

# Smarter Health Care Coalition

In conjunction with Coalition participants from

American Benefits Council  
Evolut Health  
Families USA  
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 21<sup>st</sup>**

SD-G11 Dirksen Senate Office Building

10:00 AM – 11:00 AM

(Continental breakfast will be available at 9:45 AM)

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. For more information and a complete list of participants, please visit our website.

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.

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

[www.smarterhc.org](http://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.

**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.

**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.

**Lydia Mitts**, *Senior Policy Analyst, Families USA*

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.

**Kathryn (Katy) Spangler**, *Senior Vice President, Health Policy, American Benefits Council*

Kathryn (Katy) Spangler is senior vice president, 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 VBID 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.