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Education

- 1980 Ph.D., Economics, University of Illinois (Urbana-Champaign)
- 1978 M.S., Economics, University of Illinois (Urbana-Champaign)
- 1976 M.A., Economics, University of Arkansas (Fayetteville)
- 1975 B.A., Economics and Business, Hendrix College (Conway, Arkansas)

Career Brief

Len M. Nichols has been the Director of the Center for Health Policy Research and Ethics (CHPRE) and a Professor of Health Policy at George Mason University since 2010. He has been intimately involved in health reform debates, policy development, and communication with the media and policy makers for 20+ years, after he was Senior Advisor for Health Policy at the Office of Management and Budget (OMB) in the Clinton Administration. Since that time he has testified frequently before Congress and state legislatures, published widely and spoken to a very large number of hospital associations, physician groups, and health policy forums around the country. Len is frequently asked to provide technical expertise to members of Congress, governors, state legislators, and other policy officials around the country. He has consistently sought to add moral arguments to the technical health policy debate.

After OMB Len was a Principle Research Associate at the Urban Institute, Vice President of the Center for Studying Health System Change, and Director of the Health Policy Program at the New America Foundation. Len is also on the Board of Directors of the National Committee for Quality Assurance and an advisor to the Patient Centered Primary Care Collaborative. Len was an advisor to the Virginia Health Reform Initiative and is now the payment reform advisor to the Virginia Center for Health Innovation as it leads Virginia's State Innovation Model effort. As he has come to focus his research more on payment and delivery reform, Len was an Innovation Advisor to the Center for Medicare and Medicaid Innovation at CMS, and is now the Principal Investigator on PCMH evaluation studies as well as more general ways to use payment and delivery reform to achieve triple aim and health equity goals. Len was recently appointed to the Physician-Focused Payment Model Technical Advisory Committee (PTAC) by the Comptroller General of the United States, which will advise on MACRA's Alternative Payment Models. Len's first job was teaching economics at Wellesley College from 1980-1991, where he became Associate Professor and Economics Department Chair, after receiving his Ph.D. in Economics from the University of Illinois in 1980. Len got his B.A. from Hendrix College in Conway, Arkansas, and an M.A. in Economics from the University of Arkansas in Fayetteville.

Professional Background

- 2010- Director, Center for Health Policy Research and Ethics, and Professor of Health Policy, George Mason University
- 2012 Innovation Advisor to the Center for Medicare and Medicaid Innovation, Centers for Medicare and Medicaid Services, US Department of Health and Human Services
- 2005-10 Director, Health Policy Program, New America Foundation
- 2001-05 Vice President, Center for Studying Health System Change
- 1997-01 Principle Research Associate, The Urban Institute
- 1994-96 Senior Research Associate, The Urban Institute
- 1993-94 Senior Health Policy Advisor, Office of Management and Budget
- 1991-93 Public Health Service Fellow, Agency for Health Care Policy and Research
- 1988-91 Economics Department Chair, Wellesley College
- 1987-94 Associate Professor of Economics, Wellesley College
- 1984-85 Visiting Research Professor, Federal Trade Commission
- 1980-87 Assistant Professor of Economics, Wellesley College

Refereed Publications

“What Should We Conclude From “Mixed” Results in Payment Reform Evaluations?” *Health Affairs Blog*, August 14, 2017. With Alison E. Cuellar, Lorens Helmchen, Gilbert Gimm, and Jay Want.

“Medical Home Implementation in Small Primary Care Practices: Provider Experiences and Perspectives,” *Journal of the American Board of Family Medicine*. 29:6 (Nov-Dec. 2106), pp. 767-774. With Gilbert Gimm (first author), Dan Hough, Jay Want, Treniese Polk, Margaret Rodan, and Len M. Nichols.

“The Care First Patient Centered Medical Home Program: Cost and Utilization Effects in the First Three Years,” *Journal of General Internal Medicine* DOI: 10.1007/s11606-016-3814-z

(published online 29 July 2016), with Alison Cuellar (first author), Lorens A. Helmchen, Gilbert Gimm, Jay Want, Sriteja Burla, Bradley J. Kells, Iwona Kicingier, and Len M. Nichols.

“Ebola Crisis of 2014: Are Current Strategies Enough to Meet the Long-Run Challenges Ahead?” *American Journal of Public Health* Published online ahead of print March 19, 2015: e1–e3. doi:10.2105/ AJP.2015.302576. with Gilbert Gimm.

“Health Reform in Virginia: The Commonwealth’s Way,” *Journal of Health Politics, Policy, and Law* 37(6) (December 2012) pp. 1133-39.

“Justice Roberts’ Health Care Stewardship” *Hastings Center Report* 42(5) Sept-Oct 2012, pp. 17-18.

“ACO Pathways: Diverse but Ultimately Parellel,” *Mayo Clinic Proceedings*, 87(8) 2012.

“Government Intervention in Health Care Markets is Practical, Necessary, and Morally Sound,” *Journal of Law, Medicine, and Ethics*, 40(3) 2012 pp. 547-57.

“Making Health Markets Work Better Through Targeted Doses of Competition, Regulation, and Collaboration,” *St. Louis University Journal of Health Law and Policy*, 5(1) (2011) pp. 7:25.

“Obesity and Health System Reform: Private vs. Public Responsibility,” *Journal of Law, Medicine, and Ethics* v. 39 #3 (Fall 2011) pp. 380-86, with Y. Tony Yang.

“Implementing Insurance Market Reforms Under the Federal Health Law,” *Health Affairs* (June 2010) v. 29 # 6.

“Be Not Afraid,” *New England Journal of Medicine* (February 24, 2010), v. 362:e30.

“Stewardship: What Kind of Society Do We Want?”, in *Connecting American Values with Health Reform*, Hastings Center, July 2009.

“The Long Road to Health Reform Requires Bi-Partisan Leadership,” *Health Affairs* (May/June 2008), with Christine Ferguson and Elizabeth Fowler.

“Crossroads in Quality,” *Health Affairs* (May/June 2008), with Margaret O’Kane, Janet Corrigan, Sandra M. Foote, Sean R. Tunis, George J. Isham, Elliott S. Fisher, Jack C. Ebeler, James A. Block, Bruce E. Bradley, Christine K. Cassel, Debra L. Ness and John Tooker.

“Why Do Latinos Have So Little Employer-Sponsored Insurance,” *Inquiry* (November, 2007) with James D. Reschovsky and Jack Hadley.

“The Moral Case for Covering Children (and Everyone Else),” *Health Affairs* 26:2 (March/April 2007) pp. 405-07.

“Hospital Payment Systems: Will Payers Like the Future Better than the Past?” *Health Affairs* v. 25(1):81-93 (January/February 2006), with Ann O’Leary.

“State Health Insurance Market Reforms and Access to Insurance for High Risk Employees,” *Journal of Health Economics* v. 24 (2005), pp. 725-50, with Amy Davidoff and Linda J. Blumberg.

“The Effects of Medicaid Reimbursement on Access to Care of Medicaid Enrollees: A Community Perspective,” *Medical Care Research and Review* v. 62 # 6 (2005) with Peter Cunningham.

“Changes in Medicaid Physician Fees, 1998-2003: Implications for Physician Participation,” *Health Affairs Web Exclusive* (June 23, 2004), with Stephen Zuckerman, Joshua McFeeters, and Peter Cunningham.

“Ten Myths About the Uninsured,” *Healthplan* (May/June 2004), with Mark Pauly.

“Improving State Insurance Market Reform: What’s Left to Try?” in *State Health Insurance Market Reform: Toward Inclusive and Sustainable Health Insurance Markets*. Alan C. Monheit and Joel C. Cantor, eds. (Routledge Press: New York). 2004.

“Are Market Forces Strong Enough to Deliver Efficient Health Care Systems? Confidence is Waning in 12 Communities,” *Health Affairs* (March/April 2004), with Paul B. Ginsburg, Robert A. Berenson, Jon Christianson, and Robert E. Hurley. (7th - most downloaded article from *Health Affairs* website in calendar 2004).

“Why Are So Many Americans Uninsured?” in *Health Policy and the Uninsured*. Catherine McLaughlin edited. Urban Institute Press: Washington, DC. February 2004 (with Linda J. Blumberg).

“A New Approach to Risk Spreading via Coverage-Expansion Subsidies,” *American Economic Review* v. 93, #2 (May 2003) with John Holahan, Linda J. Blumberg, and Yu-Chu Shen.

“The Non-Group Insurance Market: Short on Fact, Long on Opinions and Policy Disputes,” *Health Affairs web exclusive* (October 23, 2002), with Mark V. Pauly.

“Health Insurance Expansions of Working Families: A Comparison of Targeting Strategies,” *Health Affairs* v. 21 # 4 (July/August 2002), with Danielle Ferry, Sherry Glied, and Bowen Garrett.

“Can Defined Contribution Health Insurance Reduce Cost Growth?” *Employee Benefit Research Institute Issue Brief # 246* (June 2002).

“Worker Decisions to Purchase Health Insurance,” *International Journal of Health Care Finance and Economics*, v. 1 # 3/4, with Linda J. Blumberg and Jessica Banthin. September/December 2001.

“Premium Rebates and the New Consensus on Medicare Reform,” *Health Care Financing Review* v. 23 # 2, with Roger Feldman, Bryan Dowd, Robert Coulam, and Ann Mutti (Winter 2001).

“Policy Options for Filling Gaps in the Health Insurance Coverage of Older Workers and Early Retirees,” in *Ensuring Health and Income Security for an Aging Workforce*. P. Budetti, R. Burkhauser, J. Gregory, and H. Hunt, eds. Upjohn Institute: Kalamazoo, MI 2001.

“Health Care Quality: At What Cost?” Future of the Public Sector Issue Brief # 13, (May 1998).

“The Health Status of Workers Who Decline Employer-Sponsored Insurance,” *Health Affairs* 20(6):180-87, with Linda J. Blumberg, 2001.

“The Not-So-Simple Economics (and Politics) of Medicare Reform,” in *The Political Economy of Health Care Reforms*, Huizhong Zhou, ed. Upjohn Institute: Kalamazoo, MI. 2001.

“Who *Really* Wants Price Competition Among Medicare’s Managed Care Plans?”, with Robert D. Reischauer. *Health Affairs*, v. 19 # 5 (September/October 2000).

“Competitive Pricing by Medicare’s Private Health Plans: Be Careful What You Wish For,” in M. Moon, editor, Competition with Constraints: Challenges Facing Medicare Reform. Urban Institute Press (2000).

“Regulating Non-Group Health Insurance Markets: What Have We Learned So Far?” Journal of Health Politics, Policy and Law v. 25 # 1 (February 2000).

“Health System Reform Debates and Medical Expenditure Surveys,” in A. Monheit and R. Wilson, eds., Informing American Health Care Policy. Josey-Bass (1999).

“Managing the Medicare Health Insurance Market for Beneficiaries *and* Taxpayers,” in Robert Helms, ed., Medicare in the 21st Century: Seeking Fair and Efficient Reform. AEI Press (1999).

“State Policy Options for Nonprofit Conversion,” with Jill Marsteller and Randall R. Bovbjerg, Health Services Research v. 33 # 5 (December 1998, Part II).

“Building a Marketplace for Elderly Consumers,” Generations v. 22 # 2 (Summer 1998).

“The Health Care Labor Force and National Health Care Spending: Tracing the Health Care Dollar to Health Professionals,” (with C. Eugene Steuerle), in Health Benefits and the Workforce Volume 2. US Department of Labor, Pension and Welfare Benefits Administration. (Washington, DC). 1998.

“A Different Kind of New Federalism? The Health Insurance Portability and Accountability Act,” (with Linda J. Blumberg), Health Affairs v. 17 # 3 (May/June 1998).

“The Health Insurance Portability and Accountability Act of 1996: Summary of Provisions and Anticipated Effects,” (with Linda J. Blumberg) Journal of Medical Practice Management v. 14 # 1 (July/August) 1998.

“Managed Competition as a Route to Markets That Serve Public Needs: A View From Near the White House,” in Health Policy: Understanding Our Choices from National Reform to Market Force, edited by Marilyn M. Rosenthal and Max Heirich. Westview Press: Boulder, Colorado (1998).

“Beyond National Health Reform: A View from the States,” with John Holahan, National Tax Association Proceedings of the 89th Annual Conference, National Tax Association, 1997.

“Managed Care and the Resurgence of Any Willing Provider and Freedom of Choice State Legislation,” with Jill A. Marsteller, Diana K. Verrilli, and Randall R. Bovbjerg, Journal of Health Politics, Policy, and Law v. 22 # 5 (October 1997) pp. 1133-1189.

“Medical Savings Accounts for Developing Countries,” with Kai Hong Phua and Nicholas Prescott, in G. Schieber, ed. Innovations in Health Care Financing, World Bank: Washington D.C. (1997).

“Who Will Jump Into the MSA Pond?” Business and Health, October 1996.

“State Health Policy in the 1990s,” with John Holahan, in Health Policy, Federalism, and the American States, Robert F. Rich and William D. White, eds., Urban Institute Press, Washington, DC, 1996.

“First, Do No Harm: Developing Health Insurance Market Reform Packages,” with Linda J. Blumberg, Health Affairs v. 15 # 3 (Fall 1996).

“The Effects of Health Insurance and Physician Characteristics on Patient Choice of Physician,” with Philip F. Cooper and Amy K. Taylor, Inquiry v. 33 # 3 (Fall 1996).

“Winners and Losers in the Employment-Related Health Insurance Market: How Are Net Health Benefits Distributed?” with Alan C. Monheit and Thomas M. Selden, Inquiry v. 32 # 4 (Winter 1995/1996).

"Nonphysician Health Care Providers: Use of Ambulatory Services, Expenditures, and Sources of Payment," National Medical Expenditure Survey Research Findings No. 27, 1996.

”Medical Savings Accounts,” Business and Health (September 1995).

“MSAs and Risk Segmentation,” Health Affairs v. 14 #2 (Summer 1995).

“Thoughts on Saving Medicare with the Market,” Internist: Health Policy and Practice (July/August 1995)

“Numerical Estimates and the Policy Debate,” Health Affairs, v. 14 #1 (Spring 1995), and in H. Aaron, ed., The Problem That Won’t Go Away: Reforming U.S. Health Care Financing. Brookings Press (Washington, DC) 1996.

"The Clinton Health Plan: Financing, Estimation, and Economic Effects," (with Alice M. Rivlin and David M. Cutler), Health Affairs, Spring (I) 1994.

"Establishing the Real Investment Costs of Inflation: Some Results from Cointegration, Causation, and Sign Tests," (with Katherine T. McClain), Journal of Post-Keynesian Economics, winter 1993.

"Estimating Costs of Underutilizing Advanced Practice Nurses," Nursing Economics v. 10 #5 (Sept-Oct. 1992).

"Consistent Comparisons Between Monopoly and Perfect Competition," (with Susan Skeath, Ann Velenchik, and Karl Case), Journal of Economic Education v. 23 #3 (Summer 1992).

"Overhead Workers and Political Economy Macro Models," (with Bruce Norton) Review of Radical Political Economics v. 22 #4 (September 1991).

"On the Sources of Scope Economies in US Manufacturing Firms," Review of Industrial Organization v. 4 #1 (Spring 1989).

“Contributions of Diversification, Promotion, and R & D to the Value of Multiproduct Firms: A Tobin's q Approach,” Financial Management, v 15, #4 (Winter 1986, with Manuel Jose and Jerry L. Stevens).

"On the Existence of a Market for Second Hand Physical Capital: An Empirical Test of the Keynesian vs. Neoclassical Assumptions," Journal of Macroeconomics, V. 8, #2 (Spring 1986, with James H. Grant).

"Advertising and Economic Welfare," American Economic Review, v. 75, #1, March 1985.

"Wage-Risk Premiums and Worker's Compensation: A Refinement of Estimates of Compensating Wage Differential," Journal of Political Economy, v. 92, #2, (April 1983, with Richard J. Arnould).

“Grey Literature” Policy Research Publications

“What Price Should We Pay for Specialty Drugs,” CHPRE Issue Brief #3, May 15, 2015. http://chpre.org/wp-content/uploads/2015/05/New-Pricing-Policy-for-Speciality-Drugs_5.12.2015.pdf

“Déjà vu? The Debate Over Any Willing Provider Laws May Return, Sad to Say,” CHPRE

Issue Brief #2, September 19, 2014. <http://chpre.org/wp-content/uploads/2015/05/CHPRE-Issue-Brief-2.pdf>

“Enlisting States as Partners in Health Care Cost Savings,” CHPRE Issue Brief #1, February 12, 2014, with Stuart Butler and David Kendall.

“Virginia Health Reform Initiative (VHRI) Advisory Council’s Recommendations for a Health Benefits Exchange.” December 11, 2011.
<http://www.hhr.virginia.gov/Initiatives/HealthReform/docs/VHRIFINAL12112011.pdf>.

“Recommendations to the Fairfax County Health Reform Task Force,” (with P.J. Maddox, Elizabeth Flashner, and Che Ngufor). 2012.
<http://www.fairfaxcounty.gov/healthreform/pdf/final-gmu-fairfax-county-report-5-17-12.pdf>

“Report of the Virginia Health Reform Advisory Council,” December 20, 2010,
<http://www.hhr.virginia.gov/Initiatives/HealthReform/docs/VHRIFINAL122010.pdf>.

“Future of Colorado Health Care,” (with Julie Barnes and Micah Weinberg), Colorado Health Foundation, (November 2009).

“Grand Junction Colorado: A Health Community that Works,” *New America Foundation* (August 2009)

“Realigning U.S. Health Care Incentives to Better Serve Patients and Taxpayers,” (with Health CEOs for Health Reform) *New America Foundation* (June 2009)

“A Modest Proposal for a Competing Public Health Plan,” (with John Bertko). *New America Foundation* (March 2009)

Making Medicare Sustainable. Edited with Robert A. Berenson, MD. New America Foundation, March 2009. Co-authored essay within that volume with Robert A. Berenson and Thomas Emswiler, “Reforming Medicare’s Governance to Enhance Value-Based Purchasing.”

“Hill Physicians Medical Group: Independent Physicians Working to Improve Quality and Reduce Costs,” (with Tom Emswiler) *Commonwealth Fund* (March 2009)

“Baylor Health Care System: High-Performance Integrated Care,” (with Tom Emswiler) *Commonwealth Fund* (March 2009)

“Employer Health Costs in a Global Economy,” *New America Foundation* (May 2008), with Sarah Axen.

“Lessons from California’s Health Reform Efforts for the National Debate,” *New America Foundation* (March 2008), with Peter Harbage and Leif Wellington Haase.

“A Sustainable Health System for All Americans,” *New America Foundation, Next Social Contract Policy Proposal*, July 2007.

“A Premium Price: The Hidden Costs all Californian’s Pay for our Fragmented Health System,” *New America Foundation Issue Brief #3*, December 2006.

“Health Reform Massachusetts Style: Ink Blot Test *and* Example for Us All,” *New America Foundation, Issue Brief #2*, May 2006.

“Outline of the New America Vision of the 21st Century Health Care System,” *New America Foundation, Issue Brief #1*, January, 2006. .

Recent Testimony

“Containing Health Care Costs: Recent Progress and Remaining Challenges,” testimony to the U.S. Senate Budget Committee, July 30, 2013.

“Putting Health Care Spending on a Sustainable Path,” U.S. Senate Committee on the Budget, February 29, 2012.

“Programs that Reward Physicians that Deliver High Quality and Efficient Care,” U.S. House Committee on Ways and Means, Health Subcommittee, February 7, 2012.

“Is Medicaid Sustainable?” National Governors Association, February 27, 2011.

“An Economic Case for Making Health Reform Work,” North Dakota legislature, Industry, Business and Labor Committee, May 27, 2010.

“Why Doing Nothing is Not an Option,” Massachusetts Division of Health Care Finance and Policy, March 16, 2010.

“Competition in the Healthcare Marketplace” -- U.S. Senate Committee on Commerce, Science and Transportation -- July 16, 2009.

“Health Care Reform and Small Business” -- U.S. Senate Committee on Small Business and Entrepreneurship – July 9, 2009

“Statement for Coverage Roundtable” – U.S. Senate Committee on Finance – May 5, 2009.

“Addressing Insurance Market Reform in National Health Reform,” – U.S. Senate Committee on Health, Education, Labor, and Pensions – March 24, 2009

“Making Health Care Reform Work for Small Business,” – U.S. House Committee on Small Business – September 18, 2008

“State-Based Reform Efforts,” – U.S. Senate Committee on Finance Health Reform Summit – June 16, 2008

“Health Care and the Budget,” U.S. Senate Budget Committee, June 26, 2007.

“On Medicare’s Sustainability,” Medicare Payment Advisory Commission, September 6, 2006

“Small Business Health Insurance: First, Do No Harm, Then, Do the Right Things,” US Senate Committee on Finance, April 6, 2006.

“Challenges Facing Small Employers in Purchasing Health Insurance,” US Senate Committee on Small Business and Entrepreneurship, April 20, 2005.

“Myths About the Uninsured,” US House Ways and Means Committee, Subcommittee on Health, March 9, 2004.

“Increasing Stress on the US Health Care System: Structural Crisis or Temporary?” Special Committee on Aging, US Senate, March 10, 2003.

“Association Health Plans and Alternative Ways to Increase Coverage Among Workers in Small Firms,” Small Business Committee, US Senate, February 5, 2003.

Op-eds and Opinion Publications

“Want BiPartisan Health Reform? Make the Debate Honest Again,” *the Hill* 7/21/17. With Bob O’Brien.

“Medicaid Expansion Makes Sense for Virginia, as it always has,” *Richmond Times-Dispatch* 1/24/16

“States Take Practical Path On Exchanges,” *The Hill* 2/12/13, with Joel Ario.

“Battle Over Health Care Reform: Vital Lessons from America’s Founding Fathers,” *Christian Science Monitor*, February 24, 2011.

“Reform Pays in Colorado,” *Denver Post*, December 6, 2009.

During the health reform debates of 2007-2009, Len was a regular contributor to National Journal Health Reform Blog, New America Foundation’s Health Dialogue Blog, and occasional invited participant in NYTimes Economix Blog and Washington Post Blog.

“On California’s Quest for Health Reform,” *San Francisco Chronicle*, August 30, 2007 (with Leif Wellington Haase).

“Where’s Obama’s Mandate?” *American Prospect Online*, June 4, 2007.

“Enable a Moderate Health Care Solution,” *Washington Post.com*, September 30, 2006.

“Mr. Businessman, Help Heal the Sick,” *Los Angeles Times*, July 30, 2006.

“Prescribe a Smart Fix for New York Health Care,” *New York Daily News* op-ed, May 25, 2006.

“Wal-Mart Bill is No Solution,” *Baltimore Sun* op-ed, January 12, 2006.

“Dr. Bradley vs. Dr. Gore,” *Washington Post* op-ed with John Holahan, January 6, 2000.

Important Monographs and Reports

“Options for Defining Medicare Advantage Regions: An Assessment of Tradeoffs,” (with Paul B. Ginsburg, Robert E. Hurley, Joy M. Grossman, Bradley C. Strunk, Cara S. Lesser, and Lydia E. Regopoulos), final report to HHS/ASPE, pursuant to Contract No. HHSP233200400287P, July 30, 2004.

“Simulating Health Insurance Tax Credits Using the Health Insurance Reform Simulation Model (HIRSM),” Final report to DOL/PWBA, December 2001, (with Linda J. Blumberg, Yu-Chu Shen, and Matthew Buettgens).

“How Many Nurses Will We Need? An Essay on Why the Current Literature Cannot Substitute for Expert Judgment,” Final report to HRSA/DON. October, 2001.

“Estimating the Effects on Firms and Workers of Changing the Tax Treatment for Employer-Sponsored Health Insurance.” Final report to DOL/PWBA, August 2000 (with Linda J. Blumberg).

“Choosing Employment-Based Health Insurance Arrangements: An Application of the Health Insurance Reform Simulation Model,” Final Report to DOL/PWBA, for Contract # J-9-P-7-0044, (With Linda J. Blumberg and David Liska) (March 1999).

“Variations in the Uninsured: State and County Level Analyses,” with Jill A. Marsteller, Adam Badawi, Beth Kessler, Shruti Rajan, and Stephen Zuckerman, Urban Institute Monograph, June 1998.

“Small Firms, Their Diversity, and Health Insurance,” Urban Institute Monograph, 1997 (with Linda J. Blumberg, Gregory P. Acs, Cori E. Uccello, and Jill A. Marsteller).

Selected Recent Presentations

“Health Policy: Where It’s Been and Where It’s Going?” Washington Regional Association of Grantmakers and Regional Primary Care Coalition, Washington, DC, Dec 5, 2017.

“Payment Reform 3.0: It’s Time,” National Coalition on Health Care, Philadelphia, PA, Nov. 15, 2017.; Commonwealth Fund Health Economic Advisory Council, September 27, 2017, NY, NY.

“Looking Back at the Long and Dusty Trail: The Evolution of American Health Policy,” National Academy of State Health Policy, October 23, 2017, Portland, OR

“Health Reform After the ACA: What’s Next for the CFHA’s 4 Ps: Practice, Programs, Policy and Partnerships,” Collaborative Family Healthcare Association, October 20, 2017, Houston TX

“Health Politics, Economics, and Ethics, 2017: E Pluribus Unum or Each Man for Himself?” Colorado Children’s Hospital, October 12, 2017, Colorado Spring, CO

“Reducing Ethnic Disparities in Health Outcomes Among Uninsured Patients Through Payment Reform,” Solving Disparities Through Payment and Delivery System Reform Conference, RWJF, October 2-3, 2017, Chicago, IL; Academy Health Annual Research Conference, June 25-27, New Orleans, LA; Kansas Alliance for the Medically Underserved, September 14, 2017, Manhattan, KS.

“Health Policy in 2017 and Beyond: Can We Emerge Stronger on the Other Side?” Fairview Health System Board Retreat, September 28, 2017, Minneapolis, MN

“What Do Democrats and Republicans Want From Health Reform,” Marshall J. Seidman Lecture (with Joe Antos, American Enterprise Institute), Harvard Medical School, September 25, 2017, Boston, MA.

“What the Heck Just Happened? Health Policy in 2017 and Beyond (We WILL Get Through This, I *Think*)” Colorado Medical Society, September 15, 2017, Breckenridge, CO.

“What’s Next for US Health Policy: We Really Aren’t In Kansas Anymore,” Baylor University Medical Center Combined Medical Staff, September 5, 2017, Dallas, TX; Baylor Scott and White Medical Leadership Retreat, May 10, 2017, Ft. Worth, TX.

“What’s Next for US Health Policy,” Baylor Scott and White Clinical Leadership Network Conference, Ft. Worth, TX, May 10, 2017

“Issues in Prescription Drug Costs: Level, Growth, Innovation and Perspectives on Policy Options,” National Association of Attorneys General, New York, NY, April 27, 2017

“Keeping Prescription Drugs Affordable,” AARP National Policy Council, Washington, DC April 20, 2017

“Delivery System and Payment Reform and AAAs: A Match Made in Heaven?” National Association of Area Agencies on Aging, Washington, DC, April 3, 2017

“Health Policy 2017: Keeping Hope, the ACA, and Population Health Focus *Alive*,” 3rd Annual Population Health Summit for Virginia, Charlottesville, VA, March 29, 2017

“Cost and Stabilization of Health Care Markets, or, the Repeal, Replace, Repair, Renew, Kabuki Dance,” National Association of Health Underwriters Annual Meeting, Washington, DC, February 14, 2017

“Physician Focused Payment Models and Alternative Payment Models,” American Medical Association Medical Service Committee, Washington, DC, January 30, 2017

“Fixing ACA Marketplaces,” National Academy of Social Insurance, Washington, DC, January 26, 2017

“Shifting the Paradigm on Drug Pricing,” AHIP National Health Policy Conference, Washington, DC, March 9, 2016

“ACA-Related Medicaid Expansion: Some Facts to Consider,” Kansas Health Association, Topeka, KN, March 2, 2016

“Health Care Cost Containment: Once and Future King of US Health Policy,” National Association of Health Underwriters, Washington, DC, February 22, 2016

“Spiraling Drug Costs: What Can States Do?” Colorado Commission on Affordable Care, Denver, CO, December 15, 2015

“Why Economists Love to Tax Health Insurance,” National Conference of State Legislators, Washington, DC, December 11, 2015

“Payment Reform Initiatives in Virginia,” Virginia Health Care Payment Reform Summit, Glen Allen, VA, December 4, 2015

“Health Policy Change: Does Culture or Policy Lead?” Living Ethics Series, Virginia Science Museum and Bon Secours Health System, Richmond, VA, November 18, 2015

“Health Reform: What’s Next for Hospitals,” Georgia Hospital Association, Savannah, GA, November 11, 2015

“What is Driving Health Cost Growth and What Can You (Or Anyone) Do About It?” Teachers’ Retirement System of Texas, Austin, TX, October 22, 2015

“Past, Present, and Potential Futures of the US Health Care System,” National Governors Association Medicaid Leadership Institute, Potomac, MD, October 15, 2015

“Health Care Leadership and Community Stewardship: Transitioning From Patient Care to Population Health,” Minnesota Hospital Association, Brainerd, MN, September 19, 2015

“Why Health Reform Will Not Go Away,” Virginia Health Care Association, Williamsburg, VA, September 17, 2015

“Connecting Systems to Health Outcomes,” Colorado Health Symposium, Keystone, CO, July 29, 2015

“Why Is Medicare Important,” National Academy of Social Insurance, Summer Academy, Washington, DC, July 23, 2015

“Payment Reform: How Is It Working So Far,” Altarum Annual Symposium on Sustainable Health Spending, Washington, DC, July 21, 2015

“Health Reform: How are We Doing?” Colorado Hospital Association CEO Forum, Vail, CO July 9, 2015

“Health Reform: What We Know, What We Think We Know, and What We Believe,” The Harold and Jane Hirsh and the Rodman Institute Grand Rounds Lecture, George Washington University Medical School, Washington, DC, May 28, 2015; George Mason Lifetime Learning Institute, Fairfax, VA, April 24, 2015

“Health Insurance Coverage: Good for the Patient and Good for the Economy,” Michigan Policy Forum, East Lansing, MI, May 19, 2015

“What Price Should We Pay for Specialty Drugs?” Partnership for Quality Care, Washington, DC, May 15, 2015; Alliance for Health Reform, Washington, DC, September 18, 2015; Mid-Atlantic Business Group on Health, Baltimore, MD, October 13, 2015; PhRMA State Advocacy Meeting, October 16, 2015

“Health Reform Beyond the ACA: Which Way from Here?” Ascension Leadership Retreat, San Antonio, TX, February 26, 2015

“Antitrust and the Promotion of Physician Practice Options,” American Medical Association State Legislative Strategy Conference, New Orleans, January 10, 2015

“Health Reform: How are WE Doing?” Grantmakers in Health, Washington, DC November 6, 2014.

“ACA: Now, and if the Wrong People Win in Court,” Cato Institute, October 30, 2014.

“Health Care Reform: Why So Hard To Discuss?” Appalachian Law School Fall Forum, Bristol, TN, September 22, 2014.

“Tracking Revenue Flows of the ACA for Virginia,” Webinar for the General Assembly, organized by the Virginia Center for Health Innovation, September 10, 2014

“Revenue Provisions of the ACA and Some Implications for Virginia,” Medicaid Innovation and Reform Commission, Richmond, VA December 17, 2013

“Incentives Matter, and *Can* Improve Health,” Consumer’s Union and RWJF Health Care Cost Conference, New Orleans, November 11, 2013.

“The Politics and Policies of Payment Reform in a Medical Neighborhood,” Patient Centered Primary Care Collaborative Conference, Bethesda, MD, October 15, 2013

“Health Reform is a Journey to Population Health,” University of Georgia School of Public Health, October 3, 2013

“2014 Is Now: Why Access for All Matters to us All,” Health Care Georgia, Atlanta, September 23, 2013

“Health Reform is a Team Sport,” MidAtlantic Interprofessional Leadership Conference, Richmond, VA September 6, 2013

“Academic Medicine and Health Reform: InSync or Tissue Rejection?” Oklahoma University Medicine’s Leadership Development Institute, July 19, 2013

“Making Health Reform Work in *Communities*,” Blue Shield of California Foundation Community Leadership Institute,” San Diego, CA, June 28, 2013

“Making Health Reform Work for Clinicians, Patients, and Payers,” University of Hawaii Health Workforce Conference, April 20, 2013

“Medical Education and the Drama of Health Reform: Risks and Rewards,” American Association of Medical Colleges Joint Gathering, April 6, 2013.

“Payment and Delivery Reform 2.0: Making it Work, Now”, American Medical Association Council of Medical Societies, January 28, 2013.

“State Based Delivery and Payment Reform: One Size Does NOT Fit All,” American Medical Association State Leadership Strategy Conference, January 5, 2013.

“Making Health Markets Work Better with Competition, Regulation, Collaboration, and Hope,” Robert Wood Johnson Scholars Program, University of Michigan, March 8, 2012.

“Delivery System and Payment Reform Update,” Grantmakers in Health CEO Working Group on Access and Coverage, March 7, 2012.

“Effective Prescriptions for Improving Quality and Lowering Costs,” AHIP National Policy Forum, March 6, 2012.

“Payment Reform 201: Can Physicians Embrace New Business Models?” Center for Corporate Innovation East Coast CEO Summit, March 2, 2012.

“Health Reform 401: Making it Work Requires Physician Stewardship,” 2012 Bodemer Lecture, Department of Bioethics and Humanities, University of Washington School of Medicine, February 2, 2012

“Health Reform 301: Making it Actually Work,” 11th Barry S. Strauch Lecture, Medical Ground Rounds, INOVA Health System, January 17th, 2012.

“Health Care Unscrambled: Options for the Future,” Georgians for a Healthy Future, January 12, 2012.

“Wanted: Physician Leadership,” American Medical Association State Leadership Conference, January 6, 2012

“Health Care Reform: Where Have We Been, Where Are We Now, Where Are We Going,” Oklahoma Hospital Association, December 1, 2011.

“Government Intervention in Health Care Markets is Practical, Necessary, and Morally Sound,” Medical University of South Carolina Pitts Lecture, Charleston, SC October 28, 2011

“Health Reform: Getting Closer to Real (Some Places, at Different Speeds)” Group Health Producers Symposium, Seattle, WA October 25; Spokane WA October 26

“Overcoming Resistance to Health System Reform: The Role of the Prophet,” Colorado Coalition for the Medically Underserved, Denver, CO October 14, 2011

“Making *Real* Health Reform Work,” Indiana Union Health System, Terre Haute, IN, November 4, 2011; Kansas City Metro Medical Society, Kansas City, MO October 27, 2011; Association of Schools of Allied Health Professions, Scottsdale, AZ October 18, 2011; Arizona Hospital Association, Tempe, AZ October 19, 2011; Florida Hospital Association, Orlando, FL October 13, 2011; Bost Memorial Health Policy Forum, Somerset, KY September 13, 2011; Dulles Regional Chamber of Commerce, Fairfax, VA September 7, 2011; Michigan Hospital Association, Mackinac Island, MI June 29, 2011; Iowa Hospital Association, Des Moines, IA June 17, 2011; Mississippi Hospital Association, Point Clear, AL June 9, 2011; Southern California Hospital Association, Dana Point, CA May 11, 2011; 19th Annual Brucker Lecture”, Jefferson Medical College, April 14, 2011; VHA-Georgia, March 11, 2011; Texas Hospital Association, February 2, 2011; Missouri Foundation for Health, December 9, 2010; Virginia Mason Medical Center Grand Rounds, December 3, 2010; Southeast Council of Foundations, November 11, 2010; Indiana Hospital Association, October 26, 2010; Maine Hospital Association, October 21, 2010; Florida International University, October 18, 2010; Connecticut Health Foundation, October 14, 2010; Ascension Health Convocation, October 12, 2010; East Texas Hospital System Medical Staff, September 28, 2010; Trinity Mother Frances Health System Board Retreat, September 24, 2010; Minnesota Hospital Association, September 23, 2010; South Carolina Hospital Association, September 17, 2010; Baylor Health System,

September 1, 2010; Colorado Health Foundation Symposium, July 30, 2010; Georgia Hospital Association, July 23, 2010; Virginia Consortium of Health Foundations, June 23, 2010; Alabama Hospital Association, June 10, 2010; Erisa Industry Committee Board of Directors, June 9, 2010; American College of Emergency Physicians, May 17, 2010; St. David's Health System, May 10, 2010; Industry Studies Association, May 6, 2010; Wal-Mart, May 5, 2010; Colorado Medical Society, May 1, 2010; Richmond Memorial Foundation, April 23, 2010; Alabama Hospital Association, April 15, 2010; Catholic Healthcare West leadership retreat, April 6, 2010; Sutter Health System Boards, March 25, 2010.

"Health Reform, Exchanges, and Hospitals: Connecting the Dots," VHA Georgia Boards Retreat, Charleston, SC April 28, 2011; Virginia Health and Hospital Association Annual Meeting, April 7, 2011.

"Information, Implementation, and Communication about Health Reform, or *Why is This So Hard?*" University of St. Thomas, Healthcare MBA Program Comes to Washington (taught by former Senator David Durenberger), April 3, 2011.

"Health Reform Politics, History, and Hope" University of Virginia Law School Health Law Public Seminar, March 31, 2011.

"Talking to Americans About Cost Containment and System Reform," University of Pennsylvania, Leonard Davis Institute of Health Economics, March 18, 2011

"Making Health Markets Work Better, with Competition, Collaboration, Regulation, Luck, and a Prayer," St. Louis University Law School, annual Health Law Program Symposium, March 4, 2011.

"Health System Reform, Oncology, and America's Future," Scripps Cancer Center Annual Conference, February 21, 2011.

"Health Insurance Exchanges," American Hospital Association, April 26, 2010;

"Health Reform 2010: Where are we and where are we headed?," Grantmakers in Health, March 10, 2010; North Carolina Hospital Association, February 19, 2010; Texas Hospital Association, February 17, 2010; American Hospital Association Board of Directors, February 1, 2010; Americas Health Insurance Plans Executive Council, February 4, 2010; American Medical Association Leadership Council, January 7, 2010.

"The Role of Government in Health Care," *Health Affairs conference: Separating Fact from Fiction in the Health Reform Debate*, National Press Club, August 20, 2009.

"Health System Reform: Will It Reduce Disparities?" US Department of HHS Office of Minority Health Conference, August 10, 2009

"Financing Health Reform," *Alliance for Health Reform*, July 13, 2009

“Health System Payment Reform: A Conceptual Framework,” *Avalere conference: Paying for Value,*”, Washington, DC, June 12, 2009

“Health System Reform: Economic, Scriptural, and Political Perspectives,” *Colorado Council of Churches,*” Denver, CO May 20, 2009

“Health System Reform: Why, What, and What the ACC Can Do,” *Bishop Lecture, American College of Cardiology Scientific Conference,* Orlando, FL March 29, 2009.

“Health System Reform: National, State, and Private Options,” *New Hampshire Endowment for Health,* Concord, NH March 16, 2009

“Economic, Political, and Systemic Forces for and Against Health Reform,” *Association of American Medical Colleges Council of Learned Societies’ Knapp Lecture,* Charleston, SC March 6, 2009.

“Health System Reform: How Are We Doing So Far?”

Colorado Health Symposium, Keystone, CO, July 29, 2009

San Diegans for Health Access, San Diego, CA, July 18, 2009

The Permanente Medicare Group Leaders Meeting, San Francisco, CA June 26, 2009

Grantmakers in Health, New Orleans, LA March 18, 2009

Fundraising Experience

George Mason University \$11.6 million (March 2010-present), including currently:

Payment Reform and
Evaluation Lead of Virginia’s
State Innovation Model
Grant 2/2015-1/2016 \$167,000

PI of Using Payment
Reform to Reduce
Health Disparities, RWJF 2014-17 \$489,000

PI of PCMH Evaluation for
Care First BCBS 2013-2017 \$5.4 million

PI of Payment Reform
Technical Assistance for
Department of Medical
Assistance Services,
2012-2015 \$1.8 million

Lead Evaluator for Heart of

Virginia Health Care/
Evidence Now, AHRQ 2015-18 \$2.2 million

New America Foundation \$1.2 million per year for 2008-09
\$0.4 million per year for 2005-07
Health System Change (with Paul Ginsberg) \$3m per year for 2001-05
Urban Institute \$0.4 million per year average for 1995-01

Professional Service Activities

Committee Member Physician-Focused Payment Models Technical Advisory Panel (PTAC),
US Department of Health and Human Services, 2015-

National Committee on Vital Health Statistics, US Department of Health
and Human Services, 2011-2015

Board Member Academy Health (elected to serve 2010-2014), National Committee for
Quality Assurance (2011-), Arkansas Center for Health
Improvement (2010-2012), Keystone Policy Center (2014-2016)

Evaluation Advisor Department of Medical Assistance Services, Commonwealth of Virginia
2015-16

Payment Advisor Virginia Center for Health Innovation, 2012-

Staff Director Virginia Health Reform Initiative, chaired by Sec. William A. Hazel,
appointed by Gov. Bob McDonnell, 2010-2012

Created Health CEOs for Health Reform, a group of nine executives from across
the health system and country that are committed to improving our
health system performance for all.

http://www.newamerica.net/programs/health_policy/hc4hr/#

Referee for: *Journal of Health Economics, Inquiry, Health Affairs, Journal of Health
Politics, Policy, and Law, New England Journal of Medicine,
Health Care Financing Review, Health Services Research,
Milbank Memorial Fund Quarterly, Journal of the American
Medical Association, Southern Economic Journal*

Member, Competitive Pricing Advisory Commission, for U.S. Department of Health and Human
Services, Health Care Financing Administration, Medicare, 1998-2002.

Member, Technical Review Panel for the Medicare Trustees Reports (2000).