

## SPEAKER BIOGRAPHIES

### **Medicare at 50: Issues and Future Directions**

Dirksen Senate Office Building, Room G50

Friday, May 15, 2015

**KAREN DAVIS** is the Eugene and Mildred Lipitz Professor in the Department of Health Policy and Management and director of the Roger C. Lipitz Center for Integrated Health Care at the Bloomberg School of Public Health at Johns Hopkins University. The center strives to discover and disseminate practical, cost-effective approaches to providing comprehensive, coordinated, and compassionate health care to chronically ill people and their families. Dr. Davis has served as president of The Commonwealth Fund, chairman of the Department of Health Policy and Management at The Johns Hopkins Bloomberg School of Public Health, and deputy assistant secretary for health policy in the Department of Health and Human Services. In addition, she was a senior fellow at the Brookings Institution in Washington, D.C., a visiting lecturer at Harvard University and an assistant professor of economics at Rice University. She received her Ph.D. in economics from Rice University. Dr. Davis also serves on the board of directors of the Geisinger Health System and Geisinger Health Plan and on the board of trustees of ProMedica Health System in Ohio. She is a member of the Kaiser Commission on Medicaid and the Uninsured. She was elected to the Institute of Medicine in 1975, has served two terms on the IOM governing Council (1986-90 and 1997-2000), and was a member of the IOM Committee on Geographic Variation in Health Care Spending. She is also a former member of the Agency for Healthcare Quality and Research (AHRQ) National Advisory Council for Health Care Policy, Research and Evaluation, of the Panel of Health Advisers for the Congressional Budget Office, and a past chairman of AcademyHealth from whom she received a Distinguished Investigator Award. She has received numerous awards, including the Baxter-Alliance Foundation Prize for Health Services Research, the Healthcare Financial Management Association Board of Directors Award, and the Health Research and Educational Trust TRUST award. She is a fellow of the American Academy of Arts and Sciences, and an honorary fellow of the American College of Healthcare Executives and the Royal College of Physicians. In 2014, she was invited to join Senator Ben Cardin's Health Advisory Group.

**RICHARD GILFILLAN** is president and CEO of Trinity Health, the \$13.6 billion Catholic health system that serves communities in 21 states with 85 hospitals, 128 continuing care facilities and home health and hospice programs that provide more than 2.8 million visits annually. Dr. Gilfillan has been a leader in U.S. health care for more than 25 years, building successful organizations in the for-profit and not-for-profit sectors to deliver better outcomes for people and communities. As the first director of the Center for Medicare and Medicaid Innovation (CMMI), he launched the Center in 2010 and worked quickly with payers and providers to develop innovative models for improving patient care and reducing costs. Prior to his appointment at CMMI, Dr. Gilfillan was president and CEO of Geisinger Health Plan and executive vice president of insurance operations for Geisinger Health System, a large integrated health system in Pennsylvania. Previously, he was the senior vice president for national network management of Coventry Health Care. He also held earlier executive positions at Independence Blue Cross. Dr. Gilfillan began his career as a family medicine physician and later became a medical director and a chief medical officer. He earned his undergraduate and medical degrees from Georgetown University and an MBA from the Wharton School of the University of Pennsylvania.

*(over)*

**STUART GUTERMAN** is vice president for Medicare and Cost Control at The Commonwealth Fund. He leads the Fund's special initiative on Advancing Medicare, which supports analysis of data and development of policies to improve Medicare as a source of coverage for aged and disabled Americans, as a program that accounts for a large share of federal health spending, and as a platform for implementation and testing of new approaches to payment and health care delivery. He also staffs the Fund's special initiative on Controlling Health Costs, which focuses on identifying and addressing the drivers of health care spending, as well as several other Fund programs. Mr. Guterman was executive director of The Commonwealth Fund's Commission on a High Performance Health System from 2011 to 2013, and previously directed the Fund's Program on Payment and System Reform and its Program on Medicare's Future. Before coming to the Fund in 2005, he directed the Office of Research, Development, and Information at the Centers for Medicare and Medicaid Services. Prior to that, he was a senior analyst at the Congressional Budget Office, a principal research associate in the health policy center at the Urban Institute, and deputy director of the Medicare Payment Advisory Commission (and its predecessor, the Prospective Payment Assessment Commission) from 1988 through 1999. Previously, Mr. Guterman was chief of institutional studies in the Health Care Financing Administration's Office of Research, where he directed the evaluation of the Medicare Prospective Payment System for inpatient hospital services and other intramural and extramural research on hospital payment. He holds an A.B. in Economics from Rutgers College and an M.A. in Economics from Brown University, and did further work toward the Ph.D. in Economics at the State University of New York at Stony Brook.

**SAMUEL NUSSBAUM** is executive vice president, clinical health policy, and chief medical officer for Anthem, Inc. He is the key spokesperson and policy advocate for Anthem and is responsible for the company's public health policy programs. He oversees corporate medical and pharmacy policy and clinical quality programs to ensure the provision of proven effective care. Dr. Nussbaum also has responsibility for HealthCore, Anthem's clinical outcomes research subsidiary. Dr. Nussbaum collaborates with industry leaders, physicians, hospitals and national policy and health care organizations to shape an agenda for quality, safety and clinical outcomes and to improve patient care for Anthem's 37 million medical members nationwide. In the decade that Dr. Nussbaum has served as chief medical officer at Anthem, he has led business units focused on care and disease management and health improvement, and provider networks and contracting with accountability for over \$100B in health care expenditures. Dr. Nussbaum currently serves on the Boards of the OASIS Institute, NEHI, BioCrossroads, an Indiana-based public-private collaboration that advances and invests in the life sciences, and America's Agenda. He serves as chair of the Centers for Education & Research on Therapeutics (CERTs) Steering Committee (cooperative agreement between AHRQ and FDA), and has participated in numerous Institute of Medicine activities, including serving on the Roundtable on Value & Science-Driven Health Care. Prior to joining Anthem, Dr. Nussbaum served as executive vice president of BJC Health Care, where he led integrated clinical services across the health system and served as president of its medical group. He led a program in basic and clinical research at Harvard Medical School and Massachusetts General Hospital, where he directed the Endocrine Clinical Group. Dr. Nussbaum is a Professor of Clinical Medicine at Washington University School of Medicine and serves as adjunct professor at the Olin School of Business.