committees, and the State of Maryland.

EDUCATION

Johns Hopkins School of Hygiene and Public Health **1995**
M.P.H., Health Policy and Management

University of Pennsylvania **1986**
B.A., Economics

OTHER PROFESSIONAL ACTIVITIES

Health Care Transformation Task Force **2021-present**
Member, Executive Committee of the Board of Directors
A nonprofit industry consortium that brings together patients, payers, providers and purchasers to align public and private sector efforts in health care value.

Center for Medicare Advocacy **2017-present**
Member, Board of Directors
A national nonprofit, nonpartisan law organization that provides education, advocacy and legal assistance to help older people and people with disabilities obtain fair access to Medicare and quality health care.

Omada Health **2017-present**
Adviser
A digital behavioral medicine company that inspires and enables people to change the habits that put them most at risk for chronic conditions like heart disease and type 2 diabetes.

Patient Ping **2017-2021**
Adviser
A Boston-based health technology company that is building a national community of engaged providers who are sharing information, coordinating care, and working together to get patients healthier faster.

CONGRESSIONAL TESTIMONY

"Lower Health Care Costs Act." Senate Health, Education, Labor and Pensions Committee. June 18, 2019.

"Patient-Focused Care: A Prescription to Reduce Health Care Costs." Senate Special Committee on Aging. October 3, 2018.

"Innovation in Health Care." House Ways and Means Committee. April 26, 2018.

"Opioid Use Among Seniors – Issues and Emerging Trends." Senate Special Committee on Aging. February 24, 2016.

"Examining Implementation of the Biologics Price Competition and Innovation Act." House Energy and Commerce Committee, Health Subcommittee. February 4, 2016.

"Challenging the Status Quo: Solutions to the Hospital Observation Status Crisis." Senate Special Committee on Aging. May 18, 2015.

"Rural Health." Senate Appropriations Subcommittee on Labor/Health and Human Services/Education. May 7, 2015.

"Medicare Payment Policy on Short Hospital Stays." House Ways and Means Committee. May 20, 2014.

SELECTED PUBLICATIONS

"We Have a National Strategy for Accountable Care, So What's Next?" Sean Cavanaugh, Mandy K. Cohen, Farzad Mostashari. *Health Affairs Forefront.* June 30, 2022.

"What Medicare Can Teach Medicaid About Value-Based Purchasing: Putting the Care Back in Medicaid." Sean Cavanaugh, MPH, Farzad Mostashari, MD, Rebekah Gee, MD. *JAMA Health Forum.* August 13, 2021.

"Our Health Care System Wasn't Designed to Support Telehealth. Now It's Time for a Makeover." Sean Cavanaugh. *Health Affairs Blog*. December 16, 2020.

"Evaluating Medicare Programs Against Savings Taxpayers Dollars," Hayden Rooke-Ley, Travis Broome, Farzad Mostashari, MD, Sean Cavanaugh. *Health Affairs Blog.* August 16, 2019.

"A Principle-Driven Approach to Gain-Share Contracts," Alex B. Blum, Travis Broome, Sean Cavanaugh, Farzad Mostashari, MD. *Health Affairs Blog.* June 1, 2018.

"Medicare Payment for Behavioral Health Integration," Matthew J. Press, MD, Ryan Howe, PhD, Michael Schoenbaum, PhD, Sean Cavanaugh MPH, Lindsey Baldwin, MS, Patrick H. Conway, MD. *The New England Journal of Medicine.* December 14, 2016.

"Medicare's Vision for Delivery-System Reform—The Role of ACOs," Hoangmai H. Pham, MD, MPH, John Pilotte, MHS, Rahul Rajkumar, MD, JD, Elizabeth Richter, MA, Sean Cavanaugh, MPH, and Patrick H. Conway, MD. *The New England Journal of Medicine*. September 10, 2015.

"The Financial Condition of the Leading Academic Medical Centers in New York City and the Nation," Fass, S, Cavanaugh, S, United Hospital Fund, *A Hospital Watch Special Report*, 2010.

"The Deteriorating Financial Condition of New York City's Nonprofit Hospitals, and Its Effect on Capital Investment." Fass, S, Cavanaugh, S, United Hospital Fund, *A Hospital Watch Special Report*, 2008.

"Reconsidering Community Health Planning for New York City." Cavanaugh, S, Tallon, J, United Hospital Fund Issue Brief, August 2008.

"Graduate Medical Education Costs in Non-Academic Health Center Teaching Hospitals: Evidence from Maryland." Duffy, S, Ruseski, J, Cavanaugh, S, *Medical Care Research and Review*. Volume 57, Number 1, March 2000.

One Page Summary:

My name is Sean Cavanaugh, Chief Policy Officer for Aledade, a health care company that is the largest network of independent primary care in the country, partnering with more than 1,500 independent physician practices across 45 states and Washington, DC, accountable for more than 2.2 million patients.

As a nation, we need to make a fundamental decision about how to drive more efficiency and higher quality in our health care system: competition or regulation.

First and foremost, true transformation starts with a robust investment in primary care. This Committee should continue to support greater investments in primary care.

Second, the Committee should eliminate existing Medicare policies that inhibit competition in health care, like moving Medicare toward site neutral payments.

Third, there are a number of other ideas it should consider as well, including addressing anti-competitive contracting practices, improving access to capital for independent practices through expanded loan repayment programs to rural providers or SBA loans targeted at rural private practices, reforming Certificate of Need (CON) rules through federal grants to states that commit to pro-competitive policies, reinvigorating antitrust enforcement through the FTC and regulating Anti Competitive Data-Sharing Practices to ensure no one can limit competition by limiting access to patient data.

Thank you again for this opportunity to testify on these important bills and I commend the Committee for its bipartisan work.

Sean Cavanaugh
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