

Presenter Biosketches

Poppy Arford is passionate about patients engaging with healthcare providers, organizations and policy makers to achieve right care for all; care that is affordable, transparent, safe, informed and effective. In 2008, propelled by the goal of securing “right care” for her cancer stricken husband, she was introduced to the patient centered medical home (PCMH) and health information transparency work in Maine. Since then she has represented consumers and provided the patient perspective on the Maine Health Data Organization’s Board of Directors and Consumer Advisory Group, Maine Quality Counts PCMH Work Group and Choosing Wisely campaign, the Lown Institute’s Right Care Alliance Community Engagement Council, Aligning Forces for Quality Consumer Engagement Leadership Consortium, and the Maine Health InFoNet Consumer Advisory Group. She was honored in 2013 with the Maine Quality Counts Patient Partner award.

Beth Bortz is the President and CEO of the Virginia Center for Health Innovation, a nonprofit established in 2012 to accelerate the adoption of value-driven health care. Since starting VCHI, Ms. Bortz has secured \$20M in funds for Virginia innovation and reform initiatives. Previously, she served as Executive Director of the Medical Society of Virginia Foundation, as Deputy Director of the Virginia Health Care Foundation, and as a Senior Associate Legislative Analyst for the Virginia General Assembly. Ms. Bortz earned her undergraduate degree in Economics and Government and her Master’s in Public Policy from the College of William and Mary.

Tracey D. Campbell is a seasoned health care executive with over 30 years of health care IT experience. She has held positions at McKesson, Inteck, HealthTrio, and most recently with Numera, a telehealth care management solutions company. Tracey is responsible for all aspects of the strategy, implementation, and sustainability of Colorado’s APCD. She plays a key role in working with CIVHC’s stakeholders including consumers, payers, state agencies, employers, providers and policy makers who together will help move Colorado to better health, better care and lower costs by using this unique Colorado resource.

Avery Comarow is Health Rankings Editor of U.S. News & World Report, where he has been an editor and writer since 1986. Clinical medicine, quality assessment in particular, has long been a special interest. He directed the publication of Best Hospitals in 1990, Best Children’s Hospitals in 2007, Best Nursing Homes in 2009 and Best Regional Hospitals in 2011. Comarow also worked with NCQA on rankings of group health plans in the 1990s and from 2005-2009. Prior to U.S. News, he was assistant managing editor at the AAAS publication Science 86, Washington correspondent for Consumer Reports, Washington editor for Money magazine and a reporter for daily newspapers in Indiana and New York.

Kevan Edwards, PhD, currently serves as the Research Director for the Health Care Research and Quality Division at the Minnesota Department of Human Resources and former Director of Health Services Research with the Minnesota Department of Health division of Health Policy. He has Over 20 years of experience using hospital discharge data, Medicare data, the Minnesota APCD and more recently Minnesota Medicaid data for projects including risk adjusting state capitation payments, patient safety reports, health care quality initiatives, disease tracking, analyzing geographic differences in practice patterns, and cost and price transparency analyses. His experience also includes participation in encounter and claims data collection efforts and data quality assessments of Medicaid Claims and previously the Minnesota All Payer Claims Database.

Edward Ehlinger MD, MSPH, is Minnesota's Commissioner of Health and past President of the Association of State and Territorial Health Officials (ASTHO). As commissioner, Ehlinger is responsible for directing the work of the Minnesota Department of Health - the state's lead public health agency, dedicated to protecting, maintaining and improving the health of all Minnesotans. Prior to his appointment as health commissioner by Minnesota Gov. Mark Dayton in January of 2011, Dr. Ehlinger was director and chief health officer at Boynton Health Service at the University of Minnesota. From 1980 to 1995, Ehlinger served as director of Personal Health Services for the Minneapolis Health Department. Dr. Ehlinger is also an adjunct professor in the Division of Epidemiology and Community Health at the U of M School of Public Health. He is board certified in pediatrics and internal medicine.

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Anne Elixhauser, PhD is a senior research scientist with the Agency for Healthcare Research and Quality. She has conducted research on technology assessment, medication compliance, children's use of services, disparities, cost-effectiveness analysis, and merging clinical and administrative data, among other topics. She has clinical experience as a physician assistant. She participates in the development of hospital administrative databases and has worked to develop tools for use with these data including Comorbidity Software, Quality Indicators, and Clinical Classifications Software. She developed HCUPnet, a web-based query tool for hospital data, and was involved in MONAHRQ, a tool that allows data organizations to input their data and output a website which they can host. She oversees the production of HCUP Statistical Briefs. Her work has appeared in Journal of the American Medical Association, Lancet, Pediatrics, Health Affairs, Joint Commission Journal on Quality and Patient Safety, Morbidity and Mortality Weekly Report, Journal of Public Health Policy, Medical Care, Diabetes Care, Health Services Research, and Health Economics.

John R. Feore, III is a Director at Avalere, a leading healthcare consulting firm in Washington, DC. John has advised healthcare providers, health systems, plans, and life sciences companies on the evolving healthcare system, applying his background as an attorney and expert on the Affordable Care Act and federal health policy to optimize clients' understanding of delivery system reforms and alternative payment models. Prior to joining Avalere, John was a senior associate at Dentons US LLP, the world's largest law firm. John has a JD from the Catholic University Columbus School of Law and a BA from Boston College.

Lisa Gall, DNP, FNP, LHIT-HP, Clinical Program Manager at Stratis Health is certified as a family nurse practitioner, nurse informaticist and PQRS specialist. She has 30+ years experience in nursing, administration and provider roles across multiple settings. Lisa completed her Doctor of Nursing Practice and Health IT Leadership certificate at the University of MN and for the past 5 years divided her time between clinical practice and as a SME/REACH consultant before joining Stratis Health full time. Lisa works with organizations across care settings and has published, taught and presented on various Health IT topics. Lisa is Lake Superior QIN lead clinician for the CMS Transforming Clinical Practice Initiative and sits on the 2016-2017 Technical Expert Panel for CMS Quality Measure Development Plan.

Robin Gelburd, JD, FAIR Health President, is a recipient of a 2016 Dig|Benefits Technology Innovator Award, bestowed by Employee Benefit News, and has been invited to speak to organizations across the country, including keynote presentations, on topics of critical importance to employers, employees, health plans, third party administrators, healthcare institutions and professionals, consultants and other stakeholders in the healthcare "ecosystem." She also has published numerous articles on topics such as harnessing the value of "big data," healthcare cost transparency and clarity, and consumer engagement. Prior to her role at FAIR Health, Ms. Gelburd served for eight years as general counsel of a medical research foundation. During her tenure at this foundation, Ms. Gelburd was appointed chairperson of New Yorkers for the Advancement of Medical Research, a statewide coalition of over 40 organizations that she helped found in 2003 and whose mission was the promotion of state funding and support for stem cell research and regenerative medicine. Previously, Ms. Gelburd was a health law partner at the New York City law firm Kalkines, Arky, Zall & Bernstein (now Manatt, Phelps & Phillips). During her 10 years at that firm, she represented an array of healthcare-based clients—including hospitals, provider groups and organizations, payors, skilled nursing facilities, special needs plans and ambulatory care centers—on a variety of strategic, regulatory, policy, governance, business and contractual matters. Earlier, Ms. Gelburd worked as a litigation and corporate associate at the international law firm Morrison & Foerster. She began her legal career as a federal appellate law clerk to the Honorable Francis D. Murnaghan, Jr. from the Court of Appeals, 4th Circuit.

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Daniel Gilden is founder and president of JEN Associates, Inc., a health data analytics firm operating for thirty years. Trained in physics at MIT, Dan is a national expert who has made JEN a leader in developing state-of-the-art solutions for data aggregation, robust analytics, and turning health data into actionable information. JEN is also a leader in specialized predictive analytics including development of the JEN Frailty Index and the JEN Serious Mental Illness Risk Indicator, two unique risk algorithms for targeting high-need, high cost populations. The Veteran's Health Administration has adopted the JEN Frailty Index for operational and patient targeting.

Stefan Gildemeister, State Health Economist and Director of the Health Economics Program, Minnesota Department of Health

Leslie Goldsmith currently manages the Health Care Data Service Center in the Health Economics Program. The Center manages access, security and data acquisition for the MN All Payer Claims Database, the Minnesota Hospital Discharge Database, Medicare and other data. Ms. Goldsmith has been with the state of Minnesota for over 30 years, the last 20 in data management and analysis. In her previous work with the State's environmental agency, she supervised units that provided data analysis and performance reporting for regulatory, environmental and operational data sources and also directed professional certification, technical training and regulatory information development for that agency. In addition to her state experience, Ms. Goldsmith has been a hazardous material emergency response instructor, an independent data management and environmental consultant and conducted analytical work for a national environmental laboratory. She has a BS in Agriculture from the University of Wisconsin at River Falls.

Denesecia Green is the Deputy Director of the National Standards Group (NSG) within the Office of Enterprise Information, Centers for Medicare & Medicaid Services (CMS). Mrs. Green's 18 years of health care experience and strong commitment to public health programs span over a wide variety of HHS and CMS programs and policy. CMS program experience includes Medicare, Medicare Advantage, Medicaid, Program Integrity, Quality, Marketplace, Population Health, Health IT, and national standards for Administrative Simplification. In her NSG role, Mrs. Green adopts HIPAA and ACA standards that enable health information to be exchanged electronically to achieve greater uniformity, efficiency, and cost savings across the healthcare industry.

Charles William Hawley has been a research consultant and health data analyst with the Utah Department of Health for over five years. He currently serves as Analytics Lead in the Office of Health Care Statistics and his work primarily focuses on data-driven health care cost and quality transparency. The Office collects and analyzes Utah's All Payer Claims Database (APCD), health care facility discharge data, and health plan performance data.

Kevin C. Heslin, PhD, is a health services researcher with the Center for Delivery, Organization, and Markets (CDOM) within the Agency for Healthcare Research and Quality (AHRQ) where he works with the Healthcare Cost and Utilization Project (HCUP) on intramural research analyses and tool development. As a member of the HCUP team, he develops HCUP-based national and state statistics for AHRQ's Congressionally-mandated National Healthcare Quality and Disparities Report and manages the HCUPnet Community-Level Statistics webpage, an on-line query system for obtaining county and regional statistics on hospital stays from the HCUP State Inpatient Databases. Kevin's research background includes mental and substance use disorders, HIV disease, and hepatitis, with a particular focus on special populations such as racial/ethnic minorities, children with special healthcare needs, and military veterans. His work has appeared in journals such as Health Services Research, Sociology of Health and Illness, Medical Care, Journal of General Internal Medicine, Psychology of Addictive Behaviors, Substance Use and Misuse, Women's Health Issues, and the Journal of Health Administration Education. His research has received awards from the American Statistical Association, the Association of Schools of Public Health, the Universitywide AIDS Research Program (University of California), and Academy Health. Before coming to AHRQ, Kevin

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taught courses in program evaluation and health services research at the University of California Los Angeles, the Charles R. Drew University of Medicine and Science, and the California State University, Los Angeles. Kevin received his Ph.D. from the Department of Health Policy and Management at the University of California Los Angeles.

Samuel Hohmann, PhD, as Research Analytics Director in Vizient's Center for Advanced Analytics and Informatics, facilitates use of Vizient data resources to support clinical and health services research by Vizient academic medical center researchers. He joined the former University HealthSystem Consortium 14 years ago and has gained extensive knowledge of data resources, engaged in their use, and encouraged their expansion. While he devotes most of his time to data contained in the clinical database/resource manager (CDB/RM), he also has expertise in many Vizient datasets including the Faculty Practice Solution Center, Patient Safety Intelligence, ACTION-OI (operational database), NHSN, core measures, patient level HCAHPS as well as external data resources (Medicare and commercial insurance claims data). Sam maintains an academic affiliation with Rush University's Health Systems Management program through which he mentors students as they conduct research projects. He completed undergraduate work in chemistry at the University of Illinois Champaign Urbana and masters (health systems management) and doctoral (bioengineering) work at Rush University and University of Illinois at Chicago, respectively.

Brenda Hoppe is a research scientist with the Minnesota Department of Health's Climate and Health Program where she studies climate change impacts on the health and well-being of Minnesotans and assists with developing climate adaptation strategies for communities across the state. She earned her doctorate at Oregon State University where her research focused on modeling contaminant exposures in private wells. Before coming to Minnesota, Dr. Hoppe worked for the Oregon Health Authority as a climate and health epidemiologist. She also chairs the Midwest Skateboarding Alliance working to build skateparks and promote skateboarding for physical fitness, transportation, community-building, and mental health.

Paul Kallaur is VP for Surveys and Research at Center for the Study of Services (CSS)/Consumers' CHECKBOOK. He has led the organization's public reporting on surgical outcomes, patient experience, peer survey results, and other measures, and has worked with state coalitions producing measures for public reporting and pay for performance. He has advised state exchanges and played a key role in CHECKBOOK/CSS's health plan comparison tools, which have been deployed in various ACA exchanges and in employer-based exchanges to help consumers compare plans based on cost, quality, and providers. He serves on the National Quality Forum's Consensus Standards Approval Committee (CSAC).

Robert Krughoff is founder and president of Center for the Study of Services/Consumers' CHECKBOOK, an independent, nonprofit consumer organization that was founded in 1974 and has for 40 years published magazines and websites rating services of all kinds, ranging from hospitals and doctors to insurance companies, plumbers, and auto repair shops. For 36 years, CHECKBOOK has produced its Guide to Health Plans for the 8 million employees and retirees covered by the more than 250 plans in the Federal Employees Health Benefits Program and CHECKBOOK has had contracts with ACA marketplaces to offer the plan comparison tool CHECKBOOK developed, seen at www.healthplanratings.org.

Jaie Lavoie, PharmD, MHIS, Fellow, Center for Advanced Analytics, Vizient. As a licensed pharmacist with a passion for information technology, Jaie engages in a wide range of clinical and data driven projects while occupying the role of clinical informaticist at Vizient. Jaie transitioned into this role after completing an informatics fellowship within Vizient under the mentorship of Dr. David Levine, Vice President of Analytics - Informatics & Medical Director who oversees the Clinical Database (CDB) tool. While much of Jaie's work centers on the clinical database and its millions of inpatient discharge records, he also has significant experiences working within national safety and quality data sets, outpatient scheduling data, clinic visit data, drug purchasing and wholesaler data, structured EMR data, clinical lab data, as well as blood bank data. Despite being a relatively new addition to Vizient, Jaie brings over 5 years of healthcare experience and expertise spanning from direct patient

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care to informatics and analytics. Jaie earned his Doctor of Pharmacy from St. Louis College of Pharmacy and his Masters of Science in Health Informatics from the University of Missouri while working on informatics research and clinical practice improvement projects.

Denise Love is the Executive Director of the National Association of Health Data Organizations (NAHDO), a national nonprofit organization, established in 1986 to improve the collection and use of health care data for public use. Previously, she led the implementation of statewide health care reporting systems in Utah. She also is the Co-leader of the All-Payer Claims Databases Council and APCD Learning Network. In 2015, Ms. Love was appointed to a three-year term on the National Committee for Vital and Health Statistics (NCVHS), a statutory public advisory committee to the Secretary of the US DHHS on information policy, health data standards, and population health. Ms. Love has a BSN and MBA in Health Care Administration.

Jonathan Mathieu currently serves as Vice President for Research & Compliance and Chief Economist at the Center for Improving Value in Health Care (CIVHC). In this capacity, he is responsible for managing research activities related to CIVHC's strategic initiatives and ensuring compliance with applicable privacy, security and anti-trust laws and regulations. Prior to joining CIVHC, Jonathan served as an Economist at FDA and was also employed as an Assistant Professor of Public Policy at Georgetown University. Dr. Mathieu holds M.A. and Ph.D. degrees in Economics from the University of Colorado, and a BS in Applied Mathematical Economics from Oswego State University.

Kevin McAvey, MS, MPP is Associate Director of Analytics at the Massachusetts Center for Health Information and Analysis (CHIA). He directs CHIA's public reporting related to health insurance enrollment and the cost of health insurance coverage. His team is also responsible for bringing the Massachusetts All Payer Claims Database on-line for ongoing analytic use. Kevin holds a Master's in Public Policy from Georgetown University and a Master's in Applied Economics from Cornell University. Kevin served as Chair for the national 2016 Association of Public Data Users' conference in Alexandria, Virginia.

Mary Kate Mohlman, PhD, MS, Health Services Researcher for the Vermont Blueprint for Health, uses clinical and claims data to evaluate the impact of patient-centered medical homes and community health teams on the health outcomes and healthcare expenditures of Vermonters. Before joining the Blueprint, Dr. Mohlman worked at the Georgetown University Lombardi Comprehensive Cancer Center.

David Montgomery covers government and politics for the Pioneer Press newspaper in Minnesota, where his focuses include health care and transportation policy. To the unspoken dismay of his parents he chose journalism over the law, but has somehow managed to pay all his bills so far. Before coming to the Pioneer Press David covered politics for several South Dakota newspapers. He's a fan of history, cartography and the Chicago Cubs, which will hopefully still be as impressive at the time you are reading this paragraph as it is as he's writing it.

Nathan Moracco has served as assistant commissioner for Health Care at the Minnesota Department of Human Services since December 2013. Prior to his current position, he served as acting deputy assistant commissioner for the Health Care Administration since October 2013. Prior to coming to DHS, Moracco served as director of the Employee Insurance Division within Minnesota Management & Budget for more than a decade. In this role, he managed the State Employee Group Insurance Plan (SEGIP) and the Public Employee Insurance Program (PEIP), an insurance program for local units of government, including cities, counties and K-12 school districts. Moracco also worked at Honeywell International for seven years prior to his state service.

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Adrien Ndikumwami is a senior/lead systems analyst at Social & Scientific Systems, Inc. In this capacity, he oversees the operations of the data collection and reporting operations for the Maryland Medical Care Database, an all-payer claims database for the State of Maryland. He is in charge of developing and maintaining all the data quality business rules used for the APCD data collection and reporting systems. Adrien has over 15 years of in-depth experience with commercial, Medicare and Medicaid claims data and has an in-depth understanding of the standards used for claims data submission as well as practices in claims adjudication. He holds an M.S. in Management Information Systems and an M.S. in Finance from the University of Baltimore, and a B.S. in International Business from American University.

Susan Nedza, MD, MBA, FACEP is Senior Vice President of Clinical Outcomes Management at MPA Healthcare Solutions. Dr. Nedza is Board-Certified in Emergency Medicine and in Clinical Informatics. At MPA Healthcare Solutions, she leads work in the areas of clinical quality assessment and improvement, bundled payments, and comparative effectiveness. She has served as the Chief Medical Officer of AIM Specialty Health (Anthem, Inc. subsidiary), the Chief Medical Officer for Region V of the Centers for Medicare and Medicaid Services (CMS), Vice President for Quality and Patient Safety at the American Medical Association (AMA), and as a health information technology executive. Dr. Nedza is an Adjunct Assistant Professor at the Feinberg School of Medicine at Northwestern University.

Matthew Panhans is a PhD Candidate in the Department of Economics at Duke University. His research interests are in applied microeconomics and healthcare, with a focus on insurance and hospital markets. He is particularly interested in evaluating the reforms related to the Affordable Care Act, and their implications for insurance and hospital markets.

Nitesh Patel is the Center Director for Health Technology & Research Solutions at Social & Scientific Systems Inc. Mr. Patel provides leadership for the continued development of an innovative, robust, and secure information technology environment for multiple SSS clients. For the past 2+ years in support of Maryland's MCDB he has led the data automation design and implementation from concept to delivery. Mr. Patel has 20 years of experience leading IT, custom software and data warehouse application teams, and he is an experienced practitioner of CMMI and Agile Development Methodologies. Mr. Patel earned his master's degree in computer science from Virginia Tech University, and his MBA from M.S. University in India.

Kristin Paulson, JD, MPH. As the Director of Health Care Programs for the Center for Improving Value in Health Care (CIVHC), Kristin works with stakeholders and policy makers across Colorado to align and support efforts to advance the Triple Aim using data from the Colorado All Payer Claims Database. She joined CIVHC four years ago and since then has facilitated statewide work in palliative care, social determinants of health, and care transitions – including the development and launch of Healthy Transitions Colorado (www.healthytransitionscolorado.org). Prior to her work at CIVHC, Kristin worked in organ transplant data analytics and policy through the University of Minnesota Department of Medicine and Center for Bioethics, and the United Network for Organ Sharing. Kristin completed undergraduate work in Biology at the University of Colorado at Boulder, and completed her Juris Doctorate and Master of Public Health work through the University of Minnesota's joint degree program in Law, Health, and the Life Sciences.

Dr. Patrick Romano is Professor of Medicine and Pediatrics and faculty in the Graduate Groups in Epidemiology, Public Health, Clinical Research, and Nursing Science at UC Davis. He is a graduate of Princeton University, Georgetown University School of Medicine, and UC Berkeley School of Public Health. He trained in internal medicine/pediatrics at University Hospitals of Cleveland, and in health services research at UCSF. His research interests include developing and validating health care quality measures and using outcomes data to improve the effectiveness of health care. He serves as co-Editor in Chief of Health Services Research, an official journal of AcademyHealth.

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Kyle Russell is the APCD Program Manager for Virginia Health Information (VHI). As Program Manager, he oversees the strategic direction and operational progress of the Virginia All Payer Claims Database, one of the largest statewide, multi-payer databases in the country. He has been in managerial and analytical roles with VHI since 2013. Prior to joining VHI, Kyle previously worked in revenue cycle management for Hospital Corporation of America (HCA) where he oversaw operations in several back-end departments. Kyle is currently pursuing a Master's degree in Decision Analytics from Virginia Commonwealth University (VCU). He also earned his Bachelor's degree from VCU, graduating magna cum laude in Finance.

Gina Sanvik, MS, RHIA, AHIMA Approved ICD-10-CM/PCS Trainer, is Director, Coding & Data Standards, HIM Practice Excellence for AHIMA. In her role she provides professional practice expertise to AHIMA members. She authors and provides technical reviews for AHIMA publications and articles on coding topics. In addition, Ms. Sanvik also provides technical expertise for the creation and review of AHIMA coding related products such as webinars, practice briefs, courses, and articles. Ms. Sanvik received her Bachelor of Science and Masters of Science in Health Information Management from the College of St. Scholastica in Duluth, Minnesota. Prior to joining AHIMA in August 2015, Ms. Sanvik served as the CAC Content Manager for a technology company. Over the past 20 years, Ms. Sanvik has worked in various different coding roles within the health information management profession including coding, consulting, and management experience in hospital HIM departments.

Stephen W. Schondelmeyer, PhD, is a leading expert on pharmaceutical economics and public policy. Dr. Schondelmeyer has 40 years of experience working extensively on competition and pricing of drug products, affordability and access to drug therapy and pharmacists service, coverage and reimbursement policy under public and private third party programs, and pharmacy workforce trends and policy. His work has shaped both policy and actions related to the role of pharmaceuticals and pharmacists' services in today's society.

Craig Schneider, PhD, is a Senior Health Researcher at Mathematica Policy Research. He is currently the Project Director of the Learning Systems for Accountable Care Organizations project for the Center for Medicare and Medicaid Innovation. His previous role was Director of Healthcare Policy at the Massachusetts Health Data Consortium, where he co-chaired several learning collaboratives, including those related to payment reform, health IT, and quality reporting. Previously, Dr. Schneider worked at the CMS Boston regional office for 14 years. He currently serves on the Board of Directors of NAHDO and New England HIMSS. He received a doctorate in Health Policy from the Brandeis University Heller School.

Karen Soderberg, MS, is a Research Scientist at the Minnesota Department of Health, Office of Health Information Technology. In this position she coordinates and directs statewide informatics profile of adoption and use of electronic health records and secure exchange and interoperability of health information. She also supports workgroup activities of the Minnesota e-Health Initiative, including e-prescribing, interoperability, consumer engagement, workforce, data analytics, and related priorities. She holds an MS from the University of Minnesota School of Public Health, specializing in research methodology.

Gregory Woods is the Director, Division of Alternative Payment Model Infrastructure, Center for Medicare and Medicaid Innovation, CMS