



2005 10th Anniversary 2015



A DECADE OF TRANSFORMING THE HEALTH CARE COST DISCUSSION FROM 'HOW MUCH' TO 'HOW WELL'



OCTOBER 7, 2015
ANN ARBOR, MI

WELCOME

On behalf of the University of Michigan Center for Value-Based Insurance Design, we welcome you to Ann Arbor and the 10th Anniversary V-BID Summit: A Decade of Transforming the Health Care Cost Discussion from 'How Much' to 'How Well.'

Over the last 10 years, the Center has made strides in advancing our mission to expand clinically nuanced V-BID options throughout public and private benefit plan offerings so that consumers, providers, and payers are able to achieve the best health outcomes and attain the highest value care for the money spent.

Today, stakeholders from across the healthcare spectrum have come together to address the opportunities and challenges in aligning payment reform and consumer engagement as they apply to timely health care transformation initiatives including Medicare Advantage, high deductible health plans, and state health reform.

Your diverse expertise will drive the discussion as we pursue the dual objectives of enhanced care quality and cost-containment across these initiatives, and the resulting information gleaned from this engaging dialogue promises to shape our work in the upcoming year.

We are gratified by your participation and commitment to changing the health care cost discussion from "how much" to "how well." As always, we hope today's conversation promotes innovative ideas and establishes new and productive relationships.

Regards,



A. Mark Fendrick, M.D.



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AGENDA

Welcome and Opening Remarks

8:15-8:30 am

SESSION 1

INCORPORATING CLINICAL NUANCE INTO MEDICARE ADVANTAGE

8:30-10 am

Michael Chernew, Harvard University

Jeanne Madden, Northeastern University

Stacy Sanders, Medicare Rights Center

Nicholas Uehleke, Ways & Means Committee, US House of Representatives

Moderator: **Clifford Goodman**, Lewin Group

Break

10-10:15 am

SESSION 2

CREATING CONSUMER DIRECTED PLANS WITH SMARTER DEDUCTIBLES

10:15-11:45 am

Sara Collins, The Commonwealth Fund

Richard Feifer, Aetna

Ateev Mehrotra, Harvard Medical School

Lydia Mitts, Families USA

Katy Spangler, American Benefits Council

Moderator: **Clifford Goodman**, Lewin Group

Networking Lunch

11:45-1 pm

SESSION 3

MOVING STATES FROM VOLUME TO VALUE

1-2:30 pm

William Hazel, Secretary of Health and Human Services, Commonwealth of Virginia

Frances Jensen, Deputy Director, State Innovations Group, CMMI

Karen Murphy, Secretary of Health, State of Pennsylvania

Joe Thompson, Former Surgeon General, State of Arkansas

Moderator: **Clifford Goodman**, Lewin Group

Break

2:30-2:45 pm

SESSION 4

ALIGNING PAYMENT REFORM & CONSUMER ENGAGEMENT

2:45-4:15 pm

Gary Bacher, Healthsperien

Chris Dawe, Evolent Health

Suzanne Delbanco, Catalyst for Payment Reform

Larry McNeely, National Coalition on Health Care

Moderator: **Clifford Goodman**, Lewin Group

Closing Remarks

4:15-4:30 pm

PRESENTERS



Gary Bacher serves as Co-Director of the Smarter Health Care Coalition and is the Founding Member of Healthspieren, LLC a growing and innovative health care consulting and legal services firm. He brings well over a decade of leadership in health care, operating at the intersection of public policy, law, regulatory affairs, and business development. He has specific expertise in managed and organized systems of care, Medicare and Medicaid, and health care reform. He focuses on strategic and creative problem solving and innovation, and as of late has been particularly focused on health system transformation, including the creation of health care exchanges and the

integration of care delivery and payment models across acute, post-acute, and long-term care settings. Through his work with the Coalition, Healthspieren, a nationally ranked Washington, D.C., law firm, premier health care trade association, and one of the nation's leading health care companies, Gary has become a recognized national expert on health care reform, working with a wide range of health plans, providers, employers, state-based exchanges, and governmental organizations. He has also served as a policy and legal adviser on a broad range of issues, including fraud and abuse, antitrust, HIPAA, government payment systems, and FDA rules and regulations. Gary holds a JD from Stanford Law School, an MPA from Princeton University's Woodrow Wilson School, and a Bachelors' degree from Georgetown University's School of Foreign Service. He is admitted to the District of Columbia and New York Bars.



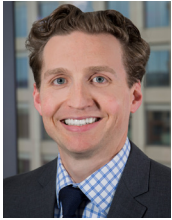
Michael Chernew, PhD, is the Leonard D. Schaeffer Professor of Health Care Policy and the Director of the Healthcare Markets and Regulation (HMR) Lab in the Department of Health Care Policy at Harvard Medical School. Dr. Chernew's research activities focus on several areas, most notably the causes and consequences of growth in health care expenditures, payment reform, and Value-Based Insurance Design (V-BID). Dr. Chernew is a member of the Congressional Budget Office's Panel of Health Advisors and of the Institute of Medicine Committee on National Statistics. Dr. Chernew is the former Vice Chair of the Medicare Payment Advisory Commission,

which is an independent agency established to advise the U.S. Congress on issues affecting the Medicare program. In 2000, 2004 and 2011, he served on technical advisory panels for the Center for Medicare and Medicaid Services that reviewed the assumptions used by the Medicare actuaries to assess the financial status of the Medicare trust funds. In April 2015, Massachusetts Governor Charlie Baker appointed Dr. Chernew to the Massachusetts Health Connector Board of Directors. Dr. Chernew is Research Associate of the National Bureau of Economic Research. He currently serves as Co-Editor of the American Journal of Managed Care and Editor for the Journal of Health Economics. In 2010, Dr. Chernew was elected to the Institute of Medicine of the National Academy of Sciences and served on the Committee on the Determination of Essential Health Benefits. Dr. Chernew earned his undergraduate degree from the University of Pennsylvania and a doctorate in Economics from Stanford University.



Sara Collins, PhD, is Vice President of the Health Care Coverage and Access program at The Commonwealth Fund. An Economist, Dr. Collins joined the Fund in 2002 and has led the Fund's national program on health insurance since 2005. Since joining the Fund, Dr. Collins has led several national surveys on health insurance and authored numerous reports, issue briefs and journal articles on health insurance coverage and policy. She has provided invited testimony before several Congressional committees and subcommittees. Prior to joining The Commonwealth Fund, Dr. Collins

was the Associate Director/Senior Research Associate at the New York Academy of Medicine, Division of Health and Science Policy. Earlier in her career, Dr. Collins was an associate editor at U.S. News & World Report, a senior economist at Health Economics Research, and a senior health policy analyst within the New York City Office of the Public Advocate. She holds an A.B. in Economics from Washington University and a Ph.D. in Economics from George Washington University.



Chris Dawe is the Managing Director of Policy and Transformation at Evolent Health, a leading provider of value-based care solutions to health systems and physicians. Chris leads teams that work with Evolent's health system partners to design, build and operate successful value-based businesses. Chris also currently serves on the boards of the Health Care Transformation Task Force and the National Coalition on Health Care. Prior to joining Evolent, Chris was the Health Care Policy Advisor at the National Economic Council at the White House. In his role, he coordinated the implementation of the Affordable Care Act (ACA) for President Obama's

economic team, with a particular focus on health system improvement and health issues in the federal budget debate. Previously, Chris served as the Director of Delivery System Reform at the US Department of Health and Human Services, where he coordinated the implementation of the elements of the ACA that seek to foster the delivery of higher quality, more affordable health care. Before joining the Administration, Chris served as a Professional Staff Member at the Senate Finance Committee for Chairman Max Baucus of Montana. During his tenure at the Finance Committee, he was responsible for issues relating to Medicare payment and delivery system reform, health information technology, patient-centered outcomes research, and care coordination and quality improvement, including the creation of key elements of the ACA and HITECH Act such as Accountable Care Organizations, the CMS Innovation Center, and Meaningful Use standards and incentives. From 2007 to 2008, Chris served as the health policy advisor to Senator John Kerry of Massachusetts. Prior to the Senate, Chris was the legislative analyst at Jennings Policy Strategies, a health policy consulting firm led by Chris Jennings, President Clinton's former senior health advisor. While at JPS, he served as the Deputy Director for Global Health at the Clinton Global Initiative. Before coming to Washington, Chris was a market analyst at Partners Healthcare, Massachusetts' largest hospital system. Chris is a native of Dighton, MA and a graduate of Bowdoin College.



Suzanne Delbanco, PhD, is the executive director of Catalyst for Payment Reform (www.catalyzepaymentreform.org). Catalyst for Payment Reform is an independent, non-profit corporation working on behalf of large health care purchasers to catalyze improvements to how we pay for health services and to promote better and higher value care in the U.S. In addition to her duties at CPR, Suzanne serves on the board of the Health Care Incentives Improvement Institute and participates in the Healthcare Executives Leadership Network. Previously, Suzanne was the founding CEO of The Leapfrog Group. Suzanne holds a Ph.D. in Public Policy from the Goldman School of Public Policy and a

M.P.H. from the School of Public Health at the University of California, Berkeley.

PRESENTERS



Richard Feifer is Aetna's chief medical officer of National Accounts. He leads Clinical Consulting, Strategy, and Analysis, which helps our nation's largest employers improve the health and productivity of their members. Prior to joining Aetna, Dr. Feifer served as vice president of Clinical Program Innovation and Evaluation at Medco, where he was responsible for the organization's portfolio of care enhancement programs. A graduate of Brown University and the University of Pennsylvania School of Medicine, Dr. Feifer is a board-certified internist with experience in primary care, geriatrics, and urgent care medicine at the Fallon Clinic. He received his M.P.H. in Health

Services Management from Columbia University, and is currently an Assistant Clinical Professor at the University of Connecticut.



Clifford Goodman, PhD, is a Senior Vice President at The Lewin Group, a health care policy consulting firm based in Falls Church, Virginia. Dr. Goodman has 30 years of experience in such areas as health technology assessment, evidence-based health care, comparative effectiveness research, health economics, and studies pertaining to health care innovation, regulation, and payment. He directs studies and projects for an international range of government agencies; pharmaceutical, biotechnology, and medical device companies; health care provider institutions; and professional, industry, and patient advocacy groups. His recent work has involved such areas as

oncology, cardiovascular disease, diabetes, blood disorders, obesity, end-stage renal disease, HIV/AIDS, follow-on biologics, diagnostic testing, pharmacogenomics, personalized medicine, and organ donation and transplantation. Dr. Goodman is an internationally recognized health policy issues moderator and facilitator of expert panels, health industry advisory boards, and workshops. Dr. Goodman served as Chair of the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC, 2009-12) for the US Centers for Medicare and Medicaid Services. He served as President of the professional society, Health Technology Assessment international (HTAi, 2011-13), and is a Fellow of the American Institute for Medical and Biological Engineering. He received a Ph.D. from The Wharton School of the University of Pennsylvania, a Master of Science from The Georgia Institute of Technology, and a Bachelor of Arts from Cornell University.



William A. Hazel Jr., MD, practiced orthopedic surgery in Northern Virginia until becoming Secretary of Health and Human Resources for the Commonwealth of Virginia in January of 2010. As a founding member of Commonwealth Orthopaedics and Rehabilitation, Dr. Hazel gained extensive experience working in our health care system while helping to lead a large group practice. Dr. Hazel has served as a Trustee of the American Medical Association, Speaker and President of the Medical Society of Virginia, President of the INOVA Fair Oaks Hospital Medical Staff, and Chair of the Medical Affairs council of the INOVA Health System. Dr. Hazel grew up in

Fauquier County on the family farm. Dr. Hazel received his BS in Civil Engineering at Princeton University in 1978. He earned his Medical Degree at Duke University School of Medicine in 1983 and completed his Orthopedic Surgery Residency at the Mayo Clinic in 1988 before returning home to Virginia. His professional experience includes working as a team physician for the Chantilly High School Chargers, serving as an Assistant Orthopedic for the Washington Redskins football team, and serving as team physician for DC United. As Secretary, Dr. Hazel oversees 11 state agencies with over 16,000 employees including such diverse programs as Medicaid, Behavioral Health, Social Services, as well as Aging and Rehabilitation. These combined agencies spend approximately one-third of Virginia's budget. During his first term

as Secretary, he led the Virginia Health Reform Initiative and helped establish the Virginia Center for Health Innovation. He served as the Founding Chair of ConnectVirginia, Virginia's health information exchange. He negotiated an agreement with the Department of Justice to improve services to individuals with Intellectual and developmental disabilities. He has become nationally recognized for leading an enterprise Information technology transformation in Health and Human Resources. He has devoted significant energy towards improving the effectiveness and efficiency of the HHR agencies. Dr. Hazel lives with his wife, Cindy, in Oakton, Virginia. They have two grown children and one very cute granddaughter.



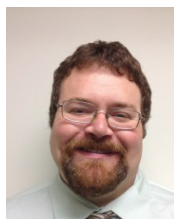
Frances Jensen is the Deputy Director and Medical Officer of the State Innovations Group (SIG) at the Center for Medicare and Medicaid Innovation (CMMI). She also serves as the Project Officer for the state of Maine State Innovation Model cooperative agreement. Prior to joining SIG, CDR Jensen was a contracting officer representative for 4 Hospital Engagement Networks for the CMMI Partnership for Patients initiative. Before coming to the Innovation Center in 2011, Dr. Jensen was the EMTALA technical lead for the Division of Acute Care Services in the Survey and Certification Group in the Center for Clinical Standards and Quality at CMS. CDR Jensen joined the United

States Public Health Service Office of the Commissioned Corps as a Medical Officer in 2009. She came to CMS in 2008 from the Johns Hopkins University School of Medicine in Baltimore where she was on the clinical faculty in the Department of Emergency Medicine. While in the Department of Emergency Medicine, Dr. Jensen completed the first-in-the-nation fellowship in "Emergency Medicine and the Law. She is a board-certified internist and received her M.D. from the Johns Hopkins School of Medicine and completed her residency in Internal Medicine at the Johns Hopkins Hospital. Prior to joining the faculty at Hopkins, she worked as a hospitalist and primary care physician in the community. Dr. Jensen also holds a M.S. in Zoology from the University of Idaho and has a B.A. in Physics from Bowdoin College in Maine.



Jeanne Madden is an Associate Professor in the Department of Pharmacy and Health Systems Sciences at the School of Pharmacy of Northeastern University. Dr. Madden has over 25 years of experience in health policy and evaluation research in both US and international settings. She has directed large studies of medication costs, affordability, and cost-related non-adherence, and multiple evaluations of the consequences of changes in insurance coverage on patient outcomes, using commercial and federal payer datasets. She has particular interest in populations with mental disorders or other chronic conditions. Prior to coming to Northeastern in

2015, Dr. Madden was on the faculty of Harvard Medical School in the Department of Population Medicine, located within the Harvard Pilgrim Health Care Institute. She received her Ph.D. in Health Policy from Harvard University.



Larry McNeely coordinates NCHC's policy development and advocacy, working with President and CEO John Rother. In that capacity, Mr. McNeely has served as a principal author for the NCHC Plan for Health and Fiscal Policy and Achieving Real Savings Through Better Care: Policy Options for Improving Care and Slowing Cost Growth through Bipartisan Delivery System and Payment Reform. In 2013, with fellow authors NCHC Board Chair Jack Lewin, MD and G. Lawrence Atkins, President of the National Academy of Social Insurance, Mr. McNeely published "The Elusive Path to Sustainability" in the Journal of the American Medical Association. Prior to

joining NCHC in May 2011, Mr. McNeely served as Health Care Advocate with U.S. Public Interest Research Group (U.S. PIRG), where he led that organization's federal health care reform program. From 2001 to 2008, he was an Organizer for Service Employees International Union

PRESENTERS

and its affiliated locals, working with hospital, nursing home and public sector workers grappling with the high cost of health care. McNeely holds a Masters of Public Administration from West Virginia University and a Bachelors of Arts from St. John's College, Annapolis, MD.



Ateev Mehrotra, MD, MPH, is an Associate Professor of Health Care Policy and Medicine at Harvard Medical School and a Hospitalist at Beth Israel Deaconess Medical Center. Dr. Mehrotra's research focuses on interventions to decrease costs and improve quality of care. Much of his work has focused on innovations in delivery such as retail clinics and e-visits and their impact 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. Related work has focused on quality measurement including how natural language processing can be used to analyze the data in electronic health records to measure the quality of care. Dr. Mehrotra received his B.S. from the Massachusetts Institute of Technology, 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. His clinical work has been both as a primary care physician and as an adult and pediatric hospitalist. He also has received formal research training with a Masters of Public Health from the University of California, Berkeley and a Master's of Science in Epidemiology from the Harvard School of Public Health. In 2008, he received the Milton W. Hamolsky Award for Outstanding Scientific Presentation by a Junior Faculty Member by the Society of General Internal Medicine. In 2013, he received the Alice S. Hersh New Investigator Award from Academy Health for health services researchers early in their careers who show exceptional promise.



Lydia Mitts is a Senior Policy Analyst at Families USA. She specializes in private insurance issues, including market reforms and financial assistance programs under the Affordable Care Act (ACA), wellness incentive programs, marketplace plan benefit design, and cost-sharing. She also specializes in health system transformation issues related to value-based insurance design and delivery and payment reform. She has been published in prominent publications, including the Wall Street Journal, and regularly authors pieces on topics including, marketplace plan design, wellness programs and value-based insurance programs, Accountable Care Organizations in Medicaid, and the financial assistance available under the ACA. She also provides policy technical assistance to state organizations on a range of private insurance and health system transformation issues.



Dr. Karen Murphy started her career as a nurse and worked her way up to become the chief executive officer at Moses Taylor Hospital in Scranton. Dr. Murphy has extensive knowledge of the health care industry and is a proven executive who has demonstrated her ability to lead complex organizations and initiatives in both the public and private sectors. For the past two years, Dr. Murphy has led the State Innovation Models Initiative, a \$900 million investment by the federal government aimed at accelerating health care innovation and transformation across the nation. Dr. Karen Murphy is currently the director of the State Innovation Models Initiative at the Center for Medicare and Medicaid Innovation. Dr. Murphy has an extensive career in healthcare administration and consulting. She was the former president and chief executive officer of the Moses Taylor Health Care System. Prior to becoming CEO of Moses Taylor Health Care System, Dr. Murphy served in various roles in health care administration. As founding chief executive officer of Physicians Health Alliance, Inc. (PHA), Dr. Murphy also led an integrated medical group practice within

Moses Taylor Health Care System. Dr. Murphy currently serves as a clinical faculty member in the Medicine Department at The Commonwealth Medical College. Dr. Murphy earned her Doctor of Philosophy in Business Administration from Temple University's Fox School of Business, a Master of Business Administration from Marywood University, a Bachelor of Science from the University of Scranton, and a diploma as a registered nurse from the Scranton State Hospital School of Nursing.



Stacy Sanders is the Federal Policy Director of the Medicare Rights Center (Medicare Rights). Medicare Rights is a national, non-profit organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Previously, Stacy led a national advocacy campaign to build economic security for older adults at Wider Opportunities for Women (WOW). While overseeing the campaign's field efforts, Stacy secured partnerships with 17+ state and community-based organizations. As the Director of the initiative, she participated in federal advocacy to protect Social

Security as well as to strengthen the Older Americans Act. After nearly four years at WOW, Stacy joined the National Community Reinvestment Coalition (NCRC) to oversee the development of a national initiative on responsible banking for older adults. With a McGregor Geriatric Fellowship award, Stacy obtained a master's degree in Social Work from the University of Michigan. Stacy is an invited fellow of the National Academy of Social Insurance, a past Executive Fellow of the Center for Progressive Leadership, and a former co-chair of the Health Committee of the Leadership Council of Aging Organizations. Most recently, Stacy was nominated for a Young Women Achievement Award (YWA) by the Women's Information Network (WIN).



Kathryn (Katy) Spangler is senior vice president of health policy for the American Benefits Council, a trade association based in Washington, D.C. representing primarily Fortune 500 companies that either sponsor or administer health and retirement benefits covering more than 100 million Americans. In this role, Katy directs the development and advocacy of The Council's health policy priorities. She travels across the U.S. speaking about health care issues impacting employers. Katy also serves on the Advisory Board to The University of Michigan Center for Value-Based Insurance Design. Katy has distinctive knowledge and extensive understanding of the Patient Protection and Affordable Care Act (PPACA), having served as deputy

health policy director of the U.S. Senate Health, Education, Labor, and Pensions (HELP) Committee during the health care reform debate. In this role, she successfully negotiated one of the few unanimously accepted, bipartisan amendments to the health care law giving employers greater flexibility to vary health benefits for employees participating in wellness programs. In addition to being an expert on health insurance issues and health insurance exchanges, Katy has a deep background in health information technology issues. She was the primary drafter of the first health information technology bill to pass the U.S. Senate. Katy also negotiated one of the few bipartisan, unanimously accepted amendments to the American Recovery and Reinvestment Act of 2009 (the stimulus law), which improved the Health Information Technology for Economic and Clinical Health Act (the HITECH Act). She briefly served as the Director of the American Health Information Community within the Office of the National Coordinator for Health Information Technology at the U.S. Department of Health and Human Services. Most recently, Katy cofounded V-BID Health, a consulting company that specializes in designing and promoting health benefit plans and payment policies that get more health out of every health care dollar. She also served as a Senior Advisor to The University of Michigan Center for Value-Based Insurance Design. Katy earned a Bachelor's degree in economics from The University of Tulsa.

PRESENTERS



Joseph W. Thompson, MD, MPH is the Director of the Arkansas Center for Health Improvement, Professor in the Colleges of Medicine and Public Health at the University of Arkansas for Medical Sciences, and General Pediatrician. Dr. Joe Thompson's work is centered at the intersection of clinical care, public health and health policy. He is responsible for developing research activities, health policy, and collaborative programs that promote better health and health care in Arkansas. From 2005–2015, Dr. Thompson served as Surgeon General for the State of Arkansas in the administrations of Republican Governor, Mike Huckabee and Governor Mike

Beebe, a Democrat. Previous accomplishments include serving as the lead architect of the Tobacco Settlement Act of 2000 and instituting the Arkansas Health Insurance Roundtable. Dr. Thompson has been at the forefront of both Arkansas's leading-edge efforts against childhood obesity and in national efforts to reverse childhood obesity as the former Director of the Robert Wood Johnson Foundation (RWJF) Center to Prevent Childhood Obesity. Nationally, Dr. Thompson serves on the board of the Campaign to End Obesity and of AcademyHealth and he is a member of the Arkansas Medical Society Board of Trustees. Previously he served for ten years on the Arkansas Board of Health and is past President of the Arkansas Chapter of the American Academy of Pediatrics. He is author of numerous articles and publications that reflect his research interests in the areas of health and health care. Dr. Thompson earned his medical degree from the University of Arkansas for Medical Sciences and Master of Public Health from the University of North Carolina at Chapel Hill. He served as the RWJF Clinical Scholar at the University of North Carolina at Chapel Hill, the Luther Terry Fellow in Preventive Medicine advising the U.S. Assistant Secretary of Health in Washington, DC, and the Assistant Vice President and Director of Research at the National Committee for Quality Assurance in Washington, DC. In 1997, he served as the First Child and Adolescent Health Scholar of the U.S. Agency for Healthcare Research and Quality (then the U.S. Agency for Health Care Policy and Research) before returning to Arkansas.



Nicholas Uehlecke is a professional staff member for the House Ways and Means Subcommittee on Health majority staff. His portfolio includes Medicare Advantage & Part D policies, as well as Medicare fraud and program integrity across the system. Nick has been with the Subcommittee since the start of 2011, prior to which he was an analyst for the Marwood Group in several fields, including health care for nearly three years. Nick is a graduate of the University of Richmond.



THANK YOU



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2015



CENTER FOR VALUE-BASED INSURANCE DESIGN

UNIVERSITY OF MICHIGAN



POLICY IMPACT

**Annual
Update**

- CMS Announces Medicare Advantage V-BID Model Test
- No-cost Preventive Care Expands to 137 Million Americans
- US House Passes Bipartisan V-BID Bill
- High Deductible Health Plan Reform
- Bicameral Congressional V-BID Briefings
- Smarter Health Care Coalition Launched



RESEARCH

\$752K in grant funding
9 peer-reviewed publications
38 national presentations



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 1,749 followers
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 15,908 Users

Resources

- High Deductible Health Plans
- Medicare Advantage
- State Innovation Models
- Health Insurance Exchanges
- Reward the Good Soldier
- Access to Specialty Medications
- V-BID role in "Cadillac" Redesign
- Consumer-Owned & Operated Plans
- State Medicaid Plans
- V-BID Role in Reducing Disparities



STUDENT INVOLVEMENT

Medical School
 College of Engineering
 Ford School of Public Policy
 College of Pharmacy
 Literature, Science and the Arts
 School of Public Health

