

Future Hospital Care: How Will We Pay the Bill?

Biographies

Stuart H. Altman, Sol C. Chaikin professor of National Health Policy at The Heller School for Social Policy & Management, Brandeis University, is chair of the Robert Wood Johnson Foundation-sponsored Council on Health Care Economics and Policy. He is an economist whose research interests primarily are in the area of federal and state health policy. In June 2004 he was awarded the AcademyHealth Distinguished Investigator Award and in August 2003 *Modern Healthcare* named him among the 100 Most Powerful People in Healthcare. From 2000-2002 he was Co-Chair for the Legislative Health Care Task Force for the Commonwealth of Massachusetts. In 1997, he was appointed by President Clinton to the National Bipartisan Commission on the Future of Medicare. He served as the chairman of the Congressionally legislated Prospective Payment Assessment Commission (ProPac) for twelve years, which was responsible for advising the U.S. Congress and the Administration about the functioning of the Medicare Diagnostic Related Group (DRG) Hospital Payment System and other system reforms. Professor Altman is a member of The Institute of Medicine of the National Academy of Sciences and a member of the Board of Overseers of the Beth Israel Deaconess Medical Center in Boston, Massachusetts. Past positions include deputy assistant secretary for Planning and Evaluation/Health with the former federal Department of Health, Education and Welfare (predecessor agency to the Department of Health and Human Services); deputy director for Health of the President's Cost-of-Living Council; member of the Board for The Robert Wood Johnson Clinical Scholars Program; and member of the Governing Council of The Institute of Medicine.

Thomas A. Ault is a principal at Health Policy Alternatives, which he joined in 1997 after many years of legislative, budgetary and regulatory leadership in health policy. He was director of the Health Care Financing Administration's policy bureau from 1993 to 1997, and was its deputy director from 1988 to 1993. During that period, he led policy development for numerous Medicare and Medicaid changes including coverage of new technology, inpatient and outpatient hospital prospective payment, physician practice expense and other fee schedule policies, and nursing home and home health policies. Prior to joining the policy bureau, Tom was director of policy analysis for HCFA's legislative office. He directed the agency's technical and legislative assistance on the three reconciliation laws enacted from 1985 through 1987, as well as on the Medicare catastrophic coverage and prescription drug law of 1988. Before joining HCFA in 1984, Tom worked for nine years in the Secretary's policy office (ASPE) in a variety of senior positions on welfare and social security issues. He is a graduate of the University of Maryland, with a bachelor's degree in mathematics, and of George Washington University, with a master's degree in public policy/operations research.

Kathleen A. Buto is vice president for Health Policy, Government Affairs, at Johnson & Johnson. She has responsibility for providing policy analysis and developing positions on a wide range of issues, including the Medicare drug benefit, government reimbursement, coverage of new technologies, and regulatory requirements. In addition to reviewing how federal, state, and international government policies affect Johnson & Johnson products and customers, she is responsible for helping to identify areas of opportunity in which Johnson & Johnson can take a leadership role in shaping health care policy. Prior to joining J&J, Ms. Buto was a senior health advisor at the Congressional Budget Office, where she helped to develop cost models for the Medicare drug benefit. Before that, she spent more than 18 years in senior

positions at the Health Care Financing Administration, including as Deputy Director, Center for Health Plans and Providers, and Associate Administrator for Policy. In these positions, she headed the policy, reimbursement, and coverage functions for the agency, as well as managing Medicare's fee-for-service and managed care operations. Ms. Buto received her Bachelor of Arts degree from Douglass College and her Masters in Public Administration from Harvard University.

Charles N. ("Chip") Kahn III is president of the Federation of American Hospitals, the national advocacy organization for investor-owned hospitals and health systems. Mr. Kahn became the Federation's president in June 2001. Before coming to the Federation, Mr. Kahn served as president of the Health Insurance Association of America (HIAA). During 1995-1998, he played a critical role in securing Congressional approval of significant health legislation while serving as staff director for the Health Subcommittee of the House Ways and Means Committee. Mr. Kahn also served from 1986-1993 as minority health counsel for the House Ways and Means Health Subcommittee, as senior health policy advisor to former Senator David Durenberger (R-MN), and as a legislative assistant of health to former Senator Dan Quayle (R-IN). Mr. Kahn holds a Masters of Public Health (M.P.H.) degree from Tulane University School of Public Health and Tropical Medicine, which in 2001 bestowed upon him its prestigious "Champion of Public Health" award. He received a Bachelor of Arts degree from The Johns Hopkins University.

Allen Dobson, Ph.D., is a senior vice president at The Lewin Group. Dr. Dobson has been involved with the development of Medicare and Medicaid program policy for more than two decades. He is especially knowledgeable about hospital and physician payment and reimbursement strategies. For the past several years, he has studied Medicare's provider payment methodologies (e.g., OHPPS, RUGs, physician payment) and has led a continuing effort to model the impact of physician and hospital payment policies upon providers using micro-simulation and econometric techniques. Dr. Dobson is a frequent speaker at conferences and seminars and has testified before the U.S. Congress, MedPAC, and various state commissions on health payment and health data issues. He also has authored articles and reports on a wide range of health care financing and delivery topics in journals such as the *New England Journal of Medicine*, *Journal of the American Medical Association*, *Inquiry*, *Health Affairs* and *Health Care Financing Review*. Prior to joining Lewin, Dr. Dobson was Director of the Office of Research at CMS (formerly Health Care Financing Administration) while Medicare PPS was developed and implemented, and served as director of the Office of Analysis in the Public Health Service where he conducted studies of a broad variety of public health service programs. Dr. Dobson is a Phi Beta Kappa graduate of the University of Washington (Seattle) and earned his Ph.D. in Economics from Washington University, St. Louis.

Paul Ginsburg is president of the Center for Studying Health System Change (HSC). Dr. Ginsburg served as the founding executive director of the Physician Payment Review Commission (now the Medicare Payment Advisory Commission). Widely regarded as highly influential, the Commission developed the Medicare physician payment reform proposal that was enacted by the Congress in 1989. Dr. Ginsburg was a senior economist at RAND and served as deputy assistant director at the Congressional Budget Office. Before that, he served on the faculties of Duke and Michigan State Universities. He earned his doctorate in economics from Harvard University. Dr. Ginsburg is a noted speaker and consultant on the changes taking place in the health care system and the future outlook. In addition to presentations on the overall direction of change, recent topics have included cost trends and drivers, consumer driven health care, and competition in health care. *Modern Healthcare* twice named

him one of the 100 most powerful persons in health care. He is a founding member of the National Academy of Social Insurance, a public trustee of the American Academy of Ophthalmology, and served two elected terms on the Board of AcademyHealth.

John K. Iglehart has held two editorial leadership positions in the world of health policymaking for the last 24 years. Iglehart has been editor of *Health Affairs*, a bimonthly policy journal that he founded in 1981 under the aegis of Project HOPE, a not-for-profit international health education organization. Over this same period, Mr. Iglehart also has served as national correspondent of *The New England Journal of Medicine*, for which he has written more than 100 essays called Health Policy Reports. *Health Affairs*, the largest circulating health policy journal in the United States with subscribers in 25 foreign countries, is a peer-reviewed, multidisciplinary journal noted for translating health services research and analysis into content that is more accessible to Members of Congress and other key participants in federal health policymaking. *Health Affairs* publishes its journal six times a year but it also posts original, peer-reviewed papers on its Web site every week. Before 1981, Mr. Iglehart served for two years as a Vice President of the Kaiser Foundation Health Plan and Director of its Washington, D.C. office. During the decade 1969 to 1979, Iglehart held a variety of editorial positions, including the editorship of *National Journal*, a privately published weekly on federal policymaking. Mr. Iglehart was elected to membership in the Institute of Medicine (IOM) of the National Academy of Sciences in 1977 and served on its Governing Council for six years (1985-1991). He also is an elected member of the National Academy of Social Insurance and serves on the Advisory Board of the National Institute For Health Care Management. Previously, Mr. Iglehart served on the boards of the American Board of Medical Specialties, the Educational Commission for Foreign Medical Graduates and AcademyHealth. He holds a degree in journalism from the University of Wisconsin-Milwaukee and has been a journalist-in-residence at Harvard University.

J. Knox Singleton is president and CEO of Inova Health System, the nation's eighth most integrated health care delivery system. Mr. Singleton joined Inova Health System in 1983 as executive vice president for Operations when it was known as the Fairfax Hospital Association, and was named as the organization's leader in 1984. In 2000, Mr. Singleton received the distinguished Regent's Award from the American College of Health Care Executives (ACHE), which recognizes ACHE members who have shown exemplary leadership in the field of health care and who have contributed to the advancement of health care management excellence. Before joining Inova, Mr. Singleton served from 1978 to 1983 as the hospital director for the Hershey Medical Center of Pennsylvania State University in Hershey, PA, and served as the assistant director of its Medical Center from 1975 to 1977. His first position in the health care field was in administration for the English National Health Service at Guy's Hospital in London, England. Mr. Singleton is a Phi Beta Kappa graduate of the University of North Carolina, where he earned a Bachelor of Science Degree in Business Administration, and received his Master's Degree in Health Administration from Duke University.

Patricia T. Lindler is Senior Vice President, Government Programs, for HCA. Her responsibilities include regulatory reporting, compliance and operational support and financial and operational impact analysis of governmental programs. A 30-year healthcare industry professional, Trish joined HCA as an internal auditor in 1975. She held a variety of reimbursement positions at HCA, including Director of Reimbursement for the company's Florida Group Operations. In 1995 she left HCA to become President of Health Financial Directions, Inc., and returned to HCA in 1998 as vice president of

Reimbursement. She has held her current position since 1999. Currently, Ms. Lindler is an advanced member of the Healthcare Financial Management Association and serves as chairperson of the Health Finance Steering Committee and Board Member of the Federation of American Hospitals. Ms. Lindler was a charter member of the national Medicare Technical Advisory Group (MTAG) composed of high-level CMS officials, providers, intermediaries, and national trade association representatives. She also has served on the Blue Cross Blue Shield of Florida Focus Group, the Mutual of Omaha Quality Workgroup on Claims Processing, the Florida Statewide Uniform Billing Committee and the Florida Hospital Association/Medicaid/UNISYS Task Force. A native of Gadsden, Alabama, Ms. Lindler holds a bachelor's degree in business administration from Auburn University.

David Nexon is senior executive vice president of the Advanced Medical Technology Association (“AdvaMed”), where he is responsible for reimbursement policy, regulatory policy, and government affairs. Prior to joining AdvaMed, Mr. Nexon served for more than twenty years as the Democratic Health Policy Staff Director for the Senate’s Health, Education, Labor and Pensions Committee and as the senior health policy advisor to Senator Edward M. Kennedy. In these capacities, he has been involved with most of the major health policy issues of the last two decades. Prior to joining Senator Kennedy’s staff, Mr. Nexon was senior budget examiner in the Health Branch of the Office of Management and Budget, where he was responsible for the Health Care Financing Administration. His service with OMB included the period when the current Medicare hospital prospective payment system was established. Mr. Nexon held several academic appointments prior to entering government service. He received his B.A. degree from Harvard College and his Ph.D. from the University of Chicago.

Len Nichols is director of the Health Policy Program at the New America Foundation. He took this position in April 2005 after three and a half years as vice president of the Center for Studying Health System Change. Prior to the Center for Studying Health System Change, Dr. Nichols spent seven years as a Principal Research Associate at the Urban Institute. During the first two years of the Clinton Administration, he was the senior advisor for Health Policy at the Office of Management and Budget (OMB). Dr. Nichols was also a visiting Public Health Service fellow at the Agency for Health Care Policy and Research during 1991-1992, and prior to that he was an Associate Professor and Economics Department Chair at Wellesley College, where he taught from 1980-1991. Dr. Nichols served on Medicare’s Competitive Pricing Advisory Commission (CPAC) pursuant to the BBA, and as a member of the 2001 Technical Review Panel for the Medicare Trustees Reports. He has also been an advisor to the World Bank, the Pan American Health Organization, and the US Department of Health and Human Services. Dr. Nichols received his Ph.D. from the University of Illinois at Champaign-Urbana.

Mark V. Pauly currently holds the position of Bendheim professor in the Department of Health Care Systems at the Wharton School of the University of Pennsylvania. He is professor of Health Care Systems, Insurance and Risk Management, and Business and Public Policy at the Wharton School and professor of Economics in the School of Arts and Sciences at the University of Pennsylvania. Dr. Pauly is a former commissioner on the Physician Payment Review Commission and an active member of the Institute of Medicine. His interests in health policy deal with ways to reduce the number of uninsured through tax credits for public and private insurance, and the appropriate design for Medicare in a budget-constrained environment. Dr. Pauly is a co-editor-in-chief of the *International Journal of Health Care Finance and Economics* and an associate editor of the *Journal of Risk and Uncertainty*. He has served on Institute of Medicine panels on public accountability for health insurers under Medicare and

on improving the financing of vaccines. Dr. Pauly is a former member of the advisory committee to the Agency for Health Care Research and Quality, and most recently a member of the Medicare Technical Advisory Panel. He received his Ph.D. in Economics from the University of Virginia.

Ron Pollack is the founding executive director of Families USA, the national organization for health care consumers. In 1997-1998, Mr. Pollack was appointed the sole consumer organizational representative on the Presidential Advisory Commission on Consumer Protection and Quality in the Health Care Industry. In that capacity, Mr. Pollack helped prepare the Patients' Bill of Rights that has passed in many state legislatures and that also is pending in Congress. Mr. Pollack is also the founder and chair of the Health Assistance Partnership, an entity that works with health care ombudsman programs across the country to help consumers navigate the increasingly complex U.S. health care system. Mr. Pollack is a frequent guest on a variety of television and radio programs, such as The News Hour With Jim Lehrer, NBC's Today show, ABC's Good Morning America and Nightline, CNN's Larry King Live and Crossfire, NPR's All Things Considered and Morning Edition, and many others, and he is quoted often in such leading newspapers as *The New York Times*, *The Washington Post*, *The Wall Street Journal*, and *The Los Angeles Times*. Prior to his current position at Families USA, Mr. Pollack was dean of the Antioch University School of Law. He was also the founding executive director of the Food Research and Action Center (FRAC), a leading national organization focused on the elimination of hunger in the United States.

Uwe E. Reinhardt is a James Madison professor of Political Economy at Princeton University, where he has taught since 1968. In 1978, professor Reinhardt was elected to the *Institute of Medicine of the National Academy of Sciences*, on whose Governing Council he served from 1979 to 1982. He currently serves on the Institute's *Board on Health Care Services*, which guides the Institute's research in health-services research. Professor Reinhardt has served on a number of government committees and commissions, among them the *National Council on Health Care Technology* of the then U.S. Department of Health and Welfare (1979-82) and the *Special Medical Advisory Group* of the then Veterans Administration (1981-85). From 1986 to 1995 he served three consecutive three-year terms as a Commissioner on the Physician Payment Review Commission (PPRC, now MedPAC), established in 1986 by the Congress to advise it on issues related to the payment of physicians. In 1999, Professor Reinhardt was appointed to the National Advisory Council (NAC) for Health Care Policy, Research and Evaluation for the Agency for Healthcare Research and Quality (AHRQ, formerly AHCPR), U.S. Department of Health and Human Services. Since 1998 professor Reinhardt has chaired the Coordinating Committee of *The Commonwealth Fund's International Program in Health Policy*. He recently was elected to the Board of Directors of the National Bureau of Economic Research, and continues to serve on the Boards of Directors of Triad Hospitals, Inc. and Amerigroup, Inc. In 2002, readers of *Modern Healthcare*, a widely read American trade journal devoted to health care, voted him among the top 10 most influential personality in American health policy. Professor Reinhardt received the Bachelor of Commerce degree from the University of Saskatchewan, Canada in 1964 and his Ph. D. in economics from Yale University in 1970.

William Scanlon is a senior policy advisor with Health Policy R&D. Dr. Scanlon serves as a consultant to the National Health Policy Forum and is a research professor with the Institute for Health Care Research and Policy, Georgetown University. He also currently is a member of the Medicare Payment

Advisory Commission, the National Committee on Vital and Health Statistics, the National Commission for Quality Long-Term Care, and the White House Conference on Aging Advisory Committee. Until April 2004, he was the managing director of Health Care Issues at the U.S. General Accounting Office (GAO). Dr. Scanlon has been engaged in health services research since 1975. Before joining GAO in 1993, he was the co-director of the Center for Health Policy Studies and an associate professor in the Department of Family Medicine at Georgetown University and had been a principal research associate in Health Policy at the Urban Institute. At GAO, he oversaw Congressionally requested studies of Medicare, Medicaid, the private insurance market and health delivery systems, public health, and the military and veterans' health care systems. His research at Georgetown University and the Urban Institute focused on the Medicare and Medicaid programs, especially provider payment policies, and the provision and financing of long-term care services. Dr. Scanlon has published extensively and has served as frequent consultant to federal agencies, state Medicaid programs, and private foundations. He has a Ph.D. in Economics from the University of Wisconsin-Madison.

David Shactman is a senior fellow at the Schneider Institute for Health Policy at Brandeis University and the Project Director of the Council on Health Care Economics and Policy. In this capacity, he has been the author of numerous books, reports, and publications. His primary research has been in the areas of access to health insurance coverage, hospital emergency department overcrowding, and health policy issues for aging populations. He also has published and spoken on health market competition, consolidation, and antitrust. Prior to his work for the Council, Mr. Shactman managed expert consensus panels that developed clinical practice guidelines for the federal Agency for Health Care Policy and Research. He also was a consultant in the private sector where he facilitated complex negotiations for hospital systems and for the siting of health facilities. Before working in the health care sector, Mr. Shactman was founder and president of a chain of retail specialty stores located in Greater Boston and Philadelphia. He also was general partner of The Drumlin Group, a real estate development and consulting company located on Boston's North Shore. Mr. Shactman has an MPA degree in Health Policy from Harvard University's John F. Kennedy School of Government and an MBA in Finance from Columbia University.

Christopher P. Tompkins, is an associate professor of Human Services at the Heller Graduate School, Brandeis University. He also is director of Program Evaluation at the Schneider Institute for Health Policy at Brandeis. Dr. Tompkins has studied issues related to payment systems and managed care for more than 20 years. One line of work relates to the Medicare and Medicaid programs, which includes studies of why HMOs have left the Medicare market, an evaluation of the Adjusted Community Rate (ACR) application process for managed care plans, an evaluation of the county and other alternative geographic bases for Medicare capitation payments, and health status risk adjustment systems. A second line of work relates to behavioral health, including development of payment systems for chronic substance abusers, evaluation of state behavioral health financing and delivery systems, and evaluation of children's mental health programs. He was the principal investigator for the development of Congressionally mandated physician payment reforms under Medicare, now being implemented as the Physician Group Practice Demonstration by CMS. Dr. Tompkins earned a master's degree in Management, and was an NIMH-sponsored trainee in the economics of mental health at Brandeis University, where he received his Ph.D.

Reed Tuckson, is a graduate of Howard University and Georgetown University School of Medicine. Dr. Tuckson currently is senior vice president of Consumer Health and Medical Care Advancement at UnitedHealth Group where he is responsible for working with all of the company's business units to improve the quality and efficiency of health services. Formerly, Dr. Tuckson served as senior vice president, Professional Standards, for the American Medical Association (AMA). He is former president of the Charles R. Drew University of Medicine and Science in Los Angeles; has served as senior vice president for Programs of the March of Dimes Birth Defects Foundation; and is a former commissioner of Public Health for the District of Columbia. Dr. Tuckson is an active member of the Institute of Medicine of the National Academy of Sciences and served as the chairperson of its Quality Chasm Summit Committee and a member on their Committee on the Consequences of the Uninsured. Currently, he serves as chair of the Secretary of Health and Human Services' Advisory Committee on Genetics, Health and Society. Dr. Tuckson also has held other federal appointments, including cabinet level advisory committees on health reform, infant mortality, children's health, violence, and radiation testing.

Bruce C. Vladeck is a principal with Ernst & Young's Health Sciences Advisory Services, and is the East Coast Director for the firm's Academic Medical Center (AMC) service line. Dr. Vladeck is focused on the development and delivery of services to assist AMCs with complex issues related to clinical and enterprise risk management, compliance, finance, and capital planning. Prior to joining E&Y, Dr. Vladeck was Professor of Health Policy and Geriatrics at the Mount Sinai School of Medicine in New York. He is a member of the New York City Board of Health, chairman of the Board of Directors of the Primary Care Development Corporation, and a trustee the March of Dimes Birth Defects Foundation. From 1993 through 1997, Dr. Vladeck was administrator of the Health Care Financing Administration (HCFA). Subsequent to his service at HCFA, Dr. Vladeck was appointed by President Clinton to the National Bipartisan Commission on the Future of Medicare. Before joining the federal government, Dr. Vladeck served ten years as President of the United Hospital Fund of New York. He also held positions on the faculty of Columbia University and the Robert Wood Johnson Foundation; from 1979 through 1982 he was assistant commissioner of the New Jersey State Department of Health. At the Institute of Medicine of the National Academy of Sciences, to which he was elected in 1986, Dr. Vladeck chaired the Committee on Health Care for Homeless People. Among many other honors and awards, Dr. Vladeck received the 1995 National Public Service Award and the 2005 Robert M. Ball Award of the National Academy of Social Insurance. He received his Bachelor of Arts degree (*magna cum laude*) from Harvard College; and Master of Arts and Ph.D. degrees in Political Science from the University of Michigan.

Gail Wilensky, an economist and a senior fellow with Project HOPE, analyzes and develops policies relating to health care reform and to ongoing changes in the health care environment. Dr. Wilensky is a commissioner on the WHO's Commission On the Social Determinants of Health, an elected member of the Institute of Medicine of The National Academies and its Governing Council; vice chair of the Maryland Health Care Commission; and serves as a trustee of the Combined Benefits Fund of the United Mineworkers of America, the American Heart Association and the National Opinion Research Center. Dr. Wilensky is an advisor to the Robert Wood Johnson Foundation and the Commonwealth Fund, immediate past chair of the Board of Directors of Academy Health and is a director on several corporate boards. From 1990 – 1992, she was administrator of the Health Care Financing Administration, directing the Medicare and Medicaid programs. She also served as deputy assistant to

President George Herbert Walker Bush for Policy Development, advising him on health and welfare issues from 1992 to 1993. From 1997 to 2001, Dr. Wilensky chaired the Medicare Payment Advisory Commission, which advises Congress on payment and other issues relating to Medicare; and from 1995 to 1997, she chaired the Physician Payment Review Commission. From 2001 to 2003, she co-chaired the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans, which covered health care for both veterans and military retirees. Dr. Wilensky testifies frequently before Congressional committees, acts as an advisor to members of Congress and other elected officials, and speaks nationally and internationally before professional, business and consumer groups. She received a bachelor's degree in psychology and a Ph.D. in economics at the University of Michigan.