



## Bios

**Andrew Baskin, MD**, is Aetna's national medical director for quality performance, reporting directly to the Chief Medical Officer. He is responsible for initiatives to measure and improve quality of care, measurement implementation and public reporting, health plan accreditation, the collection and reporting for HEDIS, and the establishment of performance based networks. Additionally, he partners with others to help establish programs that create incentives for more effective and efficient care, influence and assure compliance with healthcare reform regulations, develop products to improve affordability and quality of care, and promote payment reform. Prior to this role, Dr. Baskin served in various medical director roles at Aetna. Prior to joining Aetna in 1998, he practiced as a primary care internal medicine/geriatrics physician in the Philadelphia suburbs. Dr. Baskin is currently a member of the NQF Consensus Standards Approval Committee (CSAC), NCQA's Committee on Performance Measurement, NCQA's Standards Committee, and AQA Steering Committee.

**Robert A. Berenson, MD**, is an institute fellow at The Urban Institute. From 1998 to 2000, he was in charge of Medicare payment policy and private health plan contracting in the Centers for Medicare and Medicaid Services (CMS). Previously, he served as an assistant director of the Carter White House domestic policy staff and recently was a member of the Obama transition team. Effective July 2009, Dr. Berenson became a commissioner of the Medicare Payment Advisory Commission (MedPAC) and was named vice-chair in 2010. Dr. Berenson is a board-certified internist who practiced for 20 years, the last 12 in a Washington, DC, group practice. He was coauthor, with Walter Zelman, of *The Managed Care Blues & How to Cure Them*, and, with Rick Mayes, of *Medicare Payment Policy and the Shaping of U.S. Health Care*. He publishes frequently in medical and health care journals including the *New England Journal of Medicine*, the *Journal of the American Medical Association*, and *Health Affairs*. Berenson received his MD from Mount Sinai School of Medicine.

**Áron Boros** serves as the first executive director of the Massachusetts Center for Health Information and Analysis. CHIA was established in 2012 as an independent state agency that collects health care cost and quality information and provides objective analysis of this data to assist in the formulation of health care policy and the improvement of the health care system. CHIA compiles annual reports on the cost and quality of care and the performance of the Massachusetts health care system, manages the state's all-payer claims database, and monitors the financial performance of hospitals. CHIA also maintains a consumer health information website to enhance the transparency of the quality and cost of health care services in the Commonwealth. Prior to joining CHIA, Mr. Boros worked at the Massachusetts Office of Medicaid as the director of federal finance. Before entering public service, Mr. Boros was an attorney at Boston law firm Foley Hoag. He received his JD and master's in public policy from the University of Michigan at Ann Arbor.

**Helen Burstin, MD, MPH, FACP,** is the Senior Vice President for Performance Measurement of The National Quality Forum (NQF), a private, not-for-profit membership organization established in 1999 to develop and implement a national strategy for healthcare quality measurement and reporting. Dr. Burstin is responsible for the NQF Consensus Development Process, including the evaluation and endorsement of performance measures and the transition to electronic performance measurement. Prior to joining NQF, Dr. Burstin was the Director of the Center for Primary Care, Prevention, and Clinical Partnerships at the Agency for Healthcare Research and Quality (AHRQ). Prior to joining

AHRQ, Dr. Burstin was an Assistant Professor at Harvard Medical School and the Director of Quality Measurement at Brigham and Women's Hospital. Dr. Burstin is the author of over 80 articles on quality and disparities. She chairs the Quality Measures Workgroup of the HHS Health IT Policy Committee. Dr. Burstin is a Professorial Lecturer in Health Policy at the George Washington School of Public Health and Health Services and an Associate Clinical Professor of Medicine at the George Washington University Department of Medicine.

**Andréa Caballero** is the program director for Catalyst for Payment Reform (CPR), an independent non-profit corporation working on behalf of large purchasers to promote higher-value health care. She comes to CPR with over 15 years of experience in the health care industry. At CPR, Ms. Caballero leads several significant projects including the release of the first ever National Scorecard on Payment Reform, and a National Compendium on Payment Reform. She has created tools for purchasers to evaluate transparency tools, a well-used action brief, a report card on state price transparency laws, and a very public call to action to providers and plans to deliver greater price transparency. Prior to joining CPR, Ms. Caballero served as a vice president at UnitedHealth Group, one of the nation's largest health and well-being companies. In that capacity, she worked on a range of health care policy issues at the state and federal levels. Ms. Caballero was previously a member of PacifiCare's public affairs team as the director of state government relations and was a regional legislative manager at Humana.

**Janet Campbell** is a software developer at Epic, which creates enterprise medical records for mid-size and large medical groups, hospitals, and integrated healthcare organizations. In her eleven years at Epic, Janet has led the creation of several successful products: Stork Obstetrics module, Lucy personal health record, and MyChart Bedside shared record for hospitalized patients. She represents Epic in national conversations on interoperability, usability, meaningful use, and patient engagement. She is Vice Chair of the Electronic Health Record Association's Clinical Experience Workgroup. Her most recent project is open.epic, a plug & play initiative to integrate outside mobile health apps and other innovations with Epic. A native of Kentucky, Janet graduated with a BA in computer science from Carleton College in Northfield, Minn. She currently lives in Madison, Wisconsin.

**Robert S. Canterman** is an attorney in the health care division of the Federal Trade Commission's Bureau of Competition. He leads and participates in antitrust conduct and merger investigations and litigation involving physicians, hospitals, pharmaceutical companies, and other health care organizations. Mr. Canterman also works on antitrust issues relating to Accountable Care Organizations and did a detail to the Centers for Medicare and Medicaid Services to provide assistance in developing the Shared Savings Program regulations. He also is responsible for providing health care industry guidance under the health care division's advisory opinion program. Before starting at the Commission in 2001, he was a counsel at Crowell & Moring LLP in Washington, DC, where he represented clients in the health care industry on antitrust and

regulatory matters. Prior to that, Mr. Canterman was a principal at Michaels & Bonner, PC, and an associate at Proskauer Rose LLP, in Washington, DC. Mr. Canterman received his JD, *cum laude*, from American University, MBA from the American Graduate School of International Management, and BA, *magna cum laude*, from Dickinson College.

**Lawrence Casalino, MD, PhD**, is the Livingston Farrand Professor of Public Health and Chief of the Division of Health Policy and Economics in the Department of Healthcare Policy and Research at Weill Cornell Medical College. Previously, he worked for 20 years as a full-time family physician in private practice, obtained a PhD in health services research at the University of California (UC), Berkeley, and served as a tenured faculty member at the University of Chicago. He has been a principal on the four national surveys of physician practices conducted from UC Berkeley and Weill Cornell Medical College. He is the recipient of an Investigator Award in Health Policy Research from the Robert Wood Johnson Foundation, has served on numerous national committees, as the Chair of the Academy Health Annual Research Meeting and as the John Fry Fellow at the Nuffield Trust in London. He has worked with the FTC on issues related to clinical integration.

**Patrick Courneya, MD**, is the medical director of HealthPartners Health Plan. HealthPartners is a top ranked member governed health plan and care delivery system based in Minnesota serving the needs of over a million patients and 1.5 million members. Dr. Courneya provides senior medical leadership in quality and utilization management,

health and medical management, customer-facing roles in the area of health initiatives, and provides visible medical leadership for customer business units and external entities. He also serves as medical director for virtuwell, HealthPartners' online convenience clinic. Dr. Courneya received his undergraduate degree from the University of St. Thomas, St. Paul, Minnesota and his medical degree from the University of Minnesota. He completed his family practice residency at Methodist Hospital in St. Louis Park, Minnesota in 1988 and remains board certified in that specialty. Before assuming his current position, Dr. Courneya served as medical leader in various roles at medical group, hospital, and health plan levels. He has had 24 years of experience in active clinical practice.

**Curtis L. Cole, MD, FACP**, is the chief information officer for Weill Cornell Medical College. He practices internal medicine at Weill Cornell Internal Medicine Associates at the New York Presbyterian Hospital. He is an associate professor of clinical medicine and public health. As CIO, he is responsible for the Wood Library, core IT infrastructure, software and web development groups, the user support organization, telephony, and enterprise applications including ERP and EMR. After medical school at Cornell he was a resident, then a clinical investigator in medical informatics at New York Hospital. He joined Cornell as the director of information services and later became the chief medical information officer. Dr. Cole has also worked with Dr. Rainu Kaushal to develop a certificate training program in medical informatics. His research has focused on payor-provider transactional

efficiency, terminology services, using the semantic web for research networking, patient safety, and patient portals.

**Jodi G. Daniel, JD, MPH**, has served as director in the Office of Policy and Planning, part of the Office of the National Coordinator for Health Information Technology (ONC), since October 2005. She is responsible for thought leadership, policy development, and identifying policy levers for health information technology activities. She leads ONC's regulatory activities to adopt standards and certification criteria for electronic health records and to establish a governance mechanism for nationwide health information exchange. Ms. Daniel developed HHS's foundational legal strategies for health IT, as the first senior counsel for health information technology in the Office of the General Counsel of HHS. She worked closely with CMS in the development of the e-prescribing standards regulations and the proposed Stark and anti-kickback rules regarding e-prescribing and electronic health records. Previously, Ms. Daniel played a central role in developing health information privacy policies and drafting the final HIPAA Privacy Rule and modifications, and the HIPAA Enforcement Rule. Ms. Daniel earned a law degree from Georgetown University and a master's in public health from Johns Hopkins University.

**Karen B. DeSalvo, MD, MPH, MSc**, is the national coordinator for health information technology and is a physician who has worked through her 20-year career toward improving access to affordable, high quality care for all people with a focus on vulnerable populations through her direct care, medical education and administrative

roles. Before coming to the Office of the National Coordinator for Health IT, she was the New Orleans Health Commissioner and New Orleans Mayor Mitchell Landrieu's senior health policy advisor. Following Hurricane Katrina, she created an innovative model of neighborhood-based primary care and mental health services for low-income, uninsured and other vulnerable individuals, and is the founder and president of 504HealthNet, a consortium of safety net providers in the New Orleans region. Dr. DeSalvo was recognized as one of "Women of Excellence in Health Care" by the Louisiana Legislative Women's Caucus and in 2013, *Governing Magazine* named Dr. DeSalvo one of nine Public Officials of the Year. She earned her medical doctorate and masters in public health from Tulane University, and masters in clinical epidemiology from Harvard School of Public Health.

**Gail Finley** is the vice president of rural health and hospitals with the Colorado Hospital Association (CHA). She is an advocate at both the state and federal level regarding health care delivery challenges and opportunities in rural and frontier settings. Ms. Finley currently serves on the Colorado Advance Directive Collaborative, is Co-Lead of the Colorado Action Coalition and a member of the National Rural Health Association's Rural Health Congress. Prior to joining CHA, Ms. Finley spent 10 years with the Colorado Department of Public Health and Environment where she led state licensure and certification functions for several licensure programs in the Health Facilities and Emergency Medical Services Division. Ms. Finley earned a

master in health services administration from the University of Washington and holds a BA in psychology from Adams State College.

**Nancy J. Gagliano, MD**, is the chief medical officer for MinuteClinic, and senior vice president of CVS Caremark. She joined MinuteClinic's executive team in May of 2010. She is responsible for the physician oversight, health system alliance, expansion of new services and clinics, as well as internal operations. MinuteClinic NPs and PAs see approximately 4 million patients annually at its 800+ locations. Previously, Dr. Gagliano served as the senior vice president of practice improvement at Massachusetts General Hospital where she oversaw ambulatory quality, service, operations improvement and integration of technology for MGH's 400 ambulatory practices. Dr. Gagliano worked at MGH for over 21 years. She is a board certified internist and a graduate of Harvard Medical School. She completed her internship and residency at Brigham and Women's Hospital. Dr. Gagliano's research and teaching efforts focused on developing physician leaders and integration of technology into the practice environment.

**Andrew I. Gavil** is the director of the Office of Policy Planning at the Federal Trade Commission, on leave from Howard University School of Law, where he has been a member of the faculty since 1989. He has written and spoken extensively in the United States and abroad on various aspects of antitrust law, policy, jurisdiction, and procedure. Mr. Gavil received his BA *magna cum laude* from Queens

College of the City University of New York, and his JD from Northwestern University School of Law, where he was a member of the Law Review.

**Martin Gaynor** is the director of the Bureau of Economics at the Federal Trade Commission. He is on leave from Carnegie Mellon University, where he is the E.J. Barone professor of economics and public policy. His research focuses on competition and antitrust policy in health care markets. He has written extensively on this topic, testified before Congress, and advised the governments of the Netherlands and the United Kingdom on competition issues in health care. Dr. Gaynor received his BA from the University of California, San Diego in 1977 and his PhD from Northwestern University in 1983.

**Daniel J. Gilman** is an attorney advisor in the FTC's Office of Policy Planning, where he works on competition issues in health care and technology markets. He helped draft the FTC Staff Report, *Broadband Connectivity Competition Policy*, and has published in journals such as the *Georgetown Law Journal*, *Oregon Law Review*, *American Journal of Law & Medicine*, *Journal of Health Care Law & Policy*, and the *Food & Drug Law Journal*. Mr. Gilman came to the FTC from the University of Maryland, where he was for two years a visiting professor of law. Before that, he was in private practice at Hogan & Hartson and an Olin Fellow and adjunct professor of law at Georgetown University, where he taught law and economics. Mr. Gilman earned an AB with distinction from Dartmouth College and a PhD from the University of Chicago, and taught bioethics, neuroscience, and the philosophy of science, at Penn State

University and Washington University, before attending law school. He holds a JD with honors from Georgetown, where he was awarded the John M. Olin Prize in Law and Economics and served as senior articles editor of the *Georgetown Law Journal*.

**Paul Ginsburg, PhD**, is Norman Topping chair in medicine and public policy at the University of Southern California. Continuing to be based in the Washington, DC area, he teaches graduate health administration courses and conducts health policy research. From 1995 through the end of 2013, he was president of the Center for Studying Health System Change (HSC). HSC conducted research about changes in organization, financing and delivery of care and their effects on people. Prior to his founding HSC, Ginsburg served as the founding executive director of the Physician Payment Review Commission (now the Medicare Payment Advisory Commission), as a senior economist at RAND, and as deputy assistant director at the Congressional Budget Office. He has given presentations on the evolution of health care markets, including cost trends and drivers, consumer driven health care, provider payment reform, future of employer-based health insurance and competition in health care. He has been named to Modern Healthcare's "100 Most Influential Persons in Health Care" eight times and received the first annual HSR Impact Award from AcademyHealth. He earned his doctorate in economics from Harvard University.

**Karen A. Goldman** is an attorney advisor in the FTC's Office of Policy Planning, where she has focused on competition issues involving health care and intellectual property.

She was one of the primary authors of the FTC's Report, *Authorized Generic Drugs: Short-Term Effects and Long-Term Impact*, and has published in both legal and scientific journals. Before joining the FTC, Ms. Goldman held a number of legal and scientific positions at the National Institutes of Health, the National Science Foundation, and the California Institute of Technology. She has also served as an adjunct professor at the Georgetown University Law Center. Ms. Goldman received her JD *cum laude* from Georgetown, and her PhD in Neurosciences from the University of California at San Francisco.

**Kate Goodrich, MD**, joined the Center for Medicare and Medicaid Services (CMS) in September of 2011 where she serves as director of the quality measurement and health assessment group in the Center for Clinical Standards and Quality (CCSQ). In this role, she oversees the implementation of 12 quality measurement and public reporting programs and partners with other CMS components on several other programs. Dr. Goodrich is a graduate of the Robert Wood Johnson Clinical Scholars Program at Yale University where she received training in health services research and health policy from 2008-2010. From 1998 to 2008, Dr. Goodrich was on faculty at the George Washington University Medical Center and served as division director for hospital medicine from 2005-2008. She continues to practice clinical medicine as a hospitalist and associate professor of medicine at George Washington University Hospital.

**Dan Haley** is athenahealth's vice president of government and regulatory affairs and assistant general counsel, responsible for all aspects of the company's interactions with government and government officials at the federal, state, and local levels. He is a frequent blogger, speaker, and commentator on health IT and related issues. Prior to joining athenahealth, Dan was a partner at a global law firm, where his practice focused on government and regulatory affairs, health IT, and complex commercial litigation. He has held senior positions in a number of statewide political campaigns, in Massachusetts state government, and at several federal political committees. Dan is a graduate of Middlebury College and Harvard Law School.

**Thomas R. Iosso, PhD**, is an economist with the Federal Trade Commission. He has worked extensively on the Commission's health-care activities. For example, for several years he coordinated support by economists in the physician-enforcement area. He also works broadly on other areas of antitrust. Previously, he has held positions such as Acting Deputy Assistant Director for Antitrust, Economist-Advisor to Chairman Jon Leibowitz, and Economist-Advisor to Commissioner Mozelle Thompson. As a part-time lecturer at Yale University, he taught several economics courses. He earned a BA from Colgate University and a PhD from Yale University.

**Morris M. Kleiner, PhD**, is a professor at the Humphrey School of Public Affairs, and he teaches at the Center for Human Resources and Labor Studies both at the University of Minnesota-Twin Cities. He is a

research associate in labor studies with the National Bureau of Economic Research in Cambridge, Massachusetts. He is currently also serving as a visiting scholar in the economic research department at the Federal Reserve Bank of Minneapolis. Professor Kleiner has been a professor at the University of Kansas, an associate in employment policy with the Brookings Institution, and a visiting scholar in the Harvard University economics department. He received a doctorate in economics from the University of Illinois. Professor Kleiner began his research on occupational licensing at the Department of Labor in 1976, while working for the Brookings Institution. He is the author of two books on occupational regulation. The first one is entitled *Licensing Occupations: Ensuring Quality or Restricting Competition?* and the second is *Stages of Occupational Regulation: Analysis of Case Studies*.

**Tara Isa Koslov** is deputy director of the FTC's Office of Policy Planning, a position she has held since March 2011. Her portfolio includes a broad range of competition and consumer protection issues, with a particular emphasis on health care topics. Ms. Koslov previously spent almost twelve years as an attorney advisor to three different FTC commissioners (focusing primarily on competition issues), and also worked in one of the agency's merger enforcement divisions, following several years in private practice. She completed a three-year term as editorial co-chair of the *Antitrust Law Journal*, having served on the editorial board for 15 years. Ms. Koslov earned her JD from Harvard Law School and an AB from Brown University.

**James Landman, JD, PhD**, is director, healthcare finance policy, perspectives and analysis, for the Healthcare Financial Management Association (HFMA). He is responsible for leading HFMA's thought leadership efforts, which have covered value creation, payment reform, accounting and financial reporting, price transparency, revenue cycle management, and many other areas that drive healthcare organizational high performance. Results of these initiatives are used by hospitals, rating agencies, regulatory agencies, congressional committees, accounting standard setting bodies, state hospital organizations, and other government and industry leaders. Mr. Landman started at HFMA in 2008. He holds a BA from Northwestern University, a JD from the University of Michigan Law School, and a PhD from the University of Minnesota, and was a 1993-94 United Kingdom Fulbright research fellow at Sidney Sussex College, University of Cambridge.

**Margaret Laws, MPP**, is director of the California HealthCare Foundation's (CHCF) Innovations for the Underserved program, which focuses on reducing barriers to efficient, affordable health care for the underserved by encouraging, testing, and promoting lower-cost models of care. Prior to joining CHCF, Laws was on the staff of the California Managed Care Improvement Task Force. Before that, she was a senior consultant and manager with Andersen Consulting (now Accenture), where she worked with clients including state health and human service agencies, and payer and provider organizations. Ms. Laws also has worked conducting research on trends in international

development funding for HIV/AIDS; for the International HIV/AIDS Alliance, providing technical assistance in program development and operations for nonprofits in developing countries; and as a consultant for the World Health Organization's Global Programme on AIDS. Ms. Laws received a bachelor's degree in English literature from Princeton University and a master's degree in public policy from Harvard University's John F. Kennedy School of Government.

**Mark B. McClellan, MD, PhD**, is a senior fellow and director of the Health Care Innovation and Value Initiative at the Brookings Institution. Within Brookings, his work focuses on promoting quality and value in patient centered health care. Dr. McClellan is a former administrator of the Centers for Medicare & Medicaid Services (CMS) and former commissioner of the U.S. Food and Drug Administration (FDA), where he developed and implemented major reforms in health policy. These include the Medicare prescription drug benefit, the FDA's Critical Path Initiative, and public-private initiatives to develop better information on the quality and cost of care. Dr. McClellan chairs the FDA's Reagan-Udall Foundation, is co-chair of the Quality Alliance Steering Committee, sits on the National Quality Forum's Board of Directors, is a member of the Institute of Medicine, and is a research associate at the National Bureau of Economic Research. He previously served as a member of the President's Council of Economic Advisers and senior director for health care policy at the White House, and was an associate professor of economics and medicine at Stanford University.

**Ateev Mehrotra, MD, MPH**, is an associate professor in the department of health care policy at Harvard Medical School. Dr. Mehrotra's research focuses on interventions to decrease costs and improve quality of care. Much of his work has focused on the effects that innovations in delivery, such as retail clinics and e-visits, have on quality, costs, and access to health care. He is also interested in the role of consumerism and whether price transparency and public reporting of quality can impact patient decision making. Dr. Mehrotra received his medical degree from the University of California, San Francisco and completed his residency in internal medicine and pediatrics at the Massachusetts General Hospital and Children's Hospital of Boston. In 2013, he received the Alice S. Hersh New Investigator Award from AcademyHealth for health services researchers early in their careers who show exceptional promise.

**Farzad Mostashari, MD**, is currently a visiting fellow at the Brookings Institution, where he is focusing on payment reform and delivery system transformation. He served from 2011-2013 as the national coordinator for health information technology where he coordinated US efforts to build a health information technology infrastructure. During his tenure at the Office of the National Coordinator, including his two years as principal deputy, he led the implementation of the Health IT for Economic and Clinical Health (HITECH) Act. He also collaborated with CMS on the design and implementation of the "meaningful use" incentive program, in addition to programs for health information exchange, health IT workforce, research, and privacy and security. Previously, Dr. Mostashari served at

the New York City Department of Health and Mental Hygiene as assistant commissioner for the Primary Care Information Project, where he co-lead agile development of population health management functionality within a commercial EHR. He conducted graduate training at the Harvard School of Public Health and Yale Medical School, and served his internal medicine residency at Massachusetts General Hospital.

**Danica Noble** is a competition attorney in the Northwest Regional Office of the FTC. She clerked for the Hon. Judge Darryl Dean Donohue in the U.S. Virgin Islands after graduating from Georgetown University Law Center in 2005. Danica joined the FTC Honors Attorney Program in 2006. In 2008, she earned the FTC's Stephen Nye Award. Danica works on a variety of competition issues including many health care cases. She was a part of the Commission's recent *St. Luke's* team. She is currently the Chair-elect for the Washington State Bar Association's Antitrust & Consumer Protection Section.

**Edith Ramirez** was sworn in as a Commissioner of the Federal Trade Commission in April 2010 and became Chairwoman of the FTC in March 2013. At the FTC, Chairwoman Ramirez has focused on promoting competition and innovation in the technology and healthcare sectors, protecting underserved communities from deceptive and unfair practices, and safeguarding consumer privacy. Before joining the FTC, Chairwoman Ramirez was a partner in the Los Angeles office of Quinn Emanuel Urquhart & Sullivan, LLP, where she litigated complex business disputes, including intellectual property, antitrust, unfair

competition, and advertising matters. She is a graduate of Harvard Law School, where she was an editor of the *Harvard Law Review*, and Harvard College.

**Karen S. Rheuban, MD**, currently serves as professor of pediatrics (pediatric cardiology), senior associate dean for continuing medical education and director of the UVA Center for Telehealth, at the University of Virginia. Dr. Rheuban is a fellow of the American College of Cardiology, the American Academy of Pediatrics, the American Telemedicine Association and she serves as a board member of the Center for Telemedicine Law. She chairs the board of Virginia Medicaid, the Virginia Telehealth Network and is past president of the American Telemedicine Association. Dr. Rheuban is a trustee of the Swinfen Charitable Trust, an international charity that supports the delivery of store forward telemedicine services to underserved patients through their providers. The UVA Telemedicine program supports clinical and educational services in more than 40 clinical specialties to patients and providers across a network of more than 120 sites in the Commonwealth of Virginia.

**Lisa A. Robin** is the Federation of State Medical Boards' (FSMB) chief advocacy officer and oversees the FSMB's Washington DC office. During her long tenure at the FSMB, Ms. Robin has been active in policy analysis, development and promulgation on issues including license portability, telemedicine, pain and addiction policy, professional conduct and ethics, and internet prescribing. She represents the position of state medical boards to Congress and the Administration and supports individual boards

in achieving their state legislative agendas. In her current position, she oversees the FSMB's education services, federal and state legislative and policy services, and public affairs. She also provides support to the FSMB Foundation and its grant programs. Ms. Robin earned her bachelor's and master's degrees from Texas Christian University in Fort Worth, Texas.

**Patrick S. Romano, MD, MPH, FACP, FAAP**, is Professor of Medicine and Pediatrics and senior faculty in the Graduate Groups in Epidemiology, Public Health, Clinical Research, and Nursing Science and Health Care Leadership at the University of California (UC) Davis. He is a graduate of Princeton University, Georgetown University School of Medicine, and the UC Berkeley School of Public Health. He completed training in internal medicine and pediatrics at University Hospitals of Cleveland, followed by fellowship training in health services research at UC San Francisco. His research interests include developing, testing, and validating health care quality measures, using outcomes data to improve the quality and effectiveness of health care, and studying the role of physicians and nurses in optimizing quality and safety. Over the past 22 years, he has written or co-written nearly 150 peer-reviewed papers and provided technical assistance to many agencies involved in measuring or reporting on health care quality. Effective April 2014, he also serves as co-Editor in Chief of Health Services Research, an official journal of AcademyHealth.

**Lee B. Sacks, MD**, has served as executive vice president, chief medical officer since 1997 and is responsible for clinical support services, information systems, risk

management/insurance, research and medical education and clinical laboratory services at Advocate Health Care. He also serves as CEO of Advocate Physician Partners (APP), the clinically integrated network with 4,000 physicians that serves 550,000 attributable lives. Modern Health Care recognized APP as the nation's largest ACO in 2013. He completed his undergraduate work at the University of Pennsylvania, earning a BS in chemical engineering. He received his medical degree from the University of Illinois, College of Medicine, completed a family practice residency and then provided patient care for thirteen years in suburban Chicago. Dr. Sacks was the recipient of the 2009 Institute of Medicine Chicago/CQPS Ortho S. A. Sprague Memorial Institute Recognition Award in Patient Safety and the 2010 American Academy of Family Physicians Robert Graham Physician Executive of the Year Award.

**Barbara J. Safriet, JD, LL.M.**, served as associate dean for academic affairs and lecturer in law at Yale Law School from 1988 to 2007. In addition to her academic administrative duties, she taught seminars on health law & policy and the regulation of health care providers. She is currently teaching as a visiting professor of health law at Lewis & Clark Law School in Portland, Oregon. She has served as a member of The Pew Health Professions Commission, and its Taskforce on Health Care Workforce Regulation. Professor Safriet has published and lectured extensively on topics of administrative and constitutional law, issues of health care professionals' licensure and regulation, and health care workforce problems. Her publications include *Federal Options for Maximizing the Value of Advanced Practice Nurses in Providing Quality, Cost-Effective Health Care*

(2010) and *Changes to Healthcare Professionals' Scope of Practice: Legislative Considerations* (2006). She earned a BA in economics from Goucher College, a JD from the University of Maryland School of Law and a master of law degree from Yale Law School.

**Gary H. Schorr** is an attorney in the health care division of the Federal Trade Commission's Bureau of Competition, where he has conducted and supervised numerous investigations involving mergers and potentially anticompetitive actions by health professionals, hospitals, pharmaceutical firms, and other health care sector participants. Mr. Schorr also focuses on antitrust issues involving Accountable Care Organizations. Last year, he spent six months on detail to the Center for Medicare and Medicaid Innovation (CMMI) to assist with CMMI's development and implementation of various accountable care initiatives, and to analyze and provide guidance on antitrust issues related to CMMI's programs. While at the FTC, Mr. Schorr has litigated cases in Federal District Court and before Administrative Law Judges. Mr. Schorr has conducted training seminars on investigative techniques and antitrust issues for Federal Trade Commission staff, Offices of State Attorneys General, and international antitrust authorities. He is a 1987 graduate of Boston University School of Law and has been with the Federal Trade Commission since 1989.

**Patricia Schultheiss** is an attorney advisor in the FTC's Office of Policy Planning. Since she joined the FTC in 1980, she has served in many capacities, including as an advisor to the director of the Bureau of Consumer Protection, and as an attorney advisor for

antitrust to two commissioners. Throughout her career, Ms. Schultheiss has worked on a variety of investigations and projects involving the health care and pharmaceutical industries. She was a contributing author to the 2004 FTC/DOJ Report: *Improving Health Care: A Dose of Competition*, and the 2005 FTC Report: *Pharmacy Benefit Managers: Ownership of Mail-Order Pharmacies*. From March 1987 to June 1990, Ms. Schultheiss served as in-house counsel and director of policy for the American Pharmacists Association. During this time, she also taught business law at the George Washington University School of Government and Business Administration. Ms. Schultheiss received her BA *summa cum laude* from The State University College of New York at Oneonta, and her JD *magna cum laude* from Rutgers University School of Law-Newark, where she was editor-in-chief of the *Women's Rights Law Reporter*.

**Shoshanna Sofaer, DrPH**, is the Robert P. Luciano Professor of Health Care Policy at the School of Public Affairs, Baruch College, City University of New York (CUNY). She also serves on the faculty of the CUNY Graduate Center, in their doctoral program in public health. Dr. Sofaer's major research and policy interests include patient engagement, patient-centered care, public deliberation to guide health policy, comparative health care quality and cost reporting for low literate and vulnerable populations, quality measurement, the Medicare program, improving health care for older adults and people with disabilities, tobacco control, the use of multi-stakeholder coalitions to improve population health and health care delivery, and health insurance coverage for low income people. A member

of AcademyHealth's Board of Directors and Methods Council, Dr. Sofaer has over 60 publications in peer-reviewed journals and has completed over 40 research projects.

**Joanne Spetz, PhD**, is a professor at the Institute for Health Policy Studies and in the department of family and community medicine and the School of Nursing at the University of California, San Francisco (UCSF). She is the associate director for research strategy at the UCSF Center for the Health Professions and the Director of the UCSF Health Workforce Research Center. Her fields of specialty are labor economics, public finance, and econometrics. She has led research on the health care workforce, organization of the hospital industry, impact of health information technology, effect of medical marijuana policy on youth substance use, and quality of patient care. Ms. Spetz is a member of the Institute of Medicine Standing Committee on Credentialing Research in Nursing. She received her PhD in economics from Stanford University after studying economics at the Massachusetts Institute of Technology. She is an honorary fellow of the American Academy of Nursing.

**Steven J. Stack, MD**, an emergency physician residing in Lexington, Ky., was first elected to the American Medical Association (AMA) Board of Trustees (BOT) in June 2006. Board-certified in emergency medicine, Dr. Stack currently practices in Lexington and surrounding central Kentucky. Dr. Stack has served as medical director of multiple emergency departments and is the first emergency medicine board-certified physician to serve on the AMA-BOT. Dr. Stack has been chair of the AMA's Health Information

Technology Advisory Group from 2007 to 2013. He has also served on multiple federal advisory groups for the Office of the National Coordinator for Health Information Technology (ONC). A member of its board of directors since 2011, Dr. Stack is currently the secretary of eHealth Initiative, a non-profit association committed to improving health care through the advancement of health IT. Born and raised in Cleveland, Dr. Stack graduated *magna cum laude* from the College of the Holy Cross in Worcester, Mass., where he was a Henry Bean Scholar for classical studies. He completed his medical school and emergency medicine residency training at the Ohio State University.

**Micky Tripathi, PhD**, is the president & CEO of the Massachusetts eHealth Collaborative (MAeHC), a non-profit collaboration of Massachusetts payer, provider, and purchaser organizations. He is also co-chair of the information exchange working group and the privacy and security tiger team of the Health Information Technology Policy Committee, a director of the eHealth Initiative, a national health information technology education organization, and a director of the New England Health Exchange Network, a Massachusetts-based HIE collaboration. Prior to joining MAeHC, Mr. Tripathi was a manager at the Boston Consulting Group. While there, he served as the founding president and CEO of the Indiana Health Information Exchange, an Indianapolis-based non-profit state-wide health information services company. He holds a PhD in political science from the Massachusetts Institute of Technology, a MA in public policy from Harvard University, and an AB in political science from Vassar College.

**Christine L. White, JD, MPH**, is an attorney in the Northeast Regional Office of the Federal Trade Commission, located in New York, NY, where she focuses on antitrust enforcement, including merger and conduct enforcement, in the healthcare industry. Ms. White joined the FTC in August 2010. Previously, she was a partner in the antitrust and health law groups of Crowell & Moring LLP, Bingham McCutchen LLP, and McDermott Will & Emery LLP. Ms. White co-authored *Antitrust and Healthcare: A Comprehensive Guide*, published by the American Health Lawyers Association in June 2013. She has been active for many years in both the American Health Lawyers Association, where she currently is the chair of the antitrust practice group, and the antitrust section of the American Bar Association. She holds a JD and an MPH from Boston University and a BA *cum laude* from Wellesley College.

**John P. Wiegand** is an attorney in the San Francisco office of the Federal Trade Commission. He practices antitrust law, primarily in the health care and telecommunications industries. He has been involved in several health care matters that have resulted in litigation, including hospital merger and physician price fixing cases. He was part of the Commission's trial team in *North Texas Specialty Physicians*. Mr. Wiegand has addressed policy issues relating to the application of the antitrust laws to the health care and telecommunications industries in both published articles and speeches. He has co-authored six Commission-authorized public comments on competition issues in the telecommunications industry. In the 2003 FTC/DOJ Hearings on Health Care and Competition Law and Policy, he served as both a moderator and a presenter. He has received the FTC's Paul Rand Dixon Award for Legal and Economic

Analysis. He earned his JD in 1985 from the University of Illinois and his AB in 1982 in economics from the University of Chicago.

**Stephanie A. Wilkinson** is an attorney advisor in the FTC's Office of Policy Planning (OPP). Significant projects for Ms. Wilkinson during her tenure in OPP include contributing to the FTC-DOJ Statement of Antitrust Enforcement Policy Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program, organizing a public workshop on Competition and Consumer Protection Issues in the Pet Medications Industry, and analyzing several health care state action advocacy matters. Ms. Wilkinson joined the FTC in 2001, and before joining OPP, she served as a staff attorney in the Bureau of Competition, where she investigated mergers involving a range of industries including pharmaceuticals, hospitals, medical devices, laboratory services, high technology, and chemicals. Ms. Wilkinson earned her JD from William and Mary School of Law in 2001 and a BA from Vanderbilt University in 1996.

**Erika Wodinsky** is an attorney in the Federal Trade Commission's Western Regional Office in San Francisco. She started her career in the FTC's Bureau of Competition in Washington, D. C., specializing in health care antitrust matters before moving to San Francisco in 1983. Ms. Wodinsky then served as Assistant Regional Director between 1991 and 2008, overseeing antitrust investigations and litigation for the Western Region. Currently, she divides her time between antitrust matters (focusing primarily on health care) and consumer protection investigations. Ms. Wodinsky earned her JD from the University of California at Berkeley School of Law in 1979, and her AB from Pomona College in 1976.