

Smarter Health Care Coalition

In conjunction with Coalition participants from

Evolut Health
National Coalition on Health Care
University of Michigan V-BID Center

Invite you to a briefing on

***“Improving Consumers’ Access to High-Value Health Care:
Value-Based Insurance Design and alignment with delivery system reform”***

Tuesday, July 21st

1539 Longworth House Office Building

2:30 PM – 3:30 PM

(Appetizers and beverages will be available at 2:15 PM)

A growing body of peer-reviewed evidence demonstrates that the removal or lowering of cost-sharing through innovative benefit designs can play an important role in ensuring consumers’ access to – and appropriate utilization of – high-value health care, including those that manage chronic conditions. The Smarter Health Care Coalition participants in this briefing will describe the important issues and viable solutions related to applying value-based insurance design concepts, aligned with patient engagement and broader delivery system reform, to public and private health care programs, including coverage for diverse populations in HSA-HDHPs and Medicare Advantage.

The Smarter Health Care Coalition consists of a broad-based and diverse group of health care innovators, including health plans, life science companies, employer groups, provider-related organizations, trade associations, academia centers and professors, and consumer groups.

We seek to leverage our combined perspectives and experiences to achieve smarter health care that improves the patient experience – particularly through integrating benefit design innovations and consumer/patient engagement within broader delivery system reform in order to better align coverage, quality, and value-based payment goals. For more information and a complete list of participants, please visit our website.

Thank you to the Gary and Mary West Health Institute for their collaboration on this event.

www.smarterhc.org

Gary Bacher, JD, MPA *Co-Director, Smarter Health Care Coalition*

Gary Bacher brings more than 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 in a growing and innovative health care consulting firm, 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.

Tom Koutsoumpas *Co-Director, Smarter Health Care Coalition*

With a career that includes decades of experience in public policy, politics, and business, Tom is a leading expert in the health care arena, offering strategic advice on issues relating to Medicare, health care reform, and the evolving delivery system. He has particular expertise in coalition building, long-term care, hospice care and advanced illness, and provides essential guidance in those areas. He helps organizations engage effectively with a broad set of stakeholders and audiences in the post-reform environment and design initiatives to effectively position them for the future. Additionally, Tom provides timely analysis and perspectives related to ongoing legislative efforts and has great experience in building new health care organizations from the ground up, offering vision, leadership, and managerial support for the development of new organizations and coalitions.

A native of Indiana, Tom received his Bachelor of Arts degree in American Studies from Georgetown University, Washington, D.C.

Robert Anthony “Tony” Brice CEBS, GBA, Managing Director, Evolent Health

Formerly a consultant with Towers Watson, Aon Consulting, and Johnson & Higgins, Tony has been a strategic business partner to Fortune 1000 companies and non-profits with an emphasis on employee benefits since 1982. He has served as an adviser to chief human resource officers and chief financial officers during dozens of start-ups, mergers or acquisitions in numerous industries and cultures. He launched the first Cincinnati, Ohio office of Aon Consulting in 1999 and led the national employee benefits division of Aon’s Japan Business Group.

While at Towers Watson Tony served as the Central US Mid-Market Sales Leader. He has also served (in an outsourced capacity) as interim VP of Compensation and Benefits for a large multinational chemical company and interim Benefits Manager for a large health system. Tony led engagements with the following clients: Progressive Insurance, Bob Evans Restaurants, Great American Insurance Company (part of American Financial Group), Squire Saunders LLP, Honda of America Mfg. Inc., Toyota Motor Manufacturing, Hexion Specialty Chemicals, Columbus Metropolitan Library, The Longaberger Company.

Tony served on the Board of the Achievement Centers for Children in Cleveland for six years and presently serves on the Governance Committee of Cornucopia, Inc., a non-profit social enterprise in Ohio serving disabled adults.

In his role at Evolent Health Tony supports healthcare systems develop value-based health and wellness plans for their employee and commercial populations. Tony also leads the development and expansion of Evolent’s reinsurance facility. Tony has authored articles on on-site health clinics and provider-owned health plans.

Tony graduated in 1982 from Denison University with a BA in Political Science and earned his Certified Employee Benefits designation from the Wharton School and International Foundation of Employee Benefit Plans.

A. Mark Fendrick, M.D., Professor of Internal Medicine and Professor of Health Management and Policy, University of Michigan.

Dr. Fendrick conceptualized and coined the term *Value-Based Insurance Design* (V-BID) and currently directs the V-BID Center at the University of Michigan [www.vbidcenter.org], the leading advocate for development, implementation, and evaluation of innovative health benefit plans. His research focuses on how clinician payment and consumer engagement initiatives impact access to care, quality of care, health care disparities, and health care costs.

Dr. Fendrick is an elected member of the Institute of Medicine of the National Academy of Sciences, serves on the Medicare Coverage Advisory Committee, and has been invited to present testimony before the U.S. Senate Committee and the U.S. House of Representatives.

Dr. Fendrick is the co-editor in chief of the American Journal of Managed Care and is an editorial board member for 3 additional peer-reviewed publications. He remains clinically active in the practice of general internal medicine.

John Rother, JD *President and CEO, National Coalition on Health Care*

Mr. John Rother is President and CEO of the National Coalition on Health Care, America's oldest and most diverse group working to achieve comprehensive health system change. The Coalition's membership of more than 80 participating organizations includes medical societies, businesses, unions, health care providers, faith-based associations, pension and health funds, insurers, and groups representing consumers, patients, women, minorities, and persons with disabilities. Prior to joining the Coalition in 2011, Mr. Rother served as the longtime Executive Vice President for Policy, Strategy, and International Affairs at AARP. There he led the development of AARP's policy positions and advocacy strategies. Under his leadership, AARP engaged in robust public policy research and analysis, public education, and advocacy on health and retirement issues at the federal, state and international levels. Mr. Rother wrote numerous articles and was a frequent speaker on health, retirement security, the federal budget, and the boomer generation. From 1981 to 1984, Mr. Rother was Staff Director and Chief Counsel for the U.S. Senate Special Committee on Aging under the direction of Chairman John Heinz (R-PA). From 1977 to 1981 he served as Special Counsel for Labor and Health to U.S. Senator Jacob Javits (R-NY).

Mr. Rother is a graduate of Oberlin College and the University of Pennsylvania Law School. He is a member of the DC Bar, the National Academy of Social Insurance, and the Gerontological Society of America. Mr. Rother serves on several boards, including the American Board of Internal Medicine Foundation, the National Quality Forum, the Alliance for Health Reform, the Pension Rights Center, and Generations United. He also serves on the MacArthur Foundation's Aging Society Network and the Institute of Medicine's National Roundtable on Value and Science-Driven Health Care. He has consistently been named as one of the Most Powerful People in Healthcare. In 2010 Mr. Rother received the Robert Ball Award for Outstanding Achievements in Social Insurance from the National Academy of Social Insurance for "lifetime advocacy to strengthen Social Security and Medicare."