

Universal Health Care Commission

December 15, 2022

Agenda

Tab 1

Universal Health Care Commission AGENDA

| Commission Members: | | | | | |
|--------------------------|-----------------------|--------------------------|----------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Vicki Lowe, Chair | <input type="checkbox"/> | Estell Williams | <input type="checkbox"/> | Kristin Peterson |
| <input type="checkbox"/> | Senator Ann Rivers | <input type="checkbox"/> | Jane Beyer | <input type="checkbox"/> | Representative Marcus Riccelli |
| <input type="checkbox"/> | Bidisha Mandal | <input type="checkbox"/> | Joan Altman | <input type="checkbox"/> | Mohamed Shidane |
| <input type="checkbox"/> | Dave Iseminger | <input type="checkbox"/> | Representative Joe Schmick | <input type="checkbox"/> | Nicole Gomez |
| <input type="checkbox"/> | Senator Emily Randall | <input type="checkbox"/> | Karen Johnson | <input type="checkbox"/> | Stella Vasquez |

| Time | Agenda Items | Tab | Lead |
|-----------------------|--|------|--|
| 3:00-3:05 (5 min) | Welcome and call to order | 1 | Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State |
| 3:05-3:15 (10 min) | Roll call | 1 | Mandy Weeks-Green, Manager Health Care Authority |
| 3:15-3:20 (5 min) | Approval of Meeting Summary from 10/13/2022 | 2 | Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State |
| 3:20-3:35 (15 min) | Public comment | 3 | Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State |
| 3:35-4:35 (60 min) | Oregon's Joint Task Force on Universal Health Care <ul style="list-style-type: none"> Task Force overview, including recommendations and health equity impact Staffing and public engagement process Major decision points Commission Q&A | 4 | Bruce Goldberg, MD, Chair, Joint Task Force on Universal Health Care John Santa, MD, MPH, Member, Joint Task Force on Universal Health Care Daniel Dietz, JD, Policy Analyst, Oregon Legislature |
| 4:35-4:45 (10 min) | Proposed 2023 workplan and process | 5 | Liz Arjun, Senior Consultant and Jon Kromm, Principal Health Management Associates |
| 4:45-4:50 (5 min) | Adoption of FTAC charter | 6 | Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State |
| 4:50-5:00 (10 min) | Review FTAC applicants | 5, 7 | Liz Arjun, Senior Consultant and Jon Kromm, Principal Health Management Associates |
| 5:00 | Adjournment | 8 | Vicki Lowe, Chair, Executive Director American Indian Health Commission for Washington State |

Subject to Section 5 of the Laws of 2022, Chapter 115, also known as HB 1329, the Commission has agreed this meeting will be held via Zoom without a physical location.

October meeting summary

Tab 2

Universal Health Care Commission Meeting Summary

October 13, 2022
Health Care Authority
Meeting held electronically (Zoom) and telephonically
2:00 p.m. – 4:00 p.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the commission is available on the [Universal Health Care Commission webpage](#).

Members present

Vicki Lowe, Chair
Bidisha Mandal
Dave Iseminger
Senator Emily Randall
Estell Williams
Jane Beyer
Joan Altman
Representative Joe Schmick
Representative Marcus Riccelli
Nicole Gomez
Stella Vasquez

Members absent

Senator Ann Rivers
Karen Johnson
Kristin Peterson
Mohamed Shindane

Call to order

Vicki Lowe, Commission Chair, called the meeting to order at 2:03 p.m.

Agenda items

Welcoming remarks

Chair Lowe began with a land acknowledgement and welcomed members of the Commission to the eighth meeting. Chair Lowe provided an overview of the agenda and shared the goals of the meeting.


Meeting Summary review from the previous meeting

The Commission Members present voted by consensus to adopt the Meeting Summary from the Commission's August 2022 meeting.

Public comment

Chair Lowe called for verbal comments from the public.

Universal Health Care Commission
DRAFT meeting summary
10/13/2022



Kathryn Lewandowsky, Whole Washington, urged that the universal health care system should cover all Washington residents regardless of immigration status.

Marcia Stedman, Health Care for All Washington, encouraged adding more Commission meetings, creating FTAC subcommittees, and securing more staff and funding to support the Commission's work.

Maureen Brinck-Lund, Coalition for Health Care as a Human Right, stressed the importance of including patient input in every phase of creating a universal health care system.

Kelly Powers, Health Care for All Washington, recommended that FTAC be broken into focused groups to meet more frequently with adequate staffing to deliver impactful and timely results.

Consuelo Echeverria noted that "governance" should be one of the first design components of the universal system as reflected by remarks from the Commission and the public.

Marguerite Dekker, North Seattle Progressives, suggested that the Commission be bold in getting more funding and staffing to support this urgent work.


Sarah Weinberg, retired pediatrician, supported implementing Model A (UHC Work Group) and the government must be responsible for providing adequate funds to take care of the needs of patients and health professionals.

Aaron Katz, retired faculty, UW School of Public Health, suggested that the Commission develop a shared vision for their work in the upcoming year to bind Commission members together in a common direction.

Presentation: Liz Arjun and Gary Cohen, Health Management and Associates (HMA) facilitated the adoption of the report to the Legislature, proposed a potential 2023 workplan, and reviewed the draft finance technical advisory committee (FTAC) charter and FTAC application process.

The Commission's work over the past year focused on the development of the legislative report. Chair Lowe asked for comments and discussion before adopting the final report for submission to the Legislature. Rep. Joe Schmick identified unanswered questions in the report, including eligibility, and remarked that there are pathways other than universal health care that may provide equitable access to coverage. Nicole Gomez referred to the statute which directs that all Washingtonians would be eligible for coverage under the universal system. It was clarified that the Commission will develop a 2023 workplan that will delve into detail on each of these components. The Commission members present voted by majority (10 for, and one opposed) to adopt the final report.

For the Commission's preliminary 2023 workplan discussion, HMA highlighted the two tasks from the Legislature: 1) Propose short-term solutions that move towards a universal health care system. 2) Design the universal system. HMA asked for the Commission's feedback on 2023 meetings having a two-track focus where each meeting would focus partly on short-term solutions, and partly on designing the new system. Jane Beyer suggested that meetings be framed as iterative so that short-term solutions are consistent with the vision for the new system. Nicole Gomez agreed that since the Commission is permanent, the iterative approach will be helpful for making recommendations over time. Jane Beyer suggested that at each meeting, the Commission choose a design component, agree on a vision for that component, and discuss long-term goals which would prompt discussions on



short-term and iterative steps to get there. The Commission will need to decide if they want to reach consensus on the vision. The Commission was asked if eligibility should remain the first design element for consideration in 2023 (as decided in previous meetings), and to determine the next topic after eligibility. Dave Iseminger agreed that eligibility is foundational and should be first, followed by benefits design and Joan Altman agreed.

The following were proposed by HMA as topics for upcoming meetings and 2023: information on other states and current programs in Washington, information on equity principles for designing the new system, and exploring opportunities within current authorities. Jane Beyer suggested that these topics should be elements of the discussion for each design component. Joan Altman agreed that information from other states would be helpful in discussions around governance. Nicole Gomez suggested beginning with information from Oregon and California's recent legislative reports. Chair Lowe recalled a past public comment encouraging the Commission to review lessons learned from failed attempts at state-level universal health care and suggested reviewing Vermont's efforts.

The Commission previously decided to establish FTAC to support the Commission. HMA asked the Commission how they envision FTAC assisting with key design elements and whether FTAC's draft charter addressed FTAC's role and relationship to the Commission. The workplan presented to the Commission at their next meeting could include more specific tasks for FTAC.

The Commission was asked if the FTAC membership process should be initiated. Applications would be available for a minimum of 30 days, which could be extended to 60 days. FTAC application questions were based partly on Washington's existing applications for boards and commissions and partly on Oregon's Universal Health Care Task Force advisory groups. Rep. Schmick and Dave Iseminger agreed that FTAC applicants should disclose conflicts of interest since there is a wide range of expertise in the health care industry that could be impacted by such a large transition. Joan Altman agreed and appreciated including health equity questions in the application and deferred to others on whether the application's length was a barrier. Bidisha Mandal raised concerns regarding FTAC's potential data driven work. The Commission can direct FTAC to disclose and make public whatever data and information they rely on. FTAC will have support from HCA staff and HMA which will help with access to state data. Commission members are welcome to apply for FTAC membership. Interested Commission members can email Mandy their interest in FTAC. The time commitment for FTAC will be similar to the Commission's. Joan Altman asked what level of state agency engagement to support FTAC's work is typical in other states. Oregon's Task Force legislation required finance agencies to participate in the advisory groups, though this is not a requirement for the Commission. The Commission has held FTAC positions for the Washington Office of Financial Management and the Department of Revenue. Nicole Gomez wondered if it could be possible for FTAC's work to be divided into subcommittees as is done in Oregon and it was clarified that the Commission could direct FTAC to divide work within FTAC by sub-topic. The Commission voted unanimously in favor of initiating the FTAC application process pending review of the application by the Office of Equity. Next steps include planning for topics in upcoming meetings based on feedback from today's meeting.

Adjournment

Meeting adjourned at 3:40 p.m.

Next meeting

December 15, 2022

Meeting to be held on Zoom

3:00 p.m. – 5:00 p.m.

Universal Health Care Commission

DRAFT meeting summary

10/13/2022

Public comments

Tab 3

Universal Health Care Commission

Written Comments

Received From September 30th

Written Comments Submitted by Email

| | |
|-----------------------------------|----|
| M. Benefiel..... | 1 |
| N. Rodke..... | 3 |
| K. Lewandowsky | 3 |
| C. Currie | 7 |
| R. Hall..... | 7 |
| K. Kleeman | 8 |
| C. Currie | 10 |
| M. Benefiel..... | 14 |
| R. Thayer..... | 17 |
| Health Care is a Human Right..... | 29 |

Additional Comments Received at the October Commission Meeting

- The Zoom video recording is available for viewing here:
<https://www.youtube.com/watch?v=thZeYIFTbAM&feature=youtu.be>

Public comments received since September 30th through the deadline for comments for the December meeting (December 1st)

Submitted by Mike Benefiel

10/02/2022

UHC Commission,

Comments on the UHC Commission's Preliminary First Report to the Legislature

Link to report:

https://content.govdelivery.com/attachments/WAHC/2022/09/08/file_attachments/2265746/uh-cc-legislative-report-semi-final.pdf

The report is mind boggling and I don't see that any of the following problems are appropriately acknowledged or addressed.

The problems we are facing with our horrible health care system are:

(1) Private insurers are allowed to come between patients and doctors. This leads directly to unnecessary suffering, premature deaths and the loss of family financial equity.

(2) Private insurers have no oversight as to whether their denial of claims are fair and proper. Denial of claims increases their profits, while delaying needed care to patients leads to worse outcomes.

(3) Elected officials are allowed to take money (millions) from the HC lobby from our healthcare premiums. This is a conflict of interest and is intended to influence what healthcare system is chosen and is not an appropriate use of our healthcare premiums.

(4) The costs of health care are out of control because:

a. There are inadequate controls on the amount of profits the insurers can take from the system.

b. Increases in premiums and denials of claims increase the profits of the insurers.

c. The large number of insurers and their different plans brings enormous confusion, inefficiencies and waste for patients, providers and their staff.

The results of the above problems are that we see many thousands of people needlessly suffering and prematurely dying from lack of proper healthcare because of the costs. Many of these people have insurance coverage and most, if not all, technically "have access" to coverage but the costs for access are too high. In fact, the costs of HC are too high for ALL WA residents. The insurers' profits are directly related to their income from premiums and the cost of the benefits they pay out, therefore to maximize their profits, they raise the costs of premiums, copays and deductibles and continue to limit and deny care.. Even during periods of record profits they continue to ask for rate increases. Allowing them to take

up to 3 years to return excess profits to their customers allows them time to shift those profits, give themselves 18% raises and find ways to hide those profits to the detriment of their customers. This is why the majority of people do not like or trust their insurance companies.

My concerns related to the UHC Commission are:

(1) It appears that the UHCC is ignoring the legislation that has been submitted by Sen Hasegawa. This legislation does address the problems the UHCC is working on.

(2) It appears the UHCC are ignoring the many examples of HC systems that are already in use in other countries and trying to invent a system from scratch when most of the work has already been done for them by committed healthcare justice advocates here in Washington.

(3) The HC Work Group study and over twenty previous national studies of these problems all concluded that a single-payer system is what is needed and what works best. In the HC Work Group study this is known as Model A. Although Model A is mentioned in the UHCC report the UHCC has not ruled out Model B which includes using private, for-profit corporations.

(4) Although many WA residents are suffering, going bankrupt, and some prematurely dying every day, the UHCC and legislature aren't putting the appropriate emphasis on providing a single-payer, UHC system for WA residents as quickly as possible.

Recommendations for the UHCC:

(1) Introduce legislation to the legislature in January 2023, that encompasses that written in Initiative 1471.

(2) Acknowledge that a single-payer system like Model A is the goal and drop all consideration of Model B or other models that put for-profit corporations in charge of our health. Washingtonians simply can no longer afford the horrendous costs that our for profit healthcare companies have placed upon us.

(3) Do what's necessary to increase the speed of development of a plan as defined by Option A and as further refined in I-1471.. People's lives and personal savings are at stake here. We know that at the beginning of the COVID pandemic, our people who lost their insurance coverage were quickly moved onto Medicaid. While I do not recommend a Medicaid reimbursement system for providers, it proves that we can accomplish this expediently which benefits all Washington citizens.

Please think of the well-being of our families,

mike benefiel

Submitted by Nathan Rodke

10/13/2022

In lieu of spoken testimony, as I'm home sick with my kids today, I'm submitting my would-be comments here. Thank you for your help and for your work.

Hello, my name is Nathan Rodke, I'm the Healthcare Campaign Director at Washington CAN, and the Co-Chair of the Healthcare is a Human Right Steering Committee. But beneath those layers, I'm a lifelong activist and I'm here today to stand in solidarity with all of the other concerned Healthcare activists who have been in this fight much longer than I have.

We thank you for all your work on the November Report. Several Commission members have spoken several times in support of making sure that patient-centered care and equity are hallmarks of the Commission's recommendations. This is really important to us as advocates, as patients ourselves, and the patients we represent.

We're wondering why there is no mention of patient-centered care or anything that suggests how the Commission will meaningfully address healthcare equity? What is the disconnect? We've looked at the report by the Oregon Commission and one of the best takeaways is how they have a check-in on how equity is being addressed at every single meeting. The reality I'm seeing is that for-profit Healthcare entities are not structurally capable of achieving patient centered care, specifically with an equity lens. So it's paramount that those of us who have the power to push and drive the system forward in that direction need to consistently use that equity lens as we focus on building a universal healthcare system.

We ask the Commission to prioritize establishing a Patient Consumer Advisory Committee to review the Commission's work looking for opportunities to maximize equity, affordability, access, ease of use and patient-centered, quality care.

For your reference here is what we know about the OR UHC TF approach:

Consumer Advisory Committee (CAC) 2020-2021

The Task Force established a CAC to provide input from a consumer perspective. Based on the representation requirements called out in SB 770 and the Task Force's desire to prioritize diversity in geography, race, ethnicity, gender, sexual identity, sexual orientation and disability status, a Task Force subcommittee reviewed over 100 applications and recommended the participation of a diverse group of 13 individuals, with the approval of the full Task Force.²¹

The CAC began meeting in October 2020 and provided input into the Task Force and TAGs. At each meeting, Task Force and TAG members identified questions for input from the CAC. Input was used to inform proposals developed by the TAGs. Feedback from the CAC is highlighted in a memo received by the Task Force in May during a joint meeting of the CAC and the Task Force.²²

Nathan Rodke (he/him)
Washington Community Action Network
Healthcare Campaign Director
Co-Chair, Healthcare is a Human Right Steering Committee

Submitted by Kathryn Lewandowsky

10/13/2022

Hello members of the UHCC,

Again, I want to thank you all for your dedicated service to this commission. I know that you have already heard from many of us from several organizations about why we are in support of quickly establishing a Universal Healthcare plan that covers all residents of Washington. Regular people must by necessity purchase products and services that afford the most value for their money. That product is obviously a plan that resembles Option A and we continue to encourage you to go forward with implementing a plan such as Option A. But, I want to touch on something that was mentioned over the summer I believe by Representative Schmidt. I believe that it is an important consideration and I don't want it to be ignored

Rep. Schmick expressed that there would not be support from many in his caucus if we were looking at a system that might attempt to cover undocumented residents of Washington. I know that in Whole Washington's current I-1471, as in our previous I-1362 and I-1600 initiatives, all residents of Washington are covered regardless of citizenship. Here are the reasons why myself and others in Whole Washington feel this is a necessary component of our Universal Healthcare system.

- Covering all residents helps to improve the overall health of our communities.
- Covering all residents improves the individual health of people in our community.
- Covering all residents reduces overall costs to our system and so is fiscally conservative.

Although these are all very good reasons in and of themselves, I personally believe that the strongest reason that we should cover all residents in Washington is because it is the morally right thing to do. It is how I was raised as a Catholic as a child, as a Christian in my later years and now in my current spiritual beliefs as a Gnostic. Let us review a few of the beliefs taught to me as a child that reinforces my strong beliefs that all persons deserve healthcare.

'I am a stranger and an alien residing among you; give me property among you for a burying place, so that I may bury my dead out of my sight.'
Genesis 23:4

You shall also love the stranger, for you were strangers in the land of Egypt.
Deuteronomy
10:19

The alien who resides with you shall be to you as the citizen among you; you shall love the alien as yourself, for you were aliens in the land of Egypt: I am the Lord your God.
Leviticus 19:34

'Cursed is anyone who withholds justice from the foreigner, the fatherless or the widow.' Then all the people shall say, 'Amen!'
Leviticus 27:19

When they were few in number, of little account, and strangers in the land, wandering from nation to nation, from one kingdom to another people, he allowed no one to oppress them; he rebuked kings on their account, saying, 'Do not touch my anointed ones; do my prophets no harm.'

1 Chronicles 16:19

I was eyes to the blind, and feet to the lame. I was a father to the needy, and I championed the cause of the stranger. I broke the fangs of the unrighteous, and made them drop their prey from their teeth.

Job 29:15

The Lord watches over the strangers; he upholds the orphan and the widow, but the way of the wicked he brings to ruin.

Psalms 146:9

For if you truly

amend your ways and your doings, if you truly act justly one with another, if you do not oppress the alien, the orphan, and the widow, or shed innocent blood in this place, and if you do not go after other gods to your own hurt, then I will dwell with you in this place, in the land that I gave of old to your ancestors forever and ever.

Jeremiah 7:5-7

You shall allot it as an inheritance for yourselves and for the aliens who reside among you and have begotten children among you. They shall be to you as citizens of Israel; with you they shall be allotted an inheritance among the tribes of Israel.

Ezekiel 47:22

Thus says the Lord of hosts: Render true judgments, show kindness and mercy to one another; do not oppress the widow, the orphan, the alien, or the poor; and do not devise evil in your hearts against one another.

Zechariah 7:9

You have heard that it was said, 'you shall love your neighbor and hate your enemy'. But I say to you, love your enemy and pray for those who persecute you.

Matthew 5:43

I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me.

Matthew 25:35

Truly I say to you, as you did it to one of the least of my brethren you did it to me.

Matthew 25:40

You shall love

the Lord your God with all your heart, and all your soul, and with all your strength, and with all your mind; and your neighbor as yourself.

Luke 10:27

Then Peter began to speak to them: "I truly understand that God shows no partiality, but in every nation, anyone who fears him and does what is right is acceptable to him.
Acts 10:34

Contribute to the needs of the saints; extend hospitality to strangers.
Romans 12:13

Owe no one anything, except to love one another; for the one who loves another has fulfilled the law.
Romans 13:8

Love does no wrong to a neighbor, therefore love is the fulfilling of the law.
Romans 13:10

In that renewal there is no longer Greek and Jew, circumcised and uncircumcised, barbarian, Scythian, slave and free; but Christ is all and in all.
Colossians 3:11

Let mutual love continue. Do not neglect to show hospitality to strangers, for by doing that some have entertained angels without knowing it. Remember those who are in prison, as though you were in prison with them; those who are being tortured, as though you yourselves were being tortured.
Hebrews 13:1-3

Beloved, you do faithfully whatever you do for the friends, even though they are strangers to you; they have testified to your love before the church. You do well to send them on in a manner worthy of God; for they began their journey for the sake of Christ, accepting no support from non-believers. Therefore we ought to support such people, so that they may become coworkers with the truth.
John 1:5

And lastly, but not necessarily the most important reason that I feel we should cover all residents, including the undocumented, is simply, that we can. With the money that is saved by implementing Option A, We Can Move Mountains!

Kathryn Lewandowsky, BSN, RN

Whole Washington- Board Vice-Chair

One Payer States- Treasurer

www.Kathryn4LD39.com

Together we can all have healthcare free at the point of service; that is comprehensive with no copays or deductibles and that puts billions of dollars of savings into the pockets of regular people just like you and me!. Healthcare that will take care of all of our people from Cradle to Grave! History is clear that our elected officials will never do this for us. We must do it for the

people that we love. Please go to WholeWashington.org and donate today! It will take all of us demanding these basic human rights from the global elite! Together we can do this!

<https://secure.actblue.com/donate/whole-washington-1>

"Never believe that a few caring people can't change the world, For indeed that's all who ever have" Margaret Mead

Submitted by Cris Currie

10/13/2022

To the UHC Commission:

I live outside Spokane in a rural area and have been having numerous problems recently with my internet connections. I was unable to connect to today's meeting for 40 minutes so missed the comment period. Here is my comment:

An 18 page, single-payer, UHC bill was introduced in the Washington legislature every biennium between 2011 and 2019 by Health Care for All Washington. Eleven Senators and 12 Representatives sponsored it, and well attended hearings were held. Though it never received enough support to pass, its content was compelling and led directly to passage of the bills creating the UHC Work Group and the Commission. In proposing the Washington Health Security Trust (WHST), [HB 1104](#) is the perfect template for this Commission to use, as members work to draft their own bill. Because it was developed with broad community input and written with Senate and House staff attorneys, and because it closely aligns with the Oregon UHC Task Force's [September 2022](#) recommendations, I strongly encourage the Commission to request the latest revision from HCFA, study it, and respond. Thank you.

Cris M. Currie Mead, WA HCFA Member

Submitted by Ryan Hall

10/14/2022

Hello,

During your Oct. 13 meeting, you discussed the for 2023, you will be talking over who will be eligible for the Universal Healthcare you are working on. Can you please explain this? Isn't the plan going to be open for everyone in Washington State?

Warmly,

Ryan

Ryan Hall
ryan@olympiaconsulting.net
(360) 878-1670 cell



Submitted by Karl Kleeman

10/14/2022

I live in Bellingham and have a PhD in infectious disease. I have work in public health and at a large hospital for my career. I am now 79 years old and have a long list of medical problems so I have also have a lot of experience as a patient. I hope that my experience can be shared with the commission members. Thank you for the opportunity to provide this input.

For someone who is a major user of healthcare I find there is a real shortage of providers in our state. I often have to wait a month or more to get an appointment. I think any plan must address this problem. What good is universal healthcare insurance if there are not enough providers. And if we do give everyone access to healthcare it will put even more stress on our provider network. I have come to think that providing universal health insurance is only half the answer. I think we need a provider network that meets the states needs. One important way is to develop a 3 year program to train primary care providers and recruit the best students from Colleges, Community colleges and Technical schools and provide full scholarships. These training programs can be set up through a few select local community colleges working with local hospitals. The state would provide funding for the programs and for local physicians who provide the clinical training. Then we need to set up a state primary care network. I would require that graduates from these 3 year primary care schools be required to serve in the state primary care network for 5 years at a good but not excessive salary to repay their scholarship. After 5 years we would increase their salaries to retain them in the state provider network. This state primary care network would collect insurance payments and feed funds after expenses back into the training program so that after a few years, it will require reduced amounts of state money to fund the training program. The current medical schools can then focus on training specialists. I also think our state could get significant initial federal funding as a demonstration project and when we show success this could become a national program. This is not a quick fix but a long term sustainable program.

Karl T. Kleeman, PhD
2305 38th St.
Bellingham, WA. 98229
360-927-3254

Submitted by Karl Kleeman

10/15/2022

Please distribute to commission members.

Thanks, Karl T. Kleeman PhD, Infectious disease, retired, Bellingham

I recently sent an email suggesting Washington State make an effort to train more primary care physicians as getting appointments is often so difficult. I also believe that a 3 year program to train primary care physicians funded by the state should be considered as I described in a previous communication. Physicians graduating from this program would be required to work for 5 years in a state run primary care program to repay the state for their training. They would get reasonable pay for the 5 years. After that time, as an incentive to get them to stay in the state program, they would get a pay increase. The state would set up practices where there is a shortage of primary care physicians and collect from patient insurance payers. The state could provide care for those without insurance at some kind of very reduced rate but so as to reduce abuse, they would have to pay something. I have been concerned that we have a shortage of physician providers. Any attempt to increase coverage and care in our state must also address this provider shortage. I did some research and found this interesting data.

Here are figures I found for Physicians per 1000 population. I just picked countries comparable to the US. Why are we under served compared to these other countries?

Physicians (per 1,000 people)

World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data.

United Kingdom

2019

5.8

United States

2018

2.6

France

2018

6.5

Germany

2018

4.3

Greece

2018

6.2

Israel

2019

5.5

Euro area

2017

5.5

Submitted by Cris Currie

11/1/2022

UHC Commission:

Attached is my response to Oregon's largest healthcare insurers' letter criticizing Oregon's Joint Task Force on Universal Healthcare's final report. Links to both the report and the letter are in the footnotes of my response. Their letter is a good illustration as to why insurance industry representatives are of minimal value to our work on universal healthcare: they offer no evidence to support their opinions which are based solely on self-interest. I hope my comments are useful. Thanks for your work.
Cris

11203 E. Heglar Road
Mead, WA 99021
criscurrie22@gmail.com
November 2, 2022

To:

Ken Provencher, President and CEO
PacificSource Health Plans
Robert Gootee, President and CEO
Moda Health
Angela Dowling, President
Regence BlueCross BlueShield of Oregon

Greg Adams, Chair and CEO
Kaiser Foundation Health Plan, Inc.
Don Antonucci, CEO
Providence Health Plan

cc: Dr. Bruce Goldberg and the
Joint Task Force on Universal Health Care
Oregon State Legislature
AdministrationLeg@oregonlegislature.gov

cc: Vicki Lowe, Chair and the
Washington State Universal Health Care Commission
Washington Health Care Authority
hcauniversalhcc@hca.wa.gov

Dear CEOs:

I have read the unsigned response from the above five health insurers to the Oregon Universal Health Care Task Force's final report, and I feel that I must provide a rebuttal on behalf of the thousands of healthcare activists around the country who loudly applaud the work of this Task Force and know the truth.^{1,2} As expected, the industry response is a rehash of long worn out hollow arguments against the kind of healthcare financing that is undoubtedly in the American public's best interest. To summarily dismiss the hundreds of hours of tireless discussion of countless respectable research studies and personal experiences by an exceptionally diverse group of content experts and members of the public with such a curt and self-serving letter is quite frankly, completely disingenuous and totally lacking in credibility. Apparently, we are all just expected to naively accept the industry's "unique lens" and "decades of experience" as sufficient proof of its assertions.

The letter first criticizes the Task Force's approach "in interpreting its charge under Senate Bill 770," but no specifics are included. And while the insurer "lens" on the administration of health benefit plans might be "unique," it is far from the only lens that needs to be focused on the worst healthcare system in the developed world. It is in fact those who myopically peer through the insurance lens who are most

responsible for our current crisis. I would also point out that those of us who have either been involved in, or have followed the Task Force's work from other states, also have "decades of experience" as practitioners, patients, administrators, researchers, and evaluators in this highly dysfunctional, outrageously expensive, racist, wasteful, and unsustainable chaos commonly known as our healthcare system.

The time for "incremental steps" and making excuses for such minimal "gains" has long since passed. For example, no other developed country in the world was caught so unprepared for the "challenges" posed by COVID-19. The resulting "enormous pressure" referenced in the letter is uniquely of the industry's own making and now beyond control. At this point, the only way to "stabilize our system" is to completely overhaul it by eliminating the profit motive and the "markets" that foster all kinds of "disruption," and which are rife with negative "consequences." The Task Force's final report is perfectly consistent with these essential goals.

To suggest that the report does "too much, ignores significant legal and financial challenges, and has no precedent of success in the United States," is to further demonstrate the weakness of the industry lens. Medicare, Medicaid, CHIP, and the Veterans Health Administration are four highly successful, yet imperfect, single-payer precedents that conservatives of the mid twentieth century so preposterously predicted would be the death knell for American civilization. And we have all kinds of other important socialistic precedents for government funding of services that everyone needs and shares, including fire and police protection, justice services, sanitation, mass transit, libraries, and schools. Furthermore, individual states have long served as experimental laboratories for new and precedent setting programs, and it is that well-grounded historical process that is at work here.

The single-payer movement is not just occurring in Oregon, but thousands of people in Washington, California, Colorado, New York, Maine, Minnesota, Vermont, and other states are all reaching the same conclusions, despite their state's "inability to run a deficit" and their "unstable tax-base(s)." It is truly only a matter of time before the first state breaks the log jam created by the Medical Industrial Complex as led by the insurance, hospital and pharmaceutical industries. While the U.S. was the first country in the world to provide universal primary and secondary education, it is inexcusably the last to follow the developed world's precedent (and our agreement to the Universal Declaration of Human Rights, Article 25) to provide universal healthcare as a human right. And to call the Task Force proposal "financially irresponsible" when it's a rare health insurance executive manager who makes less than 7 figures, is downright comical. Nobody deserves or needs multi-million dollar compensation packages, especially at the expense of millions of people who require but can't afford the services that this industry ostensibly makes available. Such extreme unprecedented income inequality in this country is at the root of nearly all of our social problems, especially healthcare, and you, as leaders in this pursuit, should be duly ashamed.

Working "together" to "lower health care costs" is indeed important, but it means bringing together people who have previously been denied a seat at the table (especially those who suffer from numerous negative social determinants of health), which is what the Oregon Task Force has done. However, "reducing costs" is not the only objective. We must also dramatically create genuine universal access to health care (including in unprofitable areas), make it truly affordable for everyone (including the undocumented), and seriously increase the quality of services (particularly primary care). The

traditional “stakeholders” have failed miserably over the last 50 years at all of these goals. Because consumer “choice” and “control” are not the most important issues, a “one size fits all” strategy is in fact what is needed if the size chosen is large enough to be inclusive of the vast majority of need! Currently consumers have far too many very confusing and absolutely meaningless choices, none of which fully “fit” their needs.

Now, with regard to the idea of “doubling taxes,” arguably, every American’s financial goal is, quite simply, to get ahead. That means saving more and spending less on big ticket items and necessities. Today, health insurance is shamefully the third highest American living expense after rent and childcare, so it is imperative that if one is to get ahead, one must spend much less on these three items. By eliminating approximately one-third of the expense of health care (advertising, lobbying, useless administrative work, profit, shareholder dividends, luxury offices and travel, and exorbitant executive compensation), a single-payer plan will do exactly that by substituting a much lower tax rate for the healthcare “taxes” people currently pay in the form of premiums, deductibles, copays, coinsurance, out of pocket expenses, and the lack of access to healthcare that these barriers all represent.

If anyone is “ignoring financial challenges” it is the insurance industry with its inability to show how the above expenses contribute in any way to the health of our population. Most people simply do not care what a payment is called, as long as they can get ahead, as relatively low single-payer payments will better allow them to do. To harp on increasing taxes is a form of paltering (using truthful statements to foster misperceptions). It is deceptive and deplorable, and again, you should all be ashamed of the practice. Yes, Oregon’s tax rates will be quite high, but Oregonians will receive much better benefits in exchange than anyone else in the country. Because with all residents being part of the same risk pool, costs are minimized for everyone. This is just a basic premise of insurance that health insurers have ignored for decades. Very quickly, Oregonians will brag just like all the Canadians who can no longer imagine living without universal, single-payer healthcare. Europeans have also consistently claimed that they don’t mind high tax rates when they know they are being spent wisely on much needed social services where everyone benefits. This is the international precedent our country desperately needs to follow before frustration and desperation reach the boiling point.

With regard to the impact of a single-payer program on the overall economy, much research has been done and there is really no need for any state to do more of its own. Study after study has consistently shown that businesses become more productive and competitive, especially internationally, when health care is eliminated from their balance sheets. What business could not use an immediate 8% cut in their expenses? As Warren Buffett has noted: “Medical costs are the tapeworm of American economic competitiveness.” Employees are healthier and much freer to change jobs or to start their own businesses, while single-payer financing would also eliminate 60% of American bankruptcies.

The report does not “gloss over” the challenges of a changing workforce as the letter asserts. According to the report: “Professionals who currently work in claims processing and benefit administration for private insurers and provider offices will require training and support before and during the transition.” Again, numerous studies offer guidelines for a fair transition, including retraining into the many newly created positions that will support and facilitate the universal system. The report acknowledges that small businesses that do not currently offer costly health insurance for employees could be financially hurt by the new tax, so appropriate business size exemptions will probably need to be included. Yes, “the opportunity to start a small business often helps lift disadvantaged Oregonians out of poverty,” but

small businesses would be an even more effective lifter if the owners didn't have to budget for outlandish health insurance premiums! Major employment shifts due to changing technologies and economic conditions are certainly not new, yet somehow, we weather through them such that revenue streams recover, and the rich keep getting richer. The vast majority of the jobs in the insurance industry that will be lost, and where workers will most require retraining, are low level and involve responsibilities for which most employees derive no particular satisfaction, because they rarely contribute any real value to our society. Most workers will likely be relieved and excited to have the opportunity to pursue a more rewarding career. Rather than creating a "giant hole," the Task Force proposal will create a giant opportunity for personal growth, meaning, and advancement.

The Task Force originally proposed 4% for administration. Industry representatives commented that 6% would be more realistic, and their letter sanctimoniously declares that "this underestimation is a good example of the theoretical nature of the entire plan." However, the letter's mystery author also missed the fact that the administrative allocation was increased to 6% in the final report, demonstrating the very positive nature of the plan as seriously responsive to public comment and engagement.

The final report makes the very conservative estimate that the single-payer proposal will save Oregon \$980 million (not \$650 million as the letter states), largely by eliminating waste, and that this amount is expected to increase over time. This figure is not "highly speculative" and obviously "not based on precedent," but rather the result of consultations with professional actuaries, researchers, state agency personnel, and review of countless professional economic studies that have been done all around the country over the last 25 years, including the RAND study in Oregon. If every new idea had to be "based on precedent," nothing would ever change!

While one could claim that the health insurance environment is still competitive, over the last 15 years, it has been getting less and less so, as all members of the Medical Industrial Complex have learned to collude together for joint gains. Further, it is very interesting that in the letter you "disagree that a single-payer system would have more success achieving" lower costs than the profit driven status quo, without offering a shred of evidence to justify that disagreement. The letter further states that it is "hard to imagine that all of Oregon's providers are going to willingly accept a cut in pay to work in a state-run system." Where did this false assumption come from? The report clearly states that the goal is to increase "parity among primary care, physical health, behavioral health, vision, dental, naturopathic physicians, and traditional health workers, among others." Elsewhere the report estimates provider reimbursements at 124% of Medicare. A fair compromise. This means pay for primary care providers, especially those who treat Medicaid patients, will finally go up. While payments to generally overpaid specialist services will likely drop some, their take-home pay will probably not change much due to substantially reduced office administrative costs. Many will even be able to get out from under the yoke of consolidated hospital management structures. Such blatant misrepresentations of the report will get your industry nowhere.

To say that "it is ill advised to base a single-payer strategy on an untested legal theory," is likewise a misrepresentation of the facts. The report lays out four different strategies for incorporating Medicare into the new system. It even explains how the new system is not "based" or dependent on any one of them. Furthermore, seeking federal waivers is not an "untested legal theory," but an option that has long been available to any state willing to try something new. And just because industry representatives

can “see no viable legal path” to avoid ERISA preemption does not mean that one is not available. Again, the industry lens has a far too limited field of view to provide meaningful comment on this matter. I refer you to the Fuse Brown and McCuskey 2020 article published in the University of Pennsylvania Law Review, a summary of which is provided in Appendix A of the report. With the strategies delineated in the article, the state will have an excellent chance of prevailing in any lawsuits the industry chooses to bring forth. Whether these challenges do end up “costing millions of dollars and setting back the implementation timeline” is therefore entirely under the industry’s control.

Paltering again, the letter states that we “can’t go back in time and re-design” the system “from scratch.” This is obviously true, but fortunately we don’t need to. All we need to do is utilize the best parts of our existing Traditional Medicare system, our VA system, and numerous government-based systems working relatively well around the world to actually design a genuinely functional structure for the first time in this country that will truly result in the best healthcare financing in the world. You might think that with all your horribly wasteful, happy-face advertising campaigns that you have won the public to your side, but nothing could be further from the truth. People buy your products not because they love them, but because they tolerate them, having no real choice. When only 10% of the population is responsible for two-thirds of the spending, the vast majority of people have few complaints because they have never needed complex, expensive care.³ Yes, “after three years of discussion and analysis and several million dollars from the legislature,” it is definitely time to “move on” towards implementation of a single-payer system, not just for Oregonians, but for every American!

Sincerely,

Cris M. Currie, MA, RN (ret.)

1 Letter available at

<https://olis.oregonlegislature.gov/liz/202111/Downloads/CommitteeMeetingDocument/256285>

2 Report available at

<https://olis.oregonlegislature.gov/liz/202111/Downloads/CommitteeMeetingDocument/256285>

3 See <https://www.latimes.com/business/story/2019-08-05/health-insurance-useless>

Submitted by Mike Benefiel

11/30/2022

WHY DO WE NEED UNIVERSAL HEALTH CARE (UHC)?

Our families and friends and all Americans have a right to affordable and comprehensive healthcare.

The following are a few facts about the current healthcare system in this country.

- About 45,000 Americans die each year and many times that number needlessly suffer because of lack of healthcare coverage.
- About 530,000 American families go bankrupt each year due to medical bills compared to zero in other modern nations.
- In WA about 500,000 residents have zero health care coverage and at least that many with poor coverage.
- Those that do have healthcare coverage find that the insurers dictate what the premiums are, what is covered and what treatments are covered (often overriding doctors' decisions).
- Employer-based coverage is extremely expensive (abt \$22,000/year) and the employees are at the mercy of the employer who can change or eliminate coverage at will. Also, if one loses their job they also lose their all important healthcare coverage.
- More infants die before they reach one year of age in this country than any other modern country and this country has the highest maternal death rate.

Universal Health Care would correct these unacceptable situations. But before we go farther we must be certain we all agree on the definition of UHC as the definition is often misused.

The World Health Organization defines UHC as:

“UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.”

UHC does NOT mean that all individuals have “access” to some type of coverage. Today most, if not all WA residents have “access” to some kind of coverage but in too many cases can't afford the coverage therefore, they are NOT “receiving the health services they need”.

The problems with the current system that must be recognized and addressed are:

(1) There are too many with either zero coverage or very poor coverage. All WA residents must be covered by a new system. The current trend to pass dozens of bills aimed at fixing different problems of our system are merely expensive and inefficient band-aids and not moving toward true UHC.

(2) The current system is too expensive. Adding expensive subsidies that only provide help to a very small number is neither solving the problem nor "on the path" to solving the problem.

(3) The system with over 10 different insurers and 100 different policies in the Exchange alone is cumbersome and inefficient. Adding more policies (e.g., Cascade Care policies) only makes this situation worse.

(4) But maybe the most egregious problem with the current system is that the insurers, not doctors, are in control of our healthcare and they are driven by a profit motive. Insurers determine the costs and coverages, and they are free to deny claims, again all with a profit motive which is counter to our healthcare needs.

All of these problems will be fixed when we enact true UHC.

True UHC is provided by a single-payer system as confirmed by over 20 studies including that done by our own UHC Work Group. **Model A is the only true UHC.**

The UHCC is respectfully requested to provide answers to the following questions:

1. Will the UHCC state that they agree with the World Health Organization's definition of Universal Health Care and drop the word access?
2. Will the UHCC commit to reviewing the completed legislation that has been introduced for the last 4 years, that will implement a Model A type health care system for WA? This legislation provides the answers the UHCC is seeking.
3. With a project of this size a time-line with specific goals/dates is essential. Will the UHCC provide such a timeline and reveal the goal of introducing legislation?
4. If Model B is being considered as a transition phase to Model A, then will the UHCC ensure that the insurers involved be subject to strict regulations limiting their profits and not allowing them authority to deny procedures and/or claims?

5. The goal of the UHCC is to provide a path to UHC. Will the UHCC ask any members of the UHCC whose jobs might depend on the implementation of UHC to resign to prevent a conflict of interest?

6. Will the UHCC openly recognize the dire need for implementing UHC as soon as possible and commit to shortening the time-line as much as possible?

UHC Commission,

You have a great responsibility. Too many WA residents have no coverage, poor coverage and/or too expensive healthcare coverage. They all deserve affordable healthcare coverage. You have the power to bring this about but we need it sooner more than later. Every day that goes by sees more suffering and actual deaths of WA residents including our children.

The Democrats may not control the legislature forever and unless we get something done soon we may never get anything.

I am attaching a document that asks the Commission some serious questions that I believe the public has a right to know. Please address these questions.

I understand that there is a major effort by the healthcare lobby to stifle the quest for fair and affordable healthcare for all but you must prevail.

The people of WA are counting on you.

Mike Benefiel

Submitted by Roxanne Thayer

12/1/2022

Commissioners:

Thank you for taking comments, your transparency and attention to citizen input is a powerful statement, reflecting the needs and wishes of Washington State residents.

This past August I broke my arm and went to Tacoma General Hospital for care. Three days later I went in to Allenmore Hospital, in Tacoma, to have a plate inserted on the bone. Following that I had 8 physical therapy appointments. So far, my bill for these services is just over \$65,000. Luckily, I have insurance. Many Washington State citizens do not. And, for the majority, the cost of the copay, or if a person had not met her/his deductible yet, this cost could cause complete financial failure.

In fact, every 15 seconds, in the U.S., someone applies for bankruptcy due to medical bills. More astounding is the fact that 80% had insurance when they first became ill.

Canadian example: My sister married a Canadian, her sister-in-law fell off her bicycle and broke her hip, on Galliano Island. An ambulance picked her up and drove her to the dock. An ambulance boat picked her up and took her to Vancouver, where an ambulance picked her up and took her to Vancouver General Hospital. When she was released, she was directed to go to the "Finance Office". There, she was given money to purchase her ticket back to Galliano Island.

I've lived in Italy, Germany, Canada, and Argentina. In all those places, the story is the same as Canada. A doctor visit in Italy, to my apartment, for bronchitis, along with antibiotics and an expectorant, cost me \$42. U.S.

You must take the steps to put this state, and begin the U.S. movement there, to Improved Medicare for All, Single Payer.

Please read/view the reference materials below, they are categorized with intro statements to assist you. You may need information from them for your future talking points.

Thank you for your commitment to Improved Medicare for All,

Dr. Roxanne Thayer

Women's Advisory Board to the King County Council

The "Universal Health Care Work Group's Final Report to the Washington State Legislature" January 2021 (see page 2 on the link, below, for the savings offered by "Model A", Single Payer in Washington State, which is: \$2.5 billion in the first year of implementation and 5.6 billion each following year to the state and the people. 80% of UHCWG members who voted, for which health care model they preferred, voted for this "Model A" (p. 44).

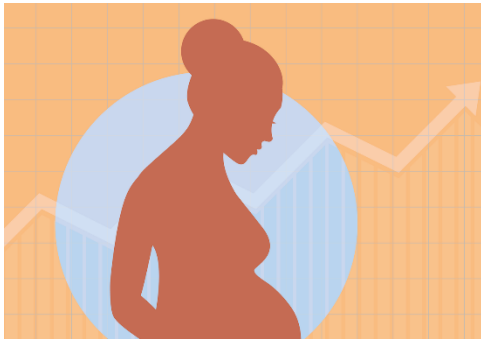
The three members of the UHCWG who did not choose "Model A", Single Payer health care, as their first choice, were: "Kaiser Permanente", "Association of Washington Health Care Plans", and the "National Federation of Independent Businesses" (p. 44).

<https://www.hca.wa.gov/assets/program/final-universal-health-care-work-group-legislative-report.pdf>

The following pdf. and 4 articles analyze the inequitable medical debt burden in the U.S. and disparities in health care.

https://files.consumerfinance.gov/f/documents/cfpb_medical-debt-burden-in-the-united-states_report_2022-03.pdf

<https://tcf.org/content/commentary/worsening-u-s-maternal-health-crisis-three-graphs/?agreed=1>

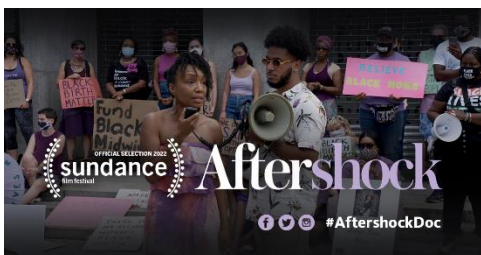


[The Worsening U.S. Maternal Health Crisis in Three Graphs](https://tcf.org/content/commentary/worsening-u-s-maternal-health-crisis-three-graphs/?agreed=1)

A Call to Action. These statistics paint a grim picture of the risk faced by Black women and birthing people. Although these graphs can provide insight into the scope of this crisis, they cannot capture the true scale of this tragedy: each person represented in the CDC's statistics is a life lost too soon, leaving loved ones to grieve at a time when they should be celebrating new life.

tcf.org

<https://www.aftershockdocumentary.com/>



[Aftershock | Documentary Film](https://www.aftershockdocumentary.com/)

About the Film. In October 2019, 30-year-old Shamony Gibson tragically died 13 days following the birth of her son. Two months later, we began filming Shamony's surviving mother, Shawnee Benton Gibson, and bereaved partner, Omari Maynard, as they

began to process what happened and figure out their new normal.

www.aftershockdocumentary.com

<https://seattlemedium.com/ag-ferguson-files-lawsuit-against-swedish-other-providence-affiliated-hospitals/#:~:text=Washington%20State%20Attorney%20General%20Bob%20Ferguson%20recently%20announced%20a%20consumer,which%20they%20are%20legally%20entitled.>



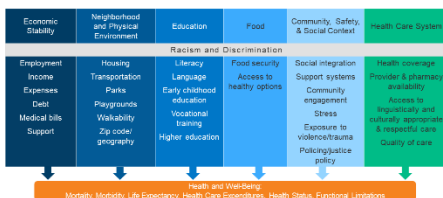
[AG Ferguson Files Lawsuit Against Swedish, Other Providence-Affiliated Hospitals](#)

Washington State Attorney General Bob Ferguson. Washington State Attorney General Bob Ferguson recently announced a consumer protection lawsuit against five Swedish hospitals and nine Providence-affiliated facilities alleging that they failed to ensure that eligible low-income Washingtonians receive the discounts to which they are legally entitled.

seattlemedium.com

<https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>

Health Disparities are Driven by Social and Economic Inequities



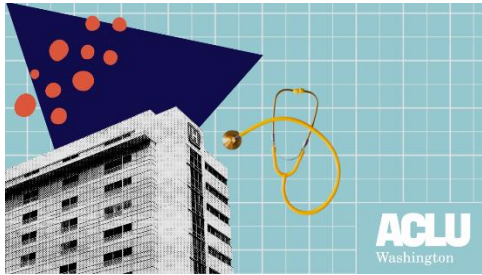
[Disparities in Health and Health Care: 5 Key Questions and Answers - KFF](#)

Beyond the direct health impacts of the virus, the pandemic has taken a disproportionate toll on the financial security and mental health and well-being of people of color, low-income people, LGBT ...

www.kff.org

The Keep Our Care Act (KOCA), SB 5688 and HB 1809, which would have given our State Attorney General regulatory powers over mergers and acquisitions in the health care market, failed to pass the legislature during the last session. Legislators who responded to questions regarding these failures, related that "*the hospital lobby in Olympia is in control and out of control*". Due directly to the failure of KOCA, the "faith-based" hospital beds in Washington State continue to increase nearing 50%, second only to Alaska's. The following 4 articles detail these and related issues:

<https://www.aclu-wa.org/KOCA#:~:text=The%20Keep%20Our%20Care%20Act%20would%20ensure%20health%20entity%20mergers,access%20to%20affordable%20quality%20care.>



[Keep Our Care Act Resource Center | ACLU of Washington](#)

Support the Keep Our Care Act and safeguard community access to quality affordable care. Mergers and acquisitions between health care entities like hospitals, hospital systems, and provider organizations are prolific across the country and in Washington State.

www.aclu-wa.org

https://www.yakimaherald.com/opinion/column-even-in-washington-state-the-catholic-church-has-too-much-influence-on-abortion-access/article_4dc77fd9-6067-515d-a359-855b8f7b05a7.html



[Column: Even in Washington state, the Catholic Church has too much influence on abortion access | Opinion | yakimaherald.com - yakimaherald.com | Yakima, Washington](#)

Abortion is already illegal or heavily restricted in 11 states, with another 12 poised to do the same. The Guttmacher Institute estimates that with Roe overturned, Washington will see a 385% ...

www.yakimaherald.com



[Birth control access can be limited in places with Catholic health systems : Shots - Health News : NPR - npr.org](https://www.npr.org/sections/health-shots/2022/09/04/1120817046/birth-control-catholic-health-care)

Religious rules guiding Catholic health care systems often mean their doctors can't prescribe contraceptives or perform tubal ligations. And sometimes that leaves patients with few other options.

www.npr.org

<https://nurse.org/articles/nurse-safe-staffing-washington-state/> **This bill also failed during the last session of our State legislature. Nurse staffing in faith-based hospitals may be reduced, resulting in the following issue. Most recently, at "St. Michael's Hospital" in Silverdale Washington, the ER head nurse called in the fire department to assist, due to lack of nurses working in the hospital:**



[Nurse Safe Staffing Bill Fails in Washington Senate](https://nurse.org/articles/nurse-safe-staffing-washington-state/)

Safe staffing and nursing ratios has become a VERY hot topic recently, despite the ongoing problem for years. Petitions are being signed, rallies are being held, and national media has

finally picked up on
this serious problem.

nurse.org

The following 4 articles address George W. Bush's beginnings of the privatization of Medicare through "Advantage" plans, which are focused on profits, not patients. And the Donald Trump plan to completely privatize Medicare, which Joe Biden has not yet stopped, due to take effect, in segments, beginning this January, 2023. Medicare patients whose primary care doctor is in the PolyClinic, will be switched from their Medicare plan to the privatized "ACO Reach" without their knowledge, beginning this January (PNHP).

<https://www.nytimes.com/2022/04/28/health/medicare-advantage-plans-report.html?action=click&module=RelatedLinks&pgtype=Article>



[Medicare Advantage Plans Often Deny Needed Care, Federal Report Finds - The New York Times](#)

Every year, tens of thousands of people enrolled in private Medicare Advantage plans are denied necessary care that should be covered under the program, federal investigators concluded in a report ...

www.nytimes.com

<https://www.usnews.com/news/business/articles/2022-11-05/medicare-enrollees-warned-about-deceptive-marketing-schemes>

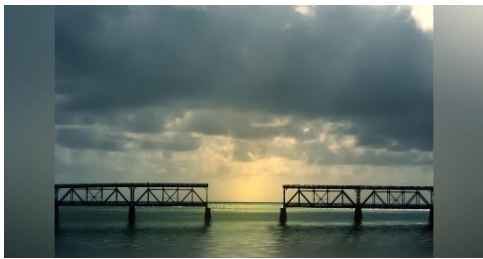


[Medicare Enrollees Warned About Deceptive Marketing Schemes](#)

FILE - Chiquita Brooks-LaSure, the Administrator for the Centers of Medicare and Medicaid Services, poses for a photograph in her office, Wednesday, Feb. 9, 2022, in Washington.

www.usnews.com

<https://www.hcinnoationgroup.com/policy-value-based-care/article/21260098/physicians-for-a-national-health-program-leaders-express-disappointment-in-acoreach-model>



[Physicians for a National Health Program Leaders Express Disappointment in ACO REACH Model | Healthcare Innovation - hcinnoationgroup.com](#)

As Healthcare Innovation reported on Feb. 25, the Centers for Medicare & Medicaid Services (CMS) announced a redesigned Accountable Care Organization (ACO) model “that better reflects the agency’s vision of creating a health system that achieves equitable outcomes through high quality, affordable, person-centered care.”. The release stated, “The ACO Realizing Equity, Access, and ...

www.hcinnoationgroup.com

https://www.nytimes.com/2022/10/08/upshot/medicare-advantage-fraud-allegations.html?unlocked_article_code=k78h25xIMsnbjmrEfVzF_xM3ykSi5eYj90kcDEk4isyH0ZY5kC5HY7awQSGssd_iKC5VcL7XxJ25BfNtZd_XsZDZd_hV8jZkLUtPewzH

[RMX52FHBbqedLrgSTK-soSWSOSjTCPFWhZ-yoMDma9eTa8txZxmPSWpw9FKWRFTs0A1ELu7_a8lvwHhta4ANigy-PYCzAyR7z2ajdkSGlc2e4AcJwzL2y6EfTpLDwdYFmpECI6-tK5k_Ai8aXBb0S7MUjadlJrf1MRuNpxPNGKdw1wh1I6w576qAWGTLW8bnriN0oD99qblv5n5Fnk8kA8i5X4_0pyBybjF5j4d2ntlBrLGgK0HHDNlnJbrDOM&smid=share-url](https://www.nytimes.com/2019/05/16/us/politics/medicare-advantage-providers-fraud.html)

The top Medicare Advantage providers have:

| | Been accused of fraud by a whistle-blower | Been accused of fraud by the government | Overbilled the government |
|--------------------|---|---|---------------------------|
| UnitedHealth Group | ✓ | ✓ | ✓ |
| Humana | ✓ | | ✓ |
| CVS Health | | | ✓ |
| Elevance Health | | ✓ | ✓ |
| Kaiser Permanente | ✓ | ✓ | |

‘The Cash Monster Was Insatiable’: How Insurers Exploited Medicare for Billions

By next year, half of Medicare beneficiaries will have a private Medicare Advantage plan. Most large insurers in the program have been accused in court of fraud.

www.nytimes.com

The following full text of Initiative 1471 is a complete blueprint for the steps to single payer in Washington State. This language, without the I-1471 identifiers, could be used as a road map, or as a bill, to the legislature. Consequently, adopting the resolution will not only support I-1471 but will also support the further work towards single payer, Medicare for All in Washington State. The following 3 links also explain the Washington Health Trust in more detail.

<https://wholewashington.org/initiative-1471-full-text-2/>



[Initiative 1471 \(full text\) - Whole Washington](#)

The full text of Whole Washington's new Initiative 1471 to the Legislature of Washington State.

wholewashington.org

<https://wholewashington.org/how-we-pay-for-it/>



[How We Pay For It - Whole Washington](#)

Not authorized by any candidate or candidate committee. Whole Washington is a 501(c)(4) organization. Donations to Whole Washington are not deductible as charitable contributions for Federal income tax purposes.

wholewashington.org

<https://wholewashington.org/friedman-financial-analysis-2021/> Detailed analysis of how to fund universal health care in Washington State.



[Friedman Financial Analysis \(2021\) - Whole Washington](#)

Friedman Financial Analysis (2021) of Whole Washington's Single Payer Healthcare initiative to provide healthcare to all Washingtonians.

wholewashington.org

Submitted by Health Care is a Human Right
12/6/2022



December 6, 2022

**Re: Nominations to the WA Universal Health Care Commission Finance
Technical Advisory Committee**

Dear Universal Health Care Commissioners and Health Care Authority Staff,

Thank you for your leadership in establishing the Universal Health Care Commission. We write as representatives of Health Care is a Human Right Washington to seek your continued leadership in forming the Finance Technical Advisory Committee (FTAC) by nominating strong patient health champions to the Commission.

[Health Care is a Human Right](#) is the state's largest grassroots community-labor campaign to make healthcare a right to all people in our state and in our country, with over 60 member organizations. We are part of a growing movement for health care justice. We believe the fundamentals of our health system must be built around delivering health care to everyone in our country in an equitable way.

The Universal Health Care Commission will play a pivotal role in shaping near-term improvements to Washington's health system, as well as laying the foundation for a universal system with a unified financing system that can ultimately offer greater care at a cost savings.¹

Through many years of work advocating for universal health care, we've come to know champions who are not only experts in health coverage, delivery, access, and financing policy, but also stand as leaders in centering health equity and in achieving health care justice in our state. Some of these nominees previously participated in the state's [Universal Health Care Workgroup](#), currently serve on the Health Care Cost Transparency Board, or have served on the Joint Oregon Task Force for Universal Health Care, so they are familiar with both the opportunities and complexities of this endeavor. Others have demonstrated their commitment to equity in their work in Washington communities. We request your consideration of the following esteemed individuals in the nine nominations you will make to the Universal Healthcare Commission's FTAC. We understand that each individual submitted an application and resumé to serve on the FTAC.

¹ See the [Health Care Authority's Universal Health Care Workgroup findings](#)

C/O Washington State Labor Council 321 16th Avenue S., Seattle, WA 98144
hchrwashington@gmail.com | healthcareisrightwa.org

| | |
|-----------------------------------|--|
| Dennis Barnes | Medical Information Technology Consultant for Insurers |
| Bruce Cutter, MD | Oncology |
| Nancy Connelly, MD, MPH | Pioneer Square Clinic, UW Primary Care & serves on the Health Care Transparency Board |
| Cris Currie, RN (Ret) | Community Health Care Advocate and retired RN who has provided in-home care to patients in rural WA. |
| Warren George | Business owner with an industrial engineering background. Served on the Joint Oregon Task Force for UHC. His experience as a manager overseeing employee health care benefits propels his interest in health care reform. He worked a stint in Richland, WA. |
| Aaron Katz, CPH | UW School of Public Health, Principal Lecturer Emeritus Health Systems and Population Health and WA Health Care Reform. Served on the WA UHC Work Group |
| David Keepnews, PhD, JD, RN, FAAN | Executive Director, Washington State Nurses Association |
| Stephen Kemble, MD | Appointed to the Hawaii Health Care Authority for All Hawaii charged with designing a UHC system for Hawaiians. Completed medical degree at Harvard Assistant professor of both Medicine and Psychiatry. Board Member, Physicians for a National Health Program. |

We also hope that several UHC Commission members will be tapped to serve. Professor Bidisha Mandal's background in health economics would be especially germane. The FTAC could be where the design work happens at this stage and so we also recommend that Dr. Karen Johnson serve on the FTAC to keep equity in the forefront of the work.

We also urge that you keep the Patient Consumer position open. Several excellent candidates found the application form inadvertently off putting. We recommend that in addition to holding the position open to attract candidates who contend with a system such as a Medicaid, ACA, Tribal, VA or Medicare, that you consider **using a different application for people applying to the Patient Consumer positions on HCA boards/commissions/work groups/task forces.** If you do, let us know and we can recommend some excellent patient consumers.

In our search, we also talked to one expert who cannot commit to the FTAC but who enthusiastically agree to offer his expertise.

Chunhuei Chi, MPH, Sc.D. MPH, Sc.D. Director, Center for Global Health
Professor, Global Health and Health Management and
Policy Programs, College of Public Health and Human
Science, Oregon State University. Continues to consult
on the Taiwanese UHC system he helped design.
chunhuei.chi@oregonstate.edu

Thank you for your consideration of these candidates for nomination. We will look forward to working with your office to support the Commission's work moving forward.

Sincerely,

Claude Burfect – NAACP-Seattle/King County & Coalition of Black Trade Unionists – Puget Sound

David Loud – PSARA

Nathan Rodke – WA Community Action Network

HCHR-WA Steering Committee Co-Chairs

CC: Nominees: Dennis Barnes, Bruce Cutter, MD, Nancy Connelly, MD,
MPH, Aaron Katz, CPH, David Keepnews, PhD, JD, RN, FAAN &
Consultants: Chunhuei Chi, MPH, Sc.D. and Stephen Kemble, MD

Oregon's Joint Task Force on Universal Health Care

Tab 4



Oregon's Universal Health Plan Design

Presentation to the Universal Health Care Commission (WA)

December 15, 2022

Introductions

Bruce Goldberg MD

Chair, Joint Task Force on Universal Health Care

John Santa, MD, MPH

Member, Joint Task Force on Universal Health Care

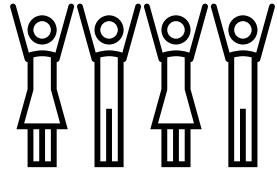
Daniel Dietz, JD

Policy Analyst, Oregon Legislature

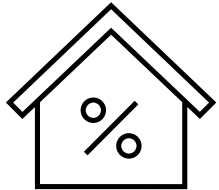
Our comments today are not intended to represent the views of the full Task Force.

Plan Elements

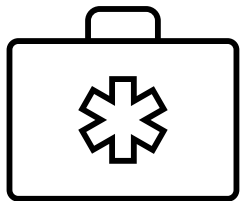
Bruce Goldberg



Eligibility and Enrollment. All people who live in Oregon will qualify no matter their job, income, or immigration status.



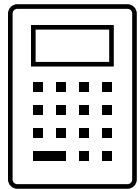
Affordability. No payment at the point of care. No co-pays or deductibles. No more medical debt.



Covered Benefits. Based on the benefits available now through Oregon's Public Benefits Employee Board (PEBB).



Health Care Providers. Includes any individual, group, or institutional provider (hospitals and health systems) that provides services covered by the Plan.

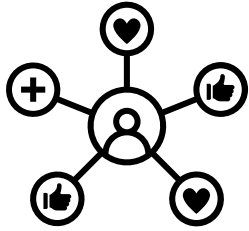


Provider Reimbursement. The Plan will pay providers directly. The Plan will eliminate the current system of different reimbursement rates by payer.

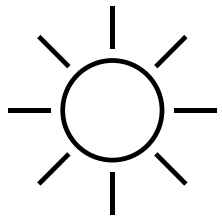
Private Insurance. Insurers may offer extra insurance to cover benefits or services not offered by the Plan. The Universal Health Plan will serve as the main administrator of health care benefits in Oregon.



Long-Term Supports and Services. Will remain separate, paid by Medicaid and private payment. Will be studied for future inclusion.



Social Determinants of Health (SDOH). Conditions in people's lives — housing, education, job opportunities, nutrition, and factors such as racism, discrimination, and violence — affect health outcomes. The Plan will seek, whenever possible, to address these conditions.



Nine Federally Recognized Tribes of Oregon. Tribal members will have the choice to enroll in the Plan as it will not change the services that Indian Health Services or tribal health systems currently provide.

Highlights

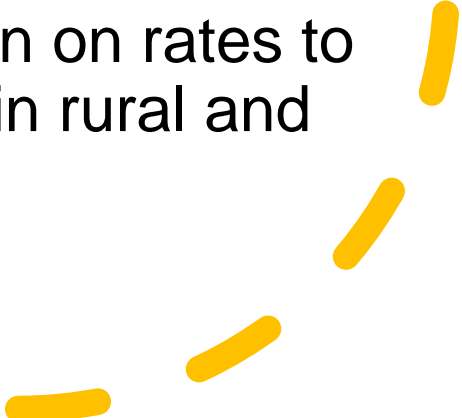
John Santa

Health Equity Concepts (\$ 2026)

| Strategy | Impact/Cost |
|---|---|
| All Oregon Residents Eligible | \$1.09 Billion |
| No Payment at Time of Service | \$ 851 Million |
| One Benefit Plan = Public Employee Plan | \$1.16 Billion (62% Dental) |
| Normalization of Reimbursement | \$8.7 Billion Transfer of Funds to Medicare and Medicaid populations. Current conversion factor for Medicaid=85, Medicare=100, Commercial 170. Blended status quo conversion factor=125 |
| Uncouple Coverage from Employment | No direct \$\$ impact but multiple discriminatory processes end— linkage to family, employee transitions |
| Social Determinants of Health | First priority if savings in delivery system |



Highlight: Normalization of Rates

- In the current system, there is much better reimbursement for providers who see more patients with commercial insurance versus Medicaid or Medicare.
 - The Plan will eliminate this variation in payment, resulting in more equitable care and changing a variety of business decisions.
 - Regional entities will advise the plan on rates to account for the needs of providers in rural and underserved communities.
- 

Highlight: Administrative Savings

- Administrative savings is a key factor in developing expenditure estimates
- Administration of single payer entity is estimated to be 6% of total health expenditures
 - This is less than the current system (~9%)
 - Savings are achieved by removing insurer profits and marketing expenses
 - Some TF members: 6% is too high
- Experts assume additional savings within the delivery system of 8 - 12%
 - Task Force assumed delivery system savings of 4%, leaving more resources in the system but requiring more tax revenue

Highlight: Medicare

Medicare is all federal funded with significant patient contribution for a modest benefit plan---no dental, vision, hearing.

Medicare is a challenge for state single-payer but there are pathways:

- Change federal law
- State-based Medicare Advantage
- Waivers and demonstrations

Oregon's approach: People who qualify for Medicare will be covered by the Plan to the extent that the federal government will allow. Those who qualify for Medicare will have all the benefits currently available in Medicare plus new benefits offered in the Plan.

Highlight: Governance

- Task Force recommends to 2023 Legislative Assembly to create non-profit public corporation
- Would be governed by a Board with members focused on start up and engagement. Board members would be fulltime employees with staff and budget for consultation.
- Board would work with delivery system on strategies for workforce, payment, administrative savings, behavioral health
- Medicaid, Medicare and ACA waivers
- Additional economic and actuarial analysis
- Development of revenue policies
- Board would recommend implementation strategies to 2025 Legislative Assembly

Staffing & Public Engagement

Daniel Dietz

Task Force Structure & Membership

- Established by [Oregon SB 770](#) (2019)
 - Provided framework, boundaries, inspiration
 - Oregon SB 428 (2021) extended timeline and funding
- **Members** were appointed and confirmed
 - 4 legislative members (2 House, 2 Senate)
 - Licensed health and behavioral health practitioners
 - Community members with diverse knowledge and experience
- **Meetings** each month + workgroup meetings
 - Over 250 hours per member
 - Fully remote until final meeting (Sept 29, 2022)

Staffing

Oregon Health Authority (OHA)

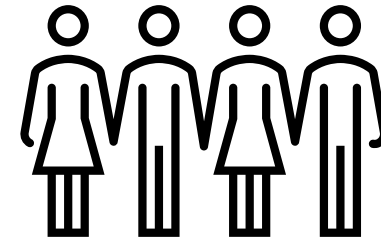
- One Operations and Policy Analyst position to coordinate the work and lead policy development
- One Research Analyst to conduct specific research needed to facilitate findings and commission recommendations
- One Operations and Policy Analyst position to develop and design reports

| OHA Fiscal | SB 770 (2019) – Biennium | SB 421 (2021) Extension |
|------------|--------------------------|-------------------------|
| Positions | 3 | 2 |
| FTE | 2.37 | 1.0 |
| Contract | \$200,000 | \$100,000 |
| Total | \$704,534 | \$398,054 |

Source: FIS for [SB 770](#) (2019), [SB 428](#) (2021)

Oregon Legislative Policy & Research Office (LPRO)

- Estimated (no fiscal analysis):
 - One full-time policy analyst
 - 0.5 FTE Director of Research
 - 0.5 FTE Committee Assistant



Advisory Workgroups

- **Technical Advisory Groups (Year One)**
 - Eligibility, Benefits, and Affordability
 - Provider Reimbursement
 - Finance and Revenue
 - Governance
- **Intermediate Strategies Work Group – (Year One)**
- **Expenditure and Revenue Analysis Workgroup – (Year Two)**
- **Ad Hoc Workgroups:** Communications, Public Engagement (Year Two)

Public Engagement

Task Force

- Consumer Advisory Committee (Oct 20-May 21)
- Public comment at every meeting (and draft Final Report)

Phase One (Jan-Feb 2022):

- 7 community roundtables including Spanish-speaking individuals, African-Americans, American Indian/Alaskan Native, Pacific Islanders, Individuals with disability, individuals with behavioral health needs, rural Oregonians

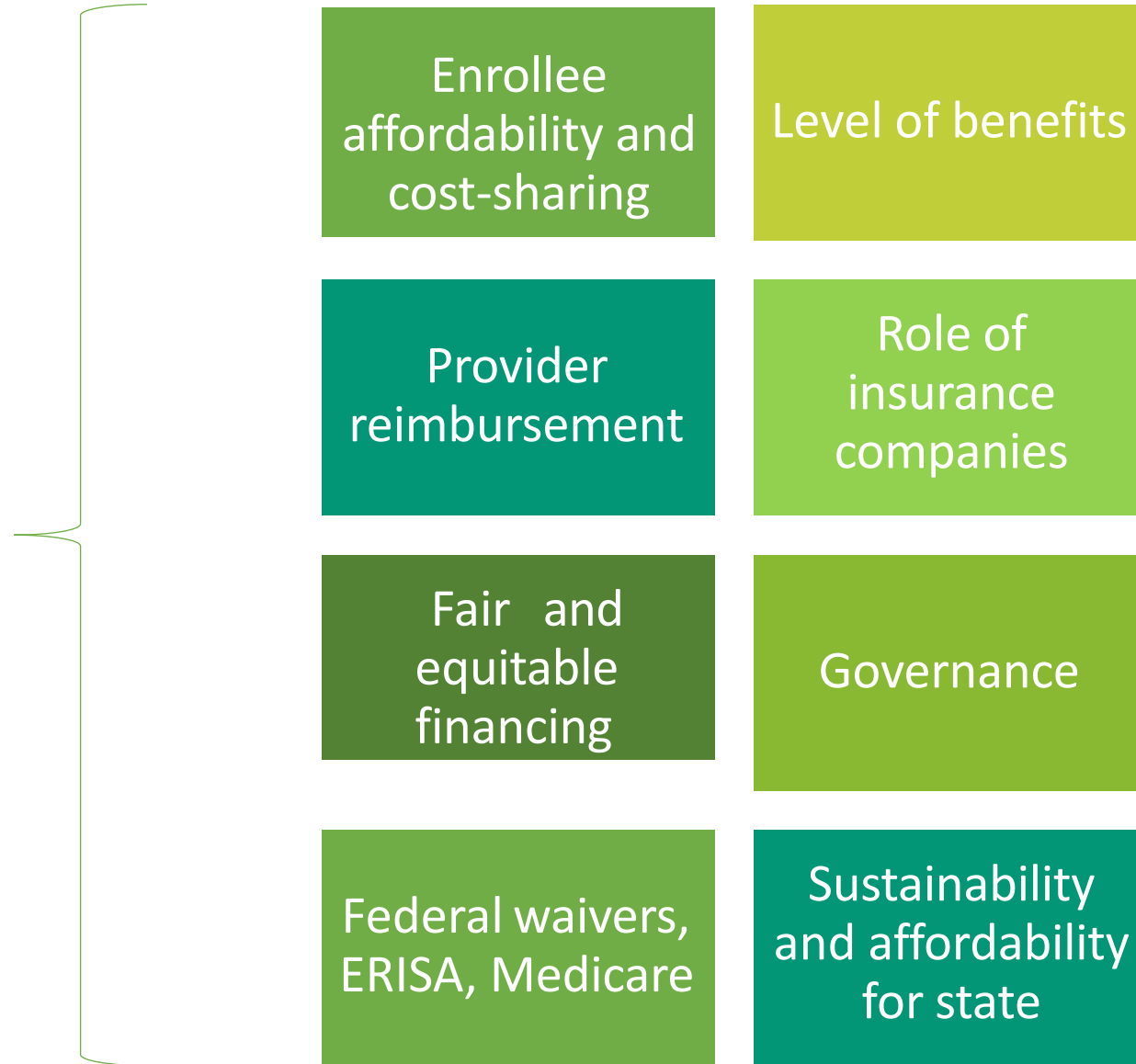
Phase Two (June-Aug 2022):

- 6 regional community listening sessions (incl. Spanish)
- 6 specialized forums for stakeholders, including unions, employers, providers, health systems, insurers

Process & Reflections

Bruce Goldberg

Managing interrelated design decisions



How the Task Force Worked



Consultants & Experts

Actuarial Model — CBIZ Optumas

- Estimated current health system costs (2019 \$)
- Preliminary estimate (2026 \$)
- Final estimate based on design choices

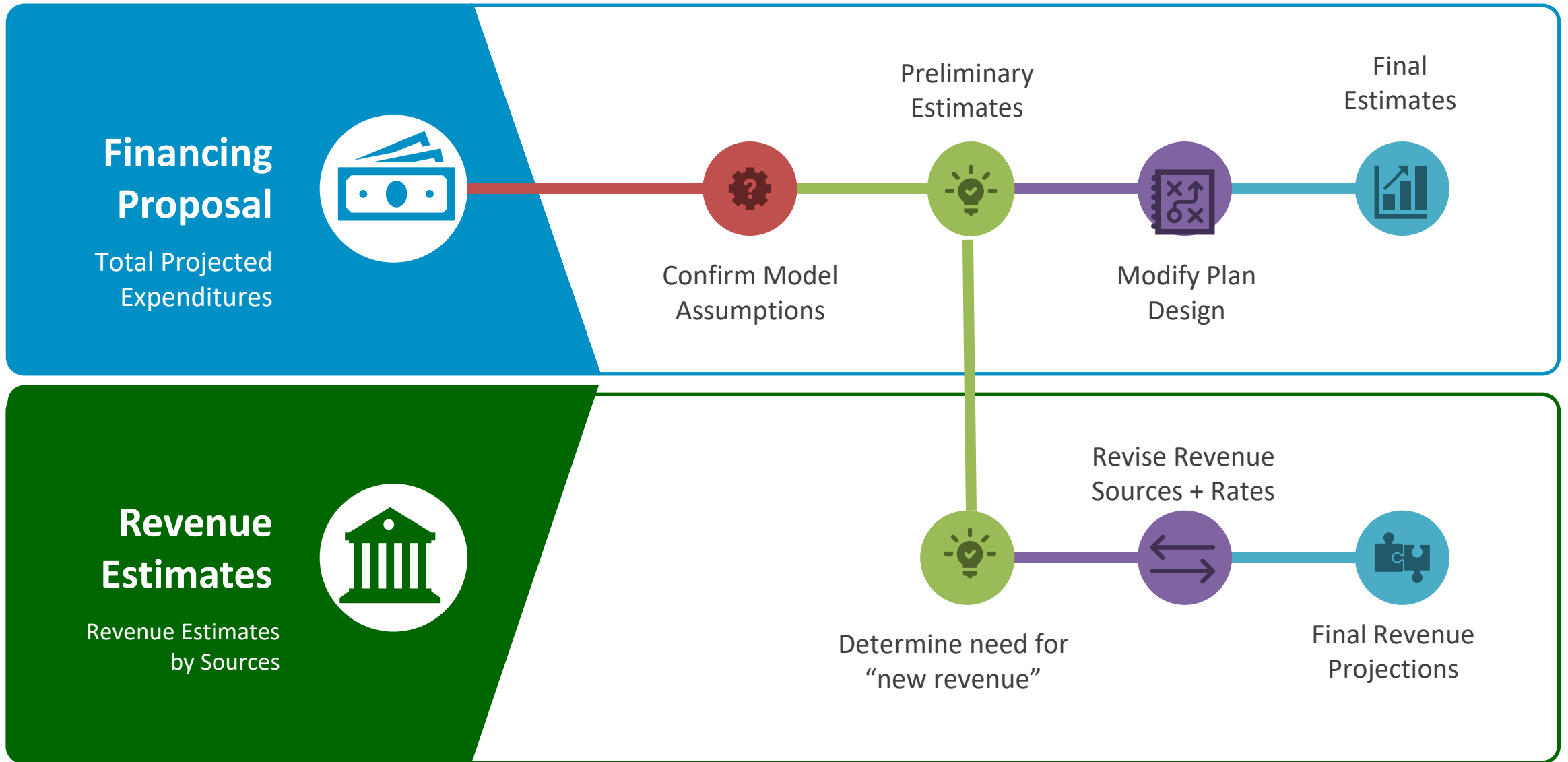
Revenue Estimates — Legislative Revenue Office

- State estimates of tax rates needed for “new revenue”
- No dynamic modelling, health care modelling, or final recommendation

ERISA & Financial Analysis

- Professors Fuse Brown & McCuskey, Dr. Hsiao, Dr. Liu

Expenditure & Revenue Analysis Workgroup



Task Force Operations

- Understanding what decisions needed to be made now and what decisions were more operationally focused and would be made by the Board and its Executive Director
- Roles of Chair, Vice Chair, Steering Meetings
- Workgroups
- Staffing
- Working with Consultants
- Consensus and Voting
- Having deadlines was helpful

Thank you!

Staying in touch:

- Bruce Goldberg:
Brucegoldberg955@gmail.com
- John Santa: Santa1177@comcast.net
- OR Legislative Policy and Research Office:
Daniel.Dietz@oregonlegislature.gov
- Task Force's final report, actuarial analysis, and public engagement resources are available at:
<https://www.oregon.gov/oha/HPA/HP/Pages/Task-Force-Universal-Health-Care.aspx>

Proposed 2023 Work Plan and FTAC

Tab 5

Universal Health Care Commission

December 15, 2022

Liz Arjun & Jon Kromm, Health Management Associates

Today's Agenda

- 1) 2023 Workplan and Process
 - Additional background information for 2023 work
 - Current gaps in existing coverage and benefits and services and potential opportunities for alignment
 - Commission's direction/deliverables for upcoming FTAC meetings
- 2) Vote to adopt FTAC Charter
- 3) FTAC applications

Washington Universal Health
Care Commission
2023 Workplan

Approach to 2023

- With each foundational design component for a universal health care system, also examine:
 - Equity
 - Potential short-term/transitional solutions
 - Information from other states
- At the direction of the Commission, utilize expertise from FTAC to gather information about these foundational components
- Develop second required report to the Legislature due in November 2023

Recommended approach for 2023 report

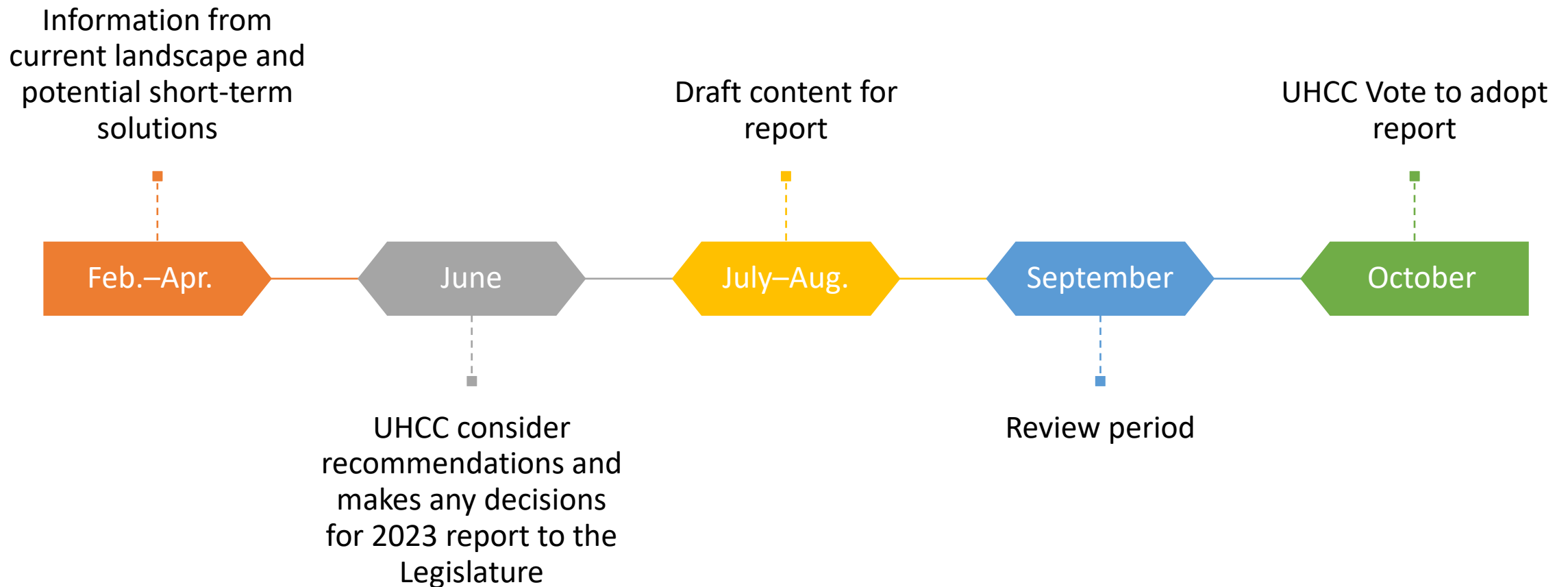
The **2023** report *should*:

- Provide an update with highlights of the Commission's work since the first report
- Provide recommendations about transitional solutions and design decisions

To maximize time for Commission discussions and recommendations, the **2023** report *should not*:

- Be a repeat of the first report structure
- Be broken into foundational seven sections
- Revisit or reopen the 2022 report unless the foundation of the first report changes

Proposed report development timeline

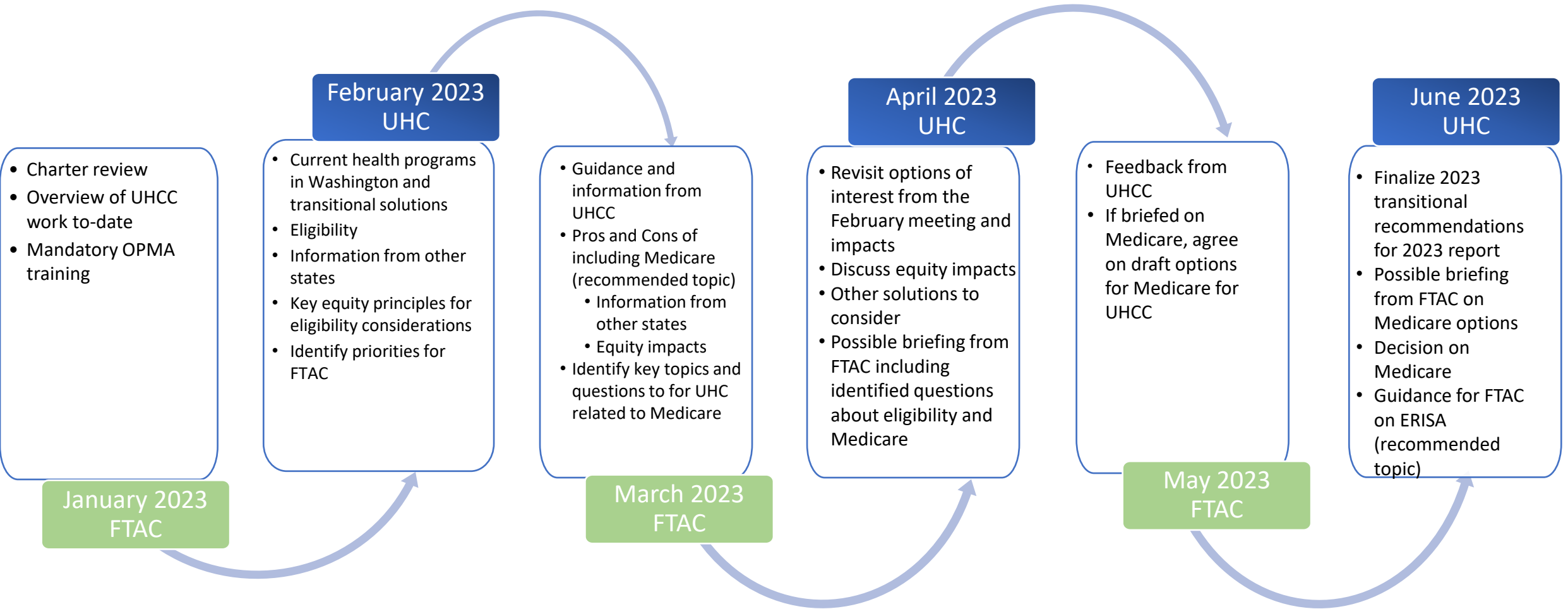


Report Development Approach

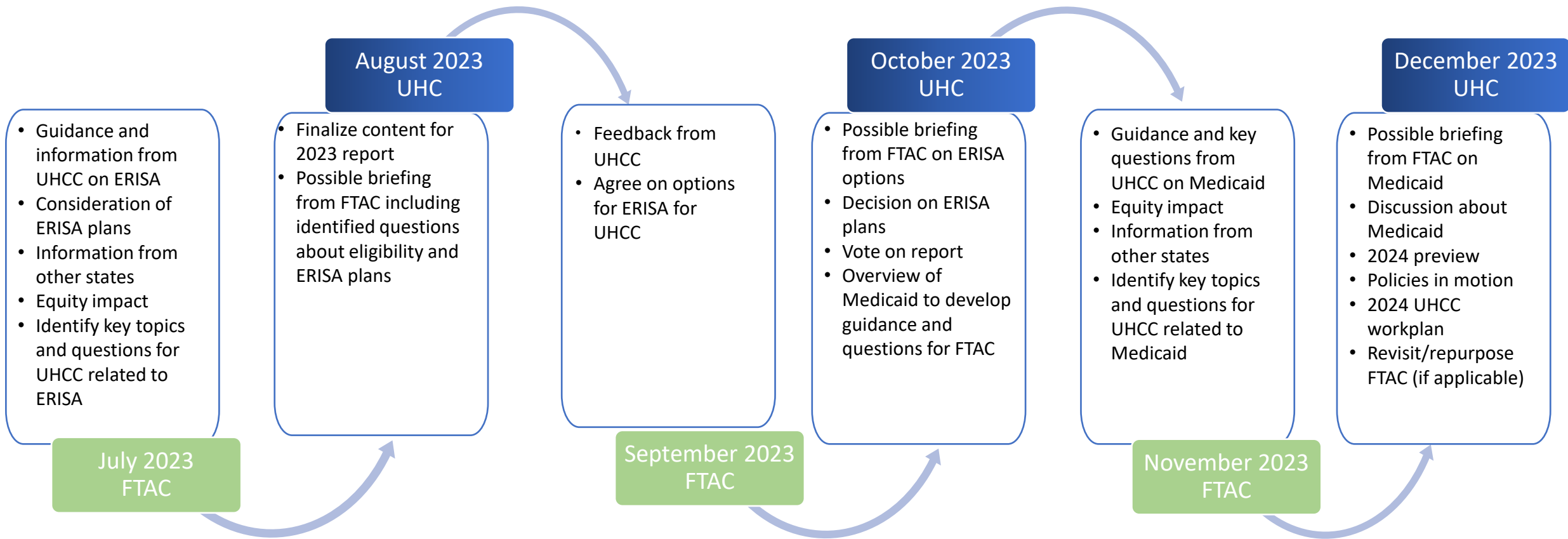
Commission Member Vote

Vicki Lowe, Chair

2023 Proposed Workplan



*Proposed workplan contingent upon FTAC’s first meeting is initiated in January and subsequent months progress as planned



*Proposed workplan contingent upon FTAC's first meeting is initiated in January and subsequent months progress as planned

In preparation for the February meeting

February meeting agenda

- Overview of current health coverage in Washington
- Discuss transitional options for consideration based on interviews with Commission Members
- Establish equity principles for eligibility considerations
- Identify priority questions and topics for FTAC related to eligibility and Medicare

Proposal:

Project team interviews with Commission Members about program eligibility, possible transitional solutions, and equity principles for UHCC consideration in February

Proposed Workplan and Interviews with Commission Members

Commission Member Vote

Vicki Lowe, Chair

Adopt FTAC Charter

Commission Member Vote

Vicki Lowe, Chair

FTAC Applications (TAB 7 in meeting materials)

Summary of FTAC applicants

54 applicants

- 6 health care academics or researchers with expertise in health care financing
- 15 consumer advocates
- 24 industry professionals (carriers, hospitals, FQHCs, behavioral health clinic)
- 5 state government professionals (2 retired)
- Many had expertise in multiple areas

Demographics:

- 4 individuals from out of state
- 7 individuals self-identified as non-white

FTAC: HMA and HCA staff consideration process

Goal

- recommend nine of the most qualified applicants
- with knowledge and subject matter expertise regarding health care financing, economics, and delivery (specific areas of subject matter expertise regarding various areas of health care financing on the following slide)
- including at least one consumer representative, one OFM representative, and one Dept. or Revenue representative

Per the Commission's request, an FTAC recommendation process was developed:

- reviewed each applicant to determine expertise in health care financing
- consulted with Oregon's Universal Health Care Task Force Staff regarding desired compositions of a financial technical advisory committee based on their experience

Consideration process: subject matter expertise categories

- Revenue goals and projections
- Scope of coverage, benefits, and cost-sharing, including dental and vision
- Development of fee schedule
- Securing federal funds
- ERISA
- Tax structure, including the impact of the tax structure on equity
- Assessing how to include Medicare beneficiaries
- Administrative cost reduction
- Risk management
- Model development process
- Health equity in financing
- Level of reserves and methods of funding
- Cost sharing
- Workforce
- Provider reimbursement
- Medical school, including behavioral health
- Impact of payment model on care quality and equity
- Economic impacts of new taxes
- Care investments, including primary care, behavioral health, community health, and health-related social needs
- Funding for culturally appropriate health care models
- Assessing how federally funded health systems, VHA, and IHS will be included or intersect with the universal health care system
- Financial forecast of changes in demand/utilization, etc.
- Authority and analytic capacity within a new or existing administering agency

FTAC HMA and HCA staff recommendations

| Name | Organization | Finance expertise | Additional expertise |
|------------------|--|--|--|
| Eddy Rauser* | Washington OFM | State finance agency | Health care financing, federal financing for health care programs and systems |
| Ian Doyle* | Washington Dept. of Revenue | State finance/revenue agency | Revenue goals and projections, tax structures, including the impact of tax structures on equity, taxation and other public revenue models |
| Pam MacEwan* | NA | Consumer representative | Former CEO WA-HBE, coverage and benefits and/or cost sharing and premiums, development of measurement of health-related metrics |
| Christine Eibner | Senior Economist, RAND Corporation | Microsimulations, approaches to 1115 and 1332 waivers, recouping federal funding for Medicaid, Medicare, Marketplace | Health economics, health care financing reform, impact of tax structures on equity, taxation, and other public revenue models, health care financing in Tricare and the VA |
| David DiGiuseppe | VP, Healthcare Economics, Community Health Plan of Washington (CHPW) | BA in Economics, predictive modeling for case management outreach, financing health-related social needs | Coverage and benefits and/or cost sharing and premiums, value-based care arrangements, state and federal financing for health care programs |
| Esther Lucero | President and CEO, Seattle Indian Health Board | Federal waivers, pharmaceutical costs and spending, behavioral health financing, Medicaid and Medicare financing, dental benefits costs and financing | FQHC, financing health-related social needs, workforce, health care administration/delivery system, health equity and eliminating health disparities, revenue models |
| Kai Yeung | Senior Healthcare Research Scientist, Amazon, Affiliate Assoc. Prof., UW | PharmD, PhD in Pharmaceutical Economics & Outcomes Research, clinical pharmacist, pharmaceutical cost effectiveness and policy analysis, simulation modeling | Research in how policies can benefit/harm health equity, estimating impact of prescription drug rebates on patient out-of-pocket costs, public health financing |
| Robert Murray | President, Global Health Payment LLC | Former Exec. Dir. of Maryland Health Services Cost Review Commission (hospital rate setting and global budgets), reimbursement systems for health care providers | Health economics, Revenue goals and projections, ERISA, alternative payment methodologies, per case DRG-based payment, quality-based pay-for-performance methodologies |
| Roger Gantz | Senior Research Manager (retired), Research & Data Analysis Division, DSHS | BA in economics and finance, federal waivers, caseload and fiscal forecasting, Medicaid Policy Dir. and reimbursement manager | Design of Medicaid reimbursement for Tribal clinics and urban health clinics, health economics, experience with Tribal and indigenous communities, Basic Health Programs |

FTAC facilitation and support

- Who would the Commission like HCA staff to reach out to request to serve as FTAC lead and liaison to the Commission?

In the alternative:

- Allow them to self-nominate at the upcoming FTAC meeting?

FTAC charter

Tab 6

Universal Health Care Commission's Finance Technical Advisory Committee

Draft Charter and Operating Procedures Draft 12.15.2022

The purpose of this charter is to clarify the charge and responsibilities of, and expectations for the finance technical advisory committee (FTAC) as established by the Universal Health Care Commission (Commission).

I. Vision and Mission

A. Vision

To provide guidance for consideration of the Commission in development of a financially feasible model to implement universal health care coverage in Washington.

B. Mission

FTAC serves at the direction of the Commission. The goal of FTAC is to provide guidance to the Commission on financially feasible model options to implement universal health care coverage in Washington. FTAC members will investigate strategies to develop unified health care financing options for the Commission and as directed by the Commission, including but not limited to a single-payer system. In their work, FTAC is directed by the Commission to carefully consider the interdependencies between necessary components of a unified financing system and other considerations before the Commission. FTAC may be asked to provide the Commission pros and cons of each option while keeping in mind the impact of those options on patients. Finally, FTAC will provide guidance and options related to entities responsible for implementation and administration of a proposed unified health care financing system.

II. FTAC Charge

Per the Commission's authorizing legislation, and in its 2022 report to the Legislature, the Commission established a finance technical advisory committee. The Commission directs FTAC to provide option-based guidance for the development of a financially feasible model to implement universal health care coverage using state and federal funds.

In their annual report to the Legislature and Governor, the Commission will detail their work, including FTAC's directives, discussions, and provided options with continued strategy development regarding a unified health care financing system, and implementation, if possible. The report due annually on **November 1**, will detail the opportunities identified by the Commission and FTAC to advance the Commission's goals, including those identified in the legislation and annual reporting requirements.

III. FTAC Duties and Responsibilities

A. Membership and Term

The Commission will appoint nine FTAC members, which includes one consumer representative, and if possible, reserving at least two spots for two state agencies which include the Department of Revenue and the Office of Financial Management.

For the near future, and unless changed by the Commission, FTAC will meet between Commission meetings on a bimonthly basis. This schedule will continue until the Commission deems it appropriate to revise FTAC's meeting schedule, or FTAC completes its goals. FTAC members should review materials before meetings and attend meetings.

FTAC will convene beginning in 2023.

B. FTAC Member Responsibilities

Members of FTAC agree to fulfill their responsibilities by serving at the direction of the Commission, attending and participating in FTAC meetings, and studying the available information. Also as directed by the Commission, FTAC members agree to participate in the development of the Commission's required reports, including the November 1, 2023 report to the Legislature and Governor and annual reports thereafter until FTAC's sunset.

FTAC members provide option-based guidance to the Commission. The Commission will consider FTAC guidance in its decision making for transitioning Washington to a universal health care system supported by a unified financing system, and/or transitional solutions to make immediate and impactful changes to improve the current health care delivery and/or financing system. Outside subject matter experts may be invited to present to FTAC at their meetings on a singular or recurring basis. However, outside subject matter experts will not be official members of FTAC.

Members of FTAC agree to participate in good faith and to act in the best interests of the Commission and its charge. To this end, FTAC members agree to place the interests of the Commission and the state above any political or organizational affiliations or other interests. FTAC members accept the responsibility to collaborate in developing option-based guidance and pros and cons of those options to the Commission that are fair and constructive for the Commission. FTAC members are expected to consider a range of issues and options to address them, discuss the pros and cons of the issues or options, and present them to the Commission, while keeping in mind the impact of those options on patients. FTAC will include the rationale behind each option provided to the Commission.

Specific FTAC member responsibilities include:

1. Attending FTAC meetings and reviewing materials provided in advance of the meeting.
2. Reviewing background materials, including:
 - the Commission's November 1, 2022 report to the Legislature and Governor to understand issues under consideration by the Commission and the Commission's recommendations to the

- Legislature.
- the [Universal Health Care Work Group's final report](#) to the Legislature (January 2021), particularly the revenue and financing modeling for Models A and B as proposed by the Work Group.
3. Working collaboratively with one another to explore issues as directed by the Commission.
 4. Hearing from invited outside subject matter experts, as needed.
 5. Developing option-based guidance to the Commission with pros and cons of each option, while keeping in mind the impact of those options on patients.
 6. Some of the following areas could be assigned by the Commission for guidance, including but not limited to:
 - Revenue goals and projections
 - Scope of coverage, benefits, and cost-sharing, including dental and vision
 - Development of fee schedule
 - Securing federal funds
 - Employee Retirement Income Security Act (ERISA)
 - Tax structure, including the impact of the tax structure on equity
 - Assessing how to include Medicare beneficiaries
 - Administrative cost reduction
 - Risk management
 - Model development process
 - Health equity in financing
 - Level of reserves and methods of funding
 - Cost sharing
 - Health care and administrative workforce
 - Provider reimbursement
 - Impact of payment model on care quality and equity
 - Economic impacts of new taxes
 - Care investments, including primary care, behavioral health, community health, and health-related social needs
 - Funding for culturally appropriate health care models
 - Assessing how federally funded health systems, VHA, and IHS will be included or intersect with the universal health care system
 - Financial forecast of changes in demand/utilization, etc.
 - Authority and analytic capacity within a new or existing administering agency

C. Vacancies Among FTAC Members

Vacancies among FTAC members will be filled by the Commission.

D. Role of the Washington Health Care Authority (HCA)

HCA assists the Commission and shall assist FTAC by facilitating meetings, conducting research, distributing information, drafting reports, and advising FTAC members.

E. FTAC Lead's Role

The FTAC lead will be designated by the Commission. The FTAC lead will encourage full and safe participation by FTAC members in all aspects of the process, assist in the process of building options-based guidance for the Commission, and ensure all participants abide by the expectations for discussion processes and behavior defined herein.

The FTAC lead will develop meeting agendas, share with the Commission FTAC's proposed options for outside expertise, organize invitations from outside expertise, and otherwise ensure an efficient decision-making process. The FTAC lead will also serve as the liaison between FTAC and the Commission, including presenting to the Commission FTAC's option-based guidance with pros and cons.

F. FTAC Principles

The principles listed below are to guide FTAC's process to provide guidance to the Commission. The principles have been established by the Commission and can be revised if proposed by the FTAC lead or by majority of Commission members. FTAC's guidance will:

1. Support the development of the report due annually by November 1, and all subsequent reports until FTAC's sunset, to the Legislature and Governor.
2. Provide options to the Commission that increase access to health care services and universal health coverage, reduce health care costs, reduce health disparities, and improve quality.
3. Be inclusive of all populations and all categories of spending.
4. Be sensitive to the impact that high health care spending growth has on Washingtonians.
5. Align guidance to the Commission with other state health reform initiatives to lower the rate of growth of health care costs.
6. Be mindful of state financial and staff resources required to implement options.

IV. Operating Procedures

A. Protocols

All participants agree to act in good faith in all aspects of FTAC's discussions. This includes being honest and refraining from undertaking any actions that will undermine or threaten the deliberative process. It also includes behavior outside of meetings. Expectations include the following:

1. Members should attend and participate actively in all meetings. If members cannot attend a meeting, they are requested to advise HCA staff. After missing a meeting, the member should contact staff for a recording of the meeting, or if not available, then a meeting summary and any available notes from the meeting.
2. Members agree to be respectful at all times of other FTAC members, Commission members, staff, and audience members. They will listen to each other and seek to understand the other's perspectives, even if they disagree.
3. Members agree to make every effort to bring all aspects of their concerns about these issues into this process.
4. Members agree to refrain from personal attacks, undermining the process of FTAC or the Commission, and publicly criticizing or misstating the positions taken by any other participants during the process.
5. Any written communications, including emails, blogs, and other social networking media, will be mindful of these procedural ground rules and will maintain a respectful tone even if highlighting different perspectives.
6. Members are advised that email, blogs, and other social networking media related to the business of FTAC or the Commission are considered public documents. Emails and social networking messages meant for the entire group must be distributed via HCA staff.
7. Requests for information made outside of meetings will be directed to HCA staff. Responses to such requests will be limited to items that can be provided within a reasonable amount of time.

B. Communications

1) Written Communications

Members agree that transparency is essential to FTAC's discussions and the Commission's deliberations. In that regard, members are requested to include both the FTAC lead and HCA staff in written communications commenting on FTAC's discussions or the Commission's deliberations from/to interest groups (other than a group specifically represented by a member); these communications will be included in the public record as detailed below and copied to FTAC and the full Commission as appropriate.

Written comments to FTAC, from both individual FTAC members and from agency representatives and the public, should be directed to HCA staff. Written comments will be distributed by HCA staff to FTAC and the full Commission in conjunction with distribution of meeting materials or at other times at the FTAC lead's discretion. Written comments will be posted to the Commission's webpage.

2) Media

While not precluded from communicating with the media, FTAC members agree to generally defer to the FTAC lead for all media communications

related to FTAC or the Commission's process and its work. FTAC members agree not to negotiate through the media, nor use the media to undermine FTAC or the Commission's work.

FTAC members agree to raise all their concerns, especially those being raised for the first time, at an FTAC meeting or to the FTAC lead and not in or through the media.

C. Conduct of FTAC Meetings

1) Conduct of FTAC Meetings

For the near future, FTAC will meet by videoconference bi-monthly unless changed by the Commission. An FTAC member may participate by telephone, videoconference, or in person for purposes of a quorum.

Meetings will be conducted in a manner deemed appropriate by the Commission and FTAC lead to foster collaborative discussion. Robert's Rules of Order will be applied when deemed appropriate.

2) Conflict of Interest

In the event that an FTAC member has a conflict of interest, an FTAC member must disclose the interest to HCA staff and will be ineligible to vote on guidance to the Commission.

3) Documentation

All FTAC meetings shall be recorded, and written summaries prepared. The meeting recordings shall be posted on the Commission's public webpage in accordance with Washington law. Meeting agendas, summaries, and supporting materials will also be posted to the Commission's webpage. Interested parties may receive notice of FTAC meetings and access FTAC materials on the website, or via GovDelivery.

D. Public Status of FTAC Meetings and Records

FTAC meetings are open to the public and will be conducted under the provisions of Washington's Open Public Meetings Act (Chapter 42.30). Members of the public and legislators may testify before FTAC at the time designated for public testimony. In the absence of a quorum, FTAC may still receive public testimony.

Any meeting held outside the Capitol or by videoconference shall adhere to the notice provisions of a regular meeting. Recordings will be made in the same manner as a regular meeting and posted on the Commission's webpage. Written summaries will be prepared noting attendance and any subject matter discussed.

FTAC records, including formal documents, discussion drafts, meeting summaries and exhibits, are public records. Communications of FTAC members are not confidential because the meetings and records of FTAC are open to the public. "Communications" refers to all statements and votes made during the meetings, memoranda, work products, records, documents, or materials developed to fulfill



the charge, including electronic mail correspondence. The personal notes of individual FTAC members will be public to the extent they relate to the business of the Commission and/or FTAC.

E. Amendment of Operating Procedures

These procedures may be changed by an affirmative vote of most of the Commission members, but at least one day's notice of any proposed change shall be given in writing, which can be by electronic communication, to each Commission member.

FTAC Applicants

Tab 7

FTAC Applicant Recommendations

Per the Commission’s request, HMA and HCA staff reviewed applications and make the following recommendations as the most qualified candidates for the FTAC positions based on subject matter expertise in health care economics, financing, and delivery. There are three dedicated FTAC positions: one from OFM, one from the Dept. of Revenue, and one consumer representative, each of which are noted in the list below with their current role and organization, their financing expertise, and additional areas of expertise. Summaries of the six other recommended applicants are also listed below. **TAB 7 of the December 15 meeting materials includes all applicants’ applications and resumes.**

OFM representative:

| Name | Role, organization | Financing expertise | Areas of expertise |
|-------------|--|--|--|
| Eddy Rauser | Senior Data Scientist, Medicaid Forecast, Washington Office of Financial Management (OFM), Health Care Research Center | State finance agency, revenue goals and projections, tax structures, including the impact of tax structures on equity, taxation, and other public revenue models | Leads the biannual Medicaid forecast team in developing the \$11 billion biennial Medicaid expenditure forecast for the Governor and Legislature budget, health care financing, federal financing for health care programs and systems |

Department of Revenue:

| Name | Role, organization | Financing expertise | Areas of expertise |
|-----------|--|------------------------------|---|
| Ian Doyle | Assistant Legislative Liaison/Tax Policy Specialist, Washington State Dept. of Revenue | State finance/revenue agency | Revenue goals and projections, tax structures, including the impact of tax structures on equity, taxation, and other public revenue models, policy analysis |

Consumer representative:

| Name | Role, organization | Financing expertise | Areas of expertise |
|-------------|-------------------------|---|--|
| Pam MacEwan | Consumer representative | CEO (retired), Washington Health Benefit Exchange (HBE), Carriers, individual market, private insurance, serves on the Washington State Health Care Cost Transparency Board | Washington Health Services Commission and the Governor’s Blue Ribbon Commission, Children’s health financing, Health Care Cost Transparency Board, coverage and benefits and/or cost sharing and premiums, development or measurement of health-related metrics, employer health benefits/costs, federal |

| | | | |
|--|--|--|--|
| | | | financing for health care programs and systems, financing health-related social needs and social determinants of health, health care administration, health care delivery system, health care financing, health economics, health information technology and/or electronic medical records, health-care costs, value-based payments, alternative payment methodologies, Improving health equity and eliminating health disparities, provider reimbursement, state financing for health care programs and systems, taxation and other public revenue models |
|--|--|--|--|

| Name | Role, organization | Financing expertise | Areas of expertise |
|------------------|--|---|--|
| Christine Eibner | Senior Economist, RAND Corporation | Directs the Payment, Cost, and Coverage research program within RAND Health Care, microsimulation, detailed knowledge of federal value-based payment approaches and CMS 1115 and 1332 waiver programs, considerations for recouping federal funding for Medicaid, Medicare, and the Marketplaces, tax financing approaches and possible changes in the tax base due to tax avoidance, assessment of four options for expanding coverage in OR, senior advisor on analysis estimating effects of single payer plan in NY, studies on a federal Medicare buy-in, health care financing issues in Tricare and the VA | Health care financing reform, coverage and benefits and/or cost sharing and premiums, employer health benefits/costs, federal financing for health care programs and systems, Health care financing, health-care costs, value-based payments, alternative payment methodologies, provider reimbursement, state financing for health care programs and systems, tax structures, including the impact of tax structures on equity, taxation, and other public revenue models |
| David DiGiuseppe | VP, Healthcare Economics, Community Health Plan of Washington (CHPW) | BA in economics, MS in Health Services Research, predictive modeling for case management outreach, incorporating SDoH, value-based care arrangements | Coverage and benefits and/or cost sharing and premiums, development or measurement of health-related metrics, federal financing for health care programs and systems, financing health-related social needs and social determinants of health, health care financing, health economics, health-care costs, value-based payments, alternative payment methodologies, |

| Name | Role, organization | Financing expertise | Areas of expertise |
|---------------|--|---|---|
| Esther Lucero | President and CEO, Seattle Indian Health Board | FQHC, workforce knowledge/expertise, Medicaid (FMAP) knowledge, healthcare finance subject matter expertise in federal waivers, pharmaceutical costs and spending, behavioral health financing, Medicaid and Medicare financing, dental benefits costs and financing, provider reimbursement, and alternative funding streams, lead initiative to enroll SIHB clients into Medicaid and the Exchange, identifying public healthcare funding streams, and improving patient revenue cycle to increase patient service revenue. | <p>provider reimbursement, state financing for health care programs and systems</p> <p>Coverage and benefits and/or cost sharing and premiums, employer health benefits/costs, experience with communities of color, and/or immigrant or refugee communities, experience with LGBTQ+ community, experience with Tribal and indigenous communities, federal financing for health care programs and systems, financing health-related social needs and social determinants of health, health care administration, health care delivery system, health care financing, health information technology and/or electronic medical records, health-care costs, value-based payments, alternative payment methodologies, improving health equity and eliminating health disparities, provider reimbursement, public health financing, recruiting, educating, and retaining the health care workforce, revenue goals and projections, state financing for health care programs and systems, tax structures, including the impact of tax structures on equity, taxation and other public revenue models</p> |
| Kai Yeung | Senior Healthcare Research Scientist, Amazon, Affiliate Assoc. Prof., University of Washington | PharmD, Doctor of Philosophy in Pharmaceutical Economics & Outcomes Research, clinical pharmacist, developed simulation models to estimate the expected savings from applying three innovative pharmacy programs, research in how policies can benefit/harm health equity, lead project estimating impact of prescription drug rebates on patient out-of-pocket costs, lead evaluation of impacts of state policies that capped out-of-pocket spending for high priced specialty drugs, Agency for Health Care Research and Quality under DHHS, previously worked for Kaiser Permanente Washington Health | Research in value-based payment for prescription drugs and methods to evaluate the cost and equity of health care interventions, coverage and benefits and/or cost sharing and premiums, development or measurement of health-related metrics, employer health benefits/costs, health care administration, health care delivery system, health economics, health-care costs, value-based payments, alternative payment methodologies, public health financing |

| Name | Role, organization | Financing expertise | Areas of expertise |
|---------------|--|--|--|
| | | Research Institute, guest lecturer for cost effectiveness analysis, including pharmaceutical policy analysis | |
| Robert Murray | President, Global Health Payment LLC | Health economics, payment system development specializing in the design and implementation of reimbursement systems for health care providers, including per case DRG-based payment, quality-based pay-for-performance methodologies and internal payment incentive systems for ACOs, Executive Director of Maryland's unique hospital rate setting agency, works with Johns Hopkins University providing technical assistance to states regarding health care pricing, developed payment models to control rising health care prices. | Member of Maryland's high risk insurance pool board, Executive Dir., Maryland Health Services Cost Review Commission (HSCRC) (1994-2011), financing health-related social needs and social determinants of health, health care administration, hospital global budgets, health care delivery system, health care financing, health economics, health-care costs, value-based payments, alternative payment methodologies, Improving health equity and eliminating health disparities, provider reimbursement, public health financing, revenue goals and projections, The Employee Retirement Income Security Act (ERISA) |
| Roger Gantz | Senior Research Manager (retired), Research & Data Analysis Division, DSHS | BA in economics and finance, Masters of Urban Planning (including economics coursework) and PhD in Urban & Regional Planning (including economics coursework), caseload and fiscal forecasting, Medicaid Policy Dir. and reimbursement manager, design and implementation of reimbursement systems, application and implementation of 1332 and 1115 demonstration waivers, supervised work to expand reimbursement for tribal clinics and maximum federal matching funding, assisted with design of a new Medicaid reimbursement system for FQHC and RHCs. | Medicaid Policy Dir., Caseload Forecast Council, the Governor's Health Policy Committee, and in prior state efforts to design and implement state-wide health coverage, expanding health care for low-income residents, including: sustaining Medically Indigent, Medical Care Services and Basic Health programs; Healthcare for Workers with Disabled and CHIP programs, children's health financing, coverage and benefits and/or cost sharing and premiums, development or measurement of health-related metrics, experience with Tribal and indigenous communities, federal financing for health care programs and systems, Health care administration, health care delivery system, health care financing, health economics, health-care costs, value-based payments, alternative payment methodologies, provider reimbursement, public health financing, state financing for health care programs and systems |

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|------------------|
| Name (first and last): | Aidan Carroll |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/him |
| Organization (if applicable): | |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | |
| Phone: | |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I want to advance access to healthcare. I have particular passion for the subtopic of homelessness, partly because with my neurodiversity/mental disabilities (whatever you want to call ADHD/autistic/bipolar etc) I know how easily how if I were on the streets or a little traumatized, I would be just another crazy-perceived person deemed helpless and hopeless. We all rely on community to avoid decompensating in one way or another, you might say.

2. Please describe your relevant experience and how it would benefit FTAC.

I worked in the Crisis Solutions Center (a mental health facility that also involves connecting to addiction treatment and other case management/social services) for over a year and have also volunteered substantially in homelessness encampments, which is a window into several public health crises.

3. Please describe any other experience serving on a committee, board, or workgroup.

Not sure if I have experience with anything quite like this. Best examples are from school projects. Students United for Palestinian Equal Rights, UW, is another. I historically wasn't a very good communicator or listener, but I learned a lot from these and other experiences.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

Also my psychology interacts with the internet in ways that distraction can feel like an addiction, everyone does on the internet a little but I think my brain makes this a little more so, so it bothers me when people think addiction is a choice, and improving access to SUD (substance use disorder) treatments that are consensual and effective is important to me and I've worked to learn more about how to do this.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

Agency Affiliated Counselor - not sure if this expired automatically upon my ceasing employment, however, with Downtown Emergency Service Center.

10. Memberships in professional, civic organizations, or government boards or commissions:

46th District Democrats.

Junior State of America, Ingraham HS Chapter Cofounder.

11. Community service/volunteer activities:

Urban Native Education Alliance, prior to working there.

Stop the Sweeps Seattle. Woodland Park Mutual Aid.

UW United Students Against Sweatshops.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I know that health outcomes are disproportionately worse for marginalized groups including BIPOC, homeless, queer, trans, and disabled communities. The details could fill many books, but the cumulative impact is tremendous. You can see it in geography - people in West Bellevue live on average about a decade longer than in Auburn. And homeless people are dying in record numbers this year in Seattle. Much of that is deaths of despair, which includes overdoses, which are very much a

14. Please describe why health equity is important to you.

No one should face different life and health outcomes based on luck, and that is what life circumstances, demographics, environment, and indeed even behavior more than most people may realize, are. The healthier we all are, the healthier and safer our communities become. And when they aren't, it tears our society apart and feeds stereotypes. Racial caricatures about crime that fail to understand not only distorted perception but the psychological and behavioral impact of trauma and

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

The closer we can get to single payer, the better, and this state is fully capable of making that happen. We can specifically expand access to addiction treatment - get it funded more than 30 days, for heavens sake, since neurotransmitters don't fully and improve the mental healthcare system in ways that work, feel less like prison and are more effective, reduce waiting times, plan for the Apple Health and Homes

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

Caucasian/white (ancestry from Britain, Ireland, Norway, Germany, distant Native American ancestry but no more than many other white people in this country)

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Date:

Aidan Carroll

1630 N 55th St, Seattle, WA 98103
(206) 734-9996, danielcajam@yahoo.com

Experience

Administrative Assistant and interim Program Coordinator, Urban Native Education Alliance, Seattle, WA; Jan. 2016-March 2020 and August 2022-present

Clear Sky Native Youth Council, serving ages 7-19

- Organized event logistics, equipment, files, supplies, and facility reservations
- Managed and made phone, email, and social media outreach (up to 150 calls/week, ~600 email addresses), updated contact lists from sign-ins and paperwork
- Assisted in coordinating educational and recreational programming, including mentorship
- Created data tables, analysis, and visualization for grant applications and reports
- Trained, coordinated, and supervised volunteers in varied support tasks and ultimately all the above

Behavioral Health Case Manager, Night and Swing Shifts at DESC Crisis Solutions Center, Seattle, WA; July 2021-August 2022

- Performed intakes, took referrals, entered 24 hour reviews, updated and gave briefings, audited files
- Monitored cameras, conducted rounds, sanitized surfaces
- Welcomed clients, served food, made coffee, offered redirection in conflict and other escalated situations
- Made referrals, looked up resources, strategized with staff, quick and thoughtful crisis responding, input detailed records

Knowledge Curator, InfoHarvest, Seattle, WA; February-July 2021

- Researched environmental related orgs, data, and researchers/advocates/policymakers/advocates towards the ultimate goal of creating a KnowledgeGraph to advise regulators on how to make complex decisions

Administrative Specialist I - Ballot Processing, Renton, WA; October-November 2020

King County Elections, Signature Verification Workgroup

- Checked signatures for irregularities to flag for review, sorted dropbox contents, constructed materials for voting

Student Dining Assistant, Bay Laurel Catering, Seattle; December 2015-April 2018

- Performed a variety of food preparation tasks as well as cleaning
- Loaded industrial dishwasher & organized dirty and clean dishes & pans
- Trained new employees, assumed leadership role in dishroom after supervisor's departure, stayed extra if needed

Team Member, Eastside Rail Corridor Trail, Bellevue, WA; from Sep. 2018, then Report Writer, Dec.-June 2019

- Investigated urban trails and Trail-Oriented Development practices
- Carried out comprehensive SWOT analysis of major intersections for safety, recreation, green space, commercial value, accessibility, and new transportation options
- Crafted placement options (and associated visuals) of entrances, bike storage, playgrounds, commercial, and mixed-use spaces, and zoning changes needed
- At the December completion of this group effort, essentially a team unpaid internship, stepped up to write the final document for a stipend, working 1-on-1 with an editor and a graphic designer to make Bellevue a book

Education

B.A. Community, Environment, Planning; Minor in Diversity, Univ. of Washington, Seattle, WA, June 2019. GPA 3.40

Study Abroad: Sustainable Development: Urban and Rural Perspectives in the U.K. Summer 2018

International Baccalaureate Diploma, 2014; at Ingraham High School, Seattle, WA, 2015

Junior State of America: high school student-run civic engagement, Chapter Co-founder

Awards

National Merit Scholar Finalist, 2014

Best International Baccalaureate Extended Essay Award (Topic: Gerrymandering), 2014

Dean's List: Autumn 2015, Spring 2017, Autumn 2017

Skills

Listening non-judgmentally, empathizing, and guiding people in making plans to achieve their goals

Community engagement: phone/text/voicemail, email/MailChimp, social media, and in-person outreach.

Soft skills including facilitation of group communication and discussions, committee meetings, focus groups

Secretarial duties from filing to digital and in-person interaction with municipal and non-profit clients and stakeholders

Basic Java & Html programming, tables/charts & statistical formulae, Microsoft Office, ArcGIS/ArcMap

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

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Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|---|--|
| Name (first and last): | Andrew Hill |
| Preferred pronouns (e.g., she/her, he/his, they/their): | Drew/They/Their |
| Organization (if applicable): | Excelsior Wellness |
| Title or position (if applicable): | CEO |
| Work address (if applicable): | 3754 W Indian Trail Rd, Spokane, WA, 99208 |
| County of organization/employer (if applicable): | Spokane |
| Email: | andrew.hill@excelsiorwellness.org |
| Phone: | 508-370-3101 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|---|
| <input type="checkbox"/> Academic/research | <input checked="" type="checkbox"/> Health care association (please describe): CCBHC |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

As the CEO of Excelsior Wellness, I have a vision that ALL people live safer, stronger and more satisfying lives, and experience that our current system is too complicated, and failing people with complex needs or who are multi-system involved. Through my commitment to equity and inclusion, and experience building and sustaining an integrated delivery system, I am eager to support the work of the Universal Health Care Commission and share my knowledge and expertise around unified financing to provide evidence and options for the commission's development.

2. Please describe your relevant experience and how it would benefit FTAC.

I have designed and lead an integrated delivery system that specializes in system alignment, braided funding, and value-based innovations around payment systems. I also negotiated the first comprehensive contracting approach as a behavioral provider before integration, including enterprise EHR and national HIT collaborations to create the State's first tiered EMR architecture for a Region of Care. Additionally, I bring a Culturally and Linguistically Appropriate Services (CLAS) approach to

3. Please describe any other experience serving on a committee, board, or workgroup.

Board, Excelsior Wellness
Board, Coordinated Care of WA
Council, Partnership for Juvenile Justice
Racial and ethnic disparities subgroup
Behavioral health and reentry subgroup
Workgroup, Children's Behavioral Health
Workgroup, Behavioral Health Integration

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I have recruited, grown, and support a diverse inter-professional team who successfully operates a multi-payer system of delivery across seven organizations, all aligned to each public system (hospital/healthcare, physical health, behavioral health, education, specialty care, and community social services).

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

LMHC, RRT

10. Memberships in professional, civic organizations, or government boards or commissions:

NCC

11. Community service/volunteer activities:

Red Cross, Pro-bono consultant

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I began working to develop workforce solutions for underserved populations in 2011. In 2016, as the CEO of Excelsior Wellness, received the Governor's award for non-profit employer of the year for work in equal employment opportunity. In 2018 Andrew prioritized creating the region's first Chief Diversity Officer to facilitate system-wide changes by integrating DEI into the quality improvement processes and Human Resources. That same year Excelsior formed the Diversity Equity and Inclusion Council to ensure the organization built appropriate resources and

14. Please describe why health equity is important to you.

I have dedicated my career to improving the experience of underserved people and recruited racial and ethnic minorities who continue to openly share with me their stories of how inequity has impacted their lives. Those stories have galvanized my commitment to them and future generations.

I believe we are all individually and collectively responsible for our current health

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

I believe unified financing would improve equity, be less costly, and increase access to better-quality health care.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White, Irish/Scottish American, raised on a pacific island.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

11/30/2023




Andrew Hill

SENIOR EXECUTIVE
PRESIDENT/CEO
CONSULTANT

CONTACT

 RING:
(509) 994-8215

 WRITE:
mxdrewhill@gmail.com

 USPS:
P.O. Box 249 Colbert,
WA 99005

OBJECTIVES AND INTERESTS

System alignment, service integration and bridging gaps for the under-served. Strengthening families, child-welfare innovation and juvenile justice reform to achieve health & education equity.

AWARDS AND HONORS

- CEO of the Year Award, National Diversity and Leadership Council
- DEI Champion, 2021 National Diversity and Leadership Conference
- Governor Appointment (2018-2021; 2021-2024), Partnership Council on Juvenile Justice (WA-PCJJ)
 - Member dedicated to strengthening children and preserving families
- Paul and Janet Mann Community Service Award, Washington Department of Children Youth and Families (WA-DCYF)
- Governor's Award, Washington Employment Securities Department, Medium-sized Non-Profit Employer of the Year
- Rising Star, Journal of Business, Spokane, Washington
- Dedication and Service, Excelsior Youth Center, Spokane, Washington
- NHSC-LRP Awardee, Health Resources and Services Administration, National Health Service Corps
- Outstanding Service, Excelsior Holistic Schools, Spokane, Washington
- Acknowledgment Ceremony, Advocacy, Native American Student Association, EWU, Cheney, WA

PROFESSIONAL PROFILE

Demonstrated ability to work collaboratively across public and private sectors to improve our communities. Community-focused, family-centered, and performance driven, I aspire to provide ethical leadership to influence culturally appropriate change. I aim to build and sustain diverse talent, and establish high performance and inclusive environments marked by unity, collaboration, and respect.

Proven ability to lead organizations with the community's best interest in the foreground. Skilled resource development and relationship building in State government, child-welfare, criminal justice, health care, education, public health, social services, and human services. Valuable experience and notable achievements in public system alignment.

Respected community leader with the ability to cultivate, inspire and influence other leaders to align resources and efforts. Highly successful in building relationships with upper-level decision makers, navigating critical problem areas, and delivering on stakeholder commitments to improve outcomes for the community. Acclaimed for achievements in Diversity, Equity, and Inclusion.

ADMINISTRATIVE EXPERIENCE

PRESIDENT AND CHIEF EXECUTIVE OFFICER

Excelsior Wellness // Spokane, Washington

2015 - Present

ACHIEVEMENTS UNDER LEADERSHIP

- Partnered with diverse communities to establish an inclusive organizational culture.
- Instituted transparency in Excelsior operations to engender public trust.
- Implemented quality assurance, quality improvement, and research/evaluation programs to follow through on customer commitments e.g. improving access, lowering costs, and improving outcomes.
- Established a lean and efficient cross-system integrated administration. A group of inter-professionals who can expertly manage operations across all public systems while reducing the need for duplicative administrative resources.
- Financial performance:

| | 2014 | 2019 | 2020 |
|----------------------|-------------|--------------|--------------|
| Grants/Contributions | \$98,136 | \$4,783,915 | \$4,901,187 |
| Revenue | \$5,040,487 | \$17,086,775 | \$17,089,337 |
| Net Assets | \$1,818,506 | \$11,206,860 | \$13,469,336 |
| Investments | \$198,498 | \$1,009,345 | \$1,244,442 |

- Designed Washington State's first Children's Integrated Care Center using a Trauma-informed Approach to children's inpatient services. The State's first youth stabilization resource outside of emergency health system resources.
- Designed and implemented the State's first integrated care collaborative and data-networked improvement community, to enable small and medium organization access to the technology required to participate in healthcare transformation.
- Designed and implemented the State's first co-occurring intensive outpatient program using a harm-reduction model to divert children and young adults from higher levels of care, stabilize families (placements), and promote recovery.
- Designed and implemented the LifePoint continuum of care for Youth and Young-Adults (YYA) to ensure equitable access to post-secondary success resources including, housing, food, transportation, medical, and behavioral health to promote independence alongside their community peers who have enhanced access in university settings.
 - Selected-Model Program Integrating Behavioral Health into Youth Homeless Programs, Office of Homeless Youth

PRINCIPAL

Andrew Hill LLC
Spokane, Washington

2010 - Present

MILITARY & FAMILY LIFE CONSULTANT & CHILD/YOUTH BEHAVIORAL SPECIALIST

MHN Government Services
United States Department of Defense

2010 - Present

ASSOCIATE DIRECTOR

Excelsior Youth Center
Spokane, Washington

2011 - 2015

PROGRAM DIRECTOR

Girl Scouts of America, Columbia River Council // Portland, Oregon
YMCA, Lake Wenatchee YMCA // Wenatchee, Washington

2004 - 2006

HEALTH SUPERVISOR

Girl Scouts of America, Columbia River Council
Portland, Oregon

2005 - 2006

CLINICAL EXPERIENCE

THERAPEUTIC RECREATION COORDINATOR

Excelsior
Spokane, Washington

2009 - 2015

MENTAL HEALTH COUNSELOR

Excelsior
Spokane, Washington

2008 - 2014

RESIDENTIAL ON-CALL TREATMENT COORDINATOR

Excelsior
Spokane, Washington

2010 - 2014

PSYCHOLOGICAL COUNSELOR

EWU, Counseling and Psychological Services
Cheney, Washington

2007 - 2012

BEHAVIOR SUPPORT SPECIALIST

Lutheran Community Services
Cheney, Washington

2004 - 2007

EDUCATION

MASTER OF SCIENCE, APPLIED PSYCHOLOGY: MENTAL HEALTH COUNSELING

CACREP Accredited
Eastern Washington University
Spokane, Washington

B.A. RECREATION/LEISURE SERVICE MANAGEMENT MINORS: MUSIC COMPOSITION & COUNSELING PSYCHOLOGY

Eastern Washington University
Cheney, Washington

TEACHING EXPERIENCE

HEALTH & SAFETY INSTRUCTOR AND AUTHORIZED PROVIDER

American Red Cross
Spokane, Washington

2004 - 2015

EMERGENCY RESPONSE LECTURER

Eastern Washington University
Cheney, Washington

2005 - 2007

PROFESSIONAL COMMUNITY SERVICE

| | |
|--|--------------------|
| WASHINGTON STATE PARTNERSHIP COUNCIL ON JUVENILE JUSTICE (WA-PCJJ) Governor Appointment Member focused on strengthening and preserving families | 2018 - 2024 |
| TREATMENT STRATEGIST Rising Strong Family Centered Treatment Supporting Catholic Charities and Empire Health Foundation | 2016 - 2017 |
| MENTAL HEALTH ADVISORY BOARD Department of Psychology Eastern Washington University | 2016 - 2017 |
| SPOKANE POLICE DEPARTMENT Behavioral Health Steering Committee T.E.A.M. Conference Planning Committee | 2015 - 2016 |
| MENTAL HEALTH STEERING COMMITTEE City of Spokane Spokane Police Department | 2014 - 2017 |
| DIRECTOR Spokane Region and Eastern Washington Washington Mental Health Counselors Association | 2010 - 2015 |
| BEHAVIORAL HEALTH PROVIDER Health Resources and Services Administration National Health Service Corps | 2011 - 2014 |
| TRAUMA RECOVERY EDUCATOR Trauma Recovery Education at Eastern Eastern Washington University | 2008 - 2012 |
| PRESIDENT Chi Sigma Iota Counseling Professional Honor Society International | 2007 - 2008 |
| VOLUNTEER AND VOLUNTEER RECRUITER AmeriCorps Students in Service Program Eastern Washington University | 2006 - 2008 |
| PUBLIC RELATIONS REPRESENTATIVE Elected, Student Government Associated Students Eastern Washington University (ASEWU) | 2005 - 2006 |

PRESENTATIONS AND LECTURES

- Hill, A., et al (2016). Seeing Beyond the Broken Record-A Collaborative Response to Trauma. Plenary, T.E.A.M. Conference, Spokane Washington
- Hill, A., Kiely R. (2015). Youth, Trauma and First Responders-Child and Adolescent Crisis Intervention Training, Part-1 & 2. T.E.A.M. Conference, Spokane Washington
- Hill, A. (2014, 2013). Healthcare Integration and Managed Care in Washington. Lecture, Department of Psychology, Eastern Washington University
- Hill, A. (2011). Psychotherapeutic Recreation with Children and Adolescents. Washington Counselors Association (WCA) Annual Conference
- Basham, A., Crowley, A., & Hill, A. (2008). Organizational Teambuilding and Personality Assessment. Assessment, education and training for the Vice Provost, and all departmental leadership, Eastern Washington University
- Hill, A. (2008). K.N.O.W. HIV & AIDS, Education for Behavioral Health Clinicians. Lecture, Spokane, Washington
- Hill, A. (2008). Wilderness Counseling, Primer for Mental Health Therapists. Research Defense, Counseling, Education and Developmental Psychology, EWU
- Hill, A. (2008). Overcoming Test Anxiety. Workshop, Student Services, Eastern Washington University
- Hill, A. (2006). Leadership and Facilitation Strategies in Teambuilding. Lecture, Health, Education, and Recreation Department, Eastern Washington University

CERTIFICATION

- National Board for Certification of Counselors: National Certified Counselor (NCC)
- Washington State License: Licensed Mental Health Counselor (LMHC)
- Washington State Certified Child Mental Health Specialist (CMHS)
- Washington State License: Recreational Therapist (RT)
- American Red Cross: Authorized Instructor and Provider
- CPP, Inc: Certified Administrator Level/-C (Myers-Briggs®, Strong, CPI™, etc.)
- Trauma Focused Cognitive Behavioral Therapy, CBT+, TFCBT: Certified/Rostered
- Managing Land Search Operations (MLSO); Swift Water Rescue

SPECIALIZED TRAINING

- Mental Health Needs of Military Veterans and Their Families
- Trauma Focused Cognitive Behavioral Therapy (CBT+, TF-CBT)
- Equine Assisted Psychotherapy (EAP)
- Attachment Disorders in Children and Adolescents
- Bipolar Disorders in Childhood and Pediatric Psychopharmacology
- Motivational Interviewing with Children and Adolescents (EBP)
- Integrating Buddhist Psychology and Gestalt Psychotherapy
- Art and Play Therapy Techniques
- Experiential Counseling and Family Therapy Techniques
- Association for Challenge Course Technology; Challenge Course Facilitator Level-1

REFERENCES

- Professional and personal references are available upon request

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Alan Jacobson |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/his |
| Organization (if applicable): | N/A |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | jacobson.alan@gmail.com |
| Phone: | |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input checked="" type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input checked="" type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I was laid off. In the 7 months I chose not to have insurance because I couldn't afford it, health insurance was my number one problem. If I hadn't advocated strongly to get my kids on Apple Health, I'd still be broke...even with a new job.

2. Please describe your relevant experience and how it would benefit FTAC.

I have worked in libraries, spoken publicly, taught, and have been in the non-profit world for a long time. I believe deeply in single payer/universal healthcare.

3. Please describe any other experience serving on a committee, board, or workgroup.

See above. Also, board member of a community radio station. Annual film festival board member. Library board.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

See above. I want to make a difference, especially after experiencing this torment first hand, I understand how rigged the pharmamedical complex is against the average person.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

My kids are on Apple Health through May 2023. I wish we all could be on it.

9. Professional licenses held:

Washington State Librarian
FCC Licensed Disc Jockey

10. Memberships in professional, civic organizations, or government boards or commissions:

11. Community service/volunteer activities:

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Having an opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination...and I was never poor, but could have been due to how wacky our medical system is.

14. Please describe why health equity is important to you.

I have learned a lot about it...and then a lot more when it hit me individually. I have never been more sure that something is so obviously needed.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

Jewish

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input checked="" type="checkbox"/> Other category/categories (please list) Jewish |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | <input type="checkbox"/> Don't want to answer/decline |
| <input type="checkbox"/> Middle Eastern or Northern African | |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Alan Jacobson

Date:

11/22/2022

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

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Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|-----------------------------|
| Name (first and last): | Aaron Katz |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/him |
| Organization (if applicable): | UW School of Public Health |
| Title or position (if applicable): | Principal Lecturer Emeritus |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | garlyk@uw.edu |
| Phone: | 2065502277 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input checked="" type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I have spent my career working on health policy issues in Washington state, beginning in the late 1970s, and am committed to helping the state create a unified, rational health system who's primary focus is assuring all residents have access to effective, efficient, quality, and affordable care. I was on the Universal Health Care Work Group that led to the UHCC and would like to contribute to this ongoing effort.

2. Please describe your relevant experience and how it would benefit FTAC.

During a 4+ decades career, I have evaluated Medicaid programs, researched health care market change, developed state policy focusing on marginalized communities (the 1987 Omnibus AIDS Act), staffed a universal health care policy committee (Washington Health Care Commission, 1990-1992), taught health policy at the graduate school level for 20+ years, and developed an intimate knowledge of legislative processes that affect health policy. This range of experience and long

3. Please describe any other experience serving on a committee, board, or workgroup.

I served on the Universal Health Care Work Group that led to the creation of the UHCC. I am a founding board member and former board president of the Washington State Budget & Policy Center; former board member and president of the Center for the Advancement of Community Based Public Health, Northwest Health Law Advocates, Health Alliance International, and Washington Physicians for Social Responsibility; a member of the Basic Health Plan Advisory Committee; and was an at large appointee to the Skagit County Board of Health.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

My wife and I are often out of state in the early months of each year.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

NA

9. Professional licenses held:

none

10. Memberships in professional, civic organizations, or government boards or commissions:

American Public Health Association, Washington State Public Health Association. I was an at-large appointee to the Skagit County Board of Health 2019-2021. I am a board member of the Washington State Budget & Policy Center.

11. Community service/volunteer activities:

See various responses above.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Health equity - assuring everyone, regardless of class, race, gender, sex, able-ness, or place of residence, has access to the things that can help them be as healthy as possible - has been at the core of all my work in this field, including my teaching. I am not an expert, per se, in what barriers to equity specific communities face, but am quite knowledgeable about what factors in the US health system impede or undermine health equity.

14. Please describe why health equity is important to you.

Health equity is about justice, fairness, and the promise of "life, liberty, and the pursuit of happiness." That is, health equity is core to what, in my view, "America" means.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

A unified health care financing system is a necessary precondition to creating the policy tools for reducing inequities. The flow of money is key to both the inequities we see today and the strategies needed to address them.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am a American whose Jewish ancestors came from eastern Europe.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input checked="" type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

11/26/22

CURRICULUM VITAE
(March 2022)

AARON KATZ
Principal Lecturer Emeritus
School of Public Health
garlyk@uw.edu

Education

- 1974 University of Wisconsin-Madison, Wisconsin
Bachelor of Science (Zoology)
- 1975 University of Toronto, Ontario, Canada
Certificate (Master) of Public Health

Professional Positions

- 2020 – present Principal Lecturer Emeritus, University of Washington School of Public Health
- 2014 – present Honorary Associate Lecturer, Division of Health Systems and Policy, University of Queensland School of Public Health, Brisbane, QLD, Australia
- 2014 – present Faculty Associate, University of Washington Center for Human Rights, Seattle, WA
- 2014 Visiting Scholar, Division of Health Systems and Policy, University of Queensland School of Population Health, Brisbane, QLD, Australia
- 2014 – 2020 Adjunct Principal Lecturer, School of Law, University of Washington, Seattle, WA
- 2009 - 2020 Principal Lecturer, Department of Health Services, University of Washington School of Public Health, Seattle, WA
- 2009- 2020 Adjunct Principal Lecturer, Department of Global Health, University of Washington, Seattle, WA
- 2011- 2020 Lead, Health Systems and Policy Concentration, Master of Public Health program, Department of Health Services, University of Washington, Seattle, WA
- 2010- 2013 Director, Global Health MPH Program Leadership, Policy, and Management Track, Department of Global Health, University of Washington, Seattle, WA
- 2008 - 2011 Director, Global Health Leadership Program, Department of Global Health University of Washington, Seattle, WA
- 2005 - 2009 Director, Packard-Gates Population Leadership Program, University of Washington, Seattle, WA
- 2005 - 2006 Adjunct Senior Lecturer, Evans School of Public Affairs, University of Washington, Seattle, WA
- 2006- 2007 Faculty Coordinator, Global Health Fellows Program at the University of Washington, Seattle, WA
- 2003 - 2005 Director, Post-Program Initiatives, Packard-Gates Population Leadership Program, University of Washington, Seattle, WA
- 1999- Editor-in-Chief, *Northwest Public Health*, School of Public Health and Community

- 2008 Medicine, University of Washington, Seattle, WA
- 1995 - Senior Lecturer, Department of Health Services, School of Public Health and
2009 Community Medicine, University of Washington, Seattle, WA
- 1988 - Director, Health Policy Analysis Program, Department of Health Services, School
2003 of Public Health and Community Medicine, University of Washington, Seattle,
WA
- 1993-95 Lecturer, Department of Health Services, School of Public Health and Community
Medicine, University of Washington, Seattle, WA
- 1991-94 Executive Director, The Sun Valley Forum
- 1998 Editor, *Washington Health* and *Washington Health Extra* newsletters, Seattle, WA
- 1987-88 Director of Consulting Services, HealthSystems Resources, Seattle, WA
- 1985-92 Founder and Editor, *Washington Health* newsletter, Seattle, WA
- 1984-87 Principal, Community Consultants Northwest, Seattle, WA
- 1982-84 Planning Specialist, Puget Sound Health Systems Agency, Seattle, WA
- 1978-80 Planning Specialist, Puget Sound Health Systems Agency, Seattle, WA
- 1976-77 Environmental Coordinator, Minnesota Pollution Control Agency, Roseville, MN
- 1976 Environmental Health Specialist, City of St. Louis Park, MN

Fellowships, Honors, and Awards

- 2019 Nominated for the David B. Thorud Leadership Award, University of Washington
- 2014 Trans-Pacific Senior Academic Fellowship [awarded in 2012 for 2014]
- 2011 Health Reform Leadership Award, State of Reform Washington Health Policy
Conference
- 2006 Award for Excellence, American Public Health Association
- 2004 Outstanding Teaching Award, University of Washington School of Public Health
- 2003 Institute for Teaching Excellence, University of Washington
- 1993 Mike Dickey Award (Health Planning), Washington State Public Health Association
- 1988 Journalism Award, Region X, American College of Health Care Administrators
- 1988 Journalism Award, NW Chapter, American College of Health Care Administrators
- 1980 Honorable Mention Award, Washington Chapter, American Planning Association

Professional Service Activities

Professional Memberships

- American Public Health Association
Washington State Public Health Association
Physicians for Social Responsibility
Washington Physicians for Social Responsibility

Boards and Committees

- 2020-22 At-large member, Skagit County Board of Health
- 2019-20 Universal Health Care Work Group (appointee), Washington State Health Care
Authority
- 2005 – Founding Board Member, Washington State Budget & Policy Center
present Board President (2008 – 2011), Board Vice-President (2014 – 2015)
- 2000–13 Member, Board of Directors, Health Alliance International

- Board President (2006 – 2012)
- 2008–11 International Steering Committee, 2nd International Conference on Reproductive Health Management
- 2000–10 Member, Washington State Basic Health Advisory Committee
- 2004–07 Member, Board of Directors, Northwest Health Law Advocates Board Chairperson (2006)
- 2004–06 Member, Board of Directors, Visiting Nurse Services of the Northwest
- 2003–04 Founding Member, Board of Directors, The Whistler Forum: Innovation Through Dialogue
- 2003 Member, Sustainable Healthcare Access Council, CHOICE Regional Health Network
- 2000–02 Member, Future of Rural Health Advisory Committee, Washington Health Foundation
- 1998–2000 Chairman, Board of Directors, Center for the Advancement of Community Based Public Health
- 1996–97 Co-Chairman, National Policy Task Force Working Group, Community Based Public Health Initiative (WK Kellogg Foundation)
- 1995–96 Member, National Policy Task Force, Community Based Public Health Initiative
- 1995–96 Consultant, Evaluation of State Health Reform Initiatives by the Institute for Health Policy Studies, University of California, San Francisco

Peer Review

- 2020 Referee, *Qualitative Health Research*
- 2020 Referee, *American Journal of Preventive Medicine*
- 2020 Referee, *American Journal of Public Health*
- 2020 Referee, *Health Affairs*
- 2019 Referee, UW Royalty Research Fund proposals
- 2019 Referee, *American Journal of Public Health*
- 2018 Referee, *Global Health Action*
- 2017 Referee, *Global Health Action*
- 2016 Referee, *Pediatrics*
- 2016 Referee, *American Journal of Public Health*
- 2014-16 Referee, *International Journal for Equity in Health*
- 2015 Referee, *BMC Health Services Research*
- 2014 Referee, International Leadership Association Annual Conference, Leadership Scholarship Track
- 2012 Referee, *American Journal of Public Health*
- 2011 Referee, *Northwest Public Health*
- 2010 Referee, *The Journal of Rural Health*
- 2010 Referee, *BMC Medical Journals*
- 2009 Referee, *Health Affairs*
- 2009 Referee, *The Journal of Rural Health*
- 2008 Referee, *BMC Medical Journals*
- 2007 Referee, National Science Foundation, International Research Fellowship Program
- 2006 Referee, *BMC Medical Journals*
- 2006 Referee, state health policy abstracts, AcademyHealth Annual Research Meeting
- 2005 Referee, *Journal of Health Care for the Poor and Underserved*

- 2003–05 Referee, *Nonprofit and Voluntary Sector Quarterly*
- 2002 Referee, pre- and post-doctoral abstracts, Academy for Health Services Research and Health Policy 2002 Annual Meeting
- 2001 Referee, *The Journal of Rural Health*
- 1999 Referee, *Family and Community Health* issue on advocacy and policy
- 1998 Referee, *Health Affairs*
- 1997 Referee, *Journal of Health Care for the Poor and Underserved*
- 1997 Referee, *Journal of Public Health Management and Practice* special issue on community-wide prevention
- 1995–97 External referee, Medical Research Council of Canada

Bibliography

Research papers in refereed journals

1. Lane, J, G Andrews, E Orange, A Brezak, G Tanna, L Lebese, T Carter, E Naidoo, E Levendal, and A Katz. 2020. “Strengthening Health Policy Development and Management Systems in Low and Middle Income Countries: South Africa’s Approach.” *Health Policy Open*. 1 August.
2. VM McMahan, L McCanta, D Tran, L Herrera, L Viquez, F Swanson, B Cruisinger-Perry, JM Baeten, A Katz, and JD. Stekler. 2020. “Insurance and Cost-Related Barriers to PrEP Uptake at a Safety-Net Clinic in Seattle, WA.” *Clinical Infectious Diseases*.
3. Orange, E, J Lane, G Andrews, L Lebese, C Hall, E Naidoo, S Mazibuko, and A Katz. “Assessing Health Policy Implementation in South Africa: A Case Study of HIV Universal Test and Treat.” [in review]
4. Verani, A, J Lane, T Lim, D Kaliel, A Katz, J Palen, and J Timberlake. 2020. “HIV Policy Advancements in PEPFAR Partner Countries: a review of data from 2010-2016.” *Global Public Health*. 4 August.
5. Adamson, B, L Lipira, and A Katz. 2019. “The Impact of ACA and Medicaid Expansion on HIV 90-90-90 Goals.” *Current HIV/AIDS Reports*. 14 Feb.
6. Katz, A, D Gajjar, A Zwi, and PS Hill. 2017. “Great Expectations: an analysis of researchers’ and policy makers’ perceptions of the potential value of the Australian Indigenous Burden of Disease study for policy.” *The International Journal of Health Planning and Management*, 1-13.
7. Hagopian, A, D Rao, A Katz, S Sanford, and S Barnhart. 2017. “Anti-homosexual legislation and HIV-related stigma in African nations: what has been the role of PEPFAR?” *Global Health Action*. 10:1, 1306391.
8. Lane, J, E Orange, A Brezak, G Tanna, G Andrews, L Lebese, T Carter, E Naidoo, E Levendal, and A Katz. 2020. “Strengthening Health Policy Development and Management Systems in Low and Middle Income Countries: South Africa’s Approach.” *Health Policy Open*. 1 August.
9. Iyengar, S, A Katz, and J Durham. 2016. "The role of institutional entrepreneurship in building adaptive capacity in community-based health care organisations: Realist review protocol." *BMJ Open*.

10. Lane, J., A Verani, M Hijazi, E Hurley, A Hagopian, N Judice, R MacInnis, S Sanford, S Zelek, and A Katz. 2016. "Monitoring HIV and AIDS Related Policy Reforms: a Road Map to Strengthen Policy Monitoring and Implementation in PEPFAR Partner Countries." *PLOS One*.
11. Acker, K, AM Pletz, A Katz, and A Hagopian. "Foreign-Born Care Givers in Washington State nursing Homes: Characteristics, Associations with Quality of Care, and Views of Administrators," *Journal of Aging and Health*, October 2014 (online).
12. Halpern, M, A Hagopian, and A Katz. "Tengo SIDA y por lo tanto van a escucharme: Advocacy de las personas que viven con el VIH en Bolivia." *Revista Análisis Social*, Universidad Iberoamericana de Puebla (Mexico), No. 3, Fall 2008.
13. Cunningham, P, G Bazzoli, A Katz, "Caught in the Competitive Crossfire :Safety Net Providers Balance Margin and Mission in a Profit-Driven Health Care Market," *Health Affairs*, Web Exclusive, August 12, 2008.
14. Katz, A, AB Staiti, KL McKenzie, "Preparing for the Unknown, Responding to the Known – Communities and Public Health Preparedness," *Health Affairs*, Vol. 24, No. 4, July/August 2006.
15. Felland, LE, CS Lesser, A Staiti, A Katz, P Lichiello, "The Resilience of the Health Care Safety Net, 1996-2001," *Health Services Research*, Vol. 38, No.1, Part II, February 2003.
16. Katz, A and J Thompson, "The Role of Public Policy in Health Care Market Change," *Health Affairs*, Vol. 15, No. 2, Summer 1996.
17. Katz, A, "Occupational Hearing Loss and the Primary Care Physician," *Canadian Family Physician*, Vol. 22, No. 1139, September 1976.

Book Chapters

1. Spice, CL, B Yun, AB Katz, and PA Fishman. "Chapter 3: Federal Qualified Health Centers: From the Fringes to the Mainstream," in *Medicaid: Enrollment, Eligibility, and Key Issues*. Edited by Daniel Landorf. Nova Science Publishers. 2020.
2. Katz, A, J Thompson, and F Connell. "Introduction and Background," in *Experiential Teaching for Public Health Practice*. Edited by Nicola B and A Hagopian. Bentham eBooks. 2017.
3. Narchand, L, A Katz, and A Hagopian. "COPHP Curricular Content Areas: Policy," in *Experiential Teaching for Public Health Practice*. Edited by Nicola B and A Hagopian. Bentham eBooks. 2017.
4. De Paul, N, NM Campbell, AV Crofts, A Katz, and E Mitchell, "Vision for Change: Partnering with Public Health Leaders Globally," in *Global Leadership: Portraits of the Past, Visions for the Future*, edited by M Harvey and JD Barbour, International Leadership Association, Maryland, 2009.
5. Katz A, "Using Health Care Systems Wisely," Ch. 20 in *Your Health!*, edited by Joan Luckmann, Prentice-Hall, Englewood Cliffs, New Jersey, 1990.

Technical and Policy Reports

1. Lane, J, M Windle, S Sanford, A Hagopian, T Mwambipile, and A Katz. *Age of Consent for HIV Testing, Counseling and Treatment in Tanzania* (AIDS Law Brief and Background Paper). PEPFAR Policy Monitoring Project. University of Washington. September 2015.
2. Lane, J, M Haller, S Sanford, A Hagopian, and A Katz. *Age of Consent for Voluntary Medical Male Circumcision in Tanzania* (AIDS Law Brief and Background Paper). PEPFAR Policy Monitoring Project. University of Washington. September 2015.
3. Lane, J, M Windle, S Sanford, A Hagopian, T Mwambipile, and A Katz. *Scope of Practice Laws Affecting ART Initiation and Maintenance in Tanzania* (AIDS Law Brief and Background Paper). PEPFAR Policy Monitoring Project. University of Washington. September 2015.
4. Lane, J, P Cooper, S Sanford, A Hagopian, and A Katz. *HIV/AIDS and Health Information Privacy Laws in Tanzania* (AIDS Law Brief and Background Paper). PEPFAR Policy Monitoring Project. University of Washington. September 2015.
5. Lane, J, M Haller, S Sanford, A Hagopian, Z Nampewo, and A Katz. *Age of Consent for HIV Testing, Counseling and Treatment in Uganda* (AIDS Law Brief and Background Paper). PEPFAR Policy Monitoring Project. University of Washington. September 2015.
6. Lane, J, P Cooper, S Sanford, A Hagopian, Z Nampewo, and A Katz. *Health Information Privacy and HIV/AIDS in Uganda* (AIDS Law Brief and Background Paper). PEPFAR Policy Monitoring Project. University of Washington. September 2015.
7. Lane, J, T Wolfe, S Sanford, A Hagopian, N Aniekwu, and A Katz. *Age of Consent for HIV Testing, Counseling and Treatment in Nigeria* (AIDS Law Brief and Background Paper). PEPFAR Policy Monitoring Project. University of Washington. September 2015.
8. Katz, A, JS Hall, and P Lichiello. *Managing Health Reform, Washington: Round 1*. State-Level Field Network Study of the Implementation of the Affordable Care Act. The Rockefeller Institute of Government, State University of New York, and the Fels Institute of Government, University of Pennsylvania. March 2014.
9. Judice, NR, J Lane, E Hunger, N Wallace, R MacInnis, AR Verani, AB Katz, et al. *Monitoring HIV Policy Interventions in PEPFAR Partnership Frameworks* (conference poster). Second Global Symposium on Health Systems Research, Beijing, China, 2012.
10. Katz, AB, G Anglin, E Carrier, MK Dowling, LB Stark, and T Yee. *Indianapolis Hospital Systems Compete for Well-Insured, Suburban Patients*. Center for Studying Health System Change, Washington, DC, December 2011.
11. Katz, AB, LE Felland, I Hill, and LB Star. *A Long and Winding Road: Federally Qualified Health Centers, Community Variation and Prospects Under Reform*. Center for Studying Health System Change, Washington, DC, November 2011.
12. Katz, A, RA Berenson, G Claxton, MK Dowling, CW Quach, and DR Samuel. *Economic Downturn Slows Phoenix's Once-Booming Health Care Market*. Center for Studying Health System Change, Washington, DC, July 2011.
13. Katz, A, A Bond, E Carrier, E Docteur, C Quach, and T Yee. *Cleveland Hospital Systems Expand Despite Weak Economy*. Center for Studying Health System Change, Washington,

DC, September 2010.

14. Felland, L, A Katz, and J Lauer. *California's Safety Net: The Role of Counties in Overseeing Care*. California HealthCare Foundation. December 2009.
15. Katz, A, et al. *Los Angeles: Haves and Have-Nots Lead to a Divided System*. Community Report. California HealthCare Foundation. July 2009.
16. Katz, A, et al. *Riverside/San Bernardino: Sprawling Area, Economic Woes Create Access Challenges*. Community Report. California HealthCare Foundation. July 2009.
17. Felland, L, A Katz, A Liebhaber, and G Cohen, *Surge Capacity and Capability at Risk*, Research Brief No. 5, Center for Studying Health System Change, Washington, DC, June 2008.
18. Hurley, RE, A Katz, and L Felland, *Relief, Restoration and Reform: Economic Upturn Yields Modest and Uneven Health Returns, Issue Brief No. 117*, Center for Studying Health System Change, Washington, DC, January 2008.
19. Staiti, AB, RE Hurley, and A Katz, *Stretching the Safety Net to Service Undocumented Immigrants: Community Responses to Health Needs, Issue Brief No. 104*, Center for Studying Health System Change, Washington, DC, February 2006.
20. Katz A, M Au, PB Ginsburg, RE Hurley, JH May, GP Mays, and BC Strunk, *Blue Cross Influence Grows in Boston as State Revisits Reform Debates: Boston, Mass., Community Report*, Center for Studying Health System Change, Washington, DC, December 2005.
21. Katz A, M Au, G Claxton, JM Grossman, RE Hurley, and JH May, *Lansing Economic Doldrums Threaten Broad Health Care Benefits: Lansing, Mich., Community Report*, Center for Studying Health System Change, Washington, DC, October 2005.
22. Katz A, G Claxton, RE Hurley, CS Lesser, JH May, and BC Strunk, *Dynamic Orange County Health Care Market Responds to Opportunities, Threats: Orange Co, Cal. Community Report*, Center for Studying Health System Change, Washington, DC, August 2005.
23. Katz A, JM Grossman, RE Hurley, JH May, LM Nichols, and BC Strunk, *Little Rock Providers Vie for Revenues, as High Health Care Costs Continue: Little Rock, Ark. Community Report*, Center for Studying Health System Change, Washington, DC, July 2005.
24. Katz, A, *Regarding the Application by Premera Blue Cross and its Affiliates to Convert to For-Profit Corporations, Supplemental Report of Aaron Katz (Expert Witness)*, March 3, 2004.
25. Health Policy Analysis Program, *Premera Conversion Study Report 1: Premera Involvement in Washington and Alaska Health Insurance Markets*, Health Policy Analysis Program, University of Washington, Seattle, November 10 2003.
26. Health Policy Analysis Program, *Premera Conversion Study Report 2: Review of the Literature and Experiences of Other States, and Discussion of Potential Effects of a Premera Conversion*, Health Policy Analysis Program, University of Washington, Seattle, November 10 2003.

27. Katz, A, "Commentary on Health Plans," in *Profile of Washington State Health Plans, 2003*, Washington State Hospital Association.
28. Katz A, RE Hurley, LA Conwell, BC Strunk, AB Staiti, JL Hargraves, RA Berenson, and L Brewster, *HMO Alive and Well in Orange County: Orange Co, Cal. Community Report*, Center for Studying Health System Change, Washington, DC, Summer 2003.
29. Staiti A, A Katz, JF Hoadley, *Has Bioterrorism Preparedness Improved Public Health? Issue Brief No. 65*, Center for Studying Health System Change, Washington, DC, July 2003.
30. Katz A, RE Hurley, KJ Devers, LA Conwell, BC Strunk, AB Staiti, JL Hargraves, and RA Berenson, *Bitter Contract Dispute Reaffirms Blues' Dominant Position in Lansing: Lansing, Mich. Community Report*, Center for Studying Health System Change, Washington, DC, Spring 2003.
31. Katz A, RE Hurley, KJ Devers, LA Conwell, BC Strunk, AB Staiti, JL Hargraves, and RA Berenson, *Competition Revs Up in the Indianapolis Health Care Market: Indianapolis, Ind. Community Report*, Center for Studying Health System Change, Washington, DC, Winter 2003.
32. Mays GP, S Trude, LP Casalino, LE Felland, G Claxton, HH Pham, A Katz, LE Regopoulos, and K Kinner, *Economic Downturn and State Budget Woes Overshadow Seattle Health Care Market: Seattle, Wash. Community Report*, Center for Studying Health System Change, Washington, DC, Winter 2003.
33. A Katz and Dominguez-Karasz, C, *Selected Policy Options for Strengthening Employer-Based Health Insurance in Washington State*, Health Policy Analysis Program, University of Washington, Seattle, May 2002.
34. C Dominguez-Karasz and A Katz, *Washington State Rural Home Health Demonstration Project Final Report: Report to the Washington Health Foundation and U.S. Health Resources and Services Administration*, Health Policy Analysis Program, University of Washington, Seattle, March 2002.
35. Lichiello P, A Sarata, A Katz, and J Thompson, *HIV Prevention Study: Report to the Secretary, Washington State Department of Health*, Health Policy Analysis Program, University of Washington, Seattle, March 2002.
36. Katz F, S Richards, and A Katz, *Potential Regulation of Third Party Administrators: Report to the Washington State Office of the Insurance Commissioner*, Health Policy Analysis Program, University of Washington, Seattle, January 2002.
37. Coburn A, J Gale, A Katz, and W Myers, *Assessment Report on the Southern Rural Access Program: Confidential Report to The Robert Wood Johnson Foundation*, Edmund S. Muskie School of Public Service, University of Southern Maine, October 2001.
38. Katz A, RE Hurley, L Jackson, TK Lake, and A Short, *HMO Model Shaken, But Remains Intact: Orange County, Calif. Community Report*, Center for Studying Health System Change, Washington, DC, Spring 2001.

39. Katz A, M Gardner, G Wright, P House, G Wellenstein, C Hwang, and S Richards, *State Primary Care Provider Study*, Washington State Health Care Authority/Department of Social and Health Services, Olympia, February, 2001.
40. Katz A, RE Hurley, L Jackson, TK Lake, A Short, and JD Reschovsky, *Insurers Consolidate, Hospitals Struggle Financially: Syracuse, N.Y. Community Report*, Center for Studying Health System Change, Washington, DC, Winter 2001.
41. Katz A, RE Hurley, L Jackson, TK Lake, A Short, and JL Hargraves, *Provider Systems Thrive in Robust Economy: Indianapolis, Ind. Community Report*, Center for Studying Health System Change, Washington, DC, Fall 2000.
42. Lichiello P, M Gardner, A Katz, et. al, *The Pulse Indicators 1999 Report*, Health Policy Analysis Program, University of Washington, Seattle, September 1999.
43. Katz A, et al., *Effects of Certificate of Need and Its Possible Repeal*, Joint Legislative Audit and Review Committee, Washington State Legislature, January 1999.
44. Katz A, *Regulating Managed Care in Washington State* (briefing paper), Health Policy Analysis Program, University of Washington, Seattle, December 1998.
45. Morris S, JE Camp, A Katz, et al., *Achieving a Safe and Healthful Workplace: Perspectives from Management, Labor, and Government in Washington State*, Policy Analysis & Program Evaluation Initiative, Department of Environmental Health, University of Washington, December 1998.
46. Lichiello P, B Berkowitz, J Thompson, A Katz, et al, *Enabling Performance Measurement Activities in the States and Communities*, Northwest Prevention Effectiveness Center and Health Policy Analysis Program, University of Washington, Seattle, September 1998.
47. Katz A, *Cost, Price, and Affordability of Health Care in Washington State* (briefing paper), Health Policy Analysis Program, University of Washington, Seattle, September 1997.
48. Katz A, *The Status of Health Insurance Coverage in Washington State* (briefing paper), Health Policy Analysis Program, University of Washington, Seattle, September 1997.
49. Lichiello P, A Katz, et al, *Clinical Preventive Services Guidelines: Interviews with Health Plans in Washington State*, Health Policy Analysis Program, University of Washington, Seattle, September 30, 1996.
50. Thompson J, A Katz, P Lichiello, et al., *Clinical Personal Health Services Technical Assistance Project: Final Report*, Health Policy Analysis Program, University of Washington, Seattle, August 1996.
51. Lichiello P, A Katz, L Heineccius, et al, *Rural Managed Care Inventory Final Report*, Health Policy Analysis Program, University of Washington, Seattle, June 1996.
52. Katz A, Boston, Mass. Site Visit Report, in *The Community Snapshots Project: Capturing Health System Change*, PB Ginsburg and NJ Fasciano, eds., The Robert Wood Johnson Foundation, Princeton, NJ, 1996.

53. Katz A, St. Louis, Mo. Site Visit Report, in *The Community Snapshots Project: Capturing Health System Change*, PB Ginsburg and NJ Fasciano, eds., The Robert Wood Johnson Foundation, Princeton, NJ, 1996.
54. Thompson J, A Porter, D Russell, A Katz, and P Lichiello, *Clinical Personal Health Services Technical Assistance Project: Phase I Final Report*, Health Policy Analysis Program, University of Washington, Seattle, May 1996.
55. Katz A and CW Madden, *Community Benefits and Not-for-Profit Health Care: Policy Issues and Perspectives*, Health Policy Analysis Program, University of Washington, Seattle, November 1995.
56. Thompson J, E Greer, P Lichiello, M Barnett, L Larsson, and A Katz, *Flexibility in the Use of Federal Public Health Funds: A Study in Washington State*, Health Policy Analysis Program, University of Washington, Seattle, October 1995.
57. Lichiello P, E Greer, A Katz, CW Madden, M Barnett, et. al, *Healthy Options Statewide Evaluation: The Effects of the Shift to Managed Care on Access to Services and Quality of Care*, Health Policy Analysis Program, University of Washington, Seattle, May 1995.
58. Lichiello P, A Katz, E Greer, CW Madden, M Barnett, et. al, *Crime Victims Medical Benefits Study*, Health Policy Analysis Program, University of Washington, Seattle, November 1994.
59. Carona J, A Katz, E Greer, CW Madden, M Barnett, and L Larsson. *Workers' Compensation Consolidation Study: Review of Workers' Compensation Systems in Selected States and Countries*, Health Policy Analysis Program, University of Washington, Seattle, February 1994.
60. Carona J, A Katz, E Greer, CW Madden, M Barnett, and L Larsson. *Workers' Compensation Consolidation Study: Literature Review*, Health Policy Analysis Program, University of Washington, Seattle, February 1994.
61. Greer E, A Katz, CW Madden, and F Reid. *Workers' Compensation Consolidation Study: Statutory and Regulatory Review*, Health Policy Analysis Program, University of Washington, Seattle, February 1994.
62. Porter A and A Katz. *Baseline Data and Proposed Monitoring System for the King County Healthy Options Program*, Health Policy Analysis Program, University of Washington, Seattle, December 1993.
63. Schwendiman M, A Porter, A Katz, et al.. *Healthy Options for Spokane Evaluation*, Health Policy Analysis Program, University of Washington, Seattle, September 1993.
64. Katz A and A Porter. *Health Care Reform in Washington State: What It Can Mean for Children*, Health Policy Analysis Program, University of Washington, Seattle, December 1992.
65. Schwendiman M, F Connell, A Katz, et al. *Medicaid Selective Contracting Program Evaluation*, Health Policy Analysis Program, University of Washington, Seattle, July 1992.

66. Porter A, M Richardson, A Katz, et al. *Evaluation of the Community Alternatives Program*, Health Policy Analysis Program, University of Washington, Seattle, March 25, 1992.
67. Connell F, M Bell, LM Baldwin, D Farrow, LG Hart, A Katz, JC Rabkin, K Parrish. *First Steps Evaluation 1991 Report*, Maternal and Child Health Program, University of Washington, December 1991.
68. Schwendiman M, A Katz, CW Madden, and M Bell. *Evaluation of the Sound Care Plan: Access, Quality, and Cost-Effectiveness*, Health Policy Analysis Program, University of Washington, Seattle, August 1991.
69. Hicks GA and A Katz. *Medical Liability and Compensation: A Discussion of Themes in British Columbia and Washington State*, Health Policy Analysis Program, University of Washington, Seattle, June 1991.
70. Connell F, M Bell, JC Rabkin, A Katz. *First Steps Evaluation, Interim Report*. Maternal and Child Health Program, University of Washington, March 1991.
71. Katz A and M Schwendiman. *Paying the Price: Health Care Spending by Businesses in British Columbia and Washington State*, Health Policy Analysis Program, University of Washington, Seattle, May 1990.
72. Katz A and M McCarry. *A Tale of Two Systems A Comparative Study of the British Columbia and Washington State Health Care Systems and Their Effects on Access, Cost, and Health*, Health Policy Analysis Program, University of Washington, Seattle, September 1989.
73. Katz A, CW Madden, and M Bell. *Evaluation of the Sound Care Plan: Access, Quality, and Cost-effectiveness*, Health Policy Analysis Program, University of Washington, Seattle, July 1989.
74. Katz A, M McCarry, E Sims, et al.. *Health Services Volume Project: Final Report to the State Health Coordinating Council and Office of State Health Planning*, Washington State Department of Social and Health Services, Health Policy Analysis Program, University of Washington, Seattle, June 1989.

Other published scholarly papers

1. Vickery, H and A Katz, "Medicaid Expansion and Maternal and Child Health," *Northwest Bulletin: Family and Child Health*, Vol. 27, No. 2, Fall 2013.
2. Katz A and C Madden, *Public Policy and Government Activities in U.S. Health Care Markets*, (monograph), National Academy of Economics and Management, Novosibirsk, Russia, 1997.
3. Berkowitz, B and A Katz, "Public Health Takes Center Stage in Health System Reform," *Washington Public Health*, School of Public Health and Community Medicine, University of Washington, Vol. 13, 1995.
4. Connell F, M Bell, J Rabkin, and A Katz, "Washington's First Steps Program Is Improving Birth Outcomes," *Washington Public Health*, School of Public Health and Community Medicine, University of Washington, Vol. 12, 1994.

5. Katz A, "Washington State Uses Collaboration to Build Reform," *The Link*, Quarterly Bulletin of the Council on Linkages Between Academia and Public Health Practice, Johns Hopkins University, Vol. 5, Winter/Spring 1994.
6. Katz A, C Madden, and M Westfall, "The 1993 Washington State Legislature: A New Era For Public Health," *Washington Public Health*, School of Public Health and Community Medicine, University of Washington, Vol. 11, 1993.
7. Katz A, "Pacific Northwest a Hotbed of Health Commission Activity," *Washington Public Health*, School of Public Health and Community Medicine, University of Washington, Vol. 10, 1992.
8. Katz A, "The Health Care Systems of British Columbia and Washington State: Learning from the Neighbors," *Government Finance Review*, Vol. 7, No. 6, December 1991.
9. Katz A and M McCarry, "A Tale of Two Systems: A Quantitative Comparison of Health Care Delivery in British Columbia and Washington State," *The New Pacific*, No. 1, Fall 1989.

Funding History

1. "Policy Monitoring Technical Assistance to the Government of South Africa," PI, (20%), I-TECH / National Department of Health, 2016 – 2019.
2. "DREAMS Policy Monitoring Technical Assistance," technical adviser (15%), I-TECH / Elizabeth Glaser Pediatric AIDS Foundation, 2016 – 2017.
3. "Capacity Building for Leadership and Management Training and Implementation Science," PI (15%), Sudan Federal Ministry of Health, 2016 – 2017.
4. "Indigenous Burden of Disease – Analysis of Research and Policy Maker Perspectives," co-investigator (25% FTE), P Hill, P.I., \$17,000, Trans-Pacific Senior Academic Fellowship, 2014 – 2015.
5. "Partnership Framework Policy Monitoring Project," team leader, S Barnhart, P.I., \$610,000 (35% FTE), US Centers for Disease Control and Prevention (cooperative agreement through Health Promotion Research Center), 2011 – 2015.
6. "Monitoring Health Reform: State-Level Field Network Study of the Implementation of the Affordable Care Act," PI and team leader (10% FTE), \$35,000, Empire Health Foundation, coordinated by The Rockefeller Institute of Government, State University of New York, and the Fels Institute of Government, University of Pennsylvania, 2013 – 2014.
7. "Achieving Workers' Rights to Health Care through the Affordable Care Act: An Investigation of Access for Small Business Employees in Washington State," UW Harry Bridges Center for Labor Studies, P.I., \$6,000, 2013 – 2014.
8. "Positive Health, Dignity and Prevention National Policy Framework for South Africa," I-TECH/US Centers for Disease Control and Prevention, technical consultant (10% FTE), 2013 – 2014.

9. "University of Namibia – University of Washington Twinning Initiative," I-TECH/US Centers for Disease Control and Prevention, technical consultant (10% FTE), A Downer, P.I., 2009 – 2014.
10. "Training HIV Program Managers for Kenya," University of Nairobi/US Centers for Disease Control, technical consultant and distance learning track lead (10%), M Chung, P.I., 2009 – 2015.
11. "Partnership Initiative," International Budget Partnership, P.I. and technical adviser (10% FTE), \$12,000/year, 2009 – 2013.
12. "Community Tracking Study" (Rounds 3-7), senior research consultant (20% FTE), \$725,000, Center for Studying Health System Change/The Robert Wood Johnson Foundation, 2000-2011.
13. "Nurse Staffing Steering Committee," William D. Ruckelshaus Center, project director and facilitator (30% FTE), \$320,000, Washington State Legislature, 2009-2011.
14. "Global Health Leadership Program – Sudan," principal investigator and director, \$700,000 (25% FTE), 2007 – 2010.
15. "California Community Tracking Study," co-investigator (20% FTE), \$42,000, Center for Studying Health Systems Change/California Healthcare Foundation, 2008 – 2009.
16. "Packard-Gates Population Leadership Program," director, Robert Plotnick, P.I., \$2.3 million (50% FTE), 2005-2009.
17. "Public Health Surge Capacity," co-investigator (15% FTE), \$20,000, Center for Studying Health System Change/The Robert Wood Johnson Foundation, 2007-2008.
18. "Public Health Strategic Mapping /Advocacy Impact Evaluation Project," co-investigator (10% FTE), \$550,000, The Bill and Melinda Gates Foundation, 2006-2008.
19. "Effective Collaborations Between Local Governments and Non-Profit Organizations," principal investigator (20% FTE), \$164,000, Center for Global Partnership / Japan Foundation, 2001-2004.
20. "Packard-Gates Population Leadership Program," director of post-program initiatives (50% FTE), Robert Plotnick, P.I., \$2.0 million (50% FTE), 2003-2005.
21. "Safe Table Forums," principal investigator, \$200,000, The Robert Wood Johnson Foundation's State Forums Program and The Washington Health Foundation, 2002 – 2004.
22. "Potential Effects of the Conversion of Premera Blue Cross," principal investigator, \$50,000, Consumers' Union, Premera Watch Coalition, Washington State Hospital Association, and Washington State Medical Association, 2003.
23. "Immigrant Medicaid-Basic Health Transition Project," principal investigator, \$60,000, Kaiser Family Foundation/Washington State Department of Social and Health Services, 2003-2004.
24. "Medicaid Renewal Project," principal investigator, \$19,000, Spokane Health Improvement Partnership and Washington State Department of Social and Health Services, 2003-2004.

25. "Packard-Gates Population Leadership Program," faculty and mentor, Robert Plotnick, P.I., \$2.0 million (20% FTE), 1999-2003.
26. "Learning from State Health Policy Research and Evaluation to Inform Health Policy," co-investigator, \$130,000, The Commonwealth Fund, 2002-2003.
27. "Future of Rural Health," principal investigator, \$50,000, Washington Health Foundation, 2000-2002.
28. "State Planning Grant on Access to Health Insurance," co-principal investigator, \$710,000, Washington State Office of Financial Management (grant from U.S. Health Resources and Services Administration), 2001-2002.
29. "Evaluation of the Washington Campaign for Kids 2001," investigator, J Thompson, P.I., \$120,000, Washington Health Foundation, 1999-2001.
30. "Omnibus AIDS Act Review," principal investigator, \$45,000, Washington State Department of Health, 2001-2002.
31. "Study of the Regulation of Third Party Administrators," principal investigator, Washington State Office of the Insurance Commissioner, 2001.
32. "Home Health / Rural Networks Demonstration Project," principal investigator, \$50,000, Washington Health Foundation, 2000-2001.
33. "Assessment of the Southern Rural Access Program," co-investigator, A Coburn, P.I., \$13,000, The Robert Wood Johnson Foundation, 2001.
34. "State Primary Care Provider Study," principal investigator, \$145,000, Washington State Department of Social and Health Services and Health Care Authority, 2000-2001.
35. "The Role of Public Policy in Maintaining a Market for Small Group and Individual Insurance," investigator, C Madden, P.I., \$20,000, The Commonwealth Fund, 2000.
36. "Medical Practice Data Project 2000," co-principal investigator, \$57,000, Washington State Medical Association, 2000.
37. "The Landscape Project in Rural Health," principal investigator, \$125,000, Washington State Office of Community and Rural Health, 1999-2000.
38. "Montana Public Health Training Institute Feasibility Study," investigator, M Oberle, P.I., \$30,000, 2000.
39. "Genetic Testing in the Workplace: Implication for Public Policy," investigator, C Madden, P.I., \$20,000, Public Health Genetics Program, 1999-2000.
40. "Kids Get Care Concept Paper," principal investigator, \$7,500, Washington Health Foundation, 1999.
41. "Evaluation of State Efforts to Reduce Workplace Hazards, Phase 1," investigator, S Morris, P.I., \$200,000, Washington State Department of Labor and Industries, 1997-99.

42. "Evaluation of the Cross Cultural Health Care Program Training Programs," investigator, J Thompson, P.I., \$5,000, Cross Cultural Health Care Program, 1999.
43. "Certificate of Need Study for the Joint Legislative Audit and Review Committee," principal investigator, \$50,000, 1998.
44. "Northwest Health Policy Research Conference," principal investigator, 1997, 1998, various funders, \$52,000/year.
45. "Policy Assistance to the State Department of Health," investigator, J Thompson P.I., \$35,000, 1997-98.
46. "Academic Health Centers in the Community (Pilot Study)," investigator, E Perrin, P.I., \$75,000, 1997-98.
47. "Performance Measures for Public Health," investigator, B Berkowitz, P.I., U.S. Department of Health and Human Services, \$71,000, 1997-98.
48. "Analysis of Rules Governing Direct Care Employees of State Mental Hospitals," Washington State Board of Health, principal investigator, \$4,000, 1998.
49. "Technical Assistance to the Washington State Health Care Policy Board," investigator, E Perrin P.I., \$140,000, 1996 - 1997.
50. "Seattle-King County Department of Public Health, Health Status and Health System Analysis Project," principal investigator, \$35,000, 1996-97.
51. "Public Health Improvement Plan Implementation and Training," investigator, W Dowling, P.I., \$500,000, 1996-97.
52. "Health Plan Responses to Clinical Preventive Services Guideline Revisions," principal investigator, \$15,000, 1996-97.
53. "Penetration of Managed Care in Rural Counties in Washington," principal investigator, \$30,000, 5 months, 1995 - 1996.
54. "Community Snapshots," project director, E Perrin P.I., \$160,000, The Robert Wood Johnson Foundation, 1995 - 1996.
55. "Health Services Information System planning," principal investigator, \$20,000, Washington State Department of Health, 1995.
56. "Evaluation of the Statewide Healthy Options Program," principal investigator, \$150,000, Washington State Department of Social and Health Services, 1995.
57. "The Provision of Community Benefit in an Era of Healthcare Competition," co-investigator, WL Dowling P.I., \$60,000, Catholic Hospital Association, 1995.
58. "Public Health Improvement Plan Implementation," principal investigator, \$575,000, 30 months, Washington State Department of Health, 1994 - 1996.

59. "Analysis of Health System Reform," principal investigator, \$20,000, Henry J. Kaiser Family Foundation, 1994 - 97.
60. "Technical Assistance to the Health Services Commission," principal investigator, \$14,000, Washington State Health Services Commission, 1994 - 1995.
61. "Workers' Compensation Consolidation Study - Phase 2," principal investigator (subcontractor), \$30,000, Washington State Department of Labor and Industries (Foster Higgins prime contractor), 1994 - 1995.
62. "Crime Victims Consolidation Study," principal investigator, \$96,000, Washington State Department of Labor and Industries, 1994 - 1995.
63. "King County Healthy Options Evaluation," principal investigator, Washington State Department of Social and Health Services, \$19,000, 1994 - 1995.
64. "Urban Health and the University," The 1994 Sun Valley Forum, executive director, \$80,000, The Hahneman Foundation, 1994.
65. "Medical Risk Distribution Among Competing Health Plans," investigator, CW Madden P.I., \$1,500,000, with the Washington State Health Care Authority, The Robert Wood Johnson Foundation, 1993 - 1995.
66. "Public Health Improvement Plan," principal investigator, \$170,000, Washington State Department of Health, 1993 - 1994.
67. "Health Services Information System planning," principal investigator, \$70,000, Washington State Department of Health, 1993 - 1994.
68. "Primary Care Options Program Technical Assistance," principal investigator (subcontractor), \$30,000, federal Bureau of Maternal and Child Health (Health Systems Research, Inc., prime contractor), 1993 - 1994.
69. "Technical Assistance for Alaska Public Health Reform," principal investigator, \$25,000, Alaska Division of Public Health, 1993 - 1994.
70. "Workers' Compensation Consolidation Study - Phase 1" principal investigator, \$33,000, Washington State Department of Labor and Industries, 1993 - 1994.
71. "First Steps Evaluation," investigator, F Connell P.I., \$850,000, Washington State Legislature, 1990 - 1994.
72. "Sound Care Plan Evaluation/Health Options for Spokane Evaluation," project director, CW Madden P.I., \$57,000, Washington State Department of Social and Health Services, 1992 - 1993.
73. "Washington Kids Count," project steering committee member, R Brandon P.I., ~\$400,000 per year, Anne E. Casey Foundation, CBS Foundation, U.S. Public Health Service, Seattle Foundation, SAFECO, 1991 - 1993.

74. "Evaluation of the Medicaid Selective Contracting Program," project director, CW Madden P.I., \$56,000, Washington State Medicaid Program, 1992.
75. "Rebalancing the Triad: Cure, Care, and Prevention," The 1992 Sun Valley Forum, executive director, \$68,000, The Robert Wood Johnson Foundation, 1992.
76. "Policy Support to the Washington Health Care Commission," project director, \$79,000, Washington Health Care Commission and the Henry J. Kaiser Family Foundation, 1991 - 1992.
77. "Evaluation of the Community Alternatives Program," investigator, M Richardson P.I., \$110,000, Washington State Medicaid Program, 1991 - 1992.
78. "Policy Assistance to the King County Child and Family Task Force," consultant, CW Madden P.I., \$7,500, Seattle-King County Department of Public Health, 1991.
79. "Evaluations of the Sound Care Plan," project director, CW Madden P.I., \$45,000 per evaluation, Washington State Medicaid Program, 1991 and 1989.
80. "Health System Administrative Models," project director, \$9,000, Washington State Medical Association, 1990.
81. "Health Care Access and Cost Literature Review," project director, CW Madden P.I., \$12,000, Blue Cross and Blue Shield plans in Washington State, 1990.
82. "Rural Hospital Linkages," investigator, G Hoare P.I., \$50,000, Office of Rural Health Policy, U.S. Public Health Service, 1989 - 1990.
83. "Comparison of Health System Reform Proposals," project director, \$5,000, Committee for Affordable Health Care, 1989 - 1990.
84. "Health Services Volumes Project," project director, CW Madden P.I., \$60,000, Washington State Office of State Health Planning/Washington State Health Coordinating Council, 1989.

Professional Conferences, Symposia, and Presentations

2020

1. Seattle Surgical Society, "Health Care Reform" (panelist), February, Seattle.

2019

1. Health Care for All – Washington, "What can we learn from other countries" (panelist), November, Seattle.
2. Puget Sound Passport Rotary Club, "Physician Burnout and What That Means for YOUR Health," October, Seattle.
3. Center for Health Innovation & Policy Science, "Strengthening South Africa's Health Policy Systems Through a Best Practices-based Policy Development Manual and Policy Information Management System" (co-presenter), June, Seattle.
4. UW Graduate School, "*Is the grass really greener?* Perspectives on careers inside and

outside of academia” (panelist), May, Seattle.

5. Center for Health Innovation & Policy Science, “The Future of the VA: Privatization or the Model for a US Single Payer System” (panel moderator), March, Seattle.
6. Northwest Health Law Advocates, “The Providers” (reaction panel), March, Seattle.
7. UW School of Public Health and Washington State Public Health Association, “Preparing for Legislative Education Day” (panelist), February, Seattle.

2018

1. Students for a National Health Program – University of Washington, “Moving Towards Single Payer” (panelist), May, Seattle.
2. University of Washington Center for Human Rights, “New Tribal Leadership: Re-Envisioning Access to Healthcare” (panel moderator), May, Seattle.
3. Aspen Group, “[Amazon+Berkshire+JP Morgan] Takes on Health Care – Revolutionary or Irrelevant?” April, Seattle.
4. Arcora Foundation Board Meeting, “Prospects for Value and Value-Based Payment – Past, Present, and Future” (panelist), March, Seattle.
5. Congregation Beth Am Social Action Committee, “Health Care Systems Around the World – Lessons for the US,” February, Seattle.

2017

1. SPH Prism, “The Changing Landscape of Healthcare, 2017” (panelist), November, Seattle Washington.
2. Health Equity Circle, “Conversations for Health Equity” (panelist), January, Seattle, Washington.
3. Aljoia Thornton Place, “The Future of the Affordable Care Act,” March, Seattle, Washington
4. UW Retirement Association, “The Future of Medicare and the Affordable Care Act” (panelist), March, Seattle, Washington.
5. King County Aging and Disability Services Advisory Council, “The Present and Future of the Affordable Care Act and Health Care for Americans,” April, Seattle, Washington.

2016

1. Northwest Health Law Advocates Continuing Legal Education Seminar, “Health Care Transformation: Pursuing Equity & Value” (panelist), November, Seattle, Washington.
2. Unity Care NW Annual Benefit Dinner, “Then and Now – The past and future of the CHC” (keynote presentation), October, Bellingham, Washington.
3. Physicians for a National Health Program Western Washington, “The Ethical Tension between Health Care and a Commodity and Health Care as a Human Right” (guest discussant), July, Seattle, Washington.
4. Engineering Retirees Society Quarterly Meeting, “The Affordable Care Act, An Update,” September, Tukwila, Washington.
5. Montreal Health Equity Research Consortium (MHERC) and the McGill University Institute

for Health and Social Policy (IHSP), Evidence to Policy Speakers Series, “If we speak truth to power, will it listen?” March, Montreal, Quebec, Canada.

2015

1. Bellingham City Club, “The Affordable Care Act: Promise and Practice” (panelist), May, Bellingham, Washington.
2. Leadership Education in Adolescent Health (Seattle Children’s), “The Patient Protection & Affordable Care Act – Toward universal coverage or down the rabbit’s hole” (invited speaker), March, Seattle, Washington.
3. Alliance for a Just Society / Mainstreet Alliance, “Forum on Health Outcomes and Incentives” (panelist), February, Seattle, Washington.
4. UW College of the Environment, “*Amplify*: Conversations about Science Communication” (panel moderator), February, Seattle, Washington.
5. State of Reform Washington 2015, “The Implications of Narrow Networks” (panelist), January, SeaTac, Washington.

2014

1. UW Department of Health Services Seminar, “Speaking Truth to Power OR When Does Power Listen to Truth?” November, Seattle, Washington.
2. UFCW 21 Steward’s Conference, Health Care Advisory Board, “Patient Protection and Affordable Care Act, Accountable Care Organizations, Mergers, Acquisitions” (breakout session panelist), October, SeaTac, Washington.
3. University of Queensland Science Undergraduate Student Society, “Does aid help or hinder health systems in developing countries” (panelist), April, Brisbane, Queensland, Australia.

2013

6. UW School of Public Health Diversity Committee, “On the Front Lines: The Affordable Care Act in Diverse Communities” (panel moderator), November, Seattle, Washington.
7. Town Hall, “Hospital Mergers & Religious Restrictions on Health Care: What do they mean for you?” (panelist), October, Seattle, Washington.
8. 2013 STD & AIDS Research Symposium, “Pre- and Post-Exposure Prophylaxis: Challenges and Implications for HIV and Other STDs” (plenary panelist), October, Seattle, Washington.
9. American Association of Naturopathic Physicians Board of Directors, “Trends in Health Care and the Naturopathic Profession (guest presenter), October, Kenmore, Washington.
10. University of Washington Retirement Association, “Implications of the Affordable Care Act” (co-panelist), October, Seattle, Washington.
11. Northwest Center for Public Health Practice Brown Bag, “Health, Hope, and Hype – Update on the ACA,” September, Seattle, Washington.
12. Engineering Retirees Society Quarterly Meeting, “The Affordable Care Act, An Update,” September, Tukwila, Washington.

13. King 5 TV Town Hall, “Get In The Game – Questions and Answers about the Affordable Care Act” (expert panelist), September, Seattle, Washington.
14. United Food and Commercial Workers Local 21, “Hospital Consolidation and the ACA,” July, Seattle, Washington.
15. Aging and Disability Services Advisory Council, “A Sweeping Overview of the Affordable Care Act,” May, SeaTac, Washington.
16. American Medical Student Association Seattle-Vancouver BC Study Tour, “U.S. Health Care System Reform,” April, Seattle, Washington.
17. University of Washington Health Equity Circle, “Health Care Policy in the United States: Where do we go from here?” (debate moderator), January, Seattle, Washington.

2012

1. Society of Hospital Medicine, “The ACA and You,” November, Seattle, Washington.
2. Rotary Club of Covington, “Trends in Health Care Reform,” November, Covington, Washington.
3. Annual Networking and Sharing Opportunity for Area Agency on Aging Advisory Councils and Members of the State Council on Aging, “The Advocate’s Role with Managed Care – consumer Protections for Better Outcomes” (plenary session co-presenter), October, Tacoma, Washington.
4. The 7th Annual Latino Health Forum, “Washington State’s Health Benefit Exchange: The Impact on Latino Health” (plenary session moderator), October, Seattle, Washington.
5. Rotary Club of Renton, “Health Care in America,” September, Renton, Washington.
6. League of Women Voters of Clallam County Healthcare Forum, “Health Care Costs Too Much!! (co-presenter), August, Port Angeles, Washington.
7. Engineering Retirees Society Quarterly Meeting, “The Affordable Care Act and How It Affects Retirees and Their Families,” June, Seattle, Washington.
8. Wallingford Neighbors, Meaningful Movies, screening of “The Healthcare Movie” (panel discussant), May, Seattle, Washington.
9. National Association of Pediatric Nurse Practitioners, Washington State Chapter, “Health Care Reform – Challenges and Opportunities for Care Providers” (dinner speaker), May, Seattle, Washington.
10. Seattle Surgical Society, “Health Care Reform and the 2012 Election” (dinner speaker), March, Seattle, Washington
11. Redmond Rousers Rotary Club, "Health care reform, what's not to like?" (dinner speaker), February, Redmond, Washington.
12. UW European Union Center of Excellence, 2012 Policy Forum for Educators: Reforming the Welfare State, A Transatlantic Perspective, “The Power of Myth – What we “know” about

health care costs just ain't so" (plenary speaker), February, Seattle, Washington.

13. Rotary Seattle Skyline, "Trends in Health Care Reform" (luncheon speaker), January, Seattle, Washington.
14. 2012 State of Reform Conference, "Thought Leadership: Big Ideas for Policy Makers" (plenary session moderator), January, SeaTac, Washington.

2011

1. Department of Healthcare Policy and Research Seminar, "196 – 1 = Global? A brief exploration of global health policy and the global – domestic convergence zone," Virginia Commonwealth University, November, Richmond, Virginia.
2. UFCW 21 Steward's Conference, "The times, they are a-changing (or are they?)" (breakout session speaker), October, SeaTac, Washington.
3. Washington Health Care Association Owners Conference, "America's Slide into the Third World: Implications for long term care" (keynote), July, SeaTac, Washington.
4. NWroots Conference, "The Promise and Pitfalls of Health Care Reform" (lead discussant), July, Seattle, Washington.
5. Northwest Primary Care Association / UW Medicine, "The Primary Care Workforce Crisis: Driving Health Policy Change Through Innovation" (plenary panelist), May, Seattle, Washington.
6. Rainier Rotary, "What's Wrong With This Picture," April, Seattle, Washington.
7. 2011 State of Reform – Washington Health Policy Conference, "Executive Panel: Health Care Leaders Respond" (moderator), January, SeaTac, Washington.
8. "Fear and Loathing on the Rutted Road to Health Care Reform," American Institutions and Public Policy Distinguished Speaker Series, Department of Government, University of Texas at Austin, April, Austin, Texas.
9. "Market Update: The times they are a-changing (or are they?)," Hospital & Health Law Seminar, Washington State Society of Healthcare Attorneys, May, Seattle, Washington.

2010

1. Senior Citizens' Foundation Annual Conference, "Health Care – Making It Work in WA State" (plenary panel moderator), October, SeaTac, Washington.
2. University Unitarian Church / Temple Beth Am, "Health Care Reform" (panelist), May, Seattle, Washington.
3. Alpha-Epsilon-Delta Pre-Med Honor Society Spring Exposition, "Is Health (Care) a Right?" April, Seattle, Washington.
4. King County Academy of Family Physicians Membership Meeting, "Health Care – The latest update" (co-presenter), March, Seattle, Washington.

5. "Seminar on Health Care Reform," Edmonds Community College, February, Edmonds, Washington.
6. World Issues Forum, Western Washington University, "Health Care American Style (What's not to like?)," February, Bellingham, Washington
7. Global Health and Social Justice Lecture Series, "Health Care Reform (or what might pass for that in Congress)," February, Bellingham, Washington.

2009

1. Senior Citizens Foundation 2009 Fall Conference, "Morning Plenary Panel – Health Care Reform" (panelist), October, SeaTac, Washington.
2. American College of Physicians Associate Meeting, "Healthcare Reform Panel Discussion, 2009" (panelist), October, Seattle, Washington.
3. American Medical Student Association – Northwest Chapter, "Health Care Reform (or what passes for it in Congress) (speaker), October, Seattle, Washington.
4. Consortium of Universities for Global Health 2009 Annual Meeting, "Leadership, Policy, and Management MPH Track at the University of Washington" (poster), September, Washington, DC.
5. Washington Free Clinic Association Networking Conference, "Access in Obamaland – The Future for Free Clinics" (plenary speaker), September, Lacey, Washington.
6. Bainbridge Island Library, "Speakers Forum: Health Care Reform" (panelist), September, Bainbridge, Washington.
7. Washington Public Campaigns, "Achieving Health Care for All! Public Forum" (panelist), June, Seattle, Washington.
8. Forum on the Future of Health Care, University of Washington-Bothell, "The Administration's Approach to Health Care (speaker), April, Bothell, Washington.
9. Transcending Global Health Barriers: Education and Action, 7th Annual Western Regional International Health Conference, "The Effects of Macro-Economics on Health and Education" (panelist), April, Seattle, Washington.
10. Seattle Surgical Society, "Options for health care in Washington - Lead or cut and run?" March, Seattle, Washington.
11. Northwest Public Health Leadership Institute, "Practitioner Dialogue" (panelist), March, Seattle, Washington.
12. Global Washington conference on Linking Global Policy, Constituencies and the New Administration, "How do we prioritize our Foreign Aid Assistance Needs: A discussion of values" (panelist), February, Seattle, Washington.
13. Fourth Annual Public Health Symposium: U.S./Canada Academic Collaboration in the Pacific Northwest, "Global Health" (roundtable co-leader), January, La Conner, Washington.

14. Seattle Surgical Society Annual Meeting, “November 4th, The Transformational Election ... But Will It Matter for Health Care?” January, Seattle, Washington.

2008

1. American Public Health Association Annual Meeting, “Community Efforts to Develop Surge Capacity for Public Health Preparedness” (paper presenter), Session 5096 – Emergency and Disaster Preparedness: Workforce Issues, October, San Diego, CA.
2. American Public Health Association Annual Meeting, “Responses of Safety Net Providers to Profit-Driven Competition and Their Effects on Access” (paper presenter), Session 5064 – Health Economics: Access to Health Care, October, San Diego, CA.
3. Equity Town Hall: Our Neighborhoods, Our Health (moderator), sponsored by King County and the Washington State Public Health Association, October, Seattle, Washington.
4. Alliance for Healthy Communities of Color conference, “Health Care Reform Proposals for the 2009 Legislative Session” (plenary session discussant), September, SeaTac, Washington.
5. AcademyHealth Annual Meeting, “Caught in the Competitive Crossfire: Safety Net Providers Balance Margin and Mission in a Profit-Driven Health Care Market” (poster), co-author, June, Washington, DC.
6. Northwest Regional Primary Care Association Spring 2008 Primary Care Conference, “Caught in the Competitive Crossfire: Balancing Margin and Mission,” May, Spokane, Washington.
7. Jimma University and Gondar University, Leadership Teaching Capacity Training (presenter and co-facilitator), May, Ambo, Ethiopia.
8. Blue Nile State Ministry of Health, Leadership & Management Training Workshop (presenter and co-facilitator), April, Damazine, Blue Nile State, Sudan.
9. Employee Benefits Planning Association of Washington, “Presidential Candidate Positions on Health Care Reform,” April, Seattle, Washington.
10. Seattle Surgical Society, “Presidential Candidate Positions on Health Care Reform,” March, Seattle, Washington.
11. UW Minority Association of Pre-Health Students, “U.S. Health Care System 101,” February, Seattle, Washington.
12. Washington State Healthcare Executives Forum, “Presidential Candidates Positions on Health Care Reform,” February, Seattle, Washington.
13. American Medical Student Association Seattle-Vancouver BC Study Tour, “The U.S. Health Care System, an Overview,” February, Seattle, Washington.
14. Third Annual Symposium: Population Health and Cross-Border Collaboration, “Global Health” (roundtable co-leader), January, La Conner, Washington.

2007

1. Washington Health Legislative Conference, “Global Health – Why Should You Care?” (panel moderator), December, SeaTac, Washington.
2. International Leadership Association Annual Meeting, “Lessons for Re-entry: Maximizing the Impact of Leadership Training Back Home” (co-presenter and discussant), November, Vancouver, British Columbia.
3. National Primary Care Association Partnerships and Education Learning Team, “Communicating the Message: Public Health Advocacy” (co-presenter and discussant), September, Seattle, Washington.
4. League of Local Legislators on Population, Health, Environment, and Development, “Basic Policy Advocacy Leadership Course” (presenter and discussant), July, Tagbilaran City, Bohol, The Philippines.
5. Washington Policy Center 2007 Health Care Conference, “Emerging Trends in Health Care” (plenary panelist), June, Seattle, Washington.
6. King County Medical Society Historical Society, “Our Broken Health Care System,” June, Seattle, Washington
7. Washington State All Nurses Meeting, “Health Care Disparity and Systems Issues within a Culturally Diverse Population” (plenary panelist), June, Seattle, Washington.
8. Greenwall Fellowship in Bioethics and Health Policy Seminar (Johns Hopkins University), “The Ethics of Global Trade and the Effects on Public Health” (seminar leader), January, Baltimore, Maryland.
9. Insure Idaho! Small Business Roundtable on Health Care (expert panelist), February, Boise, Idaho.

2006

1. Washington State Senior Citizens’ Foundation 18th Annual Fall Conference, “Update on the Washington State Blue Ribbon Commission on Health Care and Long Term Care Task Force” (panelist), October, SeaTac, Washington.
2. Social Venture Partners – Seattle, “Health Systems Landscape” (co-panelist), October, Seattle, Washington.
3. League of Local Legislators on Population, Health, Environment, and Development, “Advanced Leadership in Policy Advocacy Workshop” (presenter and discussant), July, Tagaytay City, The Philippines.
4. Olympia Movement for Justice and Peace, “Prescription for a Sick Health Care System: Single Payer or Health Savings Accounts?” (debater), June, Olympia, Washington.
5. Canadian Public Health Association, “Continental Divide, Global Divide: Exploring the Health Effects of Canadian and U.S. Approaches to Foreign Aid” (panelist), May, Vancouver, British Columbia.

6. United for National Health Care, Citizens 2nd Congressional District Health Care Hearing (panelist), March, Bellingham, Washington.
7. American Medical Student Association Seattle-Vancouver BC Study Tour, “The U.S. Health Care System, an Overview,” February, Seattle, Washington.
8. 1st International Policy Advocacy Training Workshop (co-facilitator), February, Kano, Nigeria.
9. In-country Advocacy Skills Enhancement Workshop (co-facilitator), February, Jinja, Uganda.

2005

1. American Public Health Association, “Global Health Leadership – The Evidence for What Matters and Why” (panelist), December, Philadelphia, Pennsylvania.
2. Washington State Senior Citizens’ Foundation 17th Annual Fall Conference, “Responsible Health Care: What is it and How do we get it?” (keynote presentation), October, SeaTac, Washington.
3. Providence Hospital-Seattle Family Practice Residency Program (residents orientation), “The American Health Policy Scene,” July, Seattle, Washington.
4. CityClub (Seattle), “Health Care for All: How Can It Be Done?” (panelist), May, Seattle, Washington.
5. USAID Peru and Pathfinder International, “Desarrollo e Implementation de politicas saludables en el marco de la descentralizacion” (keynote presentation), March, Lima, Peru.
6. American Medical Student Association Seattle-Vancouver BC Study Tour, “The U.S. Health Care System, an Overview,” February, Seattle, Washington.
7. Friends of Mill Creek Library, “Viewpoints on Healthcare” (panelist), January, Mill Creek, Washington.

2004

1. International Leadership Association annual meeting, “Collaboration in Leadership Development” (panelist), November, Washington, DC.
2. American Public Health Association annual meeting, “Investing in Developing Country Leaders in Reproductive Health and Family Planning” (panelist), November, Washington, DC.
3. Mercer Island Rotary, “The Health System is Broken, Now What?” October, Seattle, Washington.
4. Afhad University for Women, “Academia as a Partner in Reproductive Health and Population Policy,” August, Khartoum, Sudan.

5. Khartoum University Faculty of Medicine, “Health Policy Development and Major Policy Issues in Reproductive Health,” August, Khartoum, Sudan.
6. Providence Hospital-Seattle Family Practice Residency Program (residents orientation), “The American Health Policy Scene,” July, Seattle, Washington.
7. Community Health Network of Washington, “Future Trends in the Washington State Health System,” June, Blaine, Washington.
8. Pacific Hospital Preservation & Development Authority, “The Community Health System – What Now?” April, Seattle, Washington.
9. American Medical Student Administration Seattle-Vancouver BC Study Tour, “The Health Care System is Broken, Now What?” February, Seattle, Washington.

2003

1. National Legal Aid and Defender Association Annual Meeting, “Managing the Rising Costs of Health Insurance” (panel member), November, Seattle, Washington.
2. 16th Annual Idaho Conference on Health Care, “The Health Care System is Broken ... What Can You Do?” October, Pocatello, Idaho.
3. 26th Annual Pacific Northwest National Conference on Advanced Practice in Primary and Acute Care, “Wallowing in the Mud: Why Clinicians Should Care About How Public Policy Impacts Child Health,” October, Seattle, Washington
4. Providence Hospital-Seattle Family Practice Residency Program (residents orientation), “The American Health Policy Scene,” July, Seattle, Washington.
5. League of Women Voters-Seattle, “The Health Care Crisis” (panelist), April, Seattle, Washington.
6. Kibble & Prentice, Creative Approaches to the Rising Cost of Health Care Seminar, “Employer-Sponsored Health Insurance – Not a Pretty Picture,” February, Seattle, Washington.
7. PacMed Transition Retreat, “Status of the Health Care System and the Safety Net,” February, Semiahmoo, Washington.
8. Seattle Economists Club, “Our Health Care System is Unsustainable ... Now What?” January, Seattle, Washington.

2002

1. Rainier Chamber of Commerce, “The State of Health Insurance in Washington,” December, Seattle, Washington.
2. Harborview Medical Center Board of Trustees Meeting, “Innovative Models for the Safety Net,” December, Seattle, Washington.

3. Service Employees International Union / State Council, "Update on Washington State's Health Care System" (panelist), November, Seattle, Washington
4. University of Washington Retirement Association, "Our Health Care System is Unsustainable ... Now What?" October, Seattle, Washington.
5. 8th Annual Children's Health Policy Conference, "The Washington State Scene: *What are we doing for (to) the health of children?*" September, Seattle, Washington.
6. Providence Hospital-Seattle Family Practice Residency Program (residents orientation), "The American Health Policy Scene," July, Seattle, Washington.
7. Northwest Federation of Community Organizations, "Prescription Drugs: High Costs, Tough Choices" (facilitator), July, Boise, Idaho
8. Harborview Medical Center Board of Trustees Retreat, "Trends in the Seattle Area Health Care System," May, Seattle, Washington.
9. Samaritan Healthcare/Grant County Public Hospital District No. 1 Board Retreat, "Trends in Washington State's Health System," April, Leavenworth, Washington

2001

1. Southwest Public Health Leadership Institute (University of Arizona), "Public Health Leadership – The Political Connection," November, Tucson, Arizona.
2. Health Care Advocacy Conference (Northwest Federation of Community Organizations), "Health Policy in Washington State: What a State It's In," November, Federal Way, Washington.
3. Washington Academy of Family Practice Board Retreat, "Crying Wolf or Wolf at the Door? An Overview of Primary Care Provider Financial Viability Studies," October, Yakima, Washington.
4. 7th Annual Children's Health Policy Conference, "Health Policy in Washington State: *What a State It's In*" September, Seattle, Washington.
5. National Conference of State Legislatures, "Improving Health and Health Care in Rural Areas: Do We Need Policies and Programs That are Less Categorical?" June, Boise, Idaho.
6. Academy for Health Services Research and Policy Annual Meeting, "Crying Wolf or Wolf at the Door? The Weakness of Washington State's Primary Care Provider Network for Low Income Populations," (poster session), June, Atlanta, Georgia.
7. Northwest Regional Rural Health Conference, "Harsh Realities and Real Hope: The Economics of Rural Medical Practice" (session organizer and moderator), March, Spokane, Washington.
8. Aging and Long Term Care Service of Eastern Washington, "A Medicare Program for the 21st Century (?)," February, Spokane, Washington.

9. Washington State Board of Health, “Learning to Live with the Human Genome: Well Reasoned Prudence or Future Shock?” Genetic Discrimination” (session moderator), January, Tacoma, Washington.

2000

1. King County Academy of Family Physicians, “Prescription Drug Costs and Implications,” October, Seattle, Washington.
2. americans discuss health™ (Congressman George Nethercutt, Conference Chair), “Important Trends and Critical Issues in the U.S. Health Care System,” August, Spokane, Washington.
3. American Heritage Association’s International Teachers Program, "The U.S. Health Care System," August, Seattle, Washington.
4. American Heritage Association’s Japanese Nursing Program, "The U.S. Health Care System," August, Seattle, Washington.
5. Callison Architecture, “The Health Care System in Motion,” July, Seattle, Washington.
6. Academy for Health Service Research and Health Policy Annual Meeting, “Linking Health Services Research to State Health Policy: What Have We Learned?” June, Los Angeles, California.
7. National Health Policy Forum’s Hospital-Based Health Care System in Transition: The Post-BBA Era Site Visit, “Overview of the Seattle Market,” May, Seattle, Washington.
8. Association of Washington Business’s annual Health Care Forum, “Stakeholders Panel” (moderator), March, Seattle, Washington.
9. Washington Rural Health Association Annual Meeting, “Rural Landscape Project,” March, Spokane, Washington.

University Service

- 2019 – Member, School of Public Health Magazine Advisory Board
- 2019 – Member, Department of Health Services ARCH Faculty Search Committee
- 2019 – Member, Department of Health Services Senior Lecturer (Policy) Search Committee
- 2014 – Member, Department of Health Services MPH Advisory Committee
- 2015 – Member, Faculty Council of Faculty Affairs
- 2014 – 19 Faculty Senator (representing the Department of Health Services)
- 2018 Member, Department of Global Health Health Policy and Informatics Faculty Search Committee
- 2017 – 18 Member, School of Public Health ARCH Faculty Search Committee
- 2017 – 18 Member, Department of Health Services Health Economics and Health Policy Faculty Search Committee, UW School of Public Health.
- 2015 – 16 Member, Grayston Day Fellowship/Magnuson Scholarship Award Committee, UW School of Public Health

- 2015 Member, Department of Health Services Chair Search Committee, UW School of Public Health.
- 2012–15 Member, Health Policy and Health Systems Search Committee, UW School of Public Health
- 2012–16 Member, Diversity Committee, UW School of Public Health
- 2012 Co-Chair, Health Policy and Health Systems Strategic Plan Work Group, UW School of Public Health
- 2011 Member, UW School of Public Health Strategic Planning Committee
- 2010–12 Member, Economics Faculty Search Committee, UW Department of Health Services
- 2007–09 Member, Faculty Advisory Team, UW Global Support Project
- 2004–08 Member, Advisory Committee, UW Grants and Contract Services
- 2004 Member, Health Policy Advisory Committee, School of Public Health and Community Medicine
- 2003–05 Member, UW Center for Public Health Nutrition Steering Committee
- 2002 Referee, Royalty Research Fund proposal, University of Washington
- 2000–05 Candidate Interviewer, Robert Wood Johnson Clinical Scholars Program, UW School of Medicine
- 1999–2009 Member, Internal Advisory Board, Public Health Genetics Program, University of Washington School of Public Health and Community Medicine
- 1997 Referee, Royalty Research Fund proposal, University of Washington
- 1995–2002 Member, Program Directors Committee, UW Department of Health Services

Community Service

- 1995–present Member, Board of Sponsors, Washington Physicians for Social Responsibility
- 1996–2008 Volunteer, Jewish Family Service “Big Pals” program
- 2000-03 Member, Board of Directors, Amigos de Si a la Vida
- 2000-03 Member, Board of Directors, Northwest Public Affairs Network
- 1999-2000 Member, Board of Directors, The Fairness Project
- 1982–95 Member, Board of Directors, Washington Physicians for Social Responsibility
- 1989–91 President, Washington Physicians for Social Responsibility
- 1987–93 Member, Board of Directors, Peace Development Fund
- 1986 Member, Steering Committee, Save Our Sudan Campaign

Teaching (Courses, Guest Lectures, and Seminars, since 2000)

- 2020 Bioethics and Humanities 474/574 & PHIL 411 – Justice in Health Care, “Justice in Health – A global to local lens” (guest lecturer), Winter Quarter.
- 2019 HSERV 552 – Health Policy Development (co-instructor), Autumn Quarter
 HSERV 537 – COPHP Health Policy (faculty facilitator), Autumn Quarter
 HSERV/CS&SS 527, GH 533 – Survey Research Methods, “Using Survey Research

- to Inform policy Development” (guest lecturer), Spring Quarter.
- HSERV 572 – Planning, Advocacy, and Leadership Skills, “Policy Frameworks and Advocacy” (guest lecturer), Spring Quarter.
- NURS 303 – Foundations of Professional Nursing, “Overview of the U.S. Health System” (guest lecturer), Spring Quarter.
- RHB 566 – Introduction to Global Rehabilitation (guest speaker), Summer Quarter.
- Bioethics and Humanities 474/574 & PHIL 411 – Justice in Health Care, “Justice in Health – A global to local lens” (guest lecturer), Winter Quarter.
- 2018 HSERV 512 – Health Systems and Policy: U.S. Health & Health Care I (co-instructor), Autumn Quarter.
- HSERV 552 – Health Policy Development (co-instructor), Autumn Quarter
- HSERV 537 – COPHP Health Policy (faculty facilitator), Autumn Quarter
- NURS 303 – Foundations of Professional Nursing, “Overview of the U.S. Health System” (guest lecturer), Summer Quarter.
- HSERV 572 – Planning, Advocacy and Leadership Skills, “Public Policy Development and Systems Thinking” (guess lecturer), Spring Quarter.
- NURS 303 – Professional Foundations in Nursing, “The U.S. Health Care System” (guest lecturer), Spring Quarter.
- LAW 600P – Independent Study (Siradj Okta) “Review of Laws Affecting HIV/AIDS in Indonesia.”
- GH 523 – Health Policy Development and Advocacy in Global Health – “Policy in Practice – Stories from the field” (guest lecturer), Spring Quarter.
- 2017 HSERV 512 – Health Systems and Policy: U.S. Health & Health Care I (co-instructor), Autumn Quarter.
- HSERV 552 – Health Policy Development (co-instructor), Autumn Quarter
- HSERV 537 – COPHP Health Policy (faculty facilitator), Autumn Quarter
- RHB 566 – Introduction to Global Rehabilitation (guest speaker), Summer Quarter.
- HSERV 511 – Introduction to Health Services and Public Health – “Health Policy Development and Health Care Reform” (guest lecturer), Autumn Quarter.
- Bioethics and Humanities 474 – Justice in Health Care, “Social Determinants of Health and Human Rights” (guest lecturer), Winter Quarter.
- GH 523 – Health Policy Development and Advocacy in Global Health (course co-instructor), Spring Quarter.
- 2016 HSERV 512 – Health Systems and Policy: U.S. Health & Health Care I (co-instructor), Autumn Quarter.
- HSERV 552 – Health Policy Development (instructor), Autumn Quarter
- HSERV 537 – COPHP Health Policy (faculty facilitator), Autumn Quarter
- HSERV 510 – Society and Health (guest speaker), “How does policy affect health?” Autumn Quarter
- RHB 566 – Introduction to Global Rehabilitation (guest speaker), Summer Quarter.
- Bioethics and Humanities 474/574 & PHIL 411 – Justice in Health Care, “Social Determinants of Health and Human Rights” (guest lecturer), Winter Quarter.
- HSERV 559 – Public Policy for Public Health (eMPH) (instructor), Spring Quarter.
- HSERV 590A – Selected Topics in Public Health (module co-instructor), Spring

- Quarter.
 GH 523 – Health Policy Development and Advocacy in Global Health (course co-instructor), Spring Quarter.
- 2015
- HSERV 512 – Health Systems and Policy: U.S. Health & Health Care I (co-instructor), Autumn Quarter.
 - HSERV 552 – Health Policy Development (instructor), Autumn Quarter
 - HSERV 537 – COPHP Health Policy (faculty facilitator), Autumn Quarter
 - HSERV 501 – Public Health Practice at the Local Level (EMPH) – “Health Policy Development” (guest lecturer), Autumn Quarter.
 - GH 523 – Health Policy Development and Advocacy (course co-instructor), Spring Quarter.
 - PUBH 7620 – Social Perspectives in Population Health – “Social Determinants of Health – What tools do we have to affect them?” (guest lecturer), Semester 2, University of Queensland School of Public Health.
 - GH 590 /LAW H518 – Legal and Policy Solutions to Improve the Global Health of Women, Children, and Adolescents, “Barriers to Health Care Access for Immigrants” (panelist), Winter Quarter.
 - GH 500 – Global Health Seminar, “Advocacy is a core function of public health!” (guest panel moderator), Winter Quarter.
 - Bioethics and Humanities 474/574 & PHIL 411 – Justice in Health Care, “Social Determinants of Health and Human Rights” (guest lecturer), Winter Quarter.
- 2014
- GH 500 – Global Health Seminar (faculty lead), Autumn Quarter.
 - HSERV 516 – Introduction to Health Services (EMPH) (guest discussant), “Health Policy, How it works on the ground,” Autumn Quarter.
 - HSERV 592 – Maternal and Child Health Seminar (guest discussant), “Health Policy and Advocacy,” Autumn Quarter.
 - HSERV 552 – Health Policy Development (instructor), Autumn Quarter
 - HSERV 537 – COPHP Health Policy (faculty facilitator), Autumn Quarter
 - HSERV 511 – Introduction to Health Services and Public Health – “PPACA and Cost Control” (panel moderator), Autumn Quarter.
 - HSERV 511 – Introduction to Health Services and Public Health – “Health Policy Development and Health Care Reform” (guest lecturer), Autumn Quarter.
 - KUSKAYA (Interdisciplinary Training Program for Innovation in Global Health): “Policy analysis and advocacy – appreciating and analyzing the interests and influence of stakeholders” (session co-leader)
 - University of Queensland School of Population Health Teaching and Learning Seminar Series: “I want to do it myself!’ – Learning by doing ... for real” (presenter).
 - University of Queensland School of Population Health Special Seminar, “Bridging the Great Divide – How UQ SPH can become more engaged with policy makers” (panelist).
 - PUBH 7614 – Health Systems: “The Challenge of Health System Efficiency – The

- case of the United States” (guest lecturer), Semester 2, University of Queensland School of Population Health.
- PUBH 7620 – Social Perspectives in Population Health – “Social Determinants of Health – What tools do we have to affect them?” (guest lecturer), Semester 2, University of Queensland School of Population Health.
- 2013
- GH 523 – Health Policy Development and Advocacy (course co-coordinator), Spring Quarter.
- Anth 479B – Environmental Health and Public Policy: Hanford – “Perspective: Public Health” (guest presenter), Autumn Quarter.
- HSERV 552 – Health Policy Development (instructor), Autumn Quarter
- HSERV 591C – Community Oriented Public Health Practice, Policy Sequence (facilitator), Autumn Quarter.
- HSERV 511 – Introduction to Health Services and Public Health – “PPACA and Cost Control” (panel moderator), Autumn Quarter.
- HSERV 511 – Introduction to Health Services and Public Health – “Health Policy Development and Health Care Reform” (guest lecturer), Autumn Quarter.
- HSERV 592 – MPH Seminar (guest discussant), Autumn Quarter.
- Bioethics and Humanities 474/574 & PHIL 411 – Justice in Health Care, “Access and the Right to Health Care” (guest lecturer), Winter Quarter.
- GH 541 – Implementation Science in Health, “Policy Advocacy and Stakeholder Analysis” (guest lecturer), Spring Quarter.
- GH 524 – Global Health Policy Development and Advocacy (co-instructor), Spring Quarter.
- 2012
- HSERV 511 Introduction to Health Services and Public Health – “Access Under the ACA after the Supreme Court Decision” (co-discussant), Autumn Quarter.
- HSERV 511 Introduction to Health Services and Public Health – “PPACA and Cost Control” (panel moderator), Autumn Quarter.
- HSERV 552 – Health Policy Development (instructor), Autumn Quarter.
- HSERV 591C – Community Oriented Public Health Practice, Policy Sequence (facilitator), Autumn Quarter.
- MEDEX Healthcare for Rural and Medically Underserved Populations – “Rural Health Policy and Services: U.S. and Global Perspectives” (discussant), Summer Quarter.
- MEDEX 513/543 Global Health – “Perspectives from the Field: Current Opportunities and Challenges in Global Health” (co-discussant), Summer Quarter.
- HuBio 555 – “Panel on PPACA” (co-discussant), Winter Quarter
- HSERV 592 – Department of Health Services MPH Seminar, “Health Care Reform: The Rich and the Poor” (co-discussant), Winter Quarter.
- PBAF 599 Special Topics: The Politics of Health Policy, “The Art of Informing Health Policy” (guest lecturer), Winter Quarter.
- GH 524 – Global Health Policy Development and Advocacy (co-instructor), Spring Quarter.
- GH 590 – Implementation Science in Health, “Policy Advocacy and Stakeholder

- Analysis” (guest lecturer), Spring Quarter.
 MED 560/GH 592 – Advanced Topics in Global Health: Peru, “Policy Advocacy and Stakeholder Analysis” (guest lecturer), Spring Quarter.
- 2011 HSERV 511– Policy Development and the New Health Care Law (guest lecturer), Autumn Quarter.
 HSERV 552 – Health Policy Development (instructor), Autumn Quarter.
 HSERV 591C – Community Oriented Public Health Practice, Policy Sequence (facilitator), Autumn Quarter.
 Medex Global Health Track Seminar, “Leadership Training with UW Partners” (guest lecturer), Summer Quarter.
 Bioethics and Humanities 474/574 & PHIL 411 – Justice in Health Care, “Access and the Right to Health Care” (guest lecturer), Winter Quarter.
 HuBio 555 – “Panel on PPACA” (co-discussant), Winter Quarter
 HSERV 592 – Department of Health Services MPH Seminar, “PPACA Individual Mandate and Medicaid Expansion Provisions” (co-discussant), Winter Quarter.
 GH 524 – Global Health Policy Development and Advocacy (co-instructor), Spring Quarter.
 GH 590 – Implementation Science in Health, “Policy Advocacy and Stakeholder Analysis” (guest lecturer), Spring Quarter.
 MED 560/GH 592 – Advanced Topics in Global Health: Peru, “Policy Advocacy and Stakeholder Analysis” (guest lecturer), Spring Quarter.
- 2010 HSERV 511– Policy Development and the New Health Care Law (guest lecturer), Autumn Quarter.
 HSERV 552 – Health Policy Development (instructor), Autumn Quarter.
 HSERV 591C – Community Oriented Public Health Practice, Policy Sequence (facilitator), Autumn Quarter.
 GH 590A – LPM Policy Development and Advocacy Seminar (seminar coordinator), Spring Quarter.
 GH 590 – Implementation Science in Health, “Stakeholder Analysis & Policy Analysis” (guest lecture), Spring Quarter.
 Bioethics and Humanities 474 – Justice in Health Care, “Access and the Right to Health Care” (guess lecturer), Winter Quarter.
- 2009 HSERV 511– Policy Development/Current Roles of Government (guest lecturer), Autumn Quarter.
 HSERV 552 – Health Policy Development (instructor), Autumn Quarter
 HSERV 591C – Community Oriented Public Health Practice, Policy Sequence (facilitator), Autumn Quarter
 GH 500 – Global Health Seminar, “Health Care Reform, American Style” (guess seminar leader), Autumn Quarter.
 GH 590A – LPM Policy Development and Advocacy Seminar (seminar co-coordinator), Spring Quarter.
 Bioethics and Humanities 474/574 & PHIL 411 – Justice in Health Care, “Access and

- the Right to Health Care” (guest lecturer), Winter Quarter.
 HSERV 592F – Health Care and Population Health Research Seminar, “11-04-08, The Transformational Election – But will it matter at all for health care?” (discussion leader), Winter Quarter.
- 2008 HSERV 592 – Health Services PhD Doctoral Seminar: Presidential Candidates Health Care Reform Proposals (discussion leader), Autumn Quarter.
 HSERV 511 – Policy Development/Current Roles of Government (guest lecturer), Autumn Quarter
 UW Internal Medicine Residents Seminar – Presidential Candidates Health Care Reform Proposals (discussant), Autumn Quarter.
 HSERV 591C – Community Oriented Public Health Practice, Policy and Evaluation Sequence (facilitator), Autumn Quarter
 International Social Welfare (Seattle University), “Health Alliance International, A Model of International Development” (guest lecturer), Spring Quarter.
- 2007 HSERV 552 – Health Policy Development (instructor), Fall Quarter
 HSERV 591C – Community Oriented Public Health Practice, Policy and Evaluation Sequence (facilitator), Fall Quarter
 HSERV 511 – Policy Development/Current Roles of Government (guest lecturer), Fall Quarter
 Health and Policy Research Seminar, “The Health System Mess: What Do Recent Policy Studies Tell Us?” (guest seminar leader), Winter Quarter
- 2006 RWJ Clinical Scholars Seminar, “Translating Research into Policy” (guest seminar leader), Spring Quarter
 PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), all quarters
 HSERV 552 – Health Policy Development (instructor), Fall Quarter
 HSERV 591C – Community Oriented Public Health Practice, Policy and Evaluation Sequence (facilitator), Fall Quarter
 HSERV 511 – Policy Development/Current Roles of Government (guest lecturer), Fall Quarter
 Special Seminar – “Everything you wanted (or never wanted) to know about the U.S. Health System,” Fall Quarter
- 2005 HSERV 552 – Health Policy Development (instructor), Fall Quarter
 HSERV 591C – Community Oriented Public Health Practice, Policy and Evaluation Sequence (facilitator), Fall Quarter
 HSERV 511 – Policy Development/Current Roles of Government (guest lecturer), Fall Quarter
 TNURS 527 – Health Care Systems and Health Policy, “Health Policy Development: A Recipe” (guest lecturer), Fall Quarter
 NRSA Primary Care Fellows Seminar – “Health Policy and You” (guest discussant), Fall Quarter
 HSERV 555 – Politics of Health Care, “Speaking Truth to Power” (guest panelist),

- Spring Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), all quarters
EDP 71421/EDPSY 581 TB (UW Extension) – Evaluation Planning, Design, and Development (guess discussant), Winter Quarter
HSERV 592H – Doctoral Seminar, Fundamentals of Health Policy Evaluation (guest panelist), Winter Quarter
- 2004
HSERV 591C – Community Oriented Public Health Practice, Policy and Evaluation Sequence (facilitator), Fall Quarter
HSERV 552 - Health Policy Development (instructor), Fall Quarter
HSERV 511 – Policy Development/Current Roles of Government (guest lecturer), Fall Quarter
PBAF 599J – Telling the Story: Presentation and Policy (guest lecturer), Fall Quarter
HSERV 501 (Extended Degree Program) - “Health Policy Development” (guest lecturer), Summer Quarter
HSERV 514 – Health Policy Research, “As Advocate, Researcher, or Citizen: Framework for Analyzing Public Policy Issues” (guest seminar leader), Winter Quarter
RWJ Clinical Scholars Seminar, “Translating Research into Policy” (guest seminar leader), Winter Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), all quarters
COPHP Skills Workshop, “Medicare and Medicaid 101” (guest presenter), Spring Quarter
Independent Studies: Saman Khan, Carlos Guarnizo
- 2003
HSERV 591C – Community Oriented Public Health Practice, Evaluation Sequence (facilitator), Fall Quarter
HSERV 552 - Health Policy Development (co-instructor), Fall Quarter
HSERV 591C – Community Oriented Public Health Practice, Health Policy Sequence (lead facilitator), Fall Quarter
HSERV 511 – Policy Development/Current Roles of Government (guest lecturer), Fall Quarter
HSERV 501 (Extended Degree Program) - Public Health Practice at the Local Level, “Health Policy Development” (guest lecturer), Summer Quarter
HSERV 592H – Doctoral Seminar, “Current Topics in Health Policy,” (guest seminar leader), Spring Quarter
HSERV 590L (PhD) – Health and Health Care II (guest lecturer), Spring Quarter
HSERV 555 – Politics of Health Care, “U.S. Health System Overview” (guest lecturer), Spring Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), all quarters
HSERV 592E – Health and Policy Research Track Seminar, “The health system mess – what do recent policy studies tell us?” (guest seminar leader), Winter Quarter

- 2002 HSERV 511 – Policy Development/Current Roles of Government (guest lecturer),
Fall Quarter
HSERV 552 - Health Policy Development (co-instructor), Fall Quarter
HSERV 501 (Extended Degree Program) - Public Health Practice at the Local Level,
“Health Policy Development” (guest lecturer), Summer Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), all
quarters
PBAF 573B - Topics in Ed/Soc Policy: Child Poverty & Public Policy, “Health
Policy for Children in Washington State” (guest lecturer), Winter Quarter
Health Law (Seattle University) – “Health Policy in Washington State” (guest
seminar leader), Winter Quarter
HSERV 550YN – Health Policy and Economics: Fundamentals and Applications
(co-instructor), Winter Quarter
Independent Study: Roberto Ador
- 2001 HSERV 552 - Health Policy Development (co-instructor), Fall Quarter
HSERV 511 – Policy Development/Current Roles of Government (guest lecturer),
Fall Quarter,
HSERV 501 (Extended Degree Program) - Public Health Practice at the Local Level,
“Health Policy Development” (guest lecture), Summer Quarter
Summer Institute for Public Health Practice – Topics in Public Health Practice (co-
instructor), Summer Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), all
quarters
HSERV 550YN – Health Policy and Economics: Fundamentals and Applications
(co-instructor), Winter Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), Winter
Quarter
EPI/HSERV 592D - Preventive Medicine Seminar, “Health Policy: Current
Topics,” Winter Quarter, (guest seminar co-leader)
Independent Studies: Roberto Ador, Kristi Coulter
- 2000 HSERV 600YA - Independent Study for Kristi Coulter (Executive MHA Program),
Fall Quarter
HSERV 600YA - Independent Study for Roberto Ador (Population Leadership
Program), Fall Quarter
PBAF 599B/HSERV 590D – Population Leadership Seminar (core faculty), all
quarters
HSERV 552 - Health Policy Development (co-instructor), Fall Quarter
HSERV 592E – Community Medicine Seminar (guest seminar leader)
HSERV 511 – Policy Development/Current Roles of Government, Fall Quarter (guest
lecturer)
RWJ Minority Medical Education Summer Program - “Managed Care Tutorial”
(guest lecturer)

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|---|
| Name (first and last): | Oliveira, Andrew |
| Preferred pronouns (e.g., she/her, he/his, they/their): | |
| Organization (if applicable): | Washington Health Alliance |
| Title or position (if applicable): | Executive Director |
| Work address (if applicable): | 600 Stewart; Suite 824, Seattle, WA 98101 |
| County of organization/employer (if applicable): | |
| Email: | doliveira@wahealthalliance.org |
| Phone: | 206-454-2951 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|---|
| <input checked="" type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input checked="" type="checkbox"/> Payer: public |
| | <input checked="" type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

As the Executive Director of the WA Health Alliance our mission is to drive the market toward both improved quality and affordability with a focus on reducing health disparities. My experience as a provider (primary care), managing a practice, working in a health system, being on the insurance side with a national and regional carrier provide me with a breadth of experience that might be helpful to the FTAC.

2. Please describe your relevant experience and how it would benefit FTAC.

My experience as a provider (primary care), managing a practice, working in a health system, being on the insurance side with a national and regional carrier all a broad range of experiences. I spent the last decade in the larger employer area evaluating the population health and finances within those ERISA plans. Having been responsible for the medical costs and trends for a regional health plan provide a differentiated experience. Lastly, having managed a health plan network +

3. Please describe any other experience serving on a committee, board, or workgroup.

I have been on multiple workgroups and collaboratives over the years including but not limited to the WHA Board of Directors, the WA diabetes collaborative, the American Diabetes Association Community Leadership Board, etc.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

No

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

WA MD license

OR MD license until Dec. 2022

10. Memberships in professional, civic organizations, or government boards or commissions:

Seattle Chamber of Commerce

King County Medical Society

Washington State Medical Association

American Academy of Family Physicians

11. Community service/volunteer activities:

American Diabetes Association since 2008

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Both parents had English as a second language
Worked in a Community Health Center

14. Please describe why health equity is important to you.

You cannot talk about quality unless you are addressing health equity issues and the causes of those barriers. Targeting the appropriate populations and taking an approach of "targeted universalism" is one method on achieving a global target while addressing equity issues underlying those results.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

To achieve the goals of the Universal Health Commission will require a public-private partnership to implement and measure results. Engaging with like-minded entities such as the Washington Health Alliance would facilitate success.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

Caucasian of Arabic (Syrian) and Portuguese (Brazil) background

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Andrew B. Oliveira, MD, MA

Date:

11/29/2022

Andrew B. Oliveira, MD, MHA

17173 SE 47th Pl. Bellevue, WA 98006

Cell (425) 765-2076 • drewo@earthlink.net • [LinkedIn/Drew Oliveira](#)

SUMMARY

Seasoned, dedicated and compassionate physician leader with a strong clinical, compliance, and business background that includes successes in strategic planning, organizational growth, creating a culture of accountability, and performance improvement through innovation. Successfully designed, implemented and managed programs for medical management, population health management and strategic consulting for employer groups to manage risk, improve health and productivity and reduce cost.

CORE COMPETENCIES

Progressive Leadership

Strategic Healthcare Operations

Process design & Change Management

Network Management

Relationship Management

Leadership coaching

Sales and marketing

Value based contracting

Population Health Management

Medical Management

Product and program design

Culture development

PROFESSIONAL EXPERIENCE

Washington Health Alliance

The Washington Health Alliance is a 501c3 nonprofit, independent, non-partisan organization that shares the most reliable data on health care quality and value to help providers, patients, employers and union trusts make better decisions about health care. We set measurement standards for community performance on evidence-based practices that improve health while reducing waste and cost. The Alliance serves an invaluable role as a convener of all the stakeholders in the health care system – 185+ state, county and private employers, union trusts, health plans, hospitals and physician groups, government agencies, community-based organizations, educational institutions, pharmaceutical companies and individuals. We are leading health system improvement by focusing on three high-priority strategic goals of reducing price, reducing underuse of effective care and reducing overuse to improve transparency, strength purchaser buying power to shape demand, aligning payments to outcomes and supporting performance improvement.

Executive Director - 2022 – Present

Joining the Alliance in August 2022 as the fourth executive director since 2004, responsible for oversight of operations, strategic direction, growth and delivering value to the Alliance membership. Reporting directly to the Board of Directors and managing ten staff members, consultants and vendors to demonstrate improvement in the health for all Washingtonians.

Cambia Health Solutions - Regence Blue Shield of WA

Cambia Health Solutions, headquartered in Portland, Oregon, is a nonprofit total health solutions company dedicated to transforming health care by creating a person-focused and economically sustainable system. More than 20 companies, including seven health plans operate within the organization serving more than 2.6 million members.

Regence are Blue Shield and Blue Cross health plans in WA, OR, ID, UT committed to serving as a catalyst to transform health care, creating a person-focused and economically sustainable system with a nonprofit spirit guides decision-making as well contributions to our community partner organizations

Senior Executive Medical Director and Population Health – 2019 - 2022

Expanded role to include population health strategic management, clinical program integration across the four-state Cambia region. Direct reports include all state based executive medical directors including behavioral health, clinical informatics leader and clinical nurse consultants and a program manager. Developed and delivered an enhanced population health clinical care management model and productized the program for sale in the market for all lines of business including individual, commercial and Medicare. Developed clinical packages in diabetes, women's health and oncology for the enterprise. Provide regular consultation for investment arm for new clinical solutions through Echo Ventures.

Interim VP, Network Management and Provider Partnership Innovation - May – October 2020

Leadership role over our network contracting teams, value-based provider collaborations, provider experiences and analytics. 130+ employees over four-state region responsible for broad network configuration, maintenance of #1 discount position, increasing percentage of contracts under value-based arrangements, direct collaboration with health systems and managing and improving the provider experience.

Executive Medical Director – July 2018 – Feb 2019

Support current and prospective accounts, including the Washington State Health Care Authority to provide clinical solutions to meet the customer needs and objectives. Leverage data analytics to develop a collaborative and consultative approach with customers and providers. Take a leadership role within the local community to improve the health and affordability of care for the overall population. Assumes a strategic partnership with Clinical Services (UM, CM, DM, Maternity, Advocacy) to develop best in class programs.

Aetna, Inc

Aetna - a diversified national health care benefits company focused on helping our 46 million members live healthier lives. Revenue of over \$60B with 53,000 employees. Products include medical, dental, life, vision, pharmacy, behavioral health, EAP, voluntary as well as international benefits coverage.

Senior Clinical Solutions Medical Director - Plan Sponsor Insights -- 2018

An evolution of the CCSA organization combining clinical and analytic professionals in the National Accounts group commercial market to fully understand member health dynamics and provide plan sponsors with unique solutions that enable workers to achieve their best health and plan sponsors to reach talent, financial and community goals. We leverage powerful analytic tools and resources, local knowledge and clinical expertise to provide consultative customer strategic analysis and insights. Primarily external facing for both new and existing business, primarily in the National Accounts segment across the U.S. markets.

Senior Medical Director - Clinical Consulting, Strategy and Analysis (CCSA) - 2011 – 2017

Responsible for National Account customer clinical consulting on strategy with detailed data analysis and reporting for large customers across markets. The position is external facing and includes strategic positioning for new business opportunities. This role works directly with sales, marketing and account management to provide the highest quality of healthcare for client employees while also controlling costs through providing strategic leadership, the development of

innovative programs and provides best practices in quality improvement and current medical trends. Core components include clinical presentations, data analysis to optimize member health and wellness. In addition, support for consultant relationships in product and program briefings, program development. Additional activities include the development of plan sponsor utilization and financial reporting, marketing value positioning, innovation workgroup, care management program design and business optimization, emerging business and performance guarantees.

Senior Medical Director – Market Medical Director, Pacific Northwest - 2005 - 2011

Responsible for the Alaska, Idaho, Washington and Oregon medical management programs including case management, pre-certification and quality measurement. Contributed to managing high performance networks, measuring physician performance and pay for performance programs. Active in sales presentations and working with plan sponsors to optimize member health. Responsible for West Region provider credentialing, market medical home initiatives and market based high performance provider initiatives

Valley Medical Center, Renton, WA

A tax based, public hospital district with a 303-bed community hospital, outpatient ancillary departments and a primary care clinic network. Academically affiliated with the University of Washington.

Family Medicine Residency Program Director - 1988 - 2005

Directed, organized and provided vision for a 24-resident family medicine residency of 15 faculty and 38 support staff. Developed innovative educational programs including focuses on chronic care, behavioral health, care continuity and novel resident scheduling. Implemented disease registries and advanced access scheduling. Managed the outpatient practice that produced > 40,000 office visits annually and consistently profitable including five-fold downstream revenue production

Valley Physicians Organization, Renton, WA

Medical Director, 2000

Led a multi-specialty independent physician organization including hospital partnership. Responsible for quality management, strategic planning, provider credentialing, pool funding, partial and full risk capitation contracting for 14,000 lives and financial management. Our IPA had 180 medical staff. Closed operations 12/31/00

Renton Highlands Rehabilitation Center, Renton, WA

Medical Director, 1996 – 1999

Sea Mar Community Health Center, Seattle, WA

Staff Family Physician, 1987-1988

Community health center serving multi-ethnic, low-income, Spanish and Cambodian immigrants. Implemented medical student teaching clerkship. Contributed to implementation of one of the nation's first residency training programs within a community health center. Supervised mid-level practitioners

EDUCATION

| | | |
|---|---|-------------|
| University of Washington | Masters in Healthcare Administration | 1999 – 2001 |
| University of Washington | Certificate Program in Medical Management | 1998 – 1999 |
| University of Washington | Faculty Development Fellowship, Family Medicine | 1987 - 1988 |
| Swedish Hospital Medical Center | Family Practice Residency Affiliated with University of Washington Elected Chief Resident | 1984 - 1987 |
| University of California, San Francisco School of Medicine | Medical Doctorate | 1980 - 1984 |
| Pomona College | Bachelor of Arts in Zoology Multiple leadership and elected positions | 1976 - 1980 |

CERTIFICATION, MEMBERSHIPS and AFFILIATIONS

| | |
|--------------------------------|--|
| Board Certification | American Board of Family Medicine Certified 1987, Recertified - 1994, 2001, 2008, 2018 |
| Medical License | Washington State License (Active) Oregon State License (Active) |
| Academic Appointment | Clinical Associate Professor University of Washington School of Medicine since 1987 |
| Professional Membership | American Academy of Family Physicians -Active Washington State Medical Association (Active) Washington Academy of Family Physicians (Active) King County Medical Society (Active) American College of Physician Executives (1990 - 2005) Oregon Medical Association (previous) |
| Professional Activities | Executive Community Leadership Board, American Diabetes Association, WA & HI Chapter Washington Health Alliance (previously Puget Sound Health Alliance) <ul style="list-style-type: none">▪ Board of Directors 2009-2011▪ Clinical Improvement Teams (current), Various Workgroups Bree Collaborative, leadership committee. Governor appointee Oregon Health Leadership Council - 2005 - 2009 Oregon Medical Association – Health care Finance Committee Hospital committees (Valley Medical Center) - <ul style="list-style-type: none">• Credentials Committee 1991 to 2005 – Chair 2000 - 2005• Senior physician leader - Washington State Diabetes & Cardiovascular Collaborative programs 1998 - 2003-• Employee Pension, Graduate Medical Education, Family Medicine, Critical Care, CME, Bylaws. |
| Languages | English; Spanish, limited |
| Presentations | Multiple media, regional and national presentations; Academic publications |
| References | Available upon request |

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Andre Stackhouse |
| Preferred pronouns (e.g., she/her, he/his, they/their): | any |
| Organization (if applicable): | Whole Washington |
| Title or position (if applicable): | Campaign Director |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | andre@wholewashington.org |
| Phone: | 206 715 7085 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input checked="" type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am an advocate for universal healthcare and believe I am well positioned to represented single payer advocates in Washington state.

2. Please describe your relevant experience and how it would benefit FTAC.

In my work as campaign director of Whole Washington I have learned a ton about healthcare policy and healthcare economics with specific focus on statewide implementations. I believe this knowledge should be represented on this commission.

3. Please describe any other experience serving on a committee, board, or workgroup.

I previously represented the Democratic Party in 2020 as a state and national delegate. I ran for and won the election for PCO.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

The healthcare system of Washington will financially impact everyone in the state. My individual healthcare expenses, taxes, and coverage could be significantly impacted by any recommendation of this commission.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

11. Community service/volunteer activities:

Signature gathering for I-1471 (The Washington Health Trust)
March for Healthcare Justice lead organizer

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

The United States has a healthcare system that results in uniquely bad health equity. Healthcare outcomes between the most disenfranchised and most affluent are abnormally divergent with life expectancy being one of the most worrisome indicators, the wealthy living significantly longer than their less affluent counterparts.

14. Please describe why health equity is important to you. +

The physical health of individual members of our society is one of the most direct indications of inequality in our society. Without physical health, one cannot pursue employment, education, financial security, home-ownership, or what we might summarize as the American dream. Inequality in healthcare causes or exacerbates many of the inequalities we see throughout the rest of life. In the words of Martin Luther King, "Of all the forms of inequality, inequality in health is the most shocking" +

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Universal healthcare implemented in a non-means-tested and economically progressive way would be one of the most effective ways to counter health equity and inequality more broadly. Healthcare expenses are the top cause of bankruptcy in Washington and the United States. The FTAC has the ability to ensure that the recommendation of the Universal Healthcare Commission is economically progressive and ensures that the state healthcare plan delivers for those who need +

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

Multiracial - Caucasian & SE Asian

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input checked="" type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Andre Stackhouse

Date:

11/30/2022

Universal Health Care Commission

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Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Bruce Cutter |
| Preferred pronouns (e.g., she/her, he/his, they/their): | |
| Organization (if applicable): | Retired |
| Title or position (if applicable): | Physician and physician leader |
| Work address (if applicable): | N/A, retired |
| County of organization/employer (if applicable): | N/A though county of residence is Spokane |
| Email: | bcutter@msn.com |
| Phone: | 509-953-7209 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
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- State agency staff
- Tribal representative

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- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

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these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

A wise man once told me, as I complained about the major shortcomings in the US “non-system” of healthcare: “Bruce, we are getting exactly the results the system is set up to deliver!”

It is far beyond time to change this so-called system. Washington state is again taking a run at it. Perhaps I can be of assistance.

The FTAC and associated efforts represent a major and important opportunity to

2. Please describe your relevant experience and how it would benefit FTAC.

-30+ years in the private community practice of hematology and medical oncology in Spokane, Washington

-Masters in Medical Management, USC Marshall School of Business

-Led transformation of a single-specialty medical oncology practice to that of an integrated, coordinated, value-based, multispecialty oncology group practice committed to complete, equitable patient care and also to cutting edge oncology

3. Please describe any other experience serving on a committee, board, or workgroup.

Served as a physician leader on multiple committees within US Oncology, primarily dealing with innovation around value-based cancer care and payer-provider collaboration and contracting.

-Served on the board of directors of the local (Spokane, WA) hospice board of directors including serving as the chairperson of the board.

-Served on the board of directors of the local blood center (then known as the Inland Northwest Blood Center) including serving as the chairperson of the board

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

It is worthwhile outlining in more detail my efforts to promote oncology system change.

These efforts were driven by the principle of value and value-based standardization of care. Value-based standardization of care and physician accountability were central to the clinical effort. We relied heavily on the Institute of Medicine Quality

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

License to practice medicine in Washington state

10. Memberships in professional, civic organizations, or government boards or commissions:

American Association for Physician Leadership (AAPL)

Washington State Medical Association

11. Community service/volunteer activities:

See above related to local board of director activities related to hospice and the blood center

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

My direct experience with health equity is via efforts in the development of value-based oncology care models, payer-provider collaboration and contracting as I have outlined above. Central to these efforts are the Institute of Medicine quality principles All the IOM principles are important and interconnected; the one particularly relevant to this question is "equitable". This was reflected in our clinical practices and measurements. Despite our formal value-based contract being with

14. Please describe why health equity is important to you.

Health equity is distinctly important to me personally though I cannot divorce it from the other critical components of quality and value in healthcare. I spent 30+ years as a practicing medical oncology/hematologist, as a physician leader, and as an advocate for oncology and healthcare system change.

Our current healthcare non-system (which consists of multiple parallel and competing and disconnected systems) is in tremendous need of change and is

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

It is essential we not only change the current non-system of care, but that we replace it with a single system of care. There are different models that satisfy the need for a single system of care and can further value and accountability; FTAC has a major role to play in evaluating these options as relates to financing the delivery system. This new system must be universal, affordable, accessible, value-based, and sustainable.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

Caucasian

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
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- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Bruce Cutter, MD

Date:

11/28/2022

Bruce Cutter, M.D., MMM

400 N. Timberfield Lane, Unit N, Liberty Lake, WA 99223
509-953-7209 (cell)
bcutter@msn.com

Professional Experience:

Practicing Medical Oncologist/Hematologist, Summit Cancer Centers, Spokane, WA, 2015-2022

Medical Oncologist and Oncology Medical Director, Group Health Cooperative/Group Health Physicians, Spokane, WA. 2011-2014

Founder and Principal, Cutter HealthCare Consulting, 2010- 2011

On-call medical oncology coverage, Northwest Medical Specialists, Tacoma, WA. 2011

Quality Chairperson, Consultant, and practicing Medical Oncologist/Hematologist, Cancer Care Northwest (CCNW), Spokane, WA, 2007-2010.

President and CEO, Cancer Care Northwest, 2000-April 2007. Transformed six-person medical oncology/hematology practice into integrated, coordinated, cancer care delivery system committed to measurable quality and provision of value

- Established vision of quality, integrated system of cancer care
- Architect of strategies of horizontal integration, differentiation, and focus
 - Championed strategy of horizontal integration with US Oncology (USON) in 1995
 - In 1999 opened CCNW's first freestanding outpatient cancer center
 - Grew CCNW from 6 to 18 physicians from 1999-2006; enlarged practice scope from pure medical oncology/hematology to include radiation, surgical and gynecologic oncology, breast surgery, and imaging services
 - Developed and implemented Women's Center for Breast and Gynecologic Cancer
 - Conceived of, developed, and led implementation of a comprehensive quality program, "Foundations of Quality" (details below)
 - Developed and implemented a patient-centered, equitable patient support effort, *Thrive* that brought together internal clinical social worker, financial support and nursing practice resources together with external community resources to establish a formal patient and family support service supporting the many holistic needs of all our patients
- In 2003 led negotiations that culminated in the leasing of a radiation facility from a local hospital, a former competitor
- In 2004, led relationship-building and formal negotiations to form an alliance and complex "joint venture" between CCNW, a local multispecialty clinic, and the hospital that owned the leased radiation facility; this effort enabled the multispecialty clinic to provide radiation oncology services and gained financial and strategic benefits for all parties involved
- In 2002 established ongoing partnership with Premera Blue Cross to develop a nationally recognized, comprehensive quality program branded as "Foundations of Quality". Key aspects of this proof-of-concept collaboration include:
 - Physician culture change
 - Transformed relationship between Premera Blue Cross and CCNW
 - A true, collaboratively developed, innovative "Pay for Value" program and associated value-based contract with Premera
 - The value-based contract included measurement of and reward for specific value/quality accomplishments, initiation and execution of value-based clinical

- pathways (including an explicit consideration of cost) and certain quality and outcome measurements
- Measurement of important clinical metrics and patient satisfaction, and development of quality projects and initiatives, including
 - Evidence-based, value-focused clinical pathways. Critical features include physician leadership, ownership, and accountability.
 - Medical, radiation, surgical, and true interdisciplinary clinical pathways developed, implemented, and compliance measured and audited
 - Spokane Interdisciplinary Lung Cancer Group. Brought together physicians from inside and outside of the practice (medical and radiation oncologists, thoracic surgeons, radiologists, and pulmonologists), to jointly develop a community-wide interdisciplinary clinical pathway for non-small cell lung cancer
 - Established *lean-six sigma*-based process-improvement effort as a business priority and integral part of quality program
 - In collaboration with clinical and business leadership of US Oncology, helped lead development and implementation of a national counterpart to Foundations of Quality, a network-wide initiative called **Practice Quality and Efficiency (PQE)**. PQE became a prime example of national network-wide collaboration, learning, and innovation, and served as the foundation for establishment of Innovent Oncology, a national oncology clinical pathway and quality business developed by US Oncology.
 - Worked to change and evolve practice's culture, governance, and decision-making during period of rapid growth and evolution from a small single specialty physician practice to >\$100 million dollar (gross revenue) integrated cancer care delivery system
 - Established formal practice board of directors and P&T/pathways committee
 - Initiated formal leadership program for supervisors/ managers to enhance teamwork, communication, leadership skills
 - Led, in partnership with leadership consultant, development of collaborative, bottom-up initiative called TeamCare, with goal of involving/empowering entire business to identify and develop shared solutions for leadership and operational needs/priorities
 - From 1999 through 2006 grew gross revenue from \$40 million to \$100 million, net revenue from \$10 million to \$40 million
 - From 1999 through 2006, increased number of employees from 50 to 180
 - Served as liaison to entities external to the business: US Oncology, physicians, hospitals, health plans, political organizations and leaders, the press, community leaders.

Practicing Medical Oncologist/Hematologist (full-time or, during leadership period, half-time), Cancer Care Northwest, Spokane, WA, 1992-2007

Practicing Medical Oncologist/Hematologist, Puget Sound Cancer Center, Edmonds, WA, 1990-1992

Additional Leadership Experience

ASCO Leadership Position:

- ASCO Breast Cancer Registry Pilot Program Steering Committee, 2009-2012

Physician Leadership positions within US Oncology:

- Co-chair, Cancer Center Services committee, 2004-2007
- Co-chair, Practice Quality Taskforce, 2005-2007
- US Oncology Pharmacy and Therapeutics Executive Committee, 2004-2007
- US Oncology National Policy Board Executive Committee, 2000-2004 (Vice Chairman from 2000-2002)

Community Health Care Leadership Positions:

- Member, Spokane Institutional Review Board, 2011-2018

- Member, Board of Directors, Inland Northwest Blood Center, 1996-2001
- President, Board of Directors, Inland Northwest Blood Center, 2000
- Member, Board of Directors, Hospice of Spokane, 1995-2000
- President, Board of Directors, Hospice of Spokane, 1999

Education:

- Executive Development Intensive, Scherer Leadership Center, Seattle WA, March 2006
- Masters in medical management (MMM), Marshall School of Business, University of Southern California, Los Angeles, CA, 2003-2004
- American College of Physician Executives (now the American Association of Physician Leadership). Business courses for physicians, prerequisites for the MMM degree. Multiple locations, from 1996 through 2001
- Medical Oncology/Hematology Fellowship, University of California at Davis Medical Center, Sacramento, CA, 1988-1990
- Internal Medicine Residency, Internal Medicine Spokane, Spokane, WA 1985-1988
- Pathology/Hematopathology Residency, SUNY Upstate Medical Center, Syracuse, New York, 1983-1985
- Internship, Children's Hospital and Medical Center, Seattle, WA, 1982-1983
- M.D., University of Washington School of Medicine, Seattle, WA 1978-1982
- B.S in Chemistry, Eastern Washington University, Cheney, WA, 1975-1978

Professional Memberships:

- American College of Physician Executives/American Association for Physician Leadership, 1996-2020
- American Society of Clinical Oncology, 1991-2020

Editorial Boards:

- Cancer Center Business Summit advisory/developmental board: 2009-2022
- Journal of Value-Based Cancer Care, 2010-2012

Presentations: (representative sample)

- Community Oncology Association national conference, February 2011: "Understanding and Leading Change"
- US Oncology webinar, December 2010: "Quality, Clinical Pathways, and Payer Collaboration: A Case Study"
- Cancer Center Business Summit, October 2009, 2010: Participant (2009) and panel leader (2010), payer-provider panel discussing clinical pathways and provider-payer collaboration
- World Congress PBM conference, August 2010: "Beyond Benefit Design: Perspectives and Solutions for Driving Value-Based System Change"
- Association of Northern California Oncologists, April 2010: "Quality, Clinical Pathways, and Payer Collaboration: Toward a Transformed Oncology Delivery System"
- Association of Managed Care Pharmacists convention, April 2010: "Value-Based Oncology Care"
- Connecticut Oncology Association annual meeting, November 2008: "A Tale of Two Practices"

Interviews (representative sample only)

- The concept of Clinical Pathways is Evolving. Lola Butcher, Oncology Times, March 10, 2011
- Do Clinical Pathways Improve the Value of Cancer Care? Lola Butcher, Oncology Times, August 25, 2009
- Pathways Pay: Some Practitioners say the Concept Represents Best Shot for Oncologists to Control Own Destiny in Face of Reimbursement Challenges. Lola Butcher, Oncology Times, September 19, 2007

Publications:

- Partridge AH, Norris VW, Blinder VS, Cutter BA, Halpern MT, Malin J, Neuss MN, Wolff AC. The ASCO breast cancer registry pilot: Implementation of a breast cancer registry and treatment plan/summary program in clinical practice. *Cancer* 119, 1 January 2013, p158-163
- Cutter B. Putting multiple myeloma on the clinical pathway. *Value-Based Cancer Care*. 2010; 1(4): 24
- **Perspectives** (a publication of Lyceum Associates, a business “think tank”)
 - Accountability in Health Care: Definition and Implementation, March 2011
 - Fixing Health Care’s Value Deficit, Part II: The Solution in Clinical Pathways, June 2010
 - Fixing Health Care’s Value Deficit, Part I: The Problem of Unexplained Geographic Variation, May, 2010
 - Oncology Business Commentary: Moving Toward a New Oncology Business Model, February 2009

Certification and Licensure:

- American Board of Internal Medicine: Internal Medicine (1998); Medical Oncology, 1991 (recertified 2001 and 2011)
- Washington State medical license, 1982-present

Military Service:

Medical Technologist, United States Air Force, 1971-1975

Honors and Awards:

- Foley and Lardner Cancer Center Innovator Award, presented at the 2009 Cancer Center Business Summit
- Graduation with Honors, University of Washington School of Medicine
- Alpha Omega Alpha medical honor society
- Summa Cum Laude, Eastern Washington University

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Bianca Frogner |
| Preferred pronouns (e.g., she/her, he/his, they/their): | she/her |
| Organization (if applicable): | University of Washington |
| Title or position (if applicable): | Professor and Director, CHWS |
| Work address (if applicable): | 4311 11th Ave NE, Suite 210, Seattle, WA |
| County of organization/employer (if applicable): | King County |
| Email: | bfrogner@uw.edu |
| Phone: | 206-616-9657 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input checked="" type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I believe that to improve health care delivery and access, and reach health equity, we need to ensure that everyone is covered by health insurance. By continuing to have large segments of the population uninsured, we are not able to effectively reduce health care spending and improve the health of the population. The US is one of the only industrialized countries without universal health insurance and this is despite spending more than any other country in the world on health care, which seems unacceptable. One way to address this is to help our state be a leader in

2. Please describe your relevant experience and how it would benefit FTAC.

As a PhD trained health economist and public health researcher, I have decades of experience examining the US and other countries' health care systems, including monitoring national health care spending and health workforce trends, mostly using secondary data. I have specialized knowledge about the health workforce, including issues related to recruiting, retaining and reimbursing workers, who may be directly affected by universal health care. I can bring this background and critical lens to the

3. Please describe any other experience serving on a committee, board, or workgroup.

I am the Director of the Center for Health Workforce Studies at the University of Washington, which conducts multiple studies on the health workforce through state and federal grants and contracts, as well as foundation funding so I bring specialized knowledge about the health workforce. I currently serve on the Washington state Health Care Cost Transparency Board. I previously served as an advisor on the Office of Financial Management's report on primary care spending in Washington state. I have also served on the Pro-Committee on Primary Care that resulted in a

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

None

10. Memberships in professional, civic organizations, or government boards or commissions:

WA Health Care Cost Transparency Board
AcademyHealth member
American Society of Health Economists member
American Economic Association member
International Health Economics Association

11. Community service/volunteer activities:

None of note

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have been leading since 2018 a large federally funded health workforce research center addressing health equity where we conduct several studies each year to understand the gaps and opportunities to strengthen health care worker training and education to address health equity as well as to identify barriers to developing a diverse workforce to care for diverse populations.

14. Please describe why health equity is important to you.

Reaching for health equity is critical for improving the health of the overall population. As long as some populations are left behind with unequal access to care and unequal treatment upon receiving care, we are not able to progress as a society. Inequity results in inefficiency in our health care system which can result in widely variable spending patterns and may result in unnecessary burdens on our health workforce.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

By unifying health care financing in our state, we are one step closer toward health equity. We may be able to reduce a big barrier in access to care for some populations and help reduce the challenges people face in navigating an otherwise incredibly complex system that may be deterrents to obtaining care.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

mixed race - Japanese/Norwegian

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input checked="" type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Bianca Frogner

Date:

11/27/2022

**UNIVERSITY OF WASHINGTON
SCHOOL OF MEDICINE
BIANCA KIYOE FROGNER, PHD**

1. PERSONAL DATA

Legal Name: Bianca Kiyoe Frogner, PhD
 Place of Birth: Sunnyvale, California
 Citizenship: United States
 Work Contact: UW School of Medicine, Department of Family Medicine – Research Section
 Box 354982, 4311 11th Ave. NE, Suite 210, Seattle, WA, 98195
 Office Phone: (206) 616-9657
 Email Address: bfrogner@uw.edu

2. EDUCATION

2001 BA, University of California, Berkeley
Major: Molecular and Cell Biology, Concentration: Neuroscience
 2008 PhD, Johns Hopkins University, Bloomberg School of Public Health,
 Health Policy and Management Department
Concentration: Health Economics
Thesis title: Long-Run Modeling of Health Care Expenditure Growth in Industrialized
 Countries
 2009 Postdoctoral Fellow, University of Illinois at Chicago, School of Public Health,
 Health Policy and Administration Department

3. GRADUATE AND POST-GRADUATE TRAINING

2003-2004 Health Resources and Services Administration Traineeship (A03 HP01164)
 2004-2008 National Institute of Mental Health, Operations Research and Economics in Mental
 Health Traineeship (T32 MH014567-29 to 32)
 2009 Centers for Disease Control and Prevention, Illinois Public Health Research
 Fellowship Program (T01 CD000189)
 2013 National Library of Medicine/Marine Biological Laboratory Biomedical Informatics
 Course Fellow, Certificate Program, Woods Hole, MA
 2014 National Science Foundation DC Innovation Corps (I-Corps) Program

4. FACULTY AND LEADERSHIP POSITIONS HELD

2009-2014 Assistant Professor, Health Services Management and Leadership Department
(merged into Health Policy and Management Department), Milken Institute School of
 Public Health, The George Washington University
 2012-2014 Deputy Director, Health Workforce Research Center, Milken Institute School of Public
 Health, The George Washington University
 2014-2021 Associate Professor (Tenured), Department of Family Medicine, University of
 Washington
 2014-present Director, Center for Health Workforce Studies, University of Washington
 2015, 2017 Adjunct Faculty, Medical Industry Leadership Institute, Carlson School of
 Management, University of Minnesota
 2016-present Deputy Director, Primary Care Innovation Lab, University of Washington
 2017-2021 Adjunct Associate Professor, Department of Health Systems and Population Health
 (formerly Department of Health Services), School of Public Health, University of
 Washington
 2018-present Graduate Faculty, University of Washington
 2021-present Bridges Center Faculty Associate, Harry Bridges Center for Labor Studies, University
 of Washington

- 2021-present Adjunct Full Professor, Department of Health Systems and Population Health (formerly Department of Health Services), School of Public Health, University of Washington
- 2021-present Full Professor (Tenured), Department of Family Medicine, University of Washington

5. HOSPITAL POSITIONS HELD

NOT APPLICABLE

6. CURRENT (NON-UW) EMPLOYMENT

NOT APPLICABLE

7. HONORS

- 2005 Top 25 Papers in *Health Affairs* for Anderson et al, 2005
- 2006 Top 25 Papers in *Health Affairs* for Anderson et al, 2006
- 2012 2nd Place Poster Award at 2012 Annual Meeting of Association of University Programs in Health Administration (AUPHA)
- 2013 Semifinalist GW Biz Plan Competition
- 2013 Top 8 Finalists of Robert Wood Johnson Foundation Pioneer Pitch Day
- 2016 Best Abstract in Health Workforce Theme at 2016 Annual Research Meeting of AcademyHealth
- 2018 Seymour R. Cohen Award for Pediatric Laryngology and Broncho-Esophagology for Best Original Paper in Either Basic Research or Clinical Investigation for Coppess et al, 2018
- 2019 John M. Eisenberg Article-of-the-Year Award in *Health Services Research* for Frogner et al, 2018
- 2020 Top 10% Downloaded Paper 2018-2019 in *Health Services Research* for Frogner et al, 2018
- 2021 Best Poster Nominee for AcademyHealth Annual Research Meeting
- 2021-2023 National Institutes of Health/National Institute on Minority Health and Health Disparities Loan Repayment Program on Health Disparities
- 2022 Science in Medicine Lecture Series, University of Washington
- 2022 UW Department of Family Medicine Research and Scholarship Excellence Award

8. BOARD CERTIFICATION

NOT APPLICABLE

9. LICENSURE

NOT APPLICABLE

10. DIVERSITY, EQUITY AND INCLUSION

Research Funding

- Award recipient of the NIH/NIMHD Loan Repayment Program on Health Disparities
- Principal Investigator of \$2,139,301 grant from Health Resources and Services Administration (U81 HP32114) to start a new Health Workforce Research Center addressing gaps in health professional education and training to address health equity, 2018-2022.
- Co-investigator on a NIH/NIMH R34 grant examining how the emergency department information exchange system may improve mental health outcomes for Medicaid recipients in Washington state.
- Co-investigator on a NIH/NIA R01 grant titled, "Reducing Disparities in Post-Acute Care: Designing a Data-Driven Stakeholder-Prioritized Intervention to Address Health Equity Following Payment Policy Reform and the COVID-19 Pandemic"
- Co-investigator on grants (current and completed) from the Agency for Healthcare Research and Quality, Health Resources and Services Administration, and Premera BlueCross to study the

rural health workforce.

Publications

- Multiple publications on the socioeconomic status of health care workers, diversity of the health workforce, role of health care workers in addressing health disparities and health equity including in rural communities and safety net systems.
- Committee member in 2016 of the National Academies of Sciences, Engineering, and Medicine report: *A framework for educating health professionals to address the social determinants of health*. Delivered 2 presentations related to the outcomes of the report.
- Authored 2 peer-reviewed publications examining the diversity of my professional society, AcademyHealth, representing health services researchers.

Mentoring

- Hired Dr. Cyndy Snyder as a research scientist level 3 in UW CHWS in 2015 and helped to promote her to Research Assistant Professor in 2016 making her the only African-American female professor in the Department of Family Medicine at the time.
- Invited participant for session, “Racism, Health Equity, and Social Determinants: Turning Conversations into Action,” organized by AcademyHealth and HealthBegins at AcademyHealth’s Annual Research Meeting, Jun 24 2018.
- Invited participant for mentoring breakfast for Robert Wood Johnson Foundation’s Health Policy Research Scholars Program, who are doctoral students across different sectors and disciplines from underrepresented populations and/or disadvantaged backgrounds, Jun 25 2018.
- Mentor on T32 Child Health Equity Research Fellowship through UW Department of Pediatrics, 2020-present. Role includes presenting research and providing career advice to post-doctoral trainees.
- UW CHWS currently employs 16 research staff (10 of whom I directly supervise). 75% are women and about 25% are persons of color.

Lectures

- Given my work on low-wage health care workers, including in long-term care, I have been invited multiple times to provide an overview of the demographic and socioeconomic characteristics of this workforce segment and to discuss the challenges these workers face during the COVID-19 pandemic.
- Invited to Surgical Outcomes Research Center Annual Retreat in the UW Department of Surgery to give lecture on, “Diversity of the Health Workforce.” Sep 29 2017.
- Invited twice by the UW Postdoc Diversity Alliance to serve on panels:
 - “Research as a Vehicle for Change: Strategies for Developing Equity Focused Grant Proposals: Panel Discussion and Workshop.” Jan 14 2020.
 - “Research as a Vehicle for Change: Strategies for Developing Equity Focused Grant Proposals Pt II.” Aug 17 2020.

11. PROFESSIONAL ORGANIZATIONS

| | |
|--------------|--|
| 2003-present | Member, AcademyHealth |
| 2015-2016 | Advisory Committee Member, Health Economics Interest Group |
| 2016-2017 | Vice Chair, Health Economics Interest Group |
| 2017-2018 | Chair, Health Economics Interest Group (1-year term limit) |
| 2017-2018 | Planning Committee Member for Annual Research Meeting |
| 2017-2021 | Health Workforce Theme Abstract Reviewer |
| 2018-2020 | Awards Task Force Member |
| 2019-2021 | Alice S. Hersh Emerging Leader Award Selection Committee |
| 2020, 2021 | Chair, Selection Committee |
| 2021-present | Membership Council |
| 2003-present | Member, American Economic Association |
| 2007-present | Member, American Society of Health Economists |

| | |
|--------------|--|
| 2012, 2014 | Scientific Committee |
| 2008-present | Member, International Health Economics Association |
| 2018-present | Health Workforce Interest Group Committee |

12. TEACHING RESPONSIBILITIES

The George Washington University (GW) (former institution)

Note: From 2009-2014, my primary appointment was in the Department of Health Services Management and Leadership (HSML) (now the Health Policy and Management Department).

GW Courses (Semester System)

HSML 6206 Quantitative Methods and Epidemiology in Health Services (Role: Lead Instructor)
Fall 2009, Spring 2010, Fall 2010, Spring 2011, Fall 2011, Spring 2012

HSML 6211 Health Economics (Role: Lead Instructor)
Spring 2010, Fall 2012, Spring 2013, Fall 2013, Fall 2014

HSML 6211 DE Health Economics (online) (Role: Lead Instructor)
Fall 2010, Fall 2011, Spring 2013

HSML 6274/6275 Residency (Role: Faculty Advisor)
Summer 2012, Fall 2012, Spring 2013, Summer 2013, Fall 2013, Spring 2014, Summer 2014, Fall 2014

PubH 6202, 2U1 Introduction to US Health Services Delivery (online) (Role: Lead Instructor)
Spring 2014

GW Guest Lectures

1. "International Health Systems." Lead Instructor: Brian Biles. HSML 6202 Introduction to US Health Services Delivery, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University, Washington, DC. Sep 14 2009, Sep 21 2009.
2. "Healthcare Workforce Issues." Lead Instructor: Sarah Baird. PubH 6440 Global Health Economics and Finance, Department of Global Health, Milken Institute School of Public Health, The George Washington University, Washington, DC. Mar 8 2011.
3. "Economic and Workforce Aspects of the Health System." Lead Instructor: Jim Cawley. PA 6219 The Role of the Physician Assistant in American Health Care, Department of Prevention and Community Health, Milken Institute School of Public Health, The George Washington University, Washington, DC. Jun 22 2011.
4. "Overview of Methods." Lead Instructor: Karen McDonnell. PubH 8420 Research Methods III, Department of Prevention and Community Health, Milken Institute School of Public Health, The George Washington University, Washington, DC. Sep 20 2011.
5. "Finance and Economics in Public Health." Lead Instructor: Robert Burke. PubH 6008 Management Approaches in Public Health, Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University, Washington, DC. Mar 20 2013, Mar 13 2014.

University of Minnesota, Carlson School of Management, Medical Industry Leadership Institute

Note: I was an adjunct faculty member for University of Minnesota

IBUS 6997 Global Valuation Lab (Role: Co-Instructor; Lead Instructor: Stephen Parente)
Summer 2015, Summer 2017

University of Washington

Note: My primary appointment is in the Department of Family Medicine in School of Medicine. I am an Adjunct Professor in the Department of Health Systems and Population Health in the School of Public Health.

UW Courses (Quarter System)

MEDSCI 550: Energetics & Homeostasis (Role: Co-instructor; Lead Instructor: Bruce Silverstein)
Spring 2017

Clinical Research Skills Course Foundations Curriculum (Role: Co-developer; Lead Instructors: Bryan Kestenbaum, Matthew Thompson)
Summer 2018

PCAR 490: ITHS/WRF Summer Commercialization Fellowship Program/Population Health Entrepreneurship Fellowship Program (Role: Advisor/contributor; Lead Instructor: Terri Butler, Meher Antia)
Summer 2019

MGMT 579 C/D: Moving Beyond Startup: Growing a Healthcare Technology Business (Role: Developer/Lead Instructor)
Spring 2021 (*planned*)

UW Training Grants

Department of Health Services, School of Public Health

2017-present Mentor, T32 HS013853 Health Services Research Training, National Research Service Award (NRSA), Predoctoral Fellowship, Agency for Healthcare Research and Quality (AHRQ)

Department of Psychiatry, School of Medicine

2018-present Mentor, T32 MH020021 Psychiatry Primary Care National Research Service Award (NRSA), Postdoctoral Fellowship, National Institute of Mental Health (NIMH)

Department of Pediatrics, School of Medicine

2020-present Mentor, T32 HD101397 Child Health Equity Research Program for Postdoctoral Fellowship, Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

UW Trainees (Primary Mentor)

2016-2017 Andrew Jopson, MPH Program, Department of Health Services, School of Public Health (Role: Thesis Committee Co-Chair; Current Position: Research Scientist, Center for Health Workforce Studies, University of Washington)

2017-2019 Ryan Sterling, PhD Program, Department of Health Services, School of Public Health (Role: Thesis Committee Co-Chair; Current Position: Research Scientist, VA Puget Sound Healthcare)

2019-present Hannah Johnson, PhD Program, Department of Health Services, School of Public Health (Role: Thesis Committee Member)

2020-2021 Rachel Prusynski, PhD Program, Rehabilitation Science, School of Medicine (Role: Thesis Committee Member)

UW Other Thesis Committee Roles

| | |
|-----------|---|
| 2017 | Brian Chin, PhD Program, Department of Health Services, School of Public Health (<u>Role</u> : External Reviewer) |
| 2019 | Kangho Suh, PhD Program, School of Pharmacy (<u>Role</u> : Graduate Student Representative) |
| 2020 | Matthew Schneider, PhD Program, Department of Global Health, School of Public Health (<u>Role</u> : Graduate Student Representative) |
| 2020-2021 | Tricia Rodriguez, PhD Program, School of Pharmacy (<u>Role</u> : Graduate Student Representative) |
| 2022 | Samin Jalali, PhD Program, Department of Economics (<u>Role</u> : Graduate Student Representative) |

UW Guest Lectures

1. "Health Workforce Research." Lead Instructor: Alyce Sutko. Department of Family Medicine – Residency Section, School of Medicine, University of Washington, Seattle, WA. Aug 19 2015.
2. "Who's Taking Care of Us? Emerging Trends in Health Workforce Research." Lead Instructor: David Grembowski. HSERV 592: PhD Seminar in Health Services, Department of Health Services, School of Public Health, University of Washington, Seattle, WA. Oct 28 2015.
3. "Health Workforce Panel." Lead Instructor: Larry Kessler. HSERV 511: Introduction to Health Services and Public Health, Department of Health Services, School of Public Health, University of Washington, Seattle, WA. Oct 29 2015.
4. "Supply and Demand of Health Workforce." Lead Instructor: Nancy Jecker. BH 474/PHIL 411: Justice in Health Care, Department of Bioethics and Humanities, School of Medicine, University of Washington, Seattle, WA. Mar 1 2016.
5. "Evaluation of the VA Clinic Practice Management Model Implementation: Promoting a Healthcare Data Informed Culture to Improve Access." Co-Presenters: LeRouge C, Sayer G, Rubenstein LV, Frogner BK, Snyder CR, Sangameswaran S. Lead Instructor: David Grembowski. HSERV 592: PhD Seminar in Health Services, Department of Health Services, School of Public Health, University of Washington, Seattle, WA. Oct 12 2016.
6. "Health Workforce: Role of Non-Physician Providers." Lead Instructor: Norma Coe. PHARM/HSERV 568: Health Economics, School of Pharmacy, University of Washington, Seattle, WA. Jan 25 2017.
7. "Panel: Putting Consumer Health Informatics into Practice." Lead Instructor: Cynthia LeRouge. HIHIM 540: Community Health Informatics and Information Exchange, School of Public Health, University of Washington, Seattle, WA. Feb 10 2017.
8. "Future Challenges to the US Healthcare System." Lead Instructor: Nancy Jecker. BH 474/PHIL 411: Justice in Health Care, Department of Bioethics and Humanities, School of Medicine, University of Washington, Seattle, WA. Mar 2 2017.
9. "Primer on Health Economics, Insurance and Financing." Lead Instructor: Bruce Silverstein. MEDSCI 550: Energetics & Homeostasis, School of Medicine, University of Washington, Seattle, WA. May 12 2017.
10. "Health Economics." Lead Instructor: Jonathan Posner. ME 414/599: Engineering Innovation in Health, Department of Mechanical Engineering, University of Washington, Seattle, WA. Nov 30 2017.

11. "What is Primary Care Innovation Lab and How Can UW Residents Get Involved?" Lunchtime lecture for Department of Family Medicine Residents, University of Washington, Seattle, WA. Jun 20 2018.
12. "Economics of the Health Workforce." Lead Instructor: Lou Garrison. PHARM/HSERV 568: Health Economics, School of Pharmacy, University of Washington, Seattle, WA. Feb 27 2019.
13. "Supply of Low-Skilled Healthcare Workers." Lead Instructor: Edwin Wong and Paul Fishman. HSERV 587: Health Economic Policy, School of Public Health, University of Washington, Seattle, WA. May 15 2019.
14. "Economics of the Health Workforce." Lead Instructor: Lou Garrison and Doug Barthold. PHARM/HSERV 568: Health Economics, School of Pharmacy, University of Washington, Seattle, WA. Feb 4 2020.
15. "Health Workforce and COVID-19: Where Are We, How Did We Get Here, and How Do We Move Ahead?" Lunchtime lecture for Department of Family Medicine Residents, University of Washington, Seattle, WA. Sep 2 2020.
16. "Economics of the Health Workforce." Lead Instructor: Lou Garrison and Doug Barthold. PHARM/HSERV 568: Health Economics, School of Pharmacy, University of Washington, Seattle, WA. Feb 17 2021.
17. "Economics of the Health Workforce." Lead Instructor: Lou Garrison and Doug Barthold. PHARM/HSERV 568: Health Economics, School of Pharmacy, University of Washington, Seattle, WA. Feb 16 2022.
18. Supply of Healthcare Workers." Lead Instructor: Edwin Wong and Paul Fishman. HSERV 587: Health Economic Policy, School of Public Health, University of Washington, Seattle, WA. May 11 2022.
19. "Economics of the Health Workforce." Lead Instructor: Doug Barthold. PHARM/HSERV 568: Health Economics, School of Pharmacy, University of Washington, Seattle, WA. Upcoming: Feb 22 2023.

13. EDITORIAL RESPONSIBILITIES

| | |
|--------------|---|
| 2017 | Advisory Group Member to explore new health workforce journal |
| 2018-2021 | Health IT Economics Section Editor, Health Systems |
| 2019-present | Editorial Board, Medical Care Research and Review |
| 2020-present | Series Editor, Developments in Health Economics and Public Policy, Springer |

14. SPECIAL NATIONAL AND INTERNATIONAL RESPONSIBILITIES

Note: Excludes responsibilities in professional membership organizations mentioned above.

| | |
|-----------|---|
| 2015-2016 | Member, Institute of Medicine (IOM) Consensus Study Committee on Educating Health Professionals to Address the Social Determinants of Health |
| 2015-2017 | Executive Committee Member for "Partnered Evaluation of the Social Determinants of Health and Healthcare Resource Needs of Rural Veterans" (PI: Littman and Hudson), Quality Enhancement Research Initiative, Veterans Affairs Office of Rural Health |
| 2016 | Grant Reviewer, Federal Office of Rural Health Policy, Health Resources and Services Administration |
| 2016 | Planning Committee, National Academies of Sciences, Engineering and Medicine Workshop on Training the Child Health Care Workforce to Improve Cognitive, Affective, and Behavioral Health Outcomes for Children and Youth |

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| 2017 | Planning Committee, Highlands [Scotland] Health Economics Symposium |
| 2017-2020 | Advisory Committee, Association of American Medical Colleges' Health Workforce Research Conference |
| 2018-2019 | Future of Work Task Force Advisory Group, Washington Workforce Training and Education Coordinating Board |
| 2019 | Grant Reviewer, Geriatrics Workforce Enhancement Program, Health Resources and Services Administration |
| 2019 | External Reviewer for Report, "Finding a Path: Strengthening the Entry-Level Health Care Workforce," RAND Corporation |
| 2019 | Primary Care Expenditures Stakeholder Group, Washington State Office of Financial Management |
| 2019-2021 | Bree Collaborative: Primary Care Workgroup |
| 2020 | External Reviewer, Master's Program in Healthcare Administration and Interprofessional Leadership, University of California, San Francisco |
| 2020 | Health Economics Advisory Member, CARES Act Provider Relief Fund, US Department of Health and Human Services |
| 2020 | Technical Expert Panelist, Measures for Meaningful International Comparisons, US Department of Health and Human Services |
| 2020-2021 | Research Advisory Committee and Steering Committee Member, Staffing Ratios Project, de Beaumont Foundation and Public Health National Center for Innovations |
| 2020-2021 | External Reviewer for Report by Committee on the Future of Nursing 2020-2030, National Academies of Sciences, Engineering, and Medicine |
| 2021-2022 | Invited Member, Primary Care Collaborative Research Dissemination Workgroup <i>PCORI-funded Project: Bridging the Gap in Primary Care Research</i> |
| 2021-2024 | Appointed Member, Washington state Health Care Cost Transparency Board |
| 2022-present | Research Council, Tradeoffs Podcast |

Appointments, Promotion, and Tenure Letters

I have written letters for appointment, promotion, and/or tenure for faculty at the following institutions: The George Washington University (3), Indiana University-Purdue University Indianapolis (1), Oregon Health Sciences University (1), University of California San Francisco (2), University of New Hampshire (1), University of North Carolina (1)

15. SPECIAL LOCAL RESPONSIBILITIES

University

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|-----------|---|
| 2019-2022 | Population Health Initiative Executive Committee <i>Objective: To advise UW President by providing recommendations and supporting actions to achieve initiative's vision, goals, objectives and strategies.</i> |
| 2021 | Invited Committee Member, Academic Program Review of School of Pharmacy <i>Objective: To review 1 certificate, 3 Master's degree, and 3 PhD programs</i> <i>Note: Original scheduled for 2020 but postponed due to COVID-19; stepped off committee due to conflicting obligations</i> |

School of Medicine

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|-----------|---|
| 2016-2020 | Member, Digital Health Advisory Committee, UW Medicine <i>Objective: To advise UW Medicine leadership on future opportunities in digital health.</i> |
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Department of Family Medicine

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|-----------|--|
| 2015-2021 | Appointed Member, Chair Advisory Committee <i>Objective: To advise the department chair about activities across sections; my role is to represent the research section.</i> |
| 2017-2019 | Appointed Member, Advancements and Promotions Task Force |

- Objective: To increase the effectiveness, efficiency, and consistency of the current A&P process.*
- 2021 Appointed Member, Faculty Evaluation Task Force
Objective: To provide recommendations to the Chair on ways to improve the faculty evaluation process.
- 2021 Appointed Member, Research Section Faculty Search Committee
Objective: To identify two qualified candidates to join the DFM Research Section.
- 2021-2022 Chair, Research Section Faculty Search Committee
Objective: To identify one qualified candidate to join the DFM Research Section.

Department of Health Systems and Population Health, School of Public Health

(Formerly named Department of Health Services)

- 2017-2018 Faculty search committee: Assistant Professor (WOT) in health disparities
- 2018-2019 Faculty search committee: Associate Professor in health economics
- 2022-2023 Chair, Faculty search committee: Department Chair and Professor

School of Pharmacy

- 2020-2021 Faculty search committee: Assistant Professor (WOT) in health economics

16. RESEARCH FUNDING

Current Grants and Contracts

- 2020-2024 Sponsor: Premera Blue Cross **[grant]**
Title: Rural Nursing Health Initiative: A Partnership for Healthier Rural Communities
Total Costs: \$4,658,826
Principal Investigator: Anne Hirsch
Role: Co-Investigator/Evaluator (3% Effort)
- 2021-2024 Sponsor: NIH/NIA **[grant]**
R01 AG065371
Title: The Impact of Post-Acute Care Payment Changes on Access and Outcomes
Total costs: \$2,866,514
Principal Investigator: Natalie Leland and Tracy Mroz
Role: Co-Investigator (5% Effort)
- 2021-2023 Sponsor: WA Workforce Training and Education Coordinating Board **[contract]**
Prime: Workforce Investment and Opportunity Act
Title: Health Workforce Industry Sentinel Network
Total Costs: \$250,000
Role: Principal Investigator (2% Effort)
- 2022-2025 Sponsor: Delta Dental of Washington **[contract]**
Title: Washington State Oral Health Workforce Assessment and Tracking Program
Total Costs: \$650,000
Role: Principal Investigator (3% Effort)
- 2022 Sponsor: National Institute on Aging **[grant]**
Title: R24 Advancing Workforce Analysis and Research for Dementia
Principal Investigator: Joanne Spetz, UCSF
Role: Leadership Team/Consultant

2022-2027 Sponsor: Health Resources and Services Administration **[grant]**
U81 HP27844
Title: Health Workforce Research Center: Allied Health
Total Costs: \$2,471,875
Role: Principal Investigator (25% Effort)

2022-2027 Sponsor: Health Resources and Services Administration **[grant]**
U81 HP32114
Title: Health Workforce Research Center: Health Equity
Total Costs: \$2,471,875
Role: Principal Investigator (25% Effort)

Past Grants and Contracts

2008 Sponsor: XL Health **[contract]**
Title: Improving Medicare Risk Adjustment for Beneficiaries with Chronic Conditions
Total Costs: \$110,000
Principal Investigator: Gerard Anderson
Role: Co-Principal Investigator (50% Effort)

2009-2010 Sponsor: US State Department **[contract]**
Title: International Health Regulations Costing Project
Total Costs: information not available
Principal Investigator: Rebecca Katz
Role: Health Economist (2% Effort)

2010 Sponsor: Kaiser Family Foundation **[grant]**
Title: Research & Analysis on Economic Modeling and Assessment of Global Health Effectiveness
Total Costs: \$75,000
Role: Principal Investigator (50% Effort)

2010-2011 Sponsor: US Department of Veterans Affairs/US Department of Health and Human Services **[contract]**
Title: Earnings Loss Study: Musculoskeletal Parts of the VA Schedule for Rating Disabilities
Total Costs: \$517,051
Principal Investigator: Robert Burke
Role: Co-Principal Investigator/Project Manager (50% Effort)

2011 Sponsor: National Collaborative on Aging, The George Washington University **[internal grant]**
Title: Technology Adoption Patterns among Hospitals Treating Medicare Patients
Total Costs: \$40,000
Role: Principal Investigator (20% Effort)

2011-2012 Sponsor: Medical Center Facilitating Fund, School of Public Health and Health Services Deans Fund, The George Washington University **[internal grant]**
Title: Evaluating the Role of Health Information Technology in Hospital Mergers and Acquisitions
Total Costs: \$20,000
Role: Principal Investigator (10% Effort)

2011-2012 Sponsor: US Department of Veterans Affairs/US Department of Health and

- Human Services [**contract**]
 Title: Earnings Loss Studies of the Body Parts that Pertain to the VA Schedule for Rating Disabilities
 Total Costs: \$856,576
 Principal Investigator: Robert Burke
 Role: Co-Principal Investigator/Project Manager (50% Effort)
- 2012-2014 Sponsor: University Seminar Funds, Provost Office, The George Washington University [**internal grant**]
 Title: mHealth Research
 Total Costs: \$2,500
 Role: Co-Chair
- 2013 Sponsor: Joint Center for Political and Economic Studies [**contract**]
 Title: Health Workforce Under ACA
 Total Costs: \$30,000
 Role: Principal Investigator (23% Effort)
- 2013-2014 Sponsor: National Athletic Trainers' Association [**contract**]
 Title: The Value of Athletic Trainers to Physician Practices, Patients and Health Care System
 Total Costs: \$50,000
 Role: Principal Investigator (19% Effort)
- 2013-2014* Sponsor: Health Resources and Services Administration [**grant**]
 U81 HP26493
 Title: GW Health Workforce Research Center: Flexible or Novel Use of Workers to Improve Health Care Delivery and Efficiency
 Total Costs: \$1,837,724
 Principal Investigator: Patricia (Polly) Pittman
 Role: Co-Principal Investigator (30% Effort)
 *Award was through 2017, but left institution on 12/14/2014. I completed projects via sub-award 2014-2015 (see below)
- 2014 Sponsor: University of California, San Francisco [**subaward**]
 Prime: Health Resources and Services Administration
 Title: Health Workforce Research Center: Long-Term Care
 Sub-award Costs: \$20,000
 Role: Sub-award/Principal Investigator (16% Effort)
- 2014 Sponsor: University Seminar Funds, Provost Office, The George Washington University [**internal grant**]
 Title: mHealth Research
 Total Costs: \$2,500
 Role: Co-Chair
- 2014-2015 Sponsor: University of Minnesota [**subaward**]
 Prime: Robert Wood Johnson Foundation
 Title: National Center for Interprofessional Practice and Education: Big Data Analysis Project
 Sub-award Costs: \$64,398
 Role: Sub-award/Principal Investigator (40% Effort)
- 2014-2015 Sponsor: Health Resources and Services Administration [**grant**]
 U1 CRH03712
 Title: WWAMI Rural Health Research Center: Health Workforce

Total Costs: \$794,130
Principal Investigator: Eric H. Larson
Role: Investigator (5% Effort)

2014-2017 Sponsor: Health Resources and Services Administration [**grant**]
U81 HP27844
Title: Health Workforce Research Center: Allied Health
Total Costs: \$1,529,747 supplemental funds
Role: Principal Investigator (25% Effort)

2015 Sponsor: The George Washington University [**subaward**]
Prime: Health Resources and Services Administration
U81 HP26493
Title: Health Workforce Research Center: Flexible or Novel Use of Workers to Improve Health Care Delivery and Efficiency
Sub-award Costs: \$11,362
Principal Investigator: Patricia (Polly) Pittman
Role: Subcontractor/Principal Investigator (10% Effort)

2015 Sponsor: American Board of Family Medicine [**contract**]
Title: National Family Medicine Graduate Survey
Total Costs: information not available
Principal Investigator: Freddy Chen
Role: Investigator (5% Effort)

2015-2016 Sponsor: Health Care Cost Institute [**grant**]
Prime: Laura and John Arnold Foundation
Title: Does the Unrestricted Access to Physical Therapy Reduce Health Spending?
Total Costs: \$109,836
Role: Principal Investigator (20% Effort)

2015-2016 Sponsor: University of Minnesota [**subaward**]
Prime: Gordon and Betty Moore Foundation
Title: National Center for Interprofessional Practice and Education: Big Data Study
Sub-award Costs: \$57,526
Principal Investigator: Barbara Brandt
Role: Sub-award/Principal Investigator (25% Effort)

2015-2016 Sponsor: Washington Center for Nursing [**contract**]
Title: Data Snapshots for ARNPs, RNs and LPNs, 2015-2016
Total Costs: \$11,971
Role: Principal Investigator (2% Effort - in kind)

2015-2016 Sponsor: Veterans Health Administration [**contract**]
Title: Evaluation of the VHA Group Practice Manager Initiative's Partner Evaluation
Total Costs: information not available
Principal Investigator: Cynthia LeRouge
Role: Investigator (10% Effort)

2015-2017 Sponsor: UW Institute of Translational Health Sciences [**internal grant**]
Title: Impact of Innovations on Primary Care Workforce Configuration
Total Costs: \$11,630
Role: Principal Investigator (5% Effort - in kind)

2015-2018 Sponsor: Workforce Training and Education Coordinating Board [**contract**]
Prime: Washington State Health Care Authority
Title: Health Workforce Industry Sentinel Network
Total Costs: \$211,621
Role: Principal Investigator (2% Effort)

2016 Sponsor: American Board of Family Medicine [**contract**]
Title: National Family Medicine Graduate Survey
Total Costs: information not available
Principal Investigator: Freddy Chen
Role: Investigator (5% Effort)

2016-2017 Sponsor: Health Resources and Services Administration [**grant**]
U1 CRH03712
Title: WWAMI Rural Health Research Center: Health Workforce
Total Costs: \$794,130
Principal Investigator: Eric H. Larson
Role: Investigator (5% Effort)

2016-2018 Sponsor: Washington State Workforce Training and Education Coordinating Board [**contract**]
Prime: Workforce Investment and Opportunity Act
Title: Behavioral Health Integration Workforce Needs Project
Total Costs: \$159,998
Role: Principal Investigator (2% Effort)

2016-2018 Sponsor: Agency for Healthcare Research and Quality [**grant**]
R03 HS24777-01
Title: The Impact of Medicare's Rural Add-on Payments in Home Health on Access to Care and Home Health Markets
Total Costs: \$54,201
Principal Investigator: Tracy Mroz
Role: Co-Investigator (5% Effort)

2017-2018 Sponsor: Maine Medical Center [**contract**]
Title: Supply and Distribution of Physicians, Nurse Practitioners and Physician Assistants in Maine in 2017
Total Costs: \$62,000
Principal Investigator: Bianca Frogner (3% Effort)

2017-2018 Sponsor: Washington Center for Nursing [**contract**]
Title: Registered Nurse Survey and 2018 Data Snapshots for ARNPs, RNs and LPNs
Total Costs: \$110,769
Role: Principal Investigator (2% Effort)

2017-2018 Sponsor: National Science Foundation [**grant**]
Title: Phase II IUCRC University of Washington Site Addition: Center for Health Organization Transformation
Sub-budget Costs: \$50,000
Principal Investigator: Christina Mastrangelo
Role: Project Lead (5% Effort)

2017-2022 Sponsor: Health Resources and Services Administration [**grant**]
U81 HP27844

Title: Health Workforce Research Center: Allied Health
Total Costs: \$2,685,048
Role: Principal Investigator (25% Effort)

2018-2022 Sponsor: Health Resources and Services Administration [**grant**]
U81 HP32114
Title: Health Workforce Research Center: Health Equity
Total Costs: \$2,139,301
Role: Principal Investigator (25% Effort)

2018 Sponsor: The George Washington University [**subaward**]
Prime: Foundation for Physical Therapy
Title: The Effects of Timing of Physical Therapy on Health Care Costs, Utilization,
and Opioid Use
Sub-award Costs: \$13,000
Principal Investigator: Kenneth Harwood
Role: Sub-Award/Principal Investigator (2% Effort)

2017-2019 Sponsor: UW Harry Bridges Center for Labor Studies [**internal grant**]
Title: Washington State Labor Research Grant: Effects of Increasing Minimum
Wage and Expanding Health Insurance Coverage on Job Stability among Long-
Term Care Workers
Total Costs: \$9,575
Role: Principal Investigator (5% Effort – in kind)

2017-2020 Sponsor: Harvey L. Neiman Health Policy Institute/American College of
Radiology [**grant**]
Title: Phase I Planning for an Economic Evaluation of the Implementation of
Clinical Decision Support for Advanced Imaging Orders at UW Medicine
Total Costs: \$89,105
Role: Principal Investigator (10% Effort)

2018-2021 Sponsor: WA Workforce Training and Education Coordinating Board [**contract**]
Prime: Workforce Investment and Opportunity Act
Title: Health Workforce Industry Sentinel Network
Total Costs: \$285,000
Role: Principal Investigator (2% Effort)

2019-2020 Sponsor: UW Institute of Translational Health Sciences [**internal grant**]
Title: Pilot Translational and Clinical Studies Program: Collaboration Innovation
Award: Tackling the Opioid Epidemic by Employing Machine Learning Algorithms
to Identify Common Pain Treatment Pathways
Total Costs: \$50,000
Role: Principal Investigator (7% Effort)

2019-2020 Sponsor: Washington Center for Nursing [**contract**]
Title: Analysis and Reporting of Supply Data of Washington's Registered Nurses,
Licensed Practical Nurses, and Advanced Registered Nurse Practitioners
Total Costs: \$61,897
Role: Principal Investigator (1% Effort)

2019-2020 Sponsor: American Occupational Therapy Association [**contract**]
Title: Occupational Therapist and Occupational Therapy Assistant Workforce in
Long Term Care
Total Costs: \$20,000
Principal Investigator: Tracy Mroz

- Role: Investigator (1.25% Effort)
- 2019-2021 Sponsor: Siemens Foundation **[grant]**
 Title: Identifying Barriers and Facilitators to Strengthening the Clinical Lab Professional Workforce
 Total Costs: \$146,526
 Role: Principal Investigator (7.5% Effort)
- 2019-2021 Sponsor: WA Workforce Training and Education Coordinating Board **[contract]**
 Title: Washington State Behavioral Health Workforce Assessment
 Total Costs: \$175,000
 Role: Principal Investigator (2% Effort)
- 2019-2022 Sponsor: NIH/NIMH **[grant]**
 R34 MH120345
 Title: Improving Mental Health Outcomes with the Emergency Department Information Exchange (EDIE): Insights from Washington State
 Total Costs: \$713,065
 Principal Investigator: Amber Sabbatini
 Role: Co-Investigator (5% Effort)
- 2020-2021 Sponsor: Health Care Authority **[contract]**
 Title: Strengthening the Washington Health Workforce Through Research
 Total Costs: \$70,000
 Role: Principal Investigator (3% Effort)
- 2020-2021 Sponsor: Highline College **[contract]**
 Prime: Hospital Employee Education and Training Grant
 Title: Education Mismatch for Immigrants in Healthcare Jobs in Washington State
 Total Costs: \$30,000
 Principal Investigator: Davis Patterson
 Role: Co-Investigator (1% Effort)
- Submitted Grants**
- 2022 Sponsor: National Institute on Aging **[grant]**
 Title: R01 Staff Adequacy in Nursing Homes during the COVID-19 Pandemic: Trends, Determinants, and Dementia-Related Outcomes
 Principal Investigator: Huiwen Xu, University of Texas Medical Branch
 Role: External Advisory Member

17. BIBLIOGRAPHY

A. **Publications in Refereed Journals**

Note: Underline indicates author for whom I served as a mentor for the publication.

1. Anderson G, **Frogner B**. Comparative drug policies. Heresy: learning from other countries. *J Ambul Care Manage*. 2004;27(3),202-209. **[original work]**
2. Fondacaro M, **Frogner B**, Moos R. Justice in health care decision-making: patients' appraisals of health care providers and health plan representatives. *Soc Justice Res*. 2005;18(1):63-81. PMID: PMC2878657 **[original work]**
3. Anderson GF, Hussey PS, **Frogner BK**, Waters HR. Health spending in the United States and the rest of the industrialized world. *Health Aff (Millwood)*. 2005;24(4):903-914. *Note: Top 25 Paper for 2005 in Health Affairs* **[original work]**

4. Anderson GF, **Frogner BK**, Johns RA, Reinhardt UE. Health care spending and use of information technology in OECD countries. *Health Aff (Millwood)*. 2006;25(3):819-831. Note: Top 25 Paper for 2006 in Health Affairs [original work]
5. Anderson GF, **Frogner BK**, Reinhardt UE. Health spending in OECD countries: an update. *Health Aff (Millwood)*. 2007;26(5):1481-1489. [original work]
6. Anderson GF **Frogner BK**. Health spending in OECD countries: obtaining value per dollar. *Health Aff (Millwood)*. 2008;27(6):1718-1727. [original work]
7. Cherlin A, **Frogner B**, Ribar D, Moffitt R. Welfare reform in the mid-2000s: how African American and Hispanic families in three cities are faring. *Ann Am Acad Pol Soc Sci*. 2009;621(1):178-201. PMID: PMC2632305 [original work]
8. LoSasso AT, Shah M, **Frogner BK**. Health savings accounts and health care spending. *Health Serv Res*. 2010;45(4):1041-1060. [original work]
9. **Frogner BK**. Health and economic gains: what is at stake in South Africa's health reform?" *World Med Health Policy*. 2010;3(3):25-45. [original work]
10. **Frogner BK**. The missing technology: an international look at human capital investment in health care. *Appl Health Econ Health Policy*. 2010;8(6):361-371. [original work]
11. Friedman LH, **Frogner BK**. Are our graduates being provided with the right competencies? Findings from an early careerist skills survey. *J Health Admin Educ*. 2010;27(4):269-296. [original work]
12. **Frogner BK**, Anderson GF, Cohen R, Abrams C. Incorporating new research into Medicare risk-adjustment. *Med Care*. 2011;49(3):295-300. [original work]
13. Frech III HE, Parente S, **Frogner BK**, Hoff J. Comparing the sensitivity of models predicting health status: a critical look at an OECD report on the efficiency of health systems. *Insurance Markets and Companies*. 2013;4(1):22-32. [original work]
14. Pittman P, **Frogner BK**, Bass E, Dunham C. international recruitment of allied health professionals to the United States: piecing together the picture with imperfect data. *J Allied Health*, 2014;43(2):79-87. [original work]
15. Ku L, **Frogner BK**, Steinmetz E, Pittman P. Many paths to primary care: flexible staffing and productivity in community health centers. *Health Aff (Millwood)*. 2015;34(1):95-103. [original work]
16. **Frogner BK**, Spetz J, Oberlin S, Parente ST. The demand for healthcare workers post-ACA. *Int J Health Econ Manag*. 2015;15(1):139-151. [original work]
17. **Frogner BK**, Westerman B, DiPietro L. The value of athletic trainers in ambulatory settings. *J Allied Health*. 2015;44(3):169-177. [original work]
18. **Frogner BK**, Parente ST, Frech HE. Comparing efficiency of health systems across industrialized countries: a panel analysis. *BMC Health Serv Res*. 2015;15(1):415-426. [original work]
19. Westerman B, **Frogner BK**, DiPietro L. Hiring patterns of athletic trainers in ambulatory care settings. *Int J Athl Therapy Train*, 2015;20(5):39-42. [original work]
20. **Frogner BK**, Pauley GC. Do skill mix and high tech matter for hospitals' competency in adopting electronic health records? *Health Econ Outcome Res (Open Access)*. 2015;1(1). DOI:

10.4172/2471-268X.1000106 [original work]

21. Miller SC, **Frogner BK**, Saganic LM, Cole AM, Rosenblatt R. Affordable Care Act impact on community health center staffing and enrollment: a cross-sectional study. *J Ambul Care Manage*. 2016;39(4):299-307. [original work]
22. Pittman P, Masselink L, Bade L, **Frogner B**, Ku L. CEO perspectives on factors determining clinical staff configurations in community health centers. *J Healthc Manag*. 2016;61(5):364-377. [original work]
23. **Frogner BK**, Skillman SM. Pathways to middle-skill allied health care occupations. *Issues Sci Technol*. 2016;33(1):52-57. [original work]
24. Forte G, Graham K, **Frogner BK**. Commentaries on health services research. *JAAPA*. 2016;29(1):1-2. DOI: 10.1097/01.JAA.0000475475.25004.86 [editorial]
25. Lutfiyya MN, Tomai L, **Frogner B**, Cerra F, Zismer D, Parente S. Does primary care diabetes management provided Medicare patients differ between primary care physicians and nurse practitioners? *J Adv Nurs*. 2017;73(1):240-252.(Epub 2016 Sep 26) [original work]
26. **Frogner BK**, Wu X, Ku L, Pittman P, Masselink LE. Do years of experience with electronic health records matter for productivity in community health centers? *J Ambul Care Manage*. 2017;40(1):36-47. [original work]
27. **Frogner BK**, Wu X, Park J, Pittman P. The association of electronic health record adoption with staffing mix in community health centers. *Health Serv Res*. 2017;52(Suppl 1):407-421. PMID: PMC5269546 [original work]
28. **Frogner BK**. The health care job engine: where do they come from and what do they say about our future? *Med Care Res Rev*. 2018;75(2):219-231. (Epub 2017 Jan 19) [original work]
29. **Frogner BK**, Harwood K, Andrilla H, Schwartz M, Pines JM. Physical therapy as the first point of care to treat low back pain: an instrumental variables approach to estimate impact on opioid prescription, health care utilization, and costs? *Health Serv Res*. 2018;53(6):4629-4646.(Epub 2018 May 23) [original work]
Note: John M. Eisenberg Article-of-the-Year by Health Services Research Journal. Received recognition as a Top Downloaded Paper 2018-2019 in Health Services Research.
30. **Frogner BK**. Update on the current stock and supply of health services researchers in the United States. *Health Serv Res*. 2018;53(Suppl 2):3945-3966. (Epub 2018 Jun 4) [original work]
31. Snyder CR, **Frogner BK**, Skillman SM. Facilitating racial and ethnic diversity in the healthcare workforce. *J Allied Health*. 2018;47(1):58-69. [original work]
32. Snyder CR, Dahal A, **Frogner BK**. Occupational mobility among individuals in entry level health professions. *J Adv Nurs*. 2018;74(7):1628-1638. (Epub 2018 May 4) [original work]
33. Park J, Wu X, **Frogner BK**, Pittman P. Does the patient-centered medical home model change staffing and utilization in the community health centers? *Med Care*. 2018;56(9):784-790. [original work]
34. **Frogner BK**, Snyder CR, Hornecker JR. Examining the healthcare administrator's perspective on 'teamness' in primary care. *J Healthc Manag*. 2018;63(6):397-408. PMID:PMC6935357 [original work]
35. Coppess S, Soares J, **Frogner BK**, DeMarre K, Faherty A, Hoang J, Shah M, MacKinnon M,

Johnson K. A pilot study assessing clinic value in pediatric pharyngeal dysphagia: the OPPS/cost method. *Laryngoscope*. 2019;129(7):1527-1532. (Epub 2018 Oct 4) [original work]
Note: Seymour R. Cohen Award for Pediatric Laryngology and Broncho-Esophagology for Best Original Paper in Either Basic Research or Clinical Investigation

36. Luo R, Sickler J, Vahidnia F, Lee YC, **Frogner BK**, Thompson M. Diagnosis and management of group a streptococcal pharyngitis in the United States, 2011-2015. *BMC Infect Dis*. 2019;19(1):193 DOI: 10.1186/s12879-019-3835-4 [original work]
37. Ide N, **Frogner BK**, LeRouge CM, Vigil P, Thompson M. What's on your keyboard? A systematic review of the contamination of peripheral computer devices in healthcare settings. *BMJ Open*. 2019;9(3):e026437. DOI: 10.1136/bmjopen-2018-026437 [original work]
38. Larson EH, **Frogner BK**. Characteristics of physician assistant students planning to work in primary care: a national study. *J Physician Assist Educ*. 2019;30(4):200-206. [original work]
39. **Frogner BK**. Letter to the editor: interchangeability of PAs and NPs. *JAAPA*. 2019;32(12):1. DOI: 10.1097/01.JAA.0000604900.73605.16 [letter to editor]
40. Skillman SM, Dahal A, Andrilla H, **Frogner BK**. Frontline workers' career pathways: a detailed look at Washington state's medical assistant workforce. *Med Care Res Rev*. 2020;77(3):285-293. (Epub 2018 Nov 17) [original work]
41. LeRouge C, Sayre G, Sangameswaran S, **Frogner BK**, Snyder CR, Rubenstein L, Kirsh S. The group practice manager in the VHA: a view from the field. *Federal Practitioner*. 2020;37(2):81-87. [original work]
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68. Prusynski RA, Humbert A, Leland NE, **Frogner BK**, Saliba Dr, Mroz TM. Dual impacts of Medicare payment reform and the COVID-19 pandemic on therapy staffing in skilled nursing facilities. Forthcoming in *JAGS*. [original work]

B. Book Chapters

1. **Frogner B**, Moffitt R, Ribar D. (*Authors listed alphabetically*) Chapter 4: How families are doing nine years after welfare reform: 2005 evidence from the Three-City Study. In Ziliak JP, ed. *Welfare reform and its long-term consequences for America's poor*. New York, NY: Cambridge University Press; 2009:140-171. ISBN: 0521764254
2. **Frogner BK**, Waters HR, Anderson GF. Chapter 4: Comparative health systems. In Kovner A, Knickman J, eds. *Jonas and Kovner's health care delivery in the United States, edition 10*. Princeton, NJ: Springer Publishing Co.; 2011:67-84. ISBN: 0826106870 [Textbook]
3. **Frogner BK**, Hussey PS, Anderson GF. Chapter 2: Health systems in industrialized countries. In Glied S, Smith P, eds. *The Oxford handbook on health economics (Oxford handbooks)*. Oxford, UK: Oxford University Press; 2011:8-29. ISBN: 0199238820
4. **Frogner BK**. Price transparency: point and counterpoint. In Kronenfeld JJ, Parmet WE, Zezza MA, Eds. *Debates on U.S. health care*. Thousand Oaks, CA: SAGE Publications, Inc.; 2012: 314-328. ISBN: 9781412996020

C. Published Books, Videos, Software, etc. NONE

D. Other Publications

1. Chen C, Frankel E, **Frogner B**, George M, Lee L, Ng C, Polanco V, Shahandeh S, Srinivas S, Wiesner C. *Complex-city: health/municipalities/mutual gains*. Oakland, CA: International Healthy Cities Foundation; 2000. [original work]
2. **Frogner BK**, Anderson GF. *Multinational comparisons of health systems data, 2005*. New York, NY: The Commonwealth Fund; 2006. [original work]

3. **Frogner B.** *Remuneration of physicians in OECD countries: improving comparability across countries.* New York, NY: The Commonwealth Fund; 2009. **[original work]**
Note: *Published and circulated for invite-only ministers of health from select OECD countries.*
4. **Frogner BK, Moffitt RA, Ribar D.** *Income, employment, and welfare receipt after welfare reform: 1999-2005 evidence from the Three-City Study.* Baltimore, MD: Three-City Study; 2009 May: Working Paper 09-03. **[original work]**
Note: *Authors listed alphabetically*
5. **Frogner BK.** *Preliminary benefit estimates of National Health Insurance.* 2009. **[original work]**
Note: *Report for discussion by the Congress of South Africa Trade Unions and South Africa Medical Association*
6. Menon R, Ozaltin E, Poniakina S, **Frogner B**, Oliynyk I. An avoidable tragedy: combating Ukraine's health crisis lessons from Europe. *Health and Demography.* Washington, DC: World Bank; 2009. 66p. ISBN: 978-966-8869-21-1 **[original work]**
7. Menon R, **Frogner B.** What underlies Ukraine's mortality crisis? *Health and Demography.* Washington, DC: World Bank; 2010. 57p. ISBN: 978-96-8869-40-2 **[original work]**
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Note: *Report published and circulated for invite-only global health modeling meeting.*
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10. **Frogner B**, Moffitt R, and Ribar D. *Sources of growth in the food stamp caseload in the 2000s: evidence from three cities.* Baltimore, MD: Three-City Study; 2010: Working Paper 10-02. **[original work]**
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12. *Using open innovation to reinvent primary care.* Washington, DC: Hope Street Group; 2011. 19p. **[collaboration]**
Note: *Authors not listed. I collected data, contributed to the draft, and edited the report.*
13. **Frogner B**, Ivey V, Wexler A. Typological overview of global health models. Washington, DC: Kaiser Family Foundation; 2011. **[original work]**
Note: *Report prepared for Kaiser Family Foundation and sent out to leaders in global health modeling.*
14. Burke RE, Dor A, **Frogner BK**, Parsons D, Richard P. Report on lessons learned from prior studies. *Earnings loss study of the musculoskeletal parts of the Veterans Affairs Schedule for Rating Disabilities.* 2011. 70p. **[original work]**
Note: *Report prepared for Compensation and Pension Service, Veterans Benefits Administration, US Department of Veterans Affairs. Authors listed alphabetically*
15. **Frogner B.** (2011) Open Access Reviewer's Report on "Using Discrete Event Simulation to Compare the Performance of Family Health Unit and Primary Health Care Centre Organizational Models in Portugal." *BMC Health Services Research* (epub), Vol. 11(275). **[published peer review]**

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19. **Frogner B**, Spetz J. *Affordable Care Act of 2010: creating job opportunities for racially and ethnically diverse populations*. Washington, DC: Joint Center for Political and Economic Studies; 2013. 25p. **[original work]**
20. Spetz J, **Frogner BK**, Lucia L, Jacobs K. The impact of the Affordable Care Act on new jobs. *Big ideas for jobs: job creation: sectoral or industry approaches*. Baltimore, MD: The Annie E. Casey Foundation; 2014. 24p. **[original work]**
21. Spetz J, **Frogner BK**, Lucia L, Jacobs K. Brief: round two, jobs idea #9: new jobs from the Affordable Care Act. *Big ideas for jobs: job creation: sectoral or industry approaches*. Baltimore, MD: The Annie E. Casey Foundation; 2014. 3p. **[original work]**
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23. Masselink L, **Frogner B**, Pittman P, Bade L. Effect of team-based care on productivity in specialty settings. Washington, DC: GW Health Workforce Research Center; 2014. **[original work]**
24. **Frogner B**, Westerman B, DiPietro L. The value of athletic trainers to physician practices, patients, and the health care system. 2014. **[original work]**
Note: Report prepared for the National Athletic Trainers' Association.
25. **Frogner B**, Spetz J. Exit and entry of workers in long-term care. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care; 2015. **[original work]**
26. Snyder CR, Stover B, Skillman SM, **Frogner B**. Facilitating racial and ethnic diversity in the health workforce. Seattle, WA: UW Center for Health Workforce Studies; 2015. **[original work]**
27. **Frogner BK**, Skillman S. Pathways to middle skilled allied health care occupations. Washington, DC: National Academies of Sciences, Engineering, and Medicine; 2015. **[original work]**
Note: Commissioned paper for the Symposium on Supply Chain for Middle-Skill Jobs: Education, Training, and Certification Pathways.
28. Skillman SM, Hager LJ, **Frogner BK**. Incentives for nurse practitioners and registered nurses to work in rural and safety net settings. Seattle, WA: UW Center for Health Workforce Studies; 2015. **[original work]**

29. Health Care Cost Institute. 2015 healthy marketplace index report. Washington, DC: Health Care Cost Institute; 2015. **[original work]**
Note: Analyst for report and brief prepared for Robert Wood Johnson Foundation.
30. Parente S, **Frogner B**. Op-ed: Do health system rankings matter when monitoring health reform? *InsideSources.com*. 2015. Available [here](#). **[op-ed]**
31. National Academies of Sciences, Engineering, and Medicine. *A framework for educating health professionals to address the social determinants of health*. Washington, DC: The National Academies Press; 2016. 130p. **[collaboration]**
32. **Frogner BK**, Harwood K, Pines J, Andrilla H, Schwartz M. Does unrestricted direct access to physical therapy reduce utilization and health spending? Washington, DC: Health Care Cost Institute; 2016. **[original work]**
Note: Brief prepared for the Health Care Cost Institute and National Academy for State Health Policy State Health Policy Grant Program.
33. Snyder CR, Wick KH, Skillman SM, **Frogner BK**. Pathways for military veterans to enter healthcare careers. Seattle, WA: UW Center for Health Workforce Studies; 2016. **[original work]**
34. Skillman SM, Snyder CR, **Frogner BK**, Patterson DG. The behavioral health workforce needed for integration with primary care: information for health workforce planning. Seattle, WA: UW Center for Health Workforce Studies; 2016. **[original work]**
35. **Frogner BK**, Skillman SM, Snyder CR. Characteristics of veterans in allied healthcare occupations. Seattle, WA: UW Center for Health Workforce Studies; 2016. **[original work]**
36. **Frogner BK**, Skillman SM, Patterson DG, Snyder CR. Comparing the socioeconomic well-being of workers across healthcare occupations. Seattle, WA: UW Center for Health Workforce Studies; 2016. **[original work]**
37. Boat TF, Land ML, Leslie LK, Haogwood KE, Hawkins-Walsh E, McCabe MA, Fraser MW, deSaxe Zerden L, Lombardi BM, Fritz GK, **Frogner BK**, Hawkins JD, Sweeney M. Workforce development to enhance the cognitive, affective, and behavioral health of children and youth: opportunities and barriers in child health care training. *NAM Perspectives*. Discussion Paper, Washington, DC: National Academy of Medicine; 2016. 29p. **[original work]**
38. Training the Future Child Healthcare Workforce to Improve Behavioral Health Outcomes for Children, Youth and Family. Board on Child, Youth, and Families: Proceedings of a Workshop. Washington, DC: National Academy of Medicine; 2017. 164p. **[workshop proceedings]**
39. Patterson DG, Snyder CR, **Frogner BK**. Immigrants in healthcare occupations. Seattle, WA: UW Center for Health Workforce Studies; 2017. **[original work]**
40. Skillman SM, Dahal A, **Frogner BK**, Stubbs BA. Leveraging data to monitor the allied health workforce: national supply estimates using different data sources. Seattle, WA: UW Center for Health Workforce Studies; 2017. **[original work]**
41. Stubbs BA, **Frogner BK**, Skillman SM. The value of real time labor market information for monitoring health workforce demand: a case study examining employer demand for health information technology skills. Seattle, WA: UW Center for Health Workforce Studies; 2017. **[original work]**
42. Spetz J, **Frogner B**. ACA repeal to pull job opportunities. San Francisco, CA: UCSF Healthforce Center; 2017. Available [here](#). **[blog]**

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44. **Frogner BK**, Skillman SM, Spetz J. Strengthening the collection of ambulatory health care data from community health centers. 2018. [original work]
Note: Rapid Response Request prepared for the National Center for Health Workforce Analysis, Health Resources and Services Administration and the National Center for Health Statistics.
45. **Frogner BK**, Stubbs BA, Skillman SM. Emerging healthcare roles: examination of real time labor market information. Seattle, WA: UW Center for Health Workforce Studies; 2018. [original work]
46. Skillman SM, Dahal A, **Frogner BK**, Andrilla CHA. Medical assistants in Washington State: demographic, education, and work characteristics of the state's medical assistant-certified workforce. Seattle, WA: UW Center for Health Workforce Studies; 2019. [original work]
47. Jopson AD, Skillman SM, **Frogner BK**. Use of apprenticeship to meet demand for medical assistants in the US. Seattle, WA: UW Center for Health Workforce Studies; 2019. [original work]
48. **Frogner BK**. How does the United States of America's health sector contribute to the economy? Joint publication of the World Health Organization and the European Observatory on Health Systems and Policies; 2019. [original work]
Note: Prepared for the Ministries of Health at the G20 Summit held in Japan in 2019.
49. Estimation of the economic opportunity and the impact of Interventionaire. Seattle, WA: UW Primary Care Innovation Lab; 2019. [original work]
Role: Lead author and analyst for report prepared for Research Circle Associates, LLC.
50. Estimation of the economic opportunity and the impact of Sinasprite. Seattle, WA: UW Primary Care Innovation Lab; 2019. [original work]
Role: Lead author and analyst for report prepared for Litesprite.
51. Innovation in health care: bridging the gap between technology developers and providers. Seattle, WA: UW Primary Care Innovation Lab; 2019. [original work]
Role: Lead author and oversaw analysis for report prepared for Cambia Grove.
52. Pollack S, Skillman SM, **Frogner BK**. The health workforce delivering evidence-based non-pharmacological pain management. Seattle, WA: UW Center for Health Workforce Studies; 2020. [original work]
53. Skillman SM, **Frogner BK**, Dahal A, Stubbs BA, Guenther G. The respiratory therapist workforce in the US. Seattle, WA: UW Center for Health Workforce Studies; 2020. [original work]
Note: Rapid Response Request prepared for the National Center for Health Workforce Analysis, Health Resources and Services Administration.
54. **Frogner BK**. How many health care workers are at risk of being sacrificed to COVID-19 in the US? Seattle, WA: UW Center for Health Workforce Studies; 2020. Available [here](#). [blog]
55. Frank RG, **Frogner BK**, Grabowski DC, Gruber J. Why do we only care about long term care in a crisis? *The Hill*; 2020. Available [here](#). [editorial]
56. **Frogner BK**, Dahal A, Skillman S, Patterson D. How commute patterns can inform supply discussions for allied health workers and registered nurses. Seattle, WA: UW Center for Health Workforce Studies; 2020. [original work]

57. Lai A, Skillman S, **Frogner BK**. Is it fair? The future price of relaxing health workforce scope-of-practice regulations in response to the COVID-19 pandemic. *Health Affairs: Blog Series*; 2020. Available [here](#). [blog]
58. Pollack SW, Skillman S, **Frogner BK**. Assessing the size and scope of the pharmacist workforce in the U.S. Seattle, WA: UW Center for Health Workforce Studies; 2020. [original work]
59. Oster NV, Pollack SW, Skillman SM, Stubbs BA, Dahal A, Guenther G, **Frogner BK**. The pharmacist workforce in the U.S.: supply, distribution, education pathways, and state responses to emergency surges in demand. Seattle, WA: UW Center for Health Workforce Studies; 2020. [original work]
60. **Frogner BK**, Skillman SM. The challenge in tracking unemployed health care workers and why it matters. *JAMA Health Forum*; 2020. Available [here](#). [editorial]
61. **Frogner BK**, Skillman SM. It's time to address the elephant in the room – staffing at nursing homes. *MedPageToday*; 2020. Available [here](#). [editorial]
62. Oster NV, Skillman SM, Stubbs BA, Dahal A, Guenther G, **Frogner BK**. The physical therapy workforce in the U.S.: supply, distribution, education pathways, and state responses to the COVID-19 emergency. Seattle, WA: UW Center for Health Workforce Studies; 2020. [original work]
63. Primary care report and recommendations. Seattle, WA: Dr. Robert Bree Collaborative; 2020. *Role: Appointed workgroup member contributing to report content*. [collaboration]
64. Guenther G, **Frogner BK**, Skillman S, Garcia E, Kundu I, Kelly M, Jacobs J. The clinical laboratory workforce: understanding the challenges to meeting current and future needs. Seattle, WA and Chicago, IL: UW Center for Health Workforce Studies and American Society for Clinical Pathologists 2021. [original work]
65. **Frogner B**. One change that could help nursing homes recover from COVID-19 fears and become safer places for aging parents. *The Conversation*; 2021. Available [here](#). [editorial]
66. Oster NV, Skillman SM, **Frogner BK**. COVID-19's effect on the employment status of health care workers. Seattle, WA: UW Center for Health Workforce Studies; 2021. [original work]
67. "Supplement to 'Rethinking care for older adults': a menu of ideas for administrative actions." Washington, DC: Convergence Center for Policy Resolution; 2021. *Role: Contributing author for one of proposed administrative actions*. [collaboration]
68. Oster NV, Guenther G, **Frogner BK**, Skillman SM. The clinical laboratory workforce in the U.S.: supply, distribution, education pathways, and state responses to the COVID-19 emergency. Seattle, WA: UW Center for Health Workforce Studies; 2021. [original work]
69. Beck A, Spetz J, Pittman P, **Frogner BK**, Fraher E, Moore J, Armstrong D, Buerhaus P. Investing in a 21st century health workforce: a call for accountability. *Health Affairs: Blog Series*; 2021. Available [here](#). [original work]
70. Dahal A, **Frogner BK**, Skillman SM, Patterson DG. Accelerating health professions pathways for immigrants. Seattle, WA: UW Center for Health Workforce Studies; 2021. [original work]
71. **Frogner BK**. How do you create a "zero-burnout" primary care practice? Tradeoffs Research Corner Newsletter; 2021. Available [here](#). [editorial]
72. Dahal A, Stubbs BA, **Frogner BK**, Skillman SM. Leveraging data to monitor the allied health

workforce: state supply estimates. Seattle, WA: UW Center for Health Workforce Studies; 2021. **[original work]**

73. Jopson AD, **Frogner BK**. An examination of health care workers in nonstandard work arrangements and self-employment. Seattle, WA: UW Center for Health Workforce Studies; 2021. **[original work]**
74. New research on the evolving nature of the health services research workforce. *AcademyHealth Blog*; 2022. **[editorial]**
75. Pines J, Harwood K, Andrilla CH, **Frogner BK**. Opioid prescriptions, radiography, and costs for self-limited “one-and-done” lower back pain visits in a commercially insured population. Seattle, WA: UW Center for Health Workforce Studies; 2022. **[original work]**
76. Oster NV, Patterson DG, Skillman SM, **Frogner BK**. COVID-19 and the rural health workforce: the impact of federal pandemic funding to address workforce needs. Seattle, WA: UW Center for Health Workforce Studies; 2022. **[original work]**
77. Stubbs BA, Dahal A, Zhi H, Skillman SM, Frogner BK. Interactive data dashboard of supply & distribution, age cohorts, and commuting patterns of health care occupations. Seattle, WA: UW Center for Health Workforce Studies; 2022. Available [here](#). **[interactive web dashboards]**
78. Frogner BK. High-price drugs out of reach for many on Medicare. *Tradeoffs Research Corner Newsletter*; 2022. Available [here](#). **[editorial]**
79. Oster N, Skillman SM, Frogner BK. Health workforce issues in American Indian and Alaska Native (AI/AN) populations. Rapid Request Response for Health Resources and Services Administration. Seattle, WA: UW Center for Health Workforce Studies; 2022. **[original work]**
80. Frogner BK. The link between sick leave laws and emergency department visits. *Tradeoffs Research Corner Newsletter*; 2022. Available [here](#). **[editorial]**

E. Manuscripts Submitted

1. Al Achkar M, Dahal A, **Frogner BK**, Skillman SM, Patterson DG. Integrating immigrant health professionals into the US healthcare workforce barriers and solutions. Revise & resubmit at *J Immigr Minor Health*
2. **Frogner BK**, Skillman SM, Patterson DG. The workforce needed to address population health. Invited perspective piece under review at *Milbank Q*. **[invited editorial]**
3. Dill JS, Iztayeva A, Henning-Smith C, **Frogner BK**. Understanding healthcare worker labor market exits in rural areas during the COVID-19 pandemic. Submitted to *Med Care*.
4. Islas I, Brantley E, Portela M, Salsberg E, **Frogner BK**. Documenting major underrepresentation of Latinos in the health professions. Submitted to *Health Aff (Millwood)*. **[original work]**
5. Lee D, Kett P, Mohammed S, **Frogner B**, Sabin J. Inequitable care delivery toward COVID-19 positive people of color and people with disabilities. Submitted to *PLOS Med*. **[original work]**
6. Lee D, Pollack SW, Mroz T, **Frogner BK**, Skillman SM. Disability competency training in medical education. Submitted to *Academic Medicine*. **[original work]**
7. Lee EK, Cole MB, **Frogner BK**, Wright B. Changes in measured quality of care and service utilization at federally qualified health centers during COVID-19: results from national data.

Submitted to *JAMA*. [original work]

8. Prusynski RA, Leland NE, **Frogner BK**, Saliba Dr, Leibbrand C, Mroz TM. Variability in therapy staffing changes in skilled nursing facilities under the Patient Driven Payment Model. Submitted to *JAMDA*. [original work]
9. Sabin J, Guenther G, Ornelas I, Patterson D, Andrilla CAH, Morales L, Gujral K, **Frogner BK**. Implicit bias education for academic clinicians and its impact on patient-centered communication. Submitted to *Med Care*.
10. Sabin J, Kett P, Mohammed S, **Frogner BK** Lee D. Frontline healthcare providers' perspectives on the stigmatization of COVID-19. Submitted to *Qual Health Research*.
11. Dill JS, **Frogner BK**. Gender-based wage gaps among health care workers: is there a spillover effect? In preparation. [original work]
12. Dahal A, **Frogner BK**. Mental and physical health status of the US health care workers. In preparation. [original work]
13. Dahal A, Hammarlund N, Rundell S, **Frogner BK**. Identifying predictors of receiving an opioid prescription for low back pain using machine learning algorithms. In preparation. [original work]
14. Jopson AD, **Frogner BK**, Dahal AD. Self-employment in long-term care. In preparation. [original work]
15. Sabin J, Guenther G, Ornelas IJ, Patterson DG, Andrilla H, Gural K, Morales L, **Frogner BK**. Healthcare providers reflect on a course on implicit bias: impact on teaching and practice. In preparation. [original work]
16. Salsberg E, **Frogner BK**. Asian Americans are not all the same in the health workforce. In preparation. [original work]
17. Williams-York B, Guenther G, Mohammed S, Patterson D, **Frogner BK**. Stress and burnout among underrepresented students in graduate health professional programs. In preparation. [original work]
18. Wright B, O'Connor A, Fraher E, **Frogner B**, Marino M, Sloane P. Family medicine research: it's now or never. In preparation. [original work]

F. Abstracts

NONE

18. INTERNATIONAL, NATIONAL, REGIONAL AND LOCAL INVITATIONAL LECTURES/MEETINGS

A. International Conferences

1. "Long-term Growth Modeling of Healthcare Spending in OECD Countries, 1970-2004." Co-author: Anderson GF. 6th World Congress of the International Health Economics Association (IHEA), Copenhagen, Denmark. Jul 11 2007. [oral presentation]
2. "Model for Predicting Convergence of Health Care Expenditures as a Share of GDP." 7th World Congress of the International Health Economics Association (IHEA), Beijing, China. Jul 14 2009. [oral presentation]

3. "Human Capital in Health Care: An International Comparison of Wage Rate and Rate of Return to Schooling." 7th World Congress of the International Health Economics Association (IHEA), Beijing, China. Jul 14 2009. **[poster]**
4. "Going the Distance? Mergers and Acquisitions of Publicly Listed Hospitals." Co-author: Chen W. New Directions in Welfare Conference at the Organization for Economic Cooperation and Development (OECD), Paris, France. Jul 8 2011. **[oral presentation]**
5. "Does Distance Matter? Mergers and Acquisitions of Publicly Listed US Hospitals." Co-author: Chen W. 8th World Congress of the International Health Economics Association (IHEA), Toronto, Canada. Jul 12 2011. **[oral and poster presentation]**
6. "Role of Frontline Healthcare Professionals in a Hospital's Ongoing Competency in Electronic Health Record Adoption." Co-author: Pauley G. 9th World Congress of the International Health Economics Association (IHEA), Sydney, Australia. Jul 9 2013. **[oral presentation]**
7. "Will Americans Keep the Consumer Driven Health Plans They Have Today Following Health Reform in 2014?" Co-author: Parente ST. 9th World Congress of the International Health Economics Association (IHEA), Sydney, Australia. Jul 9 2013. **[oral presentation]**
8. "The Impact of Bundled Payment Mechanisms on Expensive Medical Care Admissions." Co-authors: Bockstedt L, Parente ST, and Town R. 9th World Congress of the International Health Economics Association (IHEA), Sydney, Australia. Jul 13 2013. **[oral presentation]**
9. "Hiring Patterns of Athletic Trainers in Ambulatory Care Settings: A Qualitative Study." Co-authors: Westerman B and DiPietro L. International Health Workforce Collaborative (IHCW), London, England. May 12-15 2015. **[roundtable discussion and poster: invite only]**
10. "Exit and Entry of Workers in Long-Term Care." Co-author: Spetz J. 2nd Economics of the Health Workforce Conference, Milan, Italy. Jul 12 2015. **[oral presentation]**
11. "What Do Health Care Efficiency Rankings Tell Us? Efficiency Ranking Among OECD Countries." Co-authors: Frech T and Parente ST. 10th World Congress of the International Health Economics Association (IHEA), Milan, Italy. Jul 13-15 2015. **[panel organizer: panelist]**
12. "Immigrants in Health Care Jobs: Divergent Paths." Co-author: Patterson DG. 16th International Health Workforce Collaborative (IHCW). Washington, DC. Oct 26 2016. **[roundtable discussion and poster: invite only]**
13. International Health Workforce Collaborative (IHCW). Queenstown, New Zealand. Apr 23-26 2018. **[roundtable discussion: invite only]**
14. "The Healthcare Industry's Competition for Low-Skilled Labor." 11th World Congress of the International Health Economics Association (IHEA), Basel, Switzerland. Jul 13-17 2019. **[poster]**
15. "The Effect of Nurse Practitioner and Physician Assistant Regulations on the Growth of the Opioid Treatment Workforce in the US" by Spetz J, Toretsky C, Chapman S, Phoenix B, Tierney M. 11th World Congress of the International Health Economics Association (IHEA), Basel, Switzerland. Jul 13-17 2019. **[discussant]**
16. "What Can Public Data Tell Us about Health Workforce Diversity in the US?" International Health Workforce Collaborative (IHCW). Ottawa, Canada. Oct 21 2019. **[roundtable discussion and oral presentation: invite only]**
17. "How are Countries Mobilizing and Protecting Health Care Workers During COVID-19 Pandemic?" Economics of the Health Workforce Interest Group, International Health Economics

Association (IHEA). Apr 2020. [**webinar: organizer and moderator**]

18. "COVID Impact on the Health Workforce: A 1-Year Retrospective." Canadian Health Workforce Network. Mar 20 2021. [**webinar: oral presentation**]
19. "Tracking Turnover Among US Health Care Workers During the COVID-19 Pandemic." Country Roundtable – US. Virtual Meeting of the International Health Workforce Collaborative (IHWC). May 4 2022. [**webinar: oral presentation**]

B. National Conferences

*Asterisk denotes collaborative work presented by another team member

20. "Sicker and Poorer? The Role of Health Status for Welfare Leavers." Co-author: Moffitt RA. Inaugural Conference of the American Society of Health Economists (ASHEcon), Madison, WI. Jun 5 2006. [**oral presentation**]
21. "Health Care Spending and the Use of Information Technology: An International Perspective." Co-author: Anderson GF. AcademyHealth Annual Research Meeting, Seattle, WA. Jun 26 2006. [**poster**]
22. "Follow the Money: Spending on Chronic Disease in OECD Countries." Co-author: Anderson GF. AcademyHealth Annual Research Meeting, Orlando, FL. Jun 4 2007. [**poster**]
23. "Baumol's Cost Disease Infects Healthcare: An International Comparison of Healthcare Labor Force Growth" AcademyHealth Annual Research Meeting, Washington, DC. Jun 8 2008. [**poster**]
24. "Health Spending and Service Intensity in OECD Countries." Co-author: Anderson GF. AcademyHealth Annual Research Meeting, Washington, DC. Jun 9 2008. [**poster**]
25. "Measuring Racial/Ethnic Disparities Across the Distribution of Health Care Expenditures" by Cook BL and Manning WG. 2nd Biennial Conference of the American Society of Health Economists (ASHEcon), Durham, NC. Jun 21 2008. [**discussant**]
26. "Baumol's Cost Disease Afflicts Healthcare: A Study of Healthcare Expenditure Growth." 2nd Biennial Conference of the American Society of Health Economists (ASHEcon), Durham, NC. Jun 23 2008. [**oral presentation**]
27. "Place Your Bets: Comparing Projections of Long-Run Health Spending." AcademyHealth Annual Research Meeting, Chicago, IL. Jun 29 2009. [**poster**]
28. "Incorporating New Research in Medicare Risk-Adjustment." Co-authors: Anderson GF and Cohen R. AcademyHealth Annual Research Meeting, Chicago, IL. Jun 29 2009. [**poster**]
29. "Are Physicians Paid Appropriately? Examining the Determinants and Selection into the Medical Field." 2010 Physician Workforce Conference of the Association of American Medical Colleges (AAMC), Washington, DC. May 6 2010. [**oral presentation**]
30. "Variation in Cost and Outcomes of Emergency Department Care for Acute Myocardial Infarction Patients" by Welch J, Wilson M, O'Laughlin K, Schuur J, Seefeld K, and Cutler D. 3rd Biennial Conference of the American Society of Health Economists (ASHEcon), Ithaca, NY. Jun 21 2010. [**discussant**]
31. "Are Physicians Paid Appropriately? Examining the Determinants and Selection into the Medical Field." 3rd Biennial Conference of the American Society of Health Economists (ASHEcon), Ithaca, NY. Jun 21 2010. [**poster**]

32. "The Missing Technology: An International Comparison of Human Capital Investment in Healthcare." 3rd Biennial Conference of the American Society of Health Economists (ASHEcon), Ithaca, NY. Jun 21 2010. **[poster]**
33. "What about Everyone Else? Trends among the Non-Physician and Non-Nurse Healthcare Workforce." AcademyHealth Annual Research Meeting, Boston, MA. Jun 27 2010. **[poster]**
34. "Premium Increases and Competition in Medicare Advantage Market." Co-authors: Jacobson G and Damico A. AcademyHealth Annual Research Meeting, Seattle, WA. Jun 13 2011. **[poster]**
35. "Will Health IT Reduce Costs and Bring Benefits?" presenting: "Why the Cost Curve May Be Slow to Bend: Technological and Occupational Skill Mix Shifts Associated with Meaningful Use of Health IT." Co-author: Pauley G. 4th Biennial Conference of the American Society of Health Economists (ASHEcon), Minneapolis, MN. Jun 12 2012. **[panel organizer: chair]**
36. "Premium Increases and the Concentration of the Medicare Advantage Market." Co-authors: Jacobson G and Damico A at AcademyHealth Annual Research Meeting, Orlando, FL. Jun 25 2012. **[oral presentation]**
37. "Technology Adoption Patterns in Hospitals: A New Application of Item Response Theory to Identify Stages of EHR Adoption." Co-author: Pauley G. 2nd Annual Workshop on Health IT and Economics (WHITE), Washington, DC. Oct 5 2012. **[oral presentation]**
38. "Will Meaningful Use Hospital EMR Prevent Hospital-Acquired Drug Events?" by Encinosa W and Bae J. 2nd Annual Workshop on Health IT and Economics (WHITE), Washington, DC. Oct 6 2012. **[discussant]**
39. "Taking e-Teaching to the Next Level." Co-authors: Friedman L and Wiss A [*Presented by Friedman*]. 2012 Annual Meeting of the Association of University Programs in Health Administration (AUPHA), Minnesota, MN. Jun 19 2012. **[poster*]**
NOTE: Recipient of 2nd Place Best Poster Award
40. "The Expanding Need for Economic Evaluation." 27th Annual Conference of the American Evaluation Association, Washington, DC. Oct 19 2013. **[oral presentation]**
41. "Awareness and Use of Physician Quality Information among the Chronically Ill – Do Availability and Applicability Matter?" by Shi Y, Scanlon D, Bhandari N, and Christianson J. 3rd Annual Workshop on Health IT and Economics (WHITE), Washington, DC. Nov 15 2013. **[discussant]**
42. "Job Opportunities in Health Care for Minorities under ACA." Co-author: Spetz J. Labor and Employment Relations Association Symposium of the Annual Meeting of the Allied Social Science Association/American Economic Association (ASSA/AEA), Philadelphia, PA. Jan 5 2014. **[oral presentation]**
43. "Finding the Best Medical Apps: Challenges and Opportunities." MoDevGov, Rosslyn, VA. Feb 26 2014. **[plenary presentation]**
44. "Examination of Long Term Care Job Growth under ACA." Co-author: Spetz J. 10th Annual Health Workforce Research Conference of the Association of American Medical Colleges (AAMC), Washington, DC. May 1 2014. **[oral presentation]**
45. "Sources of New Workers and Job Mobility in Long-Term Care." Co-author: Spetz J. AcademyHealth Annual Research Meeting, San Diego, CA. Jun 9 2014. **[poster]**
46. "Job Growth Projections under the Affordable Care Act." Co-authors: Spetz J and Parente S [*Presented by Spetz*]. AcademyHealth Annual Research Meeting, San Diego, CA. Jun 9 2014.

[oral presentation*]

47. "Many Paths to Primary Care: Flexibility in Community Health Center Staffing and Productivity." Co-authors: Ku L, Steinmetz E, and Pittman P [*Presented by Ku*]. AcademyHealth Annual Research Meeting, San Diego, CA. Jun 10 2014. **[oral presentation*]**
48. "Projected Job Growth under the Affordable Care Act and Strategies to Ensure Adequate Supply." Co-authors: Spetz J and Parente S. 5th Biennial Conference of the American Society of Health Economists (ASHEcon), Los Angeles, CA. Jun 23 2014. **[oral presentation]**
49. "Sources of New Workers and Job Mobility in Long-Term Care." Co-author: Spetz J. 5th Biennial Conference of the American Society of Health Economists (ASHEcon), Los Angeles, CA. Jun 23 2014. **[poster]**
50. "Will Americans Keep the Consumer Driven Health Plans They Had Following Health Reform in 2014?" Co-author: Parente S. 5th Biennial Conference of the American Society of Health Economists (ASHEcon), Los Angeles, CA. Jun 24 2014. **[oral presentation]**
51. "Calculating Disease-based Medical Care Expenditure Indexes for Medicare Beneficiaries: A Comparison of Method and Data Choices" by Hall AE and Highfill T. 5th Biennial Conference of the American Society of Health Economists (ASHEcon), Los Angeles, CA. Jun 25 2014. **[discussant]**
52. "Do Vendor or Years of Experience with Electronic Health Records Matter for Productivity in Community Health Centers?" Co-authors: Wu X, Ku L, Pittman P, and Masselink L. 5th Annual Workshop on Health IT and Economics (WHITE), Washington, DC. Oct 10 2014. **[oral presentation]**
53. "A Brief History of Stenting: Antecedents of Organizational Technology Adoption and Abandonment" by Greenwood B, Agarwal R, Agarwal R, and Gopal A. 5th Annual Workshop on Health IT and Economics (WHITE), Washington, DC. Oct 11 2014. **[discussant]**
54. "Sources of New Workers and Job Mobility in Long-Term Care." Co-author: Spetz J. 67th Annual Scientific Meeting of The Gerontological Society of America, Washington, DC. Nov 7 2014. **[oral presentation]**
55. "Hiring Patterns of Athletic Trainers in Ambulatory Care Settings: A Qualitative Study." Co-authors: Westerman B and DiPietro L. 11th Annual Health Workforce Research Conference of the Association of American Medical Colleges (AAMC), Washington, DC. Apr 30 2015. **[poster]**
56. "Exit and Entry of Workers in Long-Term Care." Co-author: Spetz J. AcademyHealth Annual Research Meeting, Minneapolis, MN. Jun 15 2015. **[poster]**
57. "Early Findings from Study on Early and Unrestricted Access to Physical Therapy." Co-authors: Harwood K, Pines J, Andrilla CHA, Schwartz M. Roundtable presentation at National Academy of State Health Policy, Dallas, TX. Oct 24 2015. **[oral presentation]**
58. "Immigrants in Health Care Jobs." Co-authors: Patterson D [*Presented by Patterson*]. 12th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Chicago, IL. Apr 5 2016. **[oral presentation*]**
59. "Facilitating Racial and Ethnic Diversity in the Health Workforce." Co-authors: Snyder C, Skillman SM [*Presented by Snyder*]. 12th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Chicago, IL. Apr 5 2016. **[oral presentation*]**

60. "Low Skilled, Low Wage Workers in Health Care." 12th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Chicago, IL. Apr 5 2016. [**oral presentation**]
61. "Does Unrestricted Access to Physical Therapy Reduce Health Spending?" Co-authors: Harwood K, Pines J, Andrilla CHA, Schwartz M. 12th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Chicago, IL. Apr 6 2016. [**oral presentation**]
62. "Does Medicare Managed Care Affect Diabetes Patient Cost, Use and Quality Associated with Different Medical Labor Inputs?" Co-authors: Parente ST, Cerra F, Luftiya N, Tomai L. 6th Biennial Conference of the American Society of Health Economists (ASHEcon), Philadelphia, PA. Jun 13 2016. [**oral presentation**]
63. "Does Unrestricted Access to Physical Therapy Reduce Health Spending?" Co-authors: Harwood K, Pines J, Andrilla CHA, Schwartz M. 6th Biennial Conference of the American Society of Health Economists (ASHEcon), Philadelphia, PA. Jun 14 2016. [**oral presentation**]
64. "Longitudinal Analysis of the Impact of Electronic Health Record on Staffing Mix in Community Health Centers." Co-authors: Wu X, Park J, Pittman P. 6th Biennial Conference of the American Society of Health Economists (ASHEcon), Philadelphia, PA. Jun 15 2016. [**oral presentation**]
65. "Financial Status of Low Skilled, Low Wage Workers in Health Care." 6th Biennial Conference of the American Society of Health Economists (ASHEcon), Philadelphia, PA. Jun 14 2016. [**poster**]
66. "The Effects of the Implementation of Patient-Centered Medical Home on Staffing and Productivity in the Community Health Centers." Co-authors: Park J, Wu X, Pittman P [*Presented by Park*]. 6th Biennial Conference of the American Society of Health Economists (ASHEcon), Philadelphia, PA. Jun 14 2016. [**poster***]
67. "Private Health Insurance: Assessing Factors Affecting Demand and Payments." AcademyHealth Annual Research Meeting, Health Economics Interest Group, Boston, MA. Jun 25 2016. [**moderator**]
68. Poster Walk for Health Workforce Theme, AcademyHealth Annual Research Meeting, Boston, MA. Jun 24 2016. [**poster walk leader**]
69. "Does Unrestricted Access to Physical Therapy Reduce Health Spending?" Co-authors: Harwood K, Pines J, Andrilla CHA, Schwartz M. AcademyHealth Annual Research Meeting, Boston, MA. Jun 26 2016. [**poster**]
70. "Low Skilled, Low Wage Workers in Health Care." AcademyHealth Annual Research Meeting, Boston, MA. Jun 26 2016. [**poster**]
71. "Immigrants in Health Care Jobs." Co-authors: Patterson D [*Presented by Patterson*]. AcademyHealth Annual Research Meeting, Boston, MA. Jun 26 2016. [**poster***]
72. "Facilitating Racial and Ethnic Diversity in the Health Workforce." Co-authors: Snyder C, Skillman SM [*Presented by Snyder*]. AcademyHealth Annual Research Meeting, Boston, MA. Jun 26 2016. [**poster***]
73. "The Effects of the Implementation of Patient-Centered Medical Home on Staffing and Productivity in the Community Health Centers," Co-authors: Park J, Wu X, Pittman P [*Presented by Park*]. AcademyHealth Annual Research Meeting, Boston, MA. Jun 26 2016. [**oral presentation***]
- NOTE: Recipient of Best Abstract Award in Health Workforce Theme*

74. "Strategies to Promote Healthcare Data Driven Culture to Improve Access." Co-authors: LeRouge C, Sayre G, Rubenstein LV, Snyder S, Sangameswaran S [*Presented by LeRouge*]. Technology Research, Education, and Opinion (TREO) Talk, AMCIS, San Diego, CA. Aug 11-14 2016. [**oral presentation***]
75. "Health Workforce Data: Leveraging Data to Monitor the Allied Health Workforce: National Supply Estimates Using Different Data Sources." Co-authors: Skillman SM, Dahal A, Stubbs B [*Presented by Skillman*]. 13th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Washington, DC. May 4 2017. [**oral presentation***]
76. "Examining 'Teamness' in Primary Care." Co-author: Snyder CR. 13th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Washington, DC. May 4 2017. [**poster**]
77. "How Does the Healthcare Workforce Compare Across Australia, Canada, and US?" Co-author: Matzke J. 13th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Washington, DC. May 5 2017. [**oral presentation**]
78. "Occupational Mobility Among Individuals in Entry-Level Health Professions." Co-authors: Dahal A, Snyder CR [*Presented by Dahal*]. 13th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Washington, DC. May 5 2017. [**oral presentation***]
79. "Implications of Trump Administration Policies for the Health Workforce." AcademyHealth Annual Research Meeting, Health Workforce Interest Group, New Orleans, LA. Jun 24 2017. [**panelist**]
80. "The Value of Real Time Labor Market Information For Monitoring Health Workforce Demand: A Cases Study Examining Employer Demand For Health Information Technology Skills." Co-authors: Stubbs BA, Skillman SM [*Presented by Stubbs B*]. AcademyHealth Annual Research Meeting, Health Workforce Interest Group, New Orleans, LA. Jun 24 2017. [**poster***]
81. "Lessons From Abroad: How Does the Healthcare Workforce Compare Across Australia, Canada, and US?" Co-author: Matzke J. AcademyHealth Annual Research Meeting New Orleans, LA. Jun 25 2017. [**poster**]
82. "Occupational Mobility Among Individuals in Entry-Level Health Professions." Co-authors: Dahal A, Snyder CR [*Presented by Snyder*]. AcademyHealth Annual Research Meeting, New Orleans, LA. Jun 26 2017. [**oral presentation***]
83. "Impact of ACA Repeal on Jobs." AcademyHealth Annual Research Meeting, New Orleans, LA. Jun 26 2017. [**panelist**]
84. "Understanding the Current Health Services Research Workforce and Maximizing its Future." AcademyHealth Annual Research Meeting, New Orleans, LA. Jun 26 2017. [**panelist**]
85. "Examining 'Teamness' in Primary Care Settings." Co-author: Snyder CR. [*Presented by Snyder*]. AcademyHealth Annual Research Meeting, New Orleans, LA. Jun 26 2017. [**poster***]
86. "Leveraging Data to Monitor the Allied Health Workforce: National Supply Estimates Using Different Data Sources." Co-authors: Skillman SM, Dahal A, Stubbs B [*Presented by Skillman*]. AcademyHealth Annual Research Meeting, New Orleans, LA. Jun 26 2017. [**poster***]
87. "Use of PCR for Diagnosis of Group A Streptococcal Pharyngitis in the United States, 2011-2015." Co-authors: Luo R, Sickler J, Vahidnia F, Lee YC, Thompsom M [*Presented by Luo*]. IDWeek, San Diego, CA. Oct 7 2017. [**poster***]

88. "Contingent Workers in Long-Term Care." Co-authors: Jopson A, Dahal A [*Presented by Jopson*]. 14th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Tysons Corner, VA. May 10 2018. [**oral presentation***]
89. "Commuting Patterns of Healthcare Workers." Co-authors: Dahal A, Patterson DG, Skillman S [*Presented by Dahal*]. 14th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Tysons Corner, VA. May 10 2018. [**oral presentation***]
90. "Emerging Roles and Occupations in the Health Workforce." Co-authors: Stubbs BA, Skillman SM. 14th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Tysons Corner, VA. May 11 2018. [**oral presentation**]
91. "Contingent Workers in Long-Term Care." Co-authors: Jopson A, Dahal A [*Presented by Jopson*]. 7th Annual Conference of the American Society of Health Economists (ASHEcon), Atlanta, GA. Jun 11 2018. [**oral presentation***]
92. "Commuting Patterns of Healthcare Workers." Co-authors: Dahal A, Patterson DG, Skillman S. 7th Annual Conference of the American Society of Health Economists (ASHEcon), Atlanta, GA. Jun 12 2018. [**oral presentation**]
93. "Changing Home Care Aides: Differences between Family and Non-Family Care in California Medicaid Home and Community-Based Services" by Ko M, Newcomer RJ, Bindman AB, Kang T, Hulett D, Spetz J. 7th Annual Conference of the American Society of Health Economists (ASHEcon), Atlanta, GA. Jun 13 2018. [**discussant**]
94. "Commuting Patterns of Healthcare Workers." Co-authors: Dahal A, Patterson DG, Skillman S [*Presented by Dahal*]. AcademyHealth Annual Research Meeting, Health Workforce Interest Group, Seattle, WA. Jun 23 2018. [**oral presentation***]
95. "Emerging Roles and Occupations in the Health Workforce." Co-authors: Stubbs BA, Skillman SM [*Presented by Stubbs*]. AcademyHealth Annual Research Meeting, Health Workforce Interest Group, Seattle, WA. Jun 23 2018. [**poster***]
96. "Contingent Workers in Long-Term Care." Co-authors: Jopson A, Dahal A [*Presented by Jopson*]. AcademyHealth Annual Research Meeting, Health Workforce Interest Group, Seattle, WA. Jun 23 2018. [**poster***]
97. "Medical Assistant's Careers and Factors Affecting Retention." Co-authors: Skillman SM, Dahal A, Andrilla HA [*Presented by Skillman*]. AcademyHealth Annual Research Meeting, Health Workforce Interest Group, Seattle, WA. Jun 23 2018. [**poster***]
98. "The Impact of Medicare's Rural Health Add-on Payments on Access to Home Health Care." Co-authors: Mroz T, Patterson DG [*Presented by Mroz*]. AcademyHealth Annual Research Meeting, Seattle, WA. Jun 24 2018. [**poster***]
99. "Commuting Patterns of Healthcare Workers." Co-authors: Dahal A, Patterson DG, Skillman S [*Presented by Dahal*]. AcademyHealth Annual Research Meeting, Seattle, WA. Jun 25 2018. [**poster***]
100. "Emerging Roles and Occupations in the Health Workforce." Co-authors: Stubbs BA, Skillman SM [*Presented by Stubbs*]. AcademyHealth Annual Research Meeting, Seattle, WA. Jun 25 2018. [**poster***]
101. "Contingent Workers in Long-Term Care." Co-authors: Jopson A, Dahal A [*Presented by Jopson*]. AcademyHealth Annual Research Meeting, Seattle, WA. Jun 25 2018. [**poster***]

102. "Medical Assistant's Careers and Factors Affecting Retention." Co-authors: Skillman SM, Dahal A, Andrilla HA [*Presented by Skillman*]. AcademyHealth Annual Research Meeting, Seattle, WA. Jun 25 2018. **[poster]**
103. "Development of a model for Building an Analytics Based Decision Making Culture in Healthcare Organizations." Co-authors: LeRouge C, Sangamesawaran S, Sayre G, Snyder C, Rubenstein LV [*Presented by LeRouge*]. AcademyHealth Annual Research Meeting, Seattle, WA. Jun 25 2018. **[poster*]**
104. "Will Past Trends Help Us Predict the Future of the Health Workforce? Reflection on Twenty Years of Health Workforce Research?" AcademyHealth Annual Research Meeting, Seattle, WA. Jun 26 2018. **[panel organizer: panelist]**
105. "How Health Workforce Modeling Approaches are Evolving to Address the Needs of a Transforming Health System." Panelists: Skillman S, Dall T, Coffman J, Bazemore A. 15th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 2-3 2019. **[panel organizer: moderator]**
106. "The Healthcare Industry's Competition for Low-Skilled Labor." 15th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 2-3 2019. **[oral presentation]**
107. "Overeducated and Undervalued? An Exploratory Analysis of Educational Surplus, Income, and Immigration Status in Entry-Level Healthcare Jobs." Co-authors: Patterson D, Snyder C, Dahal A [*Presented by Patterson*]. 15th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 2-3 2019. **[oral presentation*]**
108. "Re-Imaging the Health Workforce in an Age of Disruption." 15th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 3 2019. **[keynote]**
109. "Current Supply/Stock of Health Services Researchers." American Congress of Rehabilitation Medicine 96th Annual Conference, Chicago, IL. Nov 6 2019. **[oral presentation]**
110. "Where to Start? Influence of the Initial Provider on Health Outcomes and Costs." Co-authors: Andrilla H, Pines J, Harwood K. 16th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 6-8 2020. **[oral presentation]** [*Cancelled due to COVID-19*]
111. "Examining the Racial and Ethnic Diversity of Associate Degree in Nursing Programs in the US." Co-authors: Guenther G, Mohammed S, Skillman S [*Planned Presentation by Guenther*]. 16th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 6-8 2020. **[oral presentation*]** [*Cancelled due to COVID-19*]
112. "Variation in Employment of Therapy Assistants in Skilled Nursing Facilities Based on Organizational Characteristics." Co-authors: Mroz T, Dahal A, Skillman S [*Planned Presentation by Mroz*]. 16th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 6-8 2020. **[oral presentation*]** [*Cancelled due to COVID-19*]
113. "The Role of Allied Health Professions in Evidence-Based Non-Pharmacological Pain Management." Co-authors: Pollack S, Skillman S [*Planned Presentation by Pollack*]. 16th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 6-8 2020. **[oral presentation*]** [*Cancelled due to COVID-19*]

114. "Recruiting a National Sample of Healthcare Providers Using a Targeted Approach and Publicly Available Information." Co-authors: Sabin J, Guenther G, Patterson D, Ornelas I [*Planned Presentation by Sabin*]. 16th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 6-8 2020. [**oral presentation***] [*Cancelled due to COVID-19*]
115. "Implicit Bias in the Clinical and Learning Environment: Impact of a Course for Clinical Educator Faculty." Co-authors: Sabin J, Guenther G, Patterson D, Ornelas I [*Planned Presentation by Sabin*]. 16th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 6-8 2020. [**oral presentation***] [*Cancelled due to COVID-19*]
116. "Is Health Care a Desirable Place to Work? Examining Trends in Competition for Health care Labor." 9th Annual Conference of the American Society of Health Economists (ASHEcon), St. Louis, MO. Jun 7-10 2020. [**oral presentation**] [*Cancelled due to COVID-19*]
117. "Examining the Racial and Ethnic Diversity of Associate Degree in Nursing Programs in the US." Co-authors: Guenther G, Mohammed S, Skillman S [*Planned Presentation by Guenther*]. AcademyHealth Annual Research Meeting, Seattle, WA. Jun 13-16 2020. [**poster***] [*Cancelled due to COVID-19*]
118. "Variation in Employment of Therapy Assistants in Skilled Nursing Facilities Based on Organizational Characteristics." Co-authors: Mroz T, Dahal A, Skillman S [*Planned Presentation by Mroz*]. 16th Annual Association of American Medical Colleges (AAMC) Health Workforce Research Conference, Alexandria, VA. May 6-8 2020. [**poster***] [*Cancelled due to COVID-19*]
119. "Recruiting a National Sample of Healthcare Providers Using a Targeted Approach and Publicly Available Information." Co-authors: Sabin J, Guenther G, Patterson D, Ornelas I [*Planned Presentation by Guenther*]. AcademyHealth Annual Research Meeting, Seattle, WA. Jun 13-16 2020. [**poster***] [*Cancelled due to COVID-19*]
120. "Implicit Bias in the Clinical and Learning Environment: Impact of a Course for Clinical Educator Faculty." Co-authors: Sabin J, Guenther G, Patterson D, Ornelas I [*Planned Presentation by Guenther*]. AcademyHealth Annual Research Meeting, Seattle, WA. Jun 13-16 2020. [**poster***] [*Cancelled due to COVID-19*]
121. "Health Workforce Data Concerns during COVID-19." National Association of Health Data Organizations 35th Annual Conference, Virtual. Aug 18 2020. [**invited panelist**]
122. "Therapy Assistant Staffing and Quality Outcomes in Skilled Nursing Facilities." Co-authors: Prusynski R, Mroz T, Dahal A, Skillman S [*Presentation by Prusynski*]. Combined Sections Meeting of the American Physical Therapy Association, Virtual. Feb 24-27 2021. [**oral presentation***]
123. "Skilled Nursing Facility Characteristics Associated with Financially Motivated Therapy and Relation to Quality." Co-authors: Prusynski R, Mroz T, Dahal A, Skillman S [*Presentation by Prusynski*]. Combined Sections Meeting of the American Physical Therapy Association, Virtual. Feb 24-27 2021. [**poster***]
124. "Which Health Care Workers are at Greatest Risk of Unemployment During the COVID Crisis?" AAMC 2021 Group on Diversity and Inclusion and Health Workforce Research Joint Virtual Conference. May 6 2021. [**oral presentation**]

125. "Training Occupational Therapy Practitioners for the Behavioral Health Workforce." Co-authors: Pollack SW, Mroz TM, Skillman SM [*Presentation by Pollack*]. AAMC 2021 Group on Diversity and Inclusion and Health Workforce Research Joint Virtual Conference. May 7 2021. **[poster*]**
126. "Stress and Burnout among Underrepresented Minority Students in Health Professional Programs." Co-authors: Williams-York B, Guenther G, Lea T, Dahal A, Patterson DG, Mohammed S [*Presentation by Williams-York*]. AAMC 2021 Group on Diversity and Inclusion and Health Workforce Research Joint Virtual Conference. May 7 2021. **[poster*]**
127. "Therapy Assistant Staffing and Quality Outcomes in Skilled Nursing Facilities." Co-authors: Prusynski R, Dahal A, Skillman S, Mroz T [*Presentation by Prusynski*]. AAMC 2021 Group on Diversity and Inclusion and Health Workforce Research Joint Virtual Conference. May 7 2021. **[poster*]**
128. "Therapy Assistant Staffing and Quality Outcomes in Skilled Nursing Facilities." Co-authors: Prusynski R, Dahal A, Skillman S, Mroz T [*Presentation by Prusynski*]. AcademyHealth Annual Research Meeting - Virtual. Jun 14 2021. **[poster*]**
Note: Nominated for best poster award
129. "Training Occupational Therapy Practitioners for the Behavioral Health Workforce." Co-authors: Mroz T, Pollack S, Skillman S, Frogner B [*Presentation by Mroz*]. AcademyHealth Annual Research Meeting - Virtual. Jun 15 2021. **[poster*]**
130. "Disability Competency Training in Medical Education." Co-authors: Lee D, Pollack S, Mroz T, Frogner B, Skillman S [*Presentation by Lee*]. AcademyHealth Annual Research Meeting - Virtual. Jun 15 2021. **[poster*]**
131. "Strengthening the Clinical Lab Professional Workforce: The Roles and Concerns of Educators and Employers." Co-authors: Guenther G, Skillman S, Frogner B [*Presentation by Guenther*]. AcademyHealth Annual Research Meeting - Virtual. Jun 15 2021. **[poster*]**
132. "Pathways to Registered Nursing: Roles of Prior Health Care Jobs and Financial Support." Co-authors: Skillman S, Johnson H, Frogner B [*Presentation by Johnson*]. AcademyHealth Annual Research Meeting - Virtual. Jun 15 2021. **[poster*]**
133. "What We Learned from the HSR Workplace Culture Study." AcademyHealth Annual Research Meeting - Virtual. Jun 16 2021. **[panelist]**
134. "Which Health Care Workers are at Greatest Risk of Unemployment during the COVID-19 Crisis?" Co-authors: Dill J. AcademyHealth Annual Research Meeting - Virtual. Jun 17 2021. **[oral presentation]**
135. "Mental and Physical Health Status of the US Health Care Workers." Co-authors: Dahal A, Frogner B [*Presentation by Dahal*]. AcademyHealth Annual Research Meeting - Virtual. Jun 17 2021. **[poster*]**
136. "Primary Care Provider Reflections on Teaching and Practice Following a Course on Implicit Bias in the Clinical and Learning Environment." Co-authors: Sabin J, Guenther G, Andrilla H, Gujral K, Morales L, Ornelas I, Patterson D, Frogner B [*Presentation by Sabin*]. AcademyHealth Annual Research Meeting - Virtual. Jun 17 2021. **[poster*]**
137. "Health Workforce Development: Aligning Interprofessional Education, Team-based Models of Care, Organizational Cultural, DEI Strategies and Workforce Development." Frogner BK, Skillman SM. Nexus Summit 2021. Sep 27 2021. **[webinar: oral presentation]**

138. "The Clinical Laboratory Workforce: Understanding the Challenges to Meeting Current and Future Needs." Frogner, BK. American Society for Clinical Pathology Annual Meeting 2021. Oct 28 2021. **[webinar: oral presentation]**
139. "Lasting Effects of Brief Implicit Bias Education on Academic Clinicians' Personal Bias Awareness." Sabin JA, Guenther G, Williams-York B, Barrington W, Frogner BK *[Presentation by Sabin]*. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. **[webinar: oral presentation*]**
140. "Lasting Effects of Brief Implicit Bias Education for Academic Clinicians: From Learning to Action." Sabin JA, Guenther G, Williams-York B, Barrington W, Frogner BK. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. **[webinar: oral presentation]**
141. "Experiences and work-related conditions of birth doulas working in underserved communities in the United States." Kett PM, Guenther G, van Eijk M, Frogner BK *[Presentation by Kett]*. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. **[webinar: oral presentation*]**
142. "Stress and burnout among underrepresented students in graduate health professional programs." Williams-York B, Guenther G, Mohammed S, Patterson D, Frogner BK *[Presentation by Guenther]*. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. **[webinar: oral presentation*]**
143. "Gender-based wage gaps among health care workers: is there a spillover effect?" Frogner BK, Dill J. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. **[webinar: oral presentation]**
144. "Frontline healthcare providers' perspectives on stigmatization of COVID-19." Sabin, JA, Lee, D, Mohammed, SA, Kett, PM, Frogner, BK *[Presentation by Sabin]*. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. **[virtual poster*]**
145. "Providers' observations of inequitable care for COVID-19 positive people of color and people with disabilities." Lee D, Sabin JA, Mohammed SA, Kett PM, Frogner BK *[Presentation by Lee]*. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. **[virtual poster*]**
146. "Gender-based wage gaps among health care workers: is there a spillover effect?" Frogner BK, Dill J *[Presentation by Dill]*. AAMC 2022 Health Workforce Research Conference. May 4-6 2022. **[webinar: oral presentation*]**
147. "Frontline healthcare providers' perspectives on stigmatization of COVID-19." Sabin, JA, Lee, D, Mohammed, SA, Kett, PM, Frogner, BK *[Presentation by Kett]*. AcademyHealth Annual Research Meeting, Washington, DC. Jun 4-7 2022. **[poster*]**
148. "Providers' observations of inequitable care for COVID-19 positive people of color and people with disabilities." Lee D, Sabin JA, Mohammed SA, Kett PM, Frogner BK *[Presentation by Kett]*. AcademyHealth Annual Research Meeting, Washington, DC. Jun 4-7 2022. **[poster*]**
149. "Lasting Effects of Brief Implicit Bias Education on Academic Clinicians' Personal Bias Awareness." Sabin JA, Guenther G, Williams-York B, Barrington W, Frogner BK. AcademyHealth Annual Research Meeting, Washington, DC. Jun 4-7 2022. **[poster]**
150. "Lasting Effects of Brief Implicit Bias Education for Academic Clinicians: From Learning to Action." Sabin JA, Guenther G, Williams-York B, Barrington W, Frogner BK. AcademyHealth Annual Research Meeting, Washington, DC. Jun 4-7 2022. **[poster]**
151. "Stress and burnout among underrepresented students in graduate health professional programs." Williams-York B, Guenther G, Mohammed S, Patterson D, Frogner BK *[Presentation*

by Patterson]. AcademyHealth Annual Research Meeting, Washington, DC. Jun 4-7 2022. [poster]*

152. "Variability in Therapy Staffing Changes in Skilled Nursing Facilities under the Patient Driven Payment Model." Prusynski R, Humbert A, Saliba D, Leland N, Frogner B, Mroz T [*Presentation by Prusynski*]. AcademyHealth Annual Research Meeting, Washington, DC. Jun 4-7 2022. [poster*]
153. "The Clinical Laboratory Workforce: Essential Before, Critical Now, and a Blueprint for a Stronger Future." Frogner BK, Garcia E. 2022 American Association for Clinical Chemistry Annual Scientific Meeting and Clinical Lab Expo, Chicago, IL. Jul 26 2022. [oral presentation]
154. "Inequitable Care Delivery for COVID-19 Positive People of Color and People with Disabilities." Co-authors: Lee D, Sabin J, Mohammed SA, Kett P, Frogner BK [*Presentation by Lee*]. American Congress of Rehabilitation Medicine Annual Meeting 2022, Chicago, IL. Nov 11 2022. [poster*]

C. Regional Conferences and Meetings

155. "Health Workforce Planning in the WWAMI Region." Co-presenter: Skillman S. Legislative Staff Tour, Boise-Seattle, Seattle, WA. Aug 12 2015. [oral presentation]
156. "Center for Health Workforce Studies Update." WWAMI Rural Integrated Training Experience, Department of Family Medicine, School of Medicine, University of Washington, Seattle, WA. Nov 16 2015.
157. "UW Center for Health Workforce Studies: New Projects Examining Immigrants in the US Healthcare Workforce, and an Early Warning System for Healthcare Workforce Demand Changes." Northwest Rural Health Conference, Spokane, WA. Mar 3 2016. [moderator]
158. "Immigrants in Health Care Jobs in the Rural Northwest." Co-authors: Patterson DG, Stover B [*Presented by Patterson*]. Northwest Rural Health Conference, Spokane, WA. Mar 3 2016. [oral presentation*]
159. "Regional Physician Workforce." 4th WWAMI GME Summit, Spokane, WA. Mar 30 2016. [oral presentation]
160. "Supply and Demand Forecast Conference." Center for Interdisciplinary Health Workforce Studies, Montana State University, Bozeman, MT. Jul 19-22 2016. [roundtable discussion]
161. "Health Workforce Needs of an Aging Population." Center for Interdisciplinary Health Workforce Studies, Montana State University, Bozeman, MT. Jul 18-21 2017. [roundtable discussion]
162. "Future of Work in Health Care: Overview of Workforce Needs." Legislative Committee on Economic Development and International Relations. Olympia, WA. Nov 13 2018. Recording available [here](#). [oral presentation]
163. "Nursing Health Services Research Agenda for the 2020s." Center for Interdisciplinary Health Workforce Studies, Montana State University, Bozeman, MT. Jul 9-12 2019. [roundtable discussion]
164. "Disparities in the Healthcare Workforce." Northwest Health Career Path Summit - Virtual. Jun 2 2022. [webinar: keynote]
165. "Anticipating and Preparing for the Longer-Term Implications of the COVID-19 Pandemic on the Nursing Workforce." Center for Interdisciplinary Health Workforce Studies, Montana State University School of Nursing, Bozeman, MT. Jun 24 2022. [roundtable discussion]

166. "Relationship between Health Care Labor and Health Care Spending." Washington state Health Care Cost Transparency Board Meeting - Virtual. Aug 17 2022. [**webinar: oral presentation**]
167. "House Poor No More: Disrupting the Difficulty of Finding a Home in Hawai'i for Health Professionals." Hawai'i Health Workforce Summit, Waikiki, HI. Sep 24 2022. [**oral presentation: invited**]
168. "National Health Workforce Trends." Health Workforce Council, Washington state Workforce Training and Education Coordinating Board - Virtual. Oct 13 2022. [**webinar: oral presentation**]
169. "National Workforce Trends: Placing LTC Workforce in Context." Long-term Care Workforce Development Initiative of the Washington state Workforce Training and Education Coordinating Board - Virtual. Oct 18 2022. [**webinar: oral presentation**]
170. "National Health Workforce Trends." Washington state House Committee on College & Workforce Development - Virtual. Nov 10 2022. [**webinar: invited presentation**]

D. Invited Lecturers at University of Washington

171. "Health Care Workforce Trends." Program in Health Economics and Outcomes Methodology (PHEnOM), School of Public Health, University of Washington, Seattle, WA. Apr 22 2015. [**oral presentation**]
172. "Identifying Emerging Occupations in Health Care using National Language Processing." Treehouse Seminars, Department of Linguistics, University of Washington, Seattle, WA. Nov 3 2015. [**oral presentation**]
173. "Who's Entering and Who's Leaving Health Care, and Why Do We Care?" Grand Rounds, Department of Family Medicine, School of Medicine, University of Washington, Seattle, WA. Nov 4 2015. [**oral presentation**]
174. "Low Wage, Low-Skilled Workers in Health Care." Program in Health Economics and Outcomes Methodology (PHEnOM), School of Public Health/School of Pharmacy, University of Washington, Seattle, WA. Nov 5 2015. [**oral presentation**]
175. "Does Medicare Managed Care Affect Diabetic Patient Cost, Use and Quality Associated with Different Medical Labor Inputs?" Program in Health Economics and Outcomes Methodology (PHEnOM), School of Public Health/School of Pharmacy, University of Washington, Seattle, WA. Feb 9 2017. [**oral presentation**]
176. "Diversity of the Health Workforce." Surgical Outcomes Research Center Annual Retreat, Department of Surgery, University of Washington, Seattle, WA. Sep 29 2017. [**oral presentation**]
177. "Commuting Patterns of Healthcare Workers." Program in Health Economics and Outcomes Methodology (PHEnOM), School of Pharmacy, University of Washington, Seattle, WA. Jan 24 2018. [**oral presentation**]
178. "20 Years of Health Workforce Research: Where Have We Been and Where Do We Need to Go?" Department of Family Medicine Research Section Seminar, University of Washington, Seattle, WA. Jun 19 2018. [**oral presentation**]
179. "The Healthcare Industry's Competition for Low-Skilled Labor." Program in Health Economics and Outcomes Methodology (PHEnOM), School of Pharmacy, University of Washington, Seattle, WA. Feb 20 2019. [**oral presentation**]

180. "Where to Start? How the First Point of Care Provider Influences Low Back Pain Outcomes and Cost." Program in Health Economics and Outcomes Methodology (PHEnOM), School of Pharmacy, University of Washington, Seattle, WA. Nov 13 2019. **[oral presentation]**
181. "A How-To for Diversifying Your Funding Sources: A Panel Discussion." Co-Panelists: Joanne Glicker, Jeffrey Harris, Danielle Lavalley, Rad Roberts. Institute of Translational Health Sciences, University of Washington, Seattle, WA. Dec 5 2019. **[panel discussion]**
182. "Research as a Vehicle for Change: Strategies for Developing Equity Focused Grant Proposals: Panel Discussion and Workshop." Postdoc Diversity Alliance, University of Washington, Seattle, WA. Jan 14 2020. **[panel discussion]**
183. "Bridging the Translational Gap Between Technology Developers and Health Practice." Co-presenters: Matthew Thompson, Cynthia LeRouge, Victoria Lyon. Institute of Translational Health Sciences, University of Washington, Seattle, WA. Mar 26 2020. **[webinar: panel discussion]**
184. "Sacrificing on the Frontlines During COVID-19: Health Care Workers at Risk." UW Worker Memorial Day, Department of Environmental and Occupational Health Sciences, School of Public Health, University of Washington, Seattle, WA. Apr 27 2020. **[webinar: keynote]**
185. "Research as a Vehicle for Change: Strategies for Developing Equity Focused Grant Proposals Pt II." Pedagogy and Research on Race, Identity, Social Justice and Meaning (PR²ISM), Postdoc Diversity Alliance, University of Washington, Seattle, WA. Aug 17 2020 **[webinar: panel discussion]**
186. "Role of Children's Health Workforce in Addressing SDOH." Child Health Equity Research Program for Post-doctoral Trainees (CHERPP-T). Mar 4 2021. **[webinar: oral presentation]**
187. "Exit of Health Care Workers during COVID-19 Pandemic." Program in Health Economics and Outcomes Methodology (PHEnOM), School of Pharmacy, University of Washington, Seattle, WA. Mar 10 2021. **[webinar: oral presentation]**
188. "Networking and Mentoring." Child Health Equity Research Program for Post-doctoral Trainees (CHERPP-T). Jun 3 2021. **[webinar: oral presentation]**
189. "Where Did All the Health Care Workers Go? Health Workforce Trends Before and During the Pandemic." Science in Medicine Lecture. School of Medicine, University of Washington, Seattle, WA. Feb 3, 2022. **[webinar: oral presentation]**
190. "Networking and Mentoring." Child Health Equity Research Program for Post-doctoral Trainees (CHERPP-T). May 12 2022. **[webinar: oral presentation]**
191. "Health Workforce Trends: Implications for the Therapy Workforce." Department of Rehabilitation Medicine Grand Rounds. Upcoming: Jan 10 2023. **[webinar: oral presentation]**

E. Invited Lectures in Government Institutions

192. "International Lessons about Long-Term Expenditure Growth." Centers for Medicare and Medicaid Services, Baltimore, MD. Mar 22 2007. **[oral presentation]**
193. "International Health Data Concerns." National Center for Health Statistics, Hyattsville, MD. Sep 12 2007. **[oral presentation]**
194. "Long-Run Modeling of Health Care Expenditure Growth." Centers for Medicare and Medicaid Services, Baltimore, MD. Sep 25 2007. **[oral presentation]**

195. "Long-Run Modeling of Health Care Spending." Congressional Budget Office, Washington, DC. Oct 2 2007. **[oral presentation]**
196. "Update on the Earnings Loss Study of the Musculoskeletal Parts of the Veterans Affairs Schedule for Rating Disabilities." Briefing to National Advisory Committee in District of Columbia (ACDC), US Department of Veterans Affairs, Washington, DC. Jun 21 2011. **[oral presentation]**
197. "CLIN 3: Project Management Plan." Briefing to Compensation Services Division, Veterans Benefits Administration, US Department of Veterans Affairs, Washington, DC. Feb 8 2012. **[oral presentation]**
198. "CLIN 7: Approach Plan." Briefing to Compensation Services Division, Veterans Benefits Administration, US Department of Veterans Affairs, Washington, DC. Mar 10 2012. **[oral presentation]**
199. "Pathways to Middle Skilled Allied Health Occupations." Symposium on the Supply Chain for Middle-Skilled Jobs: Education, Training and Certification Pathways, National Academies of Sciences, Engineering, and Medicine, Washington, DC. Jun 25 2015. **[panelist]**
200. "A Discussion of the IOM Report, A Framework for Educating Health Professionals to Address the Social Determinants of Health." National Academies of Sciences, Engineering, and Medicine, Washington, DC. Mar 9 2016. **[panelist]**
201. "External Expert Meeting on Background Factors and Service Innovations Affecting the Behavioral Health Workforce and Implications for Workforce Modeling and Projections." Health Resources and Services Administration. Rockville, MD. Oct 1 2018. **[panelist]**
202. "Industry Sector Strategy: Building a Latino Healthcare Workforce for the 21st Century." National Association of Latino Elected and Appointed Officials (NALEO) Educational Fund. Los Angeles, WA. Mar 30 2019. **[oral presentation]**
203. "COVID-related Clinician Burnout." Bureau of Health Workforce. Health Resources and Services Administration. Jun 18 2020. **[webinar: oral presentation]**
204. "Nursing Home Workforce Challenges During COVID-19 Pandemic." Briefing to U.S. House of Representatives Ways and Means Committee Majority Staff. Washington, DC. Jul 6 2020. **[telephone: oral presentation]**
205. "Health Profession Opportunity Grants." Testimony to Worker and Family Support Subcommittee, Ways and Means Committee, US House of Representatives. Hearing on Health Profession Opportunity Grants; Past Successes and Future Uses. Washington, DC. Mar 10 2021. **[webinar: oral presentation]**
206. "Session III: Competencies, Training, and Education for a Varied, Flexible, and Resilient Workforce." A Population Health Workforce to Meet 21st Century Challenges and Opportunities. A workshop of the National Academies of Science, Engineering, and Medicine, Washington, DC. Feb 28 2022. **[webinar: panel presentation]**

F. Invited Lectures at Other Institutions

207. "International Health Spending Trends." Society for Human Resource Management, Washington, DC. Oct 30 2006. **[oral presentation]**
208. "Long-Run Modeling of Health Care Expenditure Growth in Industrialized Countries." The World Bank, Washington, DC. Sep 11 2007. **[oral presentation]**

209. "Sampling of Domestic and International Health Policy Issues." Milton S. Hershey Medical Center, Pennsylvania State College of Medicine, Hershey, PA. Jan 29 2008. **[oral presentation]**
210. "Baumol's Cost Disease Afflicts Health Care: A Study of Health Care Expenditure Growth." Center for Population Economics, University of Chicago Booth School of Business, Chicago, IL. Apr 17 2009. **[oral presentation]**
211. "Academic Jobs." Health Policy and Management Alumni Panel and Networking, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD. Nov 18 2009. **[panelist]**
212. "Health Care Workforce, Technology, and Health Spending." Center for Health Policy Research and Ethics, George Mason University, Fairfax, VA. Nov 8 2010. **[oral presentation]**
213. "Session 474 Health and Healthcare Seminar Series I. Reforming Health Care: Maintaining Social Solidarity and Quality in the Face of Economic, Health and Social Challenges." Salzburg Global Seminar, Salzburg, Austria. Nov 12 2010. **[roundtable discussion: invite only]**
214. "Mergers and Acquisitions of US Hospitals." Public Health Economics Seminar, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD. Dec 3 2010. **[oral presentation]**
215. "Health Care Workforce, Technology, and Health Spending." Drexel School of Public Health, Philadelphia, PA. Dec 6 2010. **[oral presentation]**
216. "Long Run Growth of Health Spending: Trends in Wages, Workforce, and Technology." Comprehensive Arrhythmia Research and Management Center, Salt Lake City, UT. Sep 26 2011. **[oral presentation]**
217. "Premium Increases and the Concentration of the Medicare Advantage Market: A Finite Mixture Modeling Approach." National Committee for Quality Assurance, Washington, DC. Aug 21 2012. **[oral presentation]**
218. "Hospital Competency to Adopt EHRs." RAND Corporation, Washington, DC. Dec 18 2012. **[oral presentation]**
219. "Premium Increases and the Concentration of the Medicare Advantage Market: A Finite Mixture Modeling Approach." Center for Health Policy Research and Ethics, George Mason University, Fairfax, VA. Apr 25 2013. **[oral presentation]**
220. "The Impact of the ACA on the Workforce." Medical Industry Leadership Institute Seminar Series, Carlson School of Management, University of Minnesota, Minneapolis, MN. Sep 26 2013. **[oral presentation]**
221. "Pre-Baccalaureate Healthcare Occupations: Aligning Education and Training with Regional Healthcare Workforce Needs." Brookings Metropolitan Policy Program Roundtable, Brookings Institution, Washington, DC. Oct 17 2013. **[roundtable discussion]**
222. "Medical Innovation: The FDA Mobile Apps Guidelines." TEDMED Great Challenges, Washington, DC. Oct 24 2013. **[oral presentation]**
223. "The Affordable Care Act: Creating Job Opportunities for Racially and Ethnically Diverse Populations." Joint Center for Political and Economic Studies, Washington, DC. Nov 7 2013. **[oral presentation]**
224. "Impact of the 2010 Affordable Care Act on CA Labor Force." SEIU UHW-West Joint Employer Education Training Fund, Oakland, CA. Jan 24 2014. **[webinar: oral presentation]**

225. "Trends of the Healthcare Workforce." SEIU Healthcare, Washington, DC. Mar 13 2014. [**oral presentation**]
226. "ACA and the Health Care Workforce." Public Health Economics Seminar, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD. Mar 27 2014. [**oral presentation**]
227. "Entry and Exit of Workers in Long-Term Care." Health Workforce Technical Assistance Center, Albany, NY. May 20 2015. Recording available [here](#). [**webinar: oral presentation**]
228. "Low-Wage, Low-Skilled Health Care Workers." RAND Health Workforce Interest Group, National. Nov 16 2015. [**webinar: oral presentation**]
229. "HCCI Emerging Uses of Claims Data (Part 1)." Co-authors: Harwood K, Pines J, Andrilla CHA, Schwartz M. National Academy of State Health Policy, Washington, DC. Dec 3 2015. Recording available [here](#). [**webinar: oral presentation**]
230. "International Health Systems and Health Workforce." Medical Industry Leadership Institute, University of Minnesota, Palo Alto, CA. Jan 5 2016. [**oral presentation**]
231. "Who is Entering/Exiting Health Care, and Why Do We Care?" UCSF Health Workforce Center Seminar, San Francisco, CA. Apr 14 2016. [**oral presentation**]
232. "National Nursing and Health Care Workforce Data Meeting." Future of Nursing Campaign for Action at the Center to Champion Nursing in America, AARP and Robert Wood Johnson Foundation, Washington, DC. May 10 2016. [**roundtable discussion: invite only**]
233. "Microsimulations to Improve Health Care Delivery." AcademyHealth Health Economics Interest Group, Washington, DC. May 16 2016. [**webinar: organizer and moderator**]
234. "Training the Future Child Healthcare Workforce to Improve Behavioral Health Outcomes for Children, Youth and Family." Board on Child, Youth, and Families. Division of Behavioral and Social Sciences and Education. National Academies of Science, Engineering and Medicine, Washington, DC. Nov 29-30 2016. [**roundtable discussion: planning committee member**]
235. "US Health Workforce Trends." Lincoln Healthcare Leadership Staffing Think Tank, Nashville, TN. Feb 13-14 2017. [**oral presentation**]
236. "The Health Workforce: Where Are We? Where Are We Going?" Using Our Voice to Build Better Systems: Management and Labor Convening on Building a Skilled Workforce for Quality of Care. Healthcare Career Advancement Program and Center on Wisconsin Strategy, Arlington, VA. Mar 7 2017. [**plenary presentation: invited**]
237. "Health Workforce Needs in a Time of Transformation." George Washington University Health Workforce Institute, Washington, DC. Mar 14 2017. [**oral presentation: invite only**]
238. "Applying the Framework for Educating Health Professionals to Address the Social Determinants of Health." National Center for Interprofessional Practice and Education, Minnesota, MN. May 24 2017. [**webinar: panel discussion**]
239. "Listen Up, Startups: The Clinicians are Talking!" Techstars Startup Week, Seattle, WA. Oct 4 2017. [**oral presentation**]
240. "Health Workforce Needs Part 2: Health Care Jobs, Training, and Career Pathways." Health Workforce Technical Assistance Center, Rensselaer, NY. Nov 30 2017. Recording available [here](#). [**webinar: oral presentation**]

241. "Health Workforce Everywhere: Understanding the Breadth and Depth of the Health Workforce." Center for Health Policy, Fairbanks School for Public Health, Indiana University. Indianapolis, IL. Nov 26 2018. [**oral presentation**]
242. "An Expanded View of Value-Based Care: The Role of Allied Health Professionals." Health Workforce Research Symposium, Washington, DC. Dec 2 2018. [**oral presentation: invite only**]
243. "Who Cares? The Importance of the Invisible-Visible Health Workforce in Helping Patients with Serious Illness." *Health Affairs* Health Workforce Summit, Washington, DC. Dec 6 2018. [**oral presentation: invite only**]
244. "Is Health Care a Desirable Place to Work? Examining Trends in Competition for Health Care Labor." Health Services Research Colloquium, The Pennsylvania State University, State College, PA. Oct 28 2019. [**oral presentation**]
245. "Emergency Health Workforce Policies to Address COVID-19: Expanding Scope of Practice." The George Washington University Mullan Institute for Health Workforce Equity. Mar 31 2020. [**webinar: panel discussion**]
246. "State Workforce Strategies in Response to COVID-19: Experiences from the Field." Health Workforce Technical Assistance Center. May 21 2020. [**webinar: oral presentation**]
247. "Health Workforce Concerns during COVID-19" AcademyHealth/Health Care Systems Research Network Community of Practice in Response to COVID-19. Jun 12 2020. [**webinar: oral presentation**]
248. "Addressing the Nursing Home Workforce Crisis through Matching and Training" Eldercare Workforce Alliance. Jul 9 2020. [**webinar: oral presentation**]
249. "Low-Wage Health Care Workers and Risk During COVID-19 Pandemic." NextGen MD/MBA Program. University of Miami. Jul 29 2020 [**webinar: oral presentation**]
250. "Advice on Engaging in Health Workforce Research." American Academy of Physician Assistants and Physician Assistant Education Association Research Fellows Meeting. Aug 10 2020. [**webinar: oral presentation**]
251. "Health Workforce and COVID-19: Where Are We, How Did We Get Here, and How Do We Move Ahead?" National Conference of State Legislatures. Aug 12 2020. [**webinar: oral presentation**]
252. "Health Workforce and COVID-19: Where Are We, How Did We Get Here, and How Do We Move Ahead?" Massachusetts General Hospital Health Policy Grand Rounds. Oct 5 2020. [**webinar: oral presentation**]
253. "Health Workforce Challenges during the COVID-19 Crisis." Canadian Centre for Health Economics, University of Toronto. Nov 6 2020. [**webinar: oral presentation**]
254. "Current Challenges for Health Professionals and Communities." Conference on Expanding Scope of Practice after COVID-19. Leonard Davis Institute of Health Economics and Penn Nursing, University of Pennsylvania. Nov 20 2020. [**webinar: panel discussion**]
255. "Health Workforce Challenges during the COVID-19 Crisis: Lessons from the US" Canadian Institute for Health Information Policy Rounds. Feb 8 2021. [**webinar: oral presentation**]
256. "COVID and the Health Workforce – What Have We Learned One Year Later?" Canadian Health Workforce Network. Mar 25 2021. [**webinar: oral presentation**]

257. "Expanded Scope of Practice Laws During the Pandemic – A Trends That's Here to Stay?" Altarum's Healthcare Value Hub. Mar 30 2021. **[webinar: oral presentation]**
258. "What We Know about Health Workforce Diversity in Washington State and How It Relates to Health Equity." Washington Student Achievement Council. Olympia, WA. Apr 19 2021. **[webinar: oral presentation]**
259. "Evaluating a Course on Implicit Bias in Clinical and Learning Environments: Provider Bias-awareness, Patient-centeredness, and Reflections." Health Workforce Technical Assistance Center. Jun 24 2021. **[webinar: moderator]**
260. "Social Mission Metrics: Measuring the Social Mission of Dental, Medical, and Nursing Schools." Health Workforce Technical Assistance Center Webinar Series. Aug 26 2021. **[webinar: moderator]**
261. "Which Health Care Workers Were at Greatest Employment Risk During the COVID Crisis?" Graduate Seminar, Department of Health Policy and Management, School of Public Health, University of Maryland. Oct 7 2021. **[webinar: oral presentation]**
262. "ASCP Leadership Forum: General Session." ASCP Leadership Forum 2022, Scottsdale, AZ. Mar 2 2022. **[panel: virtual attendance]**
263. "Reimaging Primary Care Through a Health Justice Lens." Weitzman Institute Virtual Symposium. May 4 2022. **[webinar: panel presentation]**
264. "Reflections on Recommendation 3: Systematic Intervention: Data Analysis, Spending Growth Targets." Health Affairs Council on Health Care Spending and Value. May 9 2022. **[webinar: panel presentation]**
265. "Dentists in Medicaid: Who Are They, Where Do They Locate, How Do They Practice?" American Dental Association Health Policy Institute. Sep 15 2022. Recording available [here](#). **[webinar: panel presentation]**
266. "Strengthening the clinical lab professional workforce: perspectives from employers and educators." Washington State Society of Pathologist 2022 Annual Meeting, Seattle, WA. Oct 1 2022. **[oral presentation: invited]**
267. "Addressing the Health Care Workforce Crisis: Framing Solutions." 29th Annual Princeton Conference – Virtual. Oct 19 2022. **[oral presentation: invite only]**
268. "Health Workforce Trends." Bridging Pharmacy Education and Practice Summit, Joint Commission of Pharmacy Practitioners. Washington, DC. Nov 3 2022. **[oral presentation: keynote]**
269. "National Health Workforce Trends." The Future of State Workforce Policy in Palliative Care. Hosted by the Center to Advance Palliative Care and the Solomon Center for Health Law and Policy at Yale Law School. Virtual. Dec 20 2022. **[oral presentation: invited]**

19. Media Appearances

Actively Managed Twitter Accounts (as of 11/11/2022)

| | |
|--|----------------|
| @biancafrogner (established February 2013) | 2540 followers |
| @uwchws (established May 2015) | 616 followers |
| @uwpcilab (established Nov 2016) | 85 followers |

Interviews and Podcasts

- 2009 Aug 19 [Sweden Health System](#)
Lou Dobbs Tonight Show, CNN
- 2009 Aug 25 [Norway Health System](#)
Lou Dobbs Tonight Show, CNN
- 2015 Oct 13 [Perspectives from the Field Interview Series: Interview with Bianca Frogner, PhD on Health Information Exchange.](#)
Health Information and the Law: A Project of The George Washington University's Hirsh Health Law and Policy Program and the Robert Wood Johnson Foundation
- 2018 May 15 [RoS: The Changing Primary Care Workforce with Bianca Frogner](#)
Review of Systems (RoS) Podcast, Center for Primary Care, Harvard Medical School
- 2018 May 22 [Trying Physical Therapy First for Low Back Pain May Curb Use of Opioids](#)
Interview with Patti Neighmond, All Things Considered, National Public Radio
- 2018 Oct 25 [Physical Therapy as First Point of Care for Low Back Pain](#)
Pain Reframed, International Spine & Pain Institute
- 2020 Feb 13 [Interview with Dr. Bianca Frogner on Scope-of-Practice Regulations and How They Can Be Redesigned to Better Serve the Needs of Patients](#)
New England Journal of Medicine
- 2022 Apr 8 [Health Care Job Loss During the Pandemic](#)
JAMA Health Forum
- 2022 Apr 18 [What's Driving Turnover in Health Care During COVID-19?](#)
HCP Live
- 2022 Aug 23 [Strengthening Care by Focusing on Health Workforce Retention](#)
3M Inside Angle Podcast
- 2022 Oct 13 [The 'Wild West' of Health Workforce Policy](#)
Tradeoffs

Cited Work in Media and Related Outlets (Examples)

- 2009 Jun 11 [Life Expectancy Could Be Topic in Health Care Debate](#)
CNNhealth.com
- 2011 Nov 10 [Health Care: Americans Pay More and Get Less than Europeans](#)
OregonLive.com
- 2014 Jun 11 [How Obamacare Could Increase the Number of Uninsured Americans](#)
TheBlaze.com
- 2014 Sep 2 [Surveys Show Unbalanced Supply, Demand in California Nurse Labor Market](#)
CaliforniaHealthline.org
- 2015 Jan 2 [Long-Term Care Industry Growing, But Workforce Departures Outpacing New](#)

- [Hires](#)
UCSF News Center
- 2015 Nov 12 [How Do You Measure the Health of Health Care Markets?](#)
Health Affairs Blog Series
- 2016 Jan 7 [UW Lab Links Healthcare Innovators with Primary Care Doctors](#)
Xconomy.com
- 2016 Feb 29 [Study: Even in States that Limit Direct Access, Getting PT First for LBP Makes a Big Difference](#)
PT in Motion News
- 2016 Mar 14 [Direct Physical Therapy Access Could Reduce Healthcare Costs](#)
RevCycleIntelligence.com
- 2016 Mar 17 [Clinicent Applauds State, Federal Actions to Prevent Opioid Addiction and Overdoses](#)
Morning Star
- 2017 Oct 25 [Why Baby Boomers Need Immigrants](#)
Politico
- 2017 Dec 15 [A Decade After the Recession, Pain and Fear Linger](#)
HeraldNet
- 2018 May 24 [Reduced Healthcare Costs, Opioid Use Result from Early Physical Therapy Intervention for Low Back Pain](#)
Healthcare Finance
- 2018 Jun 22 [Mark Bishop: Physical Therapy Could Lower Need for Opioids, But Lack of Money and Time are Hurdles](#)
The Conversation
- 2018 Oct 22 [Health Watch: Rethinking Treatment for Low Back Pain](#)
ABC Local News
- 2020 Apr 10 [Numbers Lacking on COVID-19-Infected Healthcare Workers](#)
Medscape
- 2020 Apr 15 [The Other Hospital Workers on the Front Lines of the Pandemic](#)
Vox
- 2020 Apr 27 [Demand for In-Home Care Rises During Coronavirus](#)
Wall Street Journal
- 2020 Jul 28 [Health at Home](#)
Public Health Post
- 2020 Jul 29 [Diversity and Inclusion in Health Services and Policy Research: Then, Now, and the Future.](#)
AcademyHealth Blog Post
- 2020 Sep 27 [Nursing Homes in Washington State Struggled with Adequate Staffing for Years. Then Coronavirus Struck.](#)
Seattle Times

| | |
|-------------|--|
| 2020 Sep 28 | Primary Care Isn't Bouncing Back Medscape |
| 2021 May 10 | SNF Therapy: Time Per-Patient Declined 80 Minutes, Staffing Off Nearly 15% with PDP, Study Finds McKnight's Long-Term Care News |
| 2021 May 15 | Women in Healthcare are at a Breaking Point – And They're Leaving Modern Healthcare |
| 2021 Oct 10 | Staffing has Long Been a Challenge in Long-Term Care. Washington State's Vaccine Mandate Could Make It Worse. Seattle Times |
| 2021 Oct 27 | Demand for Doctors and Nurses Is Tricky to Predict WebMD Health News |
| 2021 Dec 6 | As Covid Persists, Nurses are Leaving Staff Jobs – and Tripling Their Salaries as Travelers Washington Post |
| 2022 Feb 12 | Stressed Out Maine Nurses Have Found a Way to Earn a Lot More Money Bangor Daily News |
| 2022 Feb 17 | Travel Nurses Saw an Increase in Pay During the Pandemic. Now, They Could Lose Those Benefits The 19 th News |
| 2022 Apr 6 | Center for Health Workforce Studies: Elevating Healthcare Workers The Huddle, UW Medicine |
| 2022 Apr 7 | America Needs More Doctors and Nurses to Survive the Next Pandemic Vox |
| 2022 Apr 11 | Job Recovery Still Slow in Long-Term Care McKnight's Senior Living |
| 2022 May 4 | What We've Learned about COVID-19, Burnout and the Doctor Shortage American Medical Association |
| 2022 May 16 | More Men are Going into Nursing: What About Travel Nursing? Becker's Hospital Review |
| 2022 Oct 4 | How Tight Nursing Home Capacity is Bottlenecking Hospital Operations Healthcare Dive |
| 2022 Oct 14 | The Fastest-Growing Role in the US is Paying Nurses \$120K and Up Fortune |

20. External Activities/Partnerships

Consultancies

| | |
|------|---|
| 2000 | Alameda County Public Health Department |
| 2009 | Center for Human Service, Bill and Melinda Gates Foundation DCA Project |

| | |
|-----------|---|
| 2009 | South Africa National Education Health and Allied Workers Union |
| 2008-2009 | Johns Hopkins Bloomberg School of Public Health |
| 2009 | Kaiser Family Foundation |
| 2008-2010 | World Bank, Human Development Sector Unit |
| 2010 | Hope Street Group |
| 2017-2018 | Quad+AIM Partners |
| 2013-2018 | Health Systems Innovation Network LLC |

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022.** Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Bonnie Ross |
| Preferred pronouns (e.g., she/her, he/his, they/their): | she/her |
| Organization (if applicable): | Unity Care NW |
| Title or position (if applicable): | Chief Financial Officer |
| Work address (if applicable): | 1616 Cornwall Ave, Bellingham, WA 98225 |
| County of organization/employer (if applicable): | Whatcom County |
| Email: | bonnie.ross@ucnw.org |
| Phone: | 801-953-9088 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|---|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input checked="" type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

The US health care system has been facing challenges that have been significantly impacted by the COVID pandemic. My current organization Unity Care NW, a Federally Qualified Health Center, has benefited from federal COVID dollars, however, the funding will no longer be available after the end of 2023 and sustainability will be a challenge. The cost to provide health care is increasing, while reimbursements are not. Increasing challenges of workforce stabilization and ~~and health care service providers competing for limited funding is a~~

2. Please describe your relevant experience and how it would benefit FTAC.

I have worked in Federally Qualified Health Centers for over 10 years providing services for the under-served populations in migrant health, rural health, health care for homeless people, and school-based health centers. I have been fortunate to see successful programs that have adapted to the needs of the community and how it improved access in those communities. My knowledge of reimbursement models, grants management and funding regulations, financial management and budgeting,

3. Please describe any other experience serving on a committee, board, or workgroup.

I have successfully contributed to internal workgroups in my organizations and schooling through collaboration, respect, innovation, and integrity. I have navigated the challenges of working with FQHC boards that are made of patient representatives and community members. I have not had an opportunity to participate in outside committees or boards and believe my perspective can be valuable.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

N/A

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

N/A

9. Professional licenses held:

N/A

10. Memberships in professional, civic organizations, or government boards or commissions:

None

11. Community service/volunteer activities:

Court Appointed Special Advocate, CASA for Children of Klamath County

Management Advisory Panel, Oregon Institute of Technology, Business
Management Department

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have learned that access to care for marginalized communities requires collaboration within the community and must be flexible to the needs of the community and financing these services must also be flexible. My work with Outside In, in Portland, Oregon, included comprehensive wrap around services for homeless youth. The program included meals and hygiene services which helped bring youth in off the street to connect with case managers and start engaging in care. From that connection they could receive comprehensive mental health and substance abuse

14. Please describe why health equity is important to you.

Over the past ten years I have been invested in and committed to understanding and recognizing biases, prejudice, and power and the impact on equity overall. I've had an opportunities to connect with individuals impacted by health equities and have seen a difference in people when they are treated with empathy, understanding, and recognized as valuable.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Healthcare is not limited to medical, dental, or mental health services. It requires support for individuals to address the social determinants of health and help them engage in healthy habits. I believe the investment in additional services will help reduce the total cost of care over time. Health care costs are captured through claims submitted to insurance companies. The claim data has not been transparent and does not include the costs for health equity services, including case

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I identify as white, as I am white facing. I have Japanese ancestry that were incarcerated in a internment camp during WW2. I have seen the detrimental impact on my family.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

11/30/2022

FINANCE, ACCOUNTING & INTERNAL AUDIT LEADER**Budgeting • Financial Planning & Analysis • Revenue Cycle Management • Government Funding**

Experienced and accomplished Finance and Accounting Leader. A Certified Internal Auditor with an MBA and more than fifteen (15) years of achievement improving the financial performance of both for profit and not-for-profit organizations in staffing, healthcare, and auditing through leadership in budgeting, business case modeling, and analysis. Knowledgeable in GAAP, non-profit accounting principles, revenue cycle management, forecasting, as well as accounting for funds with donor restrictions, government funding, and service income.

Progressive leader, operational strategist and trusted advisor with rapid career progression and record of sound financial guidance in demanding environments. Demonstrated ability in business planning & analysis, budgeting, pro-forma creation and ad hoc analysis, profit & loss management, and financial operations. In-depth knowledge and skills in conceptualizing and implementing financial policies and procedures including working capital management, Driver for financial and operational efficiencies who establishes core metrics that optimize performance and maximize financial position.

A strategic partner in management with proven collaborative abilities utilized in developing relationships, advancing the needs of organizations and community, demonstrating respect and accountability, and executing solutions to difficult problems in high-growth, time-sensitive environments with rapidly changing priorities.

CORE COMPETENCIES

Revenue Cycle Management • Internal Controls • Analysis and Reporting • Process Improvement • Budgeting • Audits
Grant Management • Expense Control • Metrics • Leadership

PROFESSIONAL EXPERIENCE**Unity Care NW, Bellingham, Washington****Chief Financial Officer (2021 - Current)**

FQHC (Federally Qualified Health Center) with 3 clinics in Whatcom County with over 300 employees and serving over 20,000 patients annually.

Outside In, Portland, Oregon**Chief Financial Officer (2016– 2021)**

FQHC (Federally Qualified Health Center) and social service organization helping to break the cycles of chronic homelessness, poverty, and poor health throughout Portland.

Assumed strategic role by improving organizational budgeting, analytics, and forecasting. Provide oversight of finance, billing services, compliance, credentialing, payroll, and benefits functions. Positioned organization for growth with improved efficiencies and analysis of financial trends.

- **Monitors budget allocations, expenditures, fund balances and related financial activities for the purpose of ensuring** accurate, complete, and timely recording of allocations, revenue, and expenses are within budget limits and/or fiscal practices. Covering over 80 various funding sources, ensuring compliance with various Federal, State, and local regulations. Includes management and reporting of funding with donor restrictions and capital funding.
- **Spearheading overall finance functions and directing the transformation of business and financial outlooks;** driving growth strategies including clinic expansions, new projects, cost management, and risk management.
- **Developed forecasting models for service revenue and development** which improved organizational decision making and financial reviews. Provided useful insights in monthly board report executive summaries through detail write-ups on company's financial health and future forecast to set up the stage for monthly executive business meetings

Klamath Health Partnership, Inc., Klamath Falls, Oregon**Chief Executive Officer (2014 – 2016)**

FQHC (Federally Qualified Health Center) rural health center with three (3) clinics in the Klamath Basin of South-Central Oregon, with 140 employees serving over 18,000 patients annually.

Maintained and enhanced the delivery of quality care throughout the communities KHP serves. Demonstrated clinical credibility and effective leadership, along with the understanding of building an organization from a marketing, operational, and financial perspective.

- **Advanced patient access and clinic services with the addition of a Convenient Care Clinic** which allowed for more timely appointments, resulting in a 9.4% increase year over year in unique patients served.
- **Transformed recruitment process and successfully hired nine (9) health care providers,** within a one (1) year.

Klamath Health Partnership, Inc. continued

- **Established and sustained collaborative relationships with community organizations and other safety-net providers.**
- **Developed engaging and achievable compensation structure** which improved productivity, supported retention of tenured staff, and promoted teamwork.

United Health Centers of the San Joaquin Valley, Parlier, California

Chief Financial Officer (2013 – 2014)

FQHC (Federally Qualified Health Center) with thirteen (13) clinics throughout the Central Valley of California, including two school-based clinics and increasing scope of services to include cardiology and chiropractic in 2014.

Assumed strategic role by exerting influence on cash management and reporting. Provide oversight of over 40 employees supporting finance, patient financial services, and purchasing, contracting, credentialing, payroll, and benefits functions. Ensure compliance of state and federal regulations for various grants and New Market Tax Credit financing.

- **Created revenue cycle management department with improved reporting, dashboards and analytics** resulting in reduced denials and improved Days Cash on Hand from 16 days to 28 days in three months.
- **Provide executive oversight of monthly Finance Committee Meetings and financial statement presentation** to the Board of Directors.

Avenal Community Health Center, Avenal, California

Chief Financial Officer (2012 – 2013)

FQHC (Federally Qualified Health Center) migrant health center with three clinics providing medical, dental, and behavioral health services to the underserved of Kings County, CA.

Direct all finance, accounting, budgeting, and treasury functions for the organization. Prepare budgets and statistical reporting to meet PHS Section 330 requirements. Complete and file Medicare and Medicaid cost reporting. Oversee compliance for state and federal regulations including generally accepted accounting principles.

- **Demonstrated effective leadership and integration with the Administrative Team and Board Members.**
- **Developed a dashboard for Administration to quickly review the productivity and expected collections** on a weekly basis. Included graphs in the financial reporting package to provide Board Members insight into trends and projections.

CHG Healthcare Services, Salt Lake City, Utah

A \$550M privately held company which provides physician staffing services, and physician recruiting in a wide array of specialties for temporary and permanent assignments at hospitals and medical practices throughout the US.

Director, Finance (2010 – 2012)

Orchestrate and vet the efforts of 8 direct reports and 18 indirect reports tasked with providing financial reporting and analysis, forecasting, yearly budgeting, and daily accounting support for multiple divisions of CHG Healthcare. Promote development of best practices in internal controls in financial reporting and process efficiency.

Divisional Finance Manger (2008 – 2010)

Played a key role in enhancing the profitability of the organization by providing analytics and identifying changes or trends within the business and the industry. Developed annual budgets and worked directly with divisional management to prepare business plans based on analysis of revenues, gross profits, operating expenses and other key performance indicators.

Senior Internal Controls Auditor (2006 – 2008)

Ensured compliance with the Sarbanes-Oxley Act of 2002 and related rulemaking by the SEC as CHG Healthcare Services navigated through an IPO attempt and its later acquisition by a private equity firm. Identified potential deficiencies in controls, fraud, or compliance. Prepared reports, findings, and a risk analysis of corporate governance, IT infrastructure and financial reporting processes. Submitted recommendations for remediation or improvement to management.

- **Developed forecasting methodology that ultimately increased accuracy in the entire company projections** presented to the Board of Directors.
- **Transformed management's perspective of the finance group from a data provider to a valued business partner.** Proactively provided a broad range of value-added services that improved gross margins, KPI reporting and ROI analysis

EDUCATION, CERTIFICATIONS & AFFILIATIONS

MBA, University of Phoenix, Salt Lake City, UT

BS, Behavioral Science and Health, University of Utah, Salt Lake City, Utah

Certified Internal Auditor (CIA), 2007 (lapsed in 2018)

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Cheyne Anderson |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/they |
| Organization (if applicable): | Whole Washington |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | cheyne.w.anderson@gmail.com |
| Phone: | 425-364-8640 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input checked="" type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

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these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I'm strongly in favor of universal health care, and hope to represent Whole Washington on the FTAC.

2. Please describe your relevant experience and how it would benefit FTAC.

I'm not a health care expert or worker, so I can only bring my experience as a Washingtonian and advocate. Professionally, I'm a software engineer, so I at least have experience working on complex problems.

3. Please describe any other experience serving on a committee, board, or workgroup.

I have some experience with political organizing, and serve as secretary in my neighborhood's community association.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

We live in a country where rail workers need to strike and get the approval of congress to get even a week's worth of sick days. A congress that half-voted against even that. All while there is still a global pandemic in progress.

The state of health care in this country is absurd and it is cruel, and it makes me furious. I believe Washington can be a leader in showing our country that it doesn't

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

None

10. Memberships in professional, civic organizations, or government boards or commissions:

None

11. Community service/volunteer activities:

I have volunteered with Whole Washington, FairVote Washington, Jason Call's congressional campaign, and Elizabeth Warren's 2020 presidential campaign.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I don't have much in the way of expertise, but I can tell you what I know.

I know that thousands of unhoused people sleeping on the streets in the cold getting sick and/or dying is not health equity.

I know that infants born to black women dying at more than double the rate of those born to white women is not health equity.

14. Please describe why health equity is important to you.

Because it's the right thing to do. Because a world in which people are suffering or dying of preventable causes for no reason other than to make profits for people who already have more wealth than they need is frankly abominable. Because I live in a country that has a long history of systemic injustice, and I would like to see something substantial done about it.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Universal healthcare could give many unhoused people the chance to start building toward a new life.

Universal healthcare could help those living in poverty rest a little easier knowing they won't have to choose between healthcare and food, rent, necessities or bills.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White, born and raised in Washington state.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Cheyne Anderson

Date:

11/30/2022

About Me

I am an experienced software developer with a background in games and other real-time applications. I love learning and am always comfortable picking up new skills on the job. My interests have led me through a wide variety of subjects, both within software development and without. Suffice it to say, I consider myself more of a generalist than a specialist. I always aim to see the picture as wholly as I can, from the minutia to the gestalt.

| Skills | Interests |
|---|---|
| <ul style="list-style-type: none">• Software Engineering• Object Oriented Programming• Data Structures• Metaprogramming• C/C++• C#• Python• Typescript• Bash• Powershell• OpenGL and GLSL• Version Control (Git and Perforce)• Windows• Linux• GCC/G++• Visual Studio• GNU Make• CMake• General Debugging• GNU Debugger• Game Development• Unity• Lumberyard• Calculus• Linear Algebra• Geometric Algebra• Discrete Mathematics• Computational Mathematics• Classical Physics | <p>Mathematics</p> <p>I've loved mathematics from a young age. I'm particularly fond of advanced algebras. While in college, my pet project was researching rigid-body simulation in higher dimensional spaces. Category Theory has recently caught my attention as a new exploration of the foundations of mathematics, and I'm interested in learning more about it.</p> <p>Language</p> <p>Language, to me, has always felt closely related to mathematics, and I've spent almost as much time studying it. When I was young, I taught myself Hiragana and Katakana, and would listen to songs in Swedish to try to learn the lyrics. I also worked on a constructed language. I took three years of proper Japanese in high school. As an adult, I am now fairly proficient, though not quite fluent, in Swedish. I've also designed a programming language (see Personal Projects).</p> <p>Artificial Life</p> <p>Life is truly the most fascinating thing in all the universe, with unparalleled, spiraling, fractal complexity from which we ourselves have arisen. I've spent time studying many aspects of it, from molecular biology to psychology. And yet, I find myself most fascinated by the possibility of simulated life unconstrained by physics as we know it. I've followed several projects exploring this area, including Tierra, the OpenWorm project, and 3D Virtual Creature Evolution. I've also made some of my own such simulations, and am currently doing research for an AI project.</p> <p>World Building</p> <p>Before I learned how to program I saw myself as an artist. I doodled in every class I ever took. World building allows me to embrace my creative side while incorporating my other interests and skills. My current game project is itself an exploration of procedural world building (see Nylora under Personal Projects).</p> |

Employment History

May 2022 - Present **Software Engineer** **Google**

I currently work for Google in their cloud infrastructure division, helping to develop new networking technologies to support one of the largest computer networks on the planet.

Sep 2019 - April 2022 **Client and Pipeline Engineer** **City State Entertainment**

Our CTO has described me as a bit of a Swiss army knife. During my time at City State Entertainment, I've worked on tools, UI, core engine features, DevOps, database maintenance, build engineering, and other miscellany. Languages used have included C++, C#, Typescript, Python, Powershell, and CMake.

Jan 2018 - Sep 2019 **Independent Development**

During my time at Amazon, one of my personal hard drives was destroyed in an accident, which lost me more than a year's worth of personal project work. After I left Amazon, I decided to spend some time reestablishing and improving my personal work. During this time I completely overhauled my work environment. My codebase had previously been monolithic. As I rebuilt, I divided code into many independent Git repositories, which are now hosted on GitHub (code samples available by request). I also developed Citrus (see Personal Projects) to manage and build these repositories. Overall, I managed to recreate most of the code I had lost and made some new progress.

Sep 2014 - Jan 2018 **Software Development Engineer II** **Amazon Web Services**

While at Amazon, I worked on a team tasked with developing an innovative new technology to bring to the games industry. We worked closely with the team developing New World, which was utilizing our product. My responsibilities included both designing and implementing complex systems. I also helped direct the design of our product as a whole by coordinating with my team, our clients, and other tech teams in the org.

Aug 2013 - Sep 2014 **Independent Development**

After two years at Bally Technologies, I decided to use the money I'd saved to take an extended vacation to pursue my interests in an unconstrained environment. I spent the year working on a handful of personal projects, including games, simulations, designing a programming language, and general research.

Jul 2011 - Aug 2013 **Firmware Engineer II** **Bally Technologies**

While at Bally, I: created an asset pipeline with FBX support; created and modified game engine components; added support for skeletal animation, morph target deformation, and vector fonts; integrated a 3rd party physics library; and wrote gameplay code. When working with artists, I made it a point to adjust our engine to accommodate them, rather than asking them to accommodate us. Due to strict regulations in the casino gaming industry, we sometimes had to deal with unusual constraints not found in typical game development. I was involved in three released titles: Money Wheel, Texas Dice, and The Beach Boys. The company later partnered with Unity, and we began using their engine. I learned to use both Unity and C# on the job. After the partnership, I worked on developing new Unity components and editor extensions to be used in Bally games.

Education

I graduated from DigiPen Institute of Technology in 2011 with a Bachelor of Science in Computer Science. I majored in Real-Time Interactive Simulation and minored in Mathematics.

I worked on four student games as part of my coursework at DigiPen, seeing each through from start to finish. For the first three games, I worked on small teams with other students. The last one was a solo project.

Personal Projects

Citrus

Citrus is a package manager and build system written in Python. Each Citrus package corresponds to a single Git repository. Users can define dependencies between packages, and specify how they're built. Citrus can be extended with additional modules to extend its functionality. Citrus itself is language agnostic.

Virtual

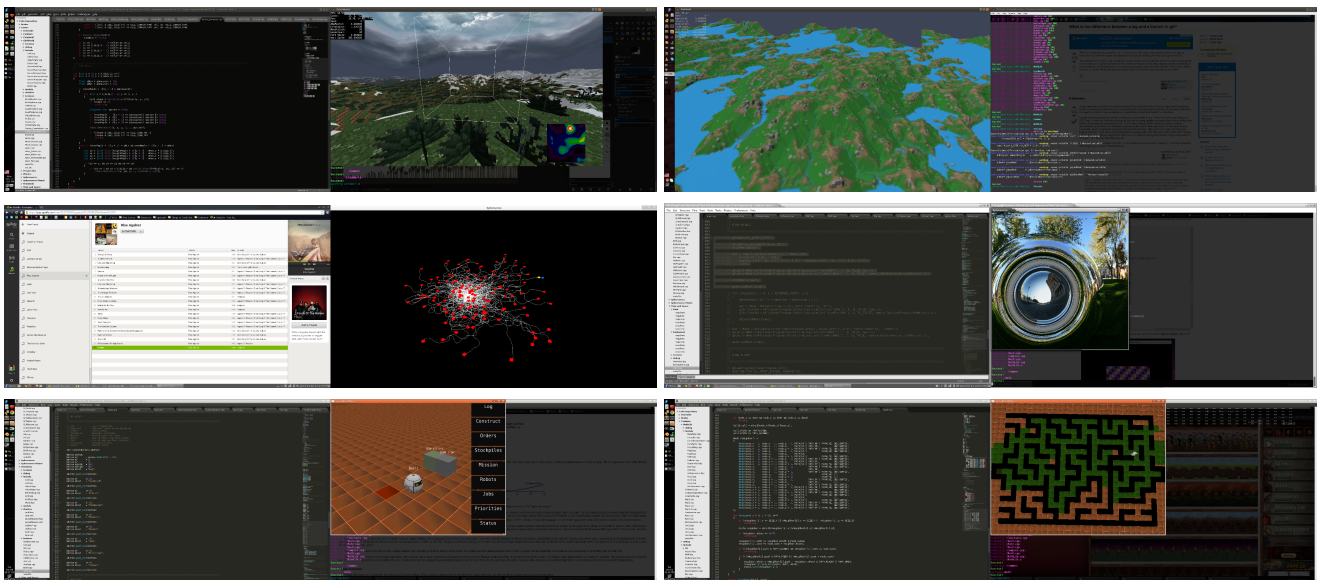
Virtual is a programming language that I have been designing. It's meant to be a general purpose, yet efficient language. A major goal is to allow all code to run at compile time, allowing for natural metaprogramming, rather than requiring specialized syntax. This would also allow code to be run as scripts through the compiler. In essence, Virtual aims to be its own scripting/data language in addition to an efficient compiled language.

Nylora

Nylora is a settlement building block game. In high concept it can be described as a game that looks like Minecraft and plays similarly to Dwarf Fortress. Nylora will feature several predesigned playable species in a procedurally generated environment. Currently I have a working block engine (developed from scratch), as well as a sidecar project for advanced terrain generation (to eventually be incorporated back into the game).

Orange Engine

This is a general purpose game engine I've been working on, written in C++. The Orange Engine includes a powerful serialization subsystem which is non-intrusive and puts no constraints on supported types. Nylora was originally developed in its own engine, but has now been reworked to run within the Orange Engine.



Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--------------------------------|
| Name (first and last): | Cris Currie |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/his |
| Organization (if applicable): | Health Care for All-Washington |
| Title or position (if applicable): | |
| Work address (if applicable): | Retired |
| County of organization/employer (if applicable): | |
| Email: | criscurrie22@gmail.com |
| Phone: | 509-990-2792 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I want to see Washington adopt a state based, single-payer, universal, high quality, affordable, and fair, health care system as soon as possible. And I want this system to coordinate well with those being formulated in other states, especially neighboring states. I am more of a generalist who is able to visualize how all the various parts of this system need to fit together, and I would be interested in working with a small group of people with more specialized expertise to make unified financing a reality. To envision the need, I would ask each member to read the Oregon Task Force

2. Please describe your relevant experience and how it would benefit FTAC.

As evidenced by my eBook called A Medicare for All Q & A, I have a detailed understanding of both the challenges and the opportunities on all aspects of single-payer health care. I am familiar with most of the options for its funding, including state taxes, federal waivers (Sections 402(b), 1332, 1115, and 1915 waivers) and cost sharing as well as options for avoiding an ERISA preemption. I have also closely followed how other states, particularly Oregon and California are

3. Please describe any other experience serving on a committee, board, or workgroup.

I attended all virtual meetings of the WA UHC Work Group and all meetings of the UHC Commission.

I was a founder and president of the Friends of Mt. Spokane State Park for 26 years, as well as chair of the Mt. Spokane State Park Advisory Committee. In that capacity I worked closely with the Washington State Parks & Recreation Commission and facilitated a consensus based comprehensive trail and management plan for the park as well as helped complete numerous implementation projects. I also founded a

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I started writing my eBook 7 years ago, on the verge of my retirement from Providence, as a way to understand the ACA's individual health insurance market, since I was not yet 65. One question led to several others and 5 or 6 pages of notes eventually morphed into researching and answering over 80 questions about single-payer that I continue to update twice a year. The prospect of converting the

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

However I would hope to eventually benefit financially as nearly every other Washingtonian will from the state unified, universal health care program.

9. Professional licenses held:

Former Registered Nurse (retired)

10. Memberships in professional, civic organizations, or government boards or commissions:

Active member of Health Care for All-Washington. Also a member of Physicians for a National Health Program, and Health Care Now.

Have also been a member of the Peace and Justice Action League of Spokane since 1980.

11. Community service/volunteer activities:

I recently participated in a local project that provides free transportation to medical appointments for seniors and the disabled. Through that I saw how transportation and its lack can be a social determinant of health. I currently volunteer with the Inland Northwest Land Conservancy doing land stewardship and historical writing projects.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

As a home health nurse for a non-profit, community agency, I participated in what is arguably the most equitable health care that has ever been provided in the U.S. Unfortunately my services and supplies were only available free of charge to patients on Medicare, Medicaid, some private insurance plans, and a limited number of those who were completely destitute. Services were provided without regard to cultural background or inability to pay. When Providence took over the agency, insurance productivity and revenue costs became the new priority, leaving equity

14. Please describe why health equity is important to you.

According to the preamble of the Constitution, the purpose of government is to establish justice, ensure domestic tranquility, provide for the common defense, and promote the general welfare of all people in the United States. Since health care is a human right (according to the Declaration of Human Rights, Article 25), it is a critical justice and general welfare issue that directly affects domestic tranquility and even our defense capabilities. There really can be no tranquility, justice or general

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Unlike private insurance, the single-payer system does not need to discriminate on the basis of ability to pay, age, gender, employment and health status, or sexual orientation. It can also be set up to offer culturally appropriate care much more easily than can the status quo, and it should eliminate the racist baggage that has accompanied Medicare and Medicaid since their inception.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

American, white, of distant European descent

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

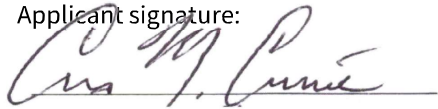
- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

11/16/22

CRIS M. CURRIE, MA, RN (retired)

11203 E. Heglar Road, Mead, WA 99021
(509) 990-2792 (cell) E-mail: criscurie22@gmail.com

SKILLS

Professional/academic writing and research
Single-payer healthcare advocacy
Public speaking and meeting facilitation
Project organizing
Mediation and conflict resolution

POSITIONS HELD

Home Health Nurse, VNA Home Health, Spokane, WA 4/03-1/16.
Adjunct Instructor of Conflict Management, Eastern Washington University, 12/01-6/03.
Co-director, Dispute Resolution Center of Spokane County (DRC), 1/89-9/93
Director, Community Boards of Spokane and DRC, 1/87-12/88
Critical Care Nurse, Sacred Heart Medical Center, Spokane, WA, 11/79-8/87

EDUCATION

Nurse Refresher Course, Intercollegiate College of Nursing, Spokane, WA, 2002.
M.A. (Conflict Resolution) Antioch University, Yellow Springs, OH, 1995.
B.S.N. (Nursing) Creighton University, Omaha, NE, 1979.
B.A. (Biology, pre-med) Earlham College, Richmond, IN, 1975.

PUBLICATIONS

Mount Spokane State Park: A User's Guide (2015). Gray Dog Press, Spokane, WA. 150 pages.

Spokane's History of Skiing: 1913-2018 (2018). Gray Dog Press, Spokane, WA. 247 pages. Winner of 2019 International Skiing History Association Skade Award.

A Medicare for All Q & A, (2019-present). An interactive, frequently updated eBook available for free download at www.healthcareforallwa.org/resources.

Currie, C.M. (1998). Mediation and medical practice disputes. Mediation Quarterly, 15(3), 215-226. (Master's thesis).

Numerous conflict resolution articles between 1996 and 2004 for professional journals and newsletters.

COMMUNITY ACTIVITIES

Stewardship Volunteer and Historian, Inland Northwest Land Conservancy, 5/21-present.

Volunteer Driver, Spokane Neighborhood Action Partners, 4/21-9/22.

Mt. Spokane State Park Advisory Committee, Founding Chair, 1995-2013.

Friends of Mt. Spokane State Park, President, 1996-2021.

Washington Mediation Association, President 2000-03.

Spokane-Makhachkala Sister City Society founding member (1987-94), Treasurer (1989-94).

Peace and Justice Action League of Spokane volunteer and member 1980-present.

DOMESTIC

Married to Nora Searing for 40 years. No children.

Universal Health Care Commission

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Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|---------------------------------------|
| Name (first and last): | Christine Eibner |
| Preferred pronouns (e.g., she/her, he/his, they/their): | She/Her |
| Organization (if applicable): | RAND Corporation |
| Title or position (if applicable): | Senior Economist |
| Work address (if applicable): | 1200 S. Hayes St. Arlington, VA 22202 |
| County of organization/employer (if applicable): | Arlington, VA |
| Email: | eibner@rand.org |
| Phone: | (703) 413-1100 Ext. 5913 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input checked="" type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

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these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

Washington state is poised to make significant strides in transforming the health care system, aiming to develop a more equitable, accessible, and affordable health care system that provides high quality coverage for all residents. As a health economist who began studying health reform before the Affordable Care Act (ACA) was passed, it would be incredibly exciting to be part of this transformative process. I have devoted my career to helping policymakers understand the advantages and disadvantages of various approaches to health insurance reform and health care

2. Please describe your relevant experience and how it would benefit FTAC.

I am a health economist with decades of experience studying health care reform and health care financing, including state single payer plans and other reforms aimed at providing universal coverage. My work has considered a range of issues related to financing such reforms, including provider payment rates; considerations for recouping federal funding for Medicaid, Medicare, and the Marketplaces; tax financing approaches; and possible changes in the tax base due to tax avoidance

3. Please describe any other experience serving on a committee, board, or workgroup.

In 2019 and early 2020, I served on a study panel convened by the National Academy of Social Insurance to understand the implications of three approaches to expanding Medicare: Medicare for All, a Medicare buy-in, and lowering the Medicare eligibility age. The study panel met approximately bi-monthly for a period of about a year. Each meeting lasted roughly a day, during which time the group discussed and debated issues, and presented findings from relevant work. Between meetings, we were given assignments such as reviewing draft manuscripts and reading

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

While the majority of my work has focused on health insurance reform, I also have done a fair amount of work over the years on military health, touching on health care financing issues in Tricare and the VA. This background may be helpful to the FTAC as decisions will need to be made about how to accommodate Washington state residents who are eligible for coverage through these federally-funded sources.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

NA

9. Professional licenses held:

NA

10. Memberships in professional, civic organizations, or government boards or commissions:

NA

11. Community service/volunteer activities:

NA

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

My work for the state of Vermont focused on understanding the equity implications of the state's existing health care system using two metrics—vertical equity, which occurs when people with lower incomes pay less than people with higher incomes, and horizontal equity, which occurs with people with similar incomes pay the same amount. My team and I found mixed results on vertical equity—while lower income residents paid less than higher income residents for health care in absolute terms, lower income residents more as a percentage of their income. In terms of horizontal

14. Please describe why health equity is important to you.

Everyone should have equal ability to enjoy a productive, happy, and long life. Yet, without health equity, some groups may face significant barriers to achieving these basic rights. Lack of health equity is particularly galling when looking at life expectancy and mortality statistics, which show that Black Americans live almost 4 fewer years than White Americans (CDC, 2020), and that gaps in life expectancy by educational attainment have widened over time (Case and Deaton, 2021). Truly

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

A unified health care financing system that achieves universal coverage will likely improve health care access and reduce inequitable outcomes among the 6.5 percent of Washington's population that is currently uninsured. Additionally, in Washington State, as throughout the US, the health care system is very fractionated, with different financing, payment, and benefit-generosity rules that depend on income, age, and employment status. These differences can lead to

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White, non-Hispanic; US citizen

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

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- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Christine Eibner

Date:

11/29/22

Christine E. Eibner

Senior Economist

Paul O'Neill Alcoa Chair in Policy Analysis

Director, Health Care Payment, Cost and Coverage

RAND Corporation

1200 South Hayes Street

Arlington, VA 22202-5050

(703) 413-1100 Ext. 5913

eibner@rand.org

EDUCATION

Ph.D. Economics, University of Maryland at College Park, August 2001

M.A. Economics, University of Maryland at College Park, May 1998

B.A. Economics and English, College of William and Mary, Williamsburg, VA, May 1995

PROFESSIONAL EXPERIENCE

Program Director, Health Care Payment, Cost, and Coverage, RAND, 2018-present

Associate Director, Health Services Delivery Systems Program, RAND, 2015–2018

Senior Economist, RAND Corporation, Arlington, VA, June 2012–present

Economist, RAND Corporation, Arlington, VA, May 2008–May 2012

Associate Economist, RAND Corporation, Arlington, VA, August 2003–May 2008

Post-Doctoral Research Associate, Center for Health and Wellbeing, Princeton University, September 2001–June 2003

Intern, Agency for Healthcare Research and Quality (formerly AHCPR), Rockville, MD, Summer 1999

RESEARCH AREAS

Health Economics, Health Care Costs, Simulation Modeling, Military Health Policy

PEER-REVIEWED PUBLICATIONS AND BOOK CHAPTERS

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FUNDED PROJECTS AS PRINCIPAL INVESTIGATOR (PI) OR CO-PI

“Options to Increase Insurance Coverage for Undocumented Immigrants in Connecticut,” *Robert Wood Johnson Foundation*, 6/1/21-5/31/22, \$149,941. Co-Principal Investigator.

“Medicare Advantage Value Based Insurance Design Evaluation, Part 2” *US Centers for Medicare & Medicaid Services*, Center for Medicare & Medicaid Innovation. 09/08/2020-9/07/2023, \$7,714,147 (base period), Principal Investigator.

“Modeling the Effects of COVID-19 on Health Insurance Enrollment and Costs for New York State Residents,” *New York State Health Foundation*, 07/01/2020-12/08/2020, \$184,980, Principal Investigator.

- “State Based Approaches to Cost Containment: What are the Savings Opportunities for Californian?” *California Health Care Foundation*, 10/5/18-6/31/2020, \$392,000, Principal Investigator.
- “Policy Analysis and Technical Assistance” US Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, 9/24/2018-9/23/2023, \$14,500,000, Principal Investigator.
- “Analyzing a Medicare Buy-In: Phase 2,” *AARP*, 5/14/18-12/31/18, \$168,616, Principal Investigator.
- “Analyzing a Medicare Buy-In: Phase 1,” *AARP*, 12/5/17-3/31/18, \$65,000, Principal Investigator.
- “Modeling New Proposals to Modify the ACA,” Commonwealth Fund, 4/1/17-5/31/18, *Commonwealth Fund*, “\$250,000, Principal Investigator.”
- “Modeling Emerging Health Reform Proposals for 2016 and 2017,” *Commonwealth Fund*, 8/15/16-8/14/17, \$198,884, Principal Investigator.
- “Medicare Advantage Value Based Insurance Design Evaluation (Base Period),” US Centers for Medicare & Medicaid Services, Center for Medicare & Medicaid Innovation. 8/29/2016-4/30/2020, \$7,331,138, Principal Investigator.
- “Building Analytic Capacity for Monitoring and Evaluating the Implementation of the Affordable Care Act, Option Year 2” US Department of Health and Human Services, 9/30/16-9/29/17, \$2,327,484, Principal Investigator.
- “Building Analytic Capacity for Monitoring and Evaluating the Implementation of the Affordable Care Act, Option Year 1” US Department of Health and Human Services, 9/30/15-9/29/16, \$2,999,830, Principal Investigator.
- “Analysis of ACA Alternatives,” *Commonwealth Fund*, 4/15/15-4/14/16, \$249,783, Principal Investigator.
- “Building Analytic Capacity for Monitoring and Evaluating the Implementation of the Affordable Care Act,” US Department of Health and Human Services, 9/30/14-9/29/15, \$4,050,672, Principal Investigator.
- “Providing and Incidence Analysis of Healthcare Spending in Vermont,” Department Joint Fiscal Office, 7/21/14-3/1/15, \$174,212, Principal Investigator.
- “Simulate Health Insurance Demand and Pricing under the Affordable Care Act,” US Department of Health and Human Services, \$110,000, 9/12-9/13, Principal Investigator.
- “Coverage Expansion and Medicaid Primary Care Physician Payment Increase” US Department of Health and Human Services, \$286,311, 9/12-9/15, co-Principal Investigator.
- “FMAP Income Conversion Refinement,” US Department of Health and Human Services, \$674,999, 9/12-9/13, Principal Investigator

“FMAP Claiming and MAGI Income Conversion Methods,” US Department of Health and Human Services, \$1.4 million, 9/11-8/13, Principal Investigator

“Simulating the American Health Benefits Exchanges,” US Department of Health and Human Services, \$250,000, 9/11-3/15, Co-Principal Investigator

“Stop-Loss Sensitivity Analysis and Health Plan Assistance Study,” US Department of Labor, \$200,000, 9/11-6/12, Principal Investigator

“Current Health Benefits for Workers with Low and Moderate Incomes,” The Commonwealth Fund, \$235,022, 4/11-4/12, Principal Investigator

“Affordable Care Act—Technical Assistance,” US Department of Health and Human Services, \$784,227, 9/10-9/13, Principal Investigator

“Large Group Study,” US Department of Labor, \$1,098,036, 9/10-9/11, Co-Principal Investigator

“The Implications of a National Health Insurance Connector for Small Business,” US Department of Labor, \$249,887, 9/09-9/10, Co-Principal Investigator

“Women, Neighborhoods, and Coronary Heart Disease: A Prospective Study,” National Heart, Lung, and Blood Institute, \$2,481,383, 7/07-4/10, Co-Principal Investigator

“The Effect of a Pharmaceutical Benefits Change on Health Process Outcomes,” Mid-Atlantic Permanente Group, \$66,514, 9/06-8/07, Principal Investigator

“Health Insurance Costs for Small Businesses: How Much Do Benefits Substitute For Wages?” The Kauffman-Rand Institute, \$60,486, 1/07-9/07, Principal Investigator

“Trends in the Distribution of Employer Health Insurance Costs,” California Health Care Foundation, \$224,481, 6/05-5/07, Co-Principal Investigator

REFEREEING

The Journal of Human Resources
The Journal of Health Economics
Health Affairs
Health Services Research
Journal of Epidemiology and Community Health
Journal of Healthcare for the Poor and Underserved
Medical Science Monitor
Scandinavian Journal of Public Health
Social Science and Medicine
Health Policy
Forum for Health Economics and Policy

AWARDS

RAND Silver Medal Award, 2020
AcademyHealth HSR (Health Services Research) Impact Award, 2016

Christine E. Eibner

RAND Gold Medal Award, 2015
RAND President's Choice Award, 2013
RAND Silver Medal Award, 2012
RAND President's Award, 2011
RAND Gold Medal Award, 2009
RAND Bronze Medal Award, 2008
Graduate Fellowship, University of Maryland, 1996-1998
Magna cum Laude with Honors in English, College of William and Mary, 1995
Phi Beta Kappa, 1995

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022.** Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|---|--------------------|
| Name (first and last): | Chris Gelatt |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/him |
| Organization (if applicable): | |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | gelatt@inreach.net |
| Phone: | 414-732-1549 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I've had significant engagement with the healthcare industry for several years as a patient, and I've experienced a number of situations where there have been challenges that have arisen due to the nature of how the industry is structured. These include issues with providers billing insurers, prescription coverage, which services are or are not included in a given policy, being surprised with special handling for certain procedures, and various provider network issues.

2. Please describe your relevant experience and how it would benefit FTAC.

As mentioned, I have significant recent experience as a patient, which I believe gives me some useful insight into some of the challenges experienced by patients today. Additionally, in my professional capacity, I'm responsible for risk assessment and evaluation, policy and process design, and organizational maturity and cohesion, which seem like relevant skillsets for this commission, even though my background is not in the healthcare industry specifically.

3. Please describe any other experience serving on a committee, board, or workgroup.

At my current organization, I led the boards and was the primary individual responsible for managing the policy and process of our change management and incident response programs for nearly a decade. I've also participated in numerous contract review workgroups with our attorneys for customer and vendor contract risk as well as compliance assessments for business-critical certifications and attestations.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I have long had a strong interest in a universal healthcare system, even before I had to interact with it as significantly as I do now. I also feel that my background gives me a unique opportunity to meaningfully contribute to the commission, and look forward to the opportunity to do so.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

As it would any Washingtonian, the availability of a universal healthcare system would financially impact me. Necessary changes in taxation and payer structures would change how much I personally pay, and in what form.

9. Professional licenses held:

CISSP

CISM

GSTRAT

10. Memberships in professional, civic organizations, or government boards or commissions:

(ISC)2

ISACA

GIAC Advisory Board

11. Community service/volunteer activities:

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Although I have been comparatively fortunate in my own circumstances regarding health insurance, I have a number of close friends who have had challenges receiving adequate care due to lack of ability to pay, lack of access to employment with comprehensive insurance benefits, unreliable transportation, and difficulty finding providers willing to accept new patients with the low- or no-cost health insurance options they have.

14. Please describe why health equity is important to you.

We live in a country that has long had the resources to provide healthcare for everybody who lives here, yet we choose not to. Healthcare is not something that should be withheld solely because somebody is not fortunate enough to have been born into a wealthy family, or with interests which correlate well with high-paying jobs. We cannot continue to exclude people from something that should be a basic human right. The only reasonable way to handle this is through a universal program.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Creating a unified financing system is a critical component of creating a universal program, which would allow people vastly more freedom over their employment decisions, ensure their loved ones get the care they need in a timely fashion (instead of putting off care due to cost, potentially with disastrous results), and significantly increase both expectancy and quality of life across all demographics.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

Although some of my ancestry is Native American, it's not a heritage I've had much of an opportunity to explore. The most appropriate claim I could make for myself for racial and ethnic identity would be white. I was born in another state, but have lived in Washington since 2007.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

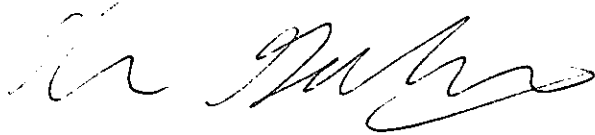
- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

29 Nov 2022

Director of Information Security | Data Protection & Organizational Maturity Development*Evolving security and risk management strategy to protect the integrity, confidentiality, and availability of enterprise assets*

Information Security Leader with 9+ years of management experience in a global SaaS B2B enterprise environment. Proven success leading and promoting the adoption of change management initiatives and building security and risk management programs and IT policies and procedures that simplified business operations and saved millions in SLA payouts. Strategic business partner to executive/c-suite leaders. Regarded for building mental models that balance short-/long-term priorities and engaging and seeking feedback from teams across functional boundaries to drive organizational maturity and growth.

Key Credentials: MBA • BS (computer science) • GIAC Advisory Board • GIAC Strategic Planning, Policy & Leadership Certified Information Security Manager (CISM) • Certified Information Systems Security Professional (CISSP)

Areas of Expertise

Information Security Management
Regulatory Compliance Standards
Risk Management Strategy
Data Protection Frameworks (GDPR)

Enterprise Maturity Development
Executive-Level Collaboration
Business & IT Change Management
Talent Development & Mentoring

Disaster Recovery & Threat Modeling
Incident Response Management
Business Continuity Planning
Internal/External Audit Assessments

Professional Experience**Engineer III** • Comcast Technology Solutions (CTS), Seattle, WA

2020 – Present

Transitioned to a software engineering team following the dissolution of the Platform Group. Currently support various IT teams on operational systems infrastructure initiatives, including SaaS applications, incident management, information security policy development, and cross-organizational team building and culture development.

- Develop and revamp the existing product documentation by including details on the application architecture, build infrastructure, and code organization, **saving time** for new team members to get up to speed on projects.
- Presently working on changing the team culture on issue documentation, **promoting a shift** away from the functional aspects to the root cause of the issue and its value to the customer, and defining clear criteria for issue resolution.

Change Release Manager • thePlatform/Comcast Technology Solutions (CTS), Seattle, WA

2012 – 2020

***Promoted** to co-manage a 9-member Application Support team and address operational workflows and personnel challenges. Drove the development, implementation, and standardization of policies and procedures governing information security, data privacy, and audit compliance to ensure efficient, prompt handling of changes in production and staging environments. Initiated discussions with executive management on proposed changes and served as the primary technical contact for vendors.*

- **Leadership Influence:** Leveraged institutional knowledge and modeling skills to view problems from multiple perspectives, identify potential failure rates, and foster individual initiative and strong teamwork to achieve goals.
 - **Co-founded, managed, and mentored** the business intelligence and information security teams, resulting in continuous improvements in product security and remediation of years of technical debt.
 - Designed information security education sessions, covering cryptography basics, social engineering, physical security, and defense-in-depth, which **expanded peoples' awareness of security concerns** enterprise-wide.
 - Helped **drive annual attrition rate down 80%** by helping team members collaborate with different internal teams, including software engineering, operations, and QA, and later advance to open positions.

- **Organizational Change Management:** Charged with leading the change management program and directing the planning and execution of releases across complex interdependent business and IT applications, including:
 - **Orchestrated the ServiceNow implementation** to streamline customer service and internal ticketing processes. This initiated a living project for developing and encoding workflows to reflect evolving business needs.
 - **Converted ad-hoc processes to formal policies** and leveraged automation to score risk changes, create approval workflows, enforce SLAs, and issue internal/external notifications to track and resolve issues.
 - Optimized incident management processes by formalizing and **automating workflows**, issuing internal and external notifications, and automatically bringing the right people into a Slack channel to resolve issues.
- **Data Privacy Compliance:** Mitigated operational risk and significantly reduced exposure to lawsuits and fines around data privacy regulations by initiating discussions with product owners across diverse teams.
 - Brought CTS into alignment to **achieve regulatory compliance** following the replacement of Safe Harbor to EU-US Privacy Shield and meet GDPR requirements.
 - **Prevented tens of millions in SLA payouts** by mobilizing networking and legal teams in migrating thePlatform.eu from ownership by a UK- to a post-Brexit EU-registered entity per EURid requirements. Helped draft legal documents to establish the entity, enact the transfer, and **ensure service availability**.
 - **Addressed patent licensing issues** by working with product engineering and legal teams to track patents with the required functionality for transcoding video formats, which **mitigated the risk for reputational damage**.

Application Support Engineer • thePlatform/Comcast Technology Solutions (CTS), Seattle, WA 2010 – 2012

Joined the Application Support Team, working in a multifaceted role to assist customers with technical support questions, identify and track software issues, and ensure SLA compliance and continual product and service improvements.

- **Reduced SLA payouts** by closing a critical gap in one of the team's monitoring tools; developed an application to audit HTTP endpoints at defined thresholds once a minute and ensured that services were running properly.
- Built institutional knowledge and became the **go-to expert in SaaS operating, networking, and storage systems**.

Early Career Experience

Lexus Technical Support Representative • CDK Global, Seattle, WA 2007 – 2010

Building Systems Operator • Johnson Controls, Milwaukee, WI 2005 – 2007

Education

Master of Business Administration (MBA) • Western Governors University 2019

Course: Analyzing & Presenting Data & Information • Edward Tufte 2016

Bachelor of Science (BS), Computer Science • University of Washington Tacoma 2015

Licenses & Certifications

GIAC Advisory Board • GIAC Strategic Planning, Policy & Leadership (GSTRT) 2020

Certified Information Security Manager (CISM) • ISACA 2020

Certified Information Systems Security Professional (CISSP) • (ISC)² 2019

Technical Skills

VMware, ServiceNow, Ansible, Confluence, JIRA, Splunk, Go, MySQL, Microsoft Office (Word, Excel, PowerPoint)

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|----------------------------|
| Name (first and last): | Christie Ryan |
| Preferred pronouns (e.g., she/her, he/his, they/their): | she/her |
| Organization (if applicable): | |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | ChristieRyan1981@gmail.com |
| Phone: | 360-609-9167 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- | | |
|--|---|
| <input type="checkbox"/> Provider: hospital and/or health system | <input type="checkbox"/> Provider/clinic: physical health |
| <input type="checkbox"/> Provider: other | <input type="checkbox"/> Public health department |
| <input type="checkbox"/> Provider: Tribal health clinic or center | <input type="checkbox"/> Social services |
| <input checked="" type="checkbox"/> Provider/clinic: behavioral health | <input type="checkbox"/> State agency staff |
| <input type="checkbox"/> Provider/clinic: oral health | <input type="checkbox"/> Tribal representative |

Areas of experience/expertise

- | | |
|---|---|
| <input type="checkbox"/> Children's health financing | <input type="checkbox"/> Health care administration |
| <input type="checkbox"/> Health care advocate ¹ | <input type="checkbox"/> Health care delivery system |
| <input type="checkbox"/> Coverage and benefits and/or cost sharing and premiums | <input type="checkbox"/> Health care financing ² |
| <input type="checkbox"/> Development or measurement of health-related metrics | <input type="checkbox"/> Health economics |
| <input type="checkbox"/> Employer health benefits/costs | <input checked="" type="checkbox"/> Health information technology and/or electronic medical records |
| <input type="checkbox"/> Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities) | <input type="checkbox"/> Health-care costs, value-based payments, alternative payment methodologies |
| <input type="checkbox"/> Experience with differently abled communities (either as a community member of working with community) | <input type="checkbox"/> Improving health equity and eliminating health disparities |
| <input type="checkbox"/> Experience with LGBTQ+ community (either as a community member or working with community) | <input checked="" type="checkbox"/> Provider reimbursement |
| <input type="checkbox"/> Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities) | <input type="checkbox"/> Public health financing |
| <input type="checkbox"/> Federal financing for health care programs and systems | <input type="checkbox"/> Recruiting, educating, and retaining the health care workforce |
| <input type="checkbox"/> Financing health-related social needs and social determinants of health | <input type="checkbox"/> Revenue goals and projections |
| | <input type="checkbox"/> State financing for health care programs and systems |
| | <input type="checkbox"/> Tax structures, including the impact of tax structures on equity |
| | <input type="checkbox"/> Taxation and other public revenue models |
| | <input type="checkbox"/> The Employee Retirement Income Security Act (ERISA) |

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am looking for the right volunteer opportunity. I am a self employed single mother working as a mental health therapist. I pay out of pocket for my health insurance and I accept health insurance as payment for my services. I believe that healthcare is a human right and would love to see Washington doing more to offer more to its residents.

2. Please describe your relevant experience and how it would benefit FTAC.

I know the hardship of paying for healthcare for a family. I know the hardship of providers accepting low rates from insurance companies and informing clients of high deductibles.

3. Please describe any other experience serving on a committee, board, or workgroup.

None really related. I have been on previous PTA and served as treasurer.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

My mother wrote a textook on personal finances and I became her co-author in 2009. She unfortunately passed away in 2015 so the book is no longer being produced but I am also familiar with financial matters because of this involvement.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

I would be affected by universal healthcare in that I would stop paying Kaiser and get a benefit through the program.

9. Professional licenses held:

LMHC-Licensed Mental Health Clinician WA State

10. Memberships in professional, civic organizations, or government boards or commissions:

American Mental Health Counselors Association

11. Community service/volunteer activities:

None at this time. In the past I have written postcards to swing states. As a self employed single mother who also has a child at home doing remote school I have to be very picky about how I spend my free time. I have been waiting for the right opportunity to use my knowledge and expertise to make a difference.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I think our contry is severely lacking in health equity. State insurance doesn't cover what private plans do. Many providers (myself included) don't accept state insurance because of the low reimbursment rates. Private plans vary greatly and it seems as if those who can least afford it always have plans with higher out of pocket costs. And that's just insurance! Does everyone have equal access to be healthy? Heck no! Not everyone can afford healhty foods or time to excersie shop for and prepare foods.

14. Please describe why health equity is important to you.

So many reasons. I believe all people should be able to find a healthy and happy life for themselves. We have so much no one should go without. People put off taking care of themselves because they can't afford it but they pay for it later with their lives.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

I would love WA to lead the way in providing a universal healthcare system that works for everyone. I know Medicare has its disatvantages but we can take what works and make a system that is even better.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

Caucasian. US born

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Christie Ryan

Date:

11/14/2022

Christie Ryan, LMHC

13005 NW 13th Ave
Vancouver, WA 98685
christieryanlmhc@gmail.com
(360) 609-9167 (cell)

Experience

Mental Health/Social Services Experience

- Strength From Within, LLC, Vancouver, WA 4/2018-present
- Institute for Family Development (IFD), Vancouver, WA 10/2010-3/2018
Family Preservation Therapist
- SW Agency on Aging and Disabilities (SWAAD), Vancouver, WA 10/2008-11/2011
Case Manager
- Institute for Family Development, Vancouver, WA 4/2007 – 10/2008
Family Preservation Therapist
- Valley Cities Counseling, Federal Way, WA, 8/2005 – 7/2006
Intern Therapist, Youth and Family Services
- Ryther Child Center, Seattle, WA, 6/2004 – 8/2005
Residential Counselor
- Seattle Mental Health, Seattle, WA, 8/2003 – 6/2004
Case Manager, Community Reintegration Services

Teaching Experience

Tacoma Community College, Tacoma, WA, 9/2006 – 3/2007
HD-101 Student Success Seminar
Highline Community College, Des Moines, WA, 1/2007 – 3/2007
Psych 100 Introduction to Psychology

Education

Master of Arts, Clinical Psychology

Argosy University, Seattle, WA 8/2004-8/2006

Bachelor of Arts, Psychology

University of Washington, Seattle, WA 1/2003-6/2004

Associate of Arts, Psychology

Clackamas Community College, Oregon City, OR 9/1998-6/2002

Skills

Certificates/Trainings

- LMHC, Washington State, LH60414139
- ESA Certificate, Washington State, 477550H
- Adjunct Faculty Institute-TCC 2007
- CMHIMP Certified Mental Health Integrative Medicine Practitioner
- CCTP Certified Clinical Trauma Professional

Universal Health Care Commission

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Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|------------------|
| Name (first and last): | Chenelle Tyack |
| Preferred pronouns (e.g., she/her, he/his, they/their): | she/her |
| Organization (if applicable): | Whole Washington |
| Title or position (if applicable): | Citizen |
| Work address (if applicable): | N/A |
| County of organization/employer (if applicable): | |
| Email: | |
| Phone: | |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input checked="" type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
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- Tax structures, including the impact of tax structures on equity
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Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I want to contribute to the development, sustainment, and creation of the financial plan implemented for Universal Healthcare. I want to partake in an active role in the financial health determinants and outcomes that impact the community.

2. Please describe your relevant experience and how it would benefit FTAC.

I have a Bachelor's degree in Public Health and Creative Writing, with coursework in Public Health services, and medical geography. I am a professional writer with over 12 years of Federal Government service with the Social Security Administration and Federal Aviation Administration working in various public safety, analyst, and policy development roles.

While serving as a representative of the Social Security Administration, I

3. Please describe any other experience serving on a committee, board, or workgroup.

I am a community health and agriculture advocate. I have worked with the King County Agriculture Commission to proactively introduce measures to sustain and protect vital farmland in the Kent valley and surrounding Puget Sound region.

I served as an Associate with the Seattle Federal Executive Board. I collaborated with Federal personnel at the Environmental Protection Agency, Equal Employment Opportunity Commission, to produce a video project communicating beneficial ideas to improve the Federal workforce.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I have served in several relevant community health and environmental volunteer roles to include:

King County Community Salmon Investigator; Normandy Park, WA;
09/2017-01/2018

Habitat for Humanity; Auburn/Tacoma; 08/2014 & 08/2018

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

N/A

First Aid/CPR certified.

10. Memberships in professional, civic organizations, or government boards or commissions:

Whole Washington

King County Agriculture Commission

11. Community service/volunteer activities:

King County Public Health: 05/2020-present

Whole Washington: 11/2021-present

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have worked with underserved communities in low income neighborhoods, foster care youth, and elderly populations. My education and experience is built upon wholistic knowledge of how healthy communities operate and provide public health services for the people.

14. Please describe why health equity is important to you.

Health equity is important to me because it is a human right. The community operates at its best when it's members operate at their best. In order to achieve this, each individual needs to have accessible and affordable health care, nutrition, and housing.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

I see health equity, I see affordability, I see long-term successful health outcomes for recipients. I see the opportunity for community collaboration and financial burden mitigation which will lead to improved health among community members and as a result long term success within the community.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

African American, Native American-Cherokee, Caucasian.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input checked="" type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
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- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Chenelle Tyack

Date:

11/30/2022

Chenelle Tyack

3200 S. 176th Street Apt. 308
Seatac, Washington 98188 United States
Mobile: 206-832-9817
Email: renetyack@gmail.com

Availability:

Job Type: Permanent

Work Schedule: Full-time

Work Experience:**Management and Program Analyst****Federal Aviation Administration (This is a federal job)**

800 Independence Ave SW
Washington, DC

3/2021 - Present

Hours per week: 40

Series: 0343 Management And Program Analysis

Pay Plan: FV - Federal Aviation Administration Core Compensation Plan

Grade: I

Duties, Accomplishments and Related Skills:

I serve as a Federal Aviation Administration (FAA), technical point of contact on the Technical Operations, Advanced Systems Design Service (ASDS) team. I support Program Implementation Managers, local governments, municipal authorities, airport sponsors, and public officials by researching complex technical issues and inquiries and delivering policy guidance to technical requests on the process for procurement, installation, commissioning, maintenance, takeover, and decommissioning of non-federal National Airspace System (NAS) equipment including; Instrument Landing Systems (ILS), Very High Frequency Omnidirectional Range (VOR), Approach Lighting Systems (ALS), Automated Weather Observing Systems (AWOS), Distance Measuring Equipment, Runway Visual Range, Ground Based Augmentation Systems, and Non-directional Beacons and Markers. I review sponsor non-compliance letters, Airport Improvement Program grant letters, Non-Rulemaking/Non-Rulemaking Airport study results, and sponsor notices of decommissioning.

I collaborate with agency stakeholder and sustainment offices for NAS equipment, safety, and standards to include the Program Management Office for Navigation Programs, Logistics, ILS and Surveillance Sustainment, Navigation/Communications, Weather and Surface Surveillance, Airspace Procedures, Spectrum Engineering, NAS Configuration Control Board, Airports District Offices, Aircraft Certification Service, and Flight Standards District Offices. I coordinate with Logistics on FAA takeover requests of NAS equipment in planning and preparation for spares, parts, budgetary estimates, and resource requirements. Program Implementation Managers coordinate takeover requests and AIP funding determinations with the program headquarters office.

I review Airport District Office letters containing cost-benefit analysis calculations of Airport Improvement Program "AIP" grant funds for projects to include AWOS takeovers, Glide Slope and Localizer upgrades, and equipment procurement.

I apply requirements codified in statute, Title 49 U.S.C. Subtitle VII-Aviation Programs Sections 40101 to 50105, Title 49 U.S.C. Subtitle VII-Aviation Programs Part B-Airport Development and Noise Sections 47101 to 47534, and Title 49 U.S.C. Subtitle VII-Aviation Programs Part D-Public Airports Sections 49101 to 49112. I assess Department of Transportation regulations Title 14 C.F.R. Part 16, and Title 14 C.F.R. Part 171 to determine applicable law and course of action. I access the Federal Register to stay apprised of new and revised legislation, policy proposals, and agency deliberations. I analyze and reference policy guidance outlined in FAA Orders 6700.20B (Non-Federal Navigational Aids, Air Traffic Control Facilities, and Automated Weather Systems), and 5190.6B (FAA Airport Compliance Manual), and Advisory Circulars 150/5300-19 (Airport Data and Information Program), 150/5340-26C (Maintenance of Airport Visual Aids), and 150/5345-53D (Airport Lighting Equipment Certification Program).

I prepare technical briefing materials to include monthly and quarterly metric reports of all commissioned non-federal systems. I audit inspection information on logging code usage and scheduled equipment outages for repairs of systems, and retrieve Notice to Air Missions "NOTAM" information for systems out of service. I construct detailed reports of late and upcoming periodic inspection status of systems by deciphering inspection logs. I work with management and Technical Services Managers to investigate and resolve past due inspections of non-federally owned NAS facilities conducted by Technical Support Centers and System Support Centers.

I conduct critical assessments of policy initiatives, regulations, and procedures. Analyze Uncrewed Aircraft System (UAS) policy documents to include, the UAS Services Plan, UAS Implementation Plan, and UAS-Advanced Air Mobility "AAM" Integration Research Plan. I served on a workgroup for the rewrite of the current Non-federal order 6700.20B to 6700.20 Revision C. I provided constructive outlines and objectives to assist in developing the ASDS manufacturer intake process, drawing on experience assessing Aircraft Certification Service (AIR) Technical Standard Order "TSO" and Type Certification processes.

I navigate and access information in aeronautical databases and FAA forms to retrieve aeronautical data from Obstruction Evaluation/Airport Airspace Analysis, Aeronautical Information Portal, Aeronautical Information Manual, Aeronav Airport Data, AirNav, Federal Communications Commission Universal Licensing System, and applicable documentation to include forms 7460-1 "Notice of Proposed Construction or Alteration" and 7900-5 "Weather (WX) System Data Form."

Supervisor: Shelly Beauchamp (609-485-8358)

Okay to contact this Supervisor: Contact me first

Management and Program Analyst

Federal Aviation Administration (This is a federal job)

2200 South 216th Street

Des Moines, WA

12/2019 - 3/2021

Salary: \$0.00 USD Per Year

Hours per week: 40

Series: 0343 Management And Program Analysis

Pay Plan: FG - Similar To The General Schedule

Grade: H

Duties, Accomplishments and Related Skills:

Data lead for management of Federal Aviation Administration (FAA) Uncrewed Aircraft System (UAS) quantitative and qualitative data from the FAA UAS Drone Zone portal and Certificate of Authorization or Waiver Application Processing System. Measured quantities of Certificate of Airspace Authorization or Waiver (COA) requests, denials, and cancellations, for UAS operations under Title 14 CFR Part 91, Part 107, and Special Authority for Certain UAS Title 49 U.S.C. Sections 44807 and 44809. These requests included flight operations for Military operated drones; Global Hawk, Triton, Predator, and Reapers.

Operations would often require coordination with Air Traffic Centers for flight in Oceanic Airspace out to 12 nautical miles, Warning Areas, and Temporary Flight Restricted areas. I worked with Aviation Technical System Specialists and Air Traffic Control Specialists to interpret sectional charts, review classes of Airspace "A,B,C,D,E,G," and apply latitudes/longitudes to UAS flight operations.

Assessed trends in the number of COAs, on-airport operations, applications per class of airspace (A) (B) (C) (D) (E), and operation locations. I interpreted FAA aeronautical sectional chart symbols and depictions of airspace in correlation with latitudes and longitudes of flight operations areas. Utilized Tableau and Microsoft Excel to create visual aids, graphs, and charts of weekly UAS data. Prepared detailed metric reports for Operations Support Group managers and Mission Support Services executives. Worked across Service Centers in Central and Eastern regions to develop a standardized method to track UAS workload, design a Headquarters dashboard, and deliver metric reports.

Collaborated with Technical Operations, Spectrum Planning and International, and Spectrum Policy and Strategy to complete projects. I consolidated technical engineering information submitted by Aircraft Certification Service, Flight Standards, and the Air Traffic Organization. I established a 91.113 Beyond Visual Line of Sight Requirements Application Guide, a tool designed for proponents to develop a more advanced product presentation of their Concept of Operations to waive the 91.113 line of sight requirement.

Researched current and emerging National Airspace System (NAS) and UAS technologies. I reviewed policies on Navigational Aids, Instrument Landing Systems, Distance Measuring Equipment, Glide Slopes, Remote Tower Systems, Automated Weather Observing Systems (AWOS), Approach Lighting Systems, and Ground Based Augmentation Systems. Referenced regulations governing non-Federal systems codified in Title 14 CFR Part 171. Assessed interrelationships between the FAA, International Civil Aviation Organization, World Meteorological Organization, and the Federal Communications Commission. Oversaw mailboxes for Lasers, Temporary Fire Towers, Balloons, and the ATO Safety Intelligence Response Group.

Participated in work group meetings with MITRE for UAS Traffic Management, Advanced Air Mobility, On-Airport Operations, and Beyond Visual Line of Site Operations. Explored UAS use cases in providing services to communities and airport air traffic control tower and railroad infrastructure maintenance.

Researched UAS utilization for Covid-19 test kit delivery, Drone Seed reforestation techniques, railroad, airport air traffic control tower, and bridge inspections. Recorded FAA determinations and technology proposals from industry including, Burlington Northern Santa Fe, Zipline, and General Atomics. Innovations and safety mitigations include Skydio Inc.-autonomous drones, Iris Automation-Iris Casia 360 detect and avoid safety system, radio frequency communication, and UAS tethering.

Participated on workgroups and roundtables to formulate policy and procedures for on-airport operations and UAS template revisions. I collaborate with FAA and contractor support (MITRE) on the Unmanned Aircraft System Traffic Management and Counter UAS subgroups. These efforts require implementation of remote ID, strategic de-confliction, and the Flight Management Information System.

Documented Tactical Operations Team projects in development including, Safety Risk Management Panels in accordance with FAA Order 8040.4B, Beyond-Implementation Pilot Program, and the Low Altitude Authorization and Notification Capability-FAA/Industry collaboration.

Supported various Tactical Operations projects and assignments. Actively serving as a member of the Crisis Response Working Group monitoring wildfires, earthquakes, and other natural disasters. I participate on subgroup meetings to form an action plan for carryout in the event of an emergency, ATC-0, and temporary towers. I integrate software to aid with project timelines and organization including OneNote, Excel, and Knowledge Services Network.

Supervisor: Byron Chew (425-282-9563)

Okay to contact this Supervisor: Contact me first

Management and Program Analyst
Federal Aviation Administration (This is a federal job)

2200 S 216th Street

Des Moines, WA

5/2019 - 12/2019

Hours per week: 40

Series: 0343 Management And Program Analysis

Pay Plan: FG - Similar To The General Schedule

Grade: H

Duties, Accomplishments and Related Skills:

Served as a member of the Western Service Center (WSC) pilot team for correspondence quality, consisting of a Technical Writer, Editor, Coordinator, and Team Lead. Composed and edited the Coordinator section of the Correspondence Process Desk Guide.

Oversaw high-level Congressional correspondence for Mission Support Services, Operations Support Group (OSG), Environmental, Community Involvement, and NAS Analytics. Served as the point of contact for coordination of Congressional communications and public inquiries regarding waypoints, flight paths, and the National Airspace System (NAS) redesign efforts in Las Vegas, Arizona, Northern and Southern California. Managed sensitive agency information containing legal implications, and Metroplex Project data on the modernization of the U.S. airspace. Investigated incoming correspondence in the Electronic Document Management System "EDMS," to determine appropriate response level, to include the Noise Portal or formal response.

Managed professional relationships among agency lines of business. Collaborated with Regional Administrator Office staff members and internal teams to complete requests for letter retrieval and information gathering. Communicated with Executives in Air Traffic Services and Technical Operations. Apprised management of status, outcomes, and processing issues. Identified areas within the Correspondence process and tracking system which may be modified to increase efficiency and highlight essential data. Provided recommendations for optimizing work productivity and efficiency.

Prioritized work to complete simultaneous assignments with competing deadlines. Managed project timelines. Collaborated on projects with the Environmental, NAS Analytics, and Correspondence teams. Conducted extensive searches on previous agency responses, aided in the preparation of briefing materials, created a Correspondence Process Desk Guide, and produced communications with high level visibility. Conducted quality review checks of correspondence for grammar, spelling, formatting, and letterhead prior to final distribution.

Maintained the Knowledge Services Network (KSN) Database and Dashboard to track Noise Correspondence from members of Congress, Airport Executives, Community Noise Forums, and Committees for noise abatement. Entered and uploaded pertinent data for each assigned letter to include dates routed to Legal Counsel and subject matter experts. Assessed charts and graphs on the Dashboard for accuracy.

Studied advanced tracking programs, with emphasis in Tableau, to produce regional correspondence heat maps and detailed graphics. Granted KSN site access and editing permissions to agency personnel.

Studied correspondence metrics including trends in the regions with high aviation interest/activities, subject of requests, average assignment completion timeframes, frequency and origin of letters, as well as fluctuations in volumes of requests. Utilized Microsoft Excel for data entries and supplemental tracking.

Coordinated the assignment and completion of correspondence. Reviewed, researched background information, and routed correspondence through the Technical Writer and appropriate agency offices. Ensured completion of assignments by established due dates. Negotiated extension requests with Regional Administrator offices and Headquarters as necessary. Provided detailed information on status and process requirements to justify additional time.

Managed archived records. Searched correspondence files for Environmental and Analytics data on the National Airspace System (NAS). Provided the Technical Writer with information to assist in drafting agency responses to Congressional inquiries.

AJV-W23 management requested reassignment from AJV-W25 to AJV-W23 team to support critical areas in Uncrewed Aircraft System (UAS) metrics, UAS on Airport Operation policy development, Beyond Visual Line of Sight Operations, and Tableau tracking system implementation.

Supervisor: Jerome Woods (206-231-2231)

Okay to contact this Supervisor: Contact me first

Government Information Specialist (Freedom of Information Act)

Federal Aviation Administration (This is a federal job)

2200 South 216th Street

Des Moines, WA

8/2015 - 5/2019

Salary: \$0.00 USD Per Year

Hours per week: 40

Series: 0306 Government Information Specialist

Pay Plan: FV - Federal Aviation Administration Core Compensation Plan

Grade: H

Duties, Accomplishments and Related Skills:

Processed complex Freedom of Information Act (FOIA) requests under the FOIA statute, Title 5 U.S.C. Section 552, for records maintained in the Federal Aviation Administration (FAA), Aircraft Certification Service (AIR).

Trained Aerospace Engineers and management on the criteria for document review, process protocol, and legalities of the FOIA program. Engaged with engineers to assess confidential, proprietary, and trade secret information submitted to the FAA by The Boeing Company, Airbus, and additional aerospace companies. Facilitated meetings with stakeholders and internal personnel to analyze technical information. Conducted extensive review of voluminous amounts of material. Managed multiple FOIA cases through project planning, establishing timelines, and determining process requirements.

Applied Department of Transportation, Title 49, Code of Federal Regulations, governing the submitter review process for outside company consultation. Prepared correspondence packages for review by legal counsels and officials at The Boeing Company and Airbus, as well as industry representatives, and airworthiness authorities. Provided the submitter of information, an opportunity to justify withholding information under FOIA Exemption 4. Composed legal responses to override claims that do not justify withholding.

Reviewed aircraft maintenance manuals, type certificates, part configuration information, environmental qualification test reports, safety regulations, and part manufacturer approvals. Safeguarded sensitive information containing intellectual property. Assessed audit and whistleblower documents, manufacturing inspection reports, and quality control system manuals. Analyzed technical data in graphs, charts, and design drawings.

Composed agency memorandum and letters to company officials and legal counsels. Provided technical assistance to attorneys, industry, and media outlets. Coordinated and sent referrals to outside agencies and entities, including the United States Navy and National Transportation Safety Board. Organized conference calls with parties from The Boeing Company, and other stakeholders to review and discuss proprietary data. Researched bilateral agreements between the FAA and foreign airworthiness authorities including, Transport Canada and the European Aviation Safety Agency.

Applied critical thinking to make release determinations on FAA information based on discretionary disclosure under Exemption 5, which protects pre-decisional information. Redacted exempt information.

Generated analysis to document all actions taken to process each request. Presented technical information for review by agency officials. Compiled and routed final response packages to appropriate offices for management signature. Retained FOIA case files in accordance with the current FAA records schedule. Coordinated with records managers to locate, identify, and retrieve agency records.

Counseled management on methods to implement a standardized FOIA process. Developed solutions to organizational challenges in staffing, back-filling, and training. Presented techniques to increase productivity and efficiency in processing voluminous amounts of documents. Researched software programs to support FOIA processing functions including FOIAXpress and Ipro. Investigated tools designed to assist in advanced document review.

Evaluated services and cost-benefit comparisons among companies. Presented quantitative and qualitative data to demonstrate benefits of implementing technology to reduce processing time, increase efficiency, and improve work product. Displayed data to identify gaps in resources and justify needs for staffing and technology support. Assessed program staffing gains and losses.

Worked across regions with Program Managers and Government Information Specialists, to develop a standardized AIR FOIA program for processing requests. As a FOIA working group member, I provided beneficial and critical guidance to construct an efficient and functional processing system. I facilitated focus group meetings. I outlined objectives and created a framework for sections within the process. I analyzed draft process submissions. I solicited feedback and fostered teamwork and collaboration.

Briefed management on the health of the FOIA program. Evaluated obstacles in processing and offered solutions.

Produced a weekly status report of data from each region on the progress of each request. Gathered data from the FOIA National Tracking System and charted statistics on an Excel spreadsheet. Utilized available technology for document sharing and storage including Knowledge Services Network-SharePoint. Delivered metrics to senior management on backlogged requests and offered strategies to mitigate workloads.

Supervisor: Lisa Mansfield (425-766-0887)

Okay to contact this Supervisor: Contact me first

Teleservice Representative

Social Security Administration (This is a federal job)

1901 C Street Southwest

Auburn, WA

9/2010 - 8/2015

Salary: \$0.00 USD Per Year

Hours per week: 40

Series: 0962 Contact Representative

Pay Plan: GS - General Schedule (Ch. 51, 5 U.S.C.).

Grade: 8

Duties, Accomplishments and Related Skills:

Served as an agency point of contact for the public. Translated complex Social Security Administration (SSA) laws and policies. Educated the public on benefit entitlement and eligibility. Interviewed claimants to determine eligibility for benefits under Title 2, Title 16, and Title 18 of the SSA Act including, Retirement, Survivors, Disability insurance benefits, and Medicare. I made initial determinations of benefit eligibility for Supplemental Security Income.

Adjudicated claims for Supplemental Security Income and the Prescription Drug Assistance Subsidy.

Surveyed claimants to determine their income and resources. Reviewed client earnings information for potential pension offset, worker's compensation, and public disability benefits. Processed appeals of overpayments, underpayments, and benefit denials. Reviewed waiver requests for financial debts. Gathered and assessed applicant evidence and allegations.

Investigated and created reports on identity theft and program fraud and abuse. Analyzed data on electronic records. Researched Social Security, Medicare, and Internal Revenue Service databases. Accessed and reviewed information on client Medicare coverage, medical records, billing, Social Security debt collection, and other confidential client information.

Contributed to several work related projects and initiatives requiring plans and timelines. This included representative payee assessment and overpayment backlog reduction. Collaborated with colleagues on special assignments. Conducted studies including monitoring the Representative Payee System. Recorded trends among benefit recipients with an organization that oversees their benefits.

Participated as lead training facilitator for ongoing employee unit training. Designed PowerPoint presentations and instruction sheets on identifying and reporting direct deposit fraud of erroneous routing of benefit payments. Trained employees on processing reports for missing wages on Social Security earnings statements. Taught newly hired employees on the variables that determine eligibility for Supplemental Security Income, Title 16 of the Social Security Act. Accessed and entered data in financial databases including the Detailed Earnings Query.

Facilitated job training to new and journeymen staff members using various platforms such as PowerPoint, mentoring, and on-the job training. Designed training materials. Delivered presentations. Led group discussions. Advised management on implementing strategies to retain staffing levels, boost employee morale, and provide pathways for career growth opportunities. Introduced ideas for rotating work schedules, and software system upgrades.

Presented revisions to amend policy and procedures in our operating manual. Analyzed data and composed procedural recommendations. I provided solutions to complex processing issues. Developed proposals to improve operating instructions and system technology. Revised policy in the Teleservice Center Operating Guide and Customer Help and Information Program.

Served as a Technical Assistant on multiple detail assignments. I supervised a group of 25 Teleservice Representatives. I provided technical support throughout the Teleservice Center. I conducted audits. I gathered results and reviewed trends in work product. I analyzed work samples, provided instruction, and offered constructive feedback. I demonstrated how to navigate Social Security systems and utilize resources to resolve issues and locate instructions. I responded to escalated calls from the public. I processed employee timecards.

I worked with local communities in field offices through the Job Enhancement Program. I reviewed passports, marriage certificates, and other legal documents. I processed requests for Social Security numbers, name changes, and initial benefit applications.

Supervisor: Carl Church (253-288-4405)

Okay to contact this Supervisor: Yes

Education:

University of Washington Seattle, WA United States

Bachelor's degree 6 / 2010

GPA: 3.4 of a maximum 4.0

Credits Earned: 187.0 Quarter Hours

Major: Double: Public Health; English: Creative Writing emphasis

Relevant Coursework, Licenses and Certifications:

Coursework in Geography, Environmental Health, Medical and Public Health services. Coursework in English and American Sign Language.

Job Related Training:

Social Security Administration (SSA) Training:

SSA Basic Core: 09/12/2010-12/17/2010

SSA Policy and Procedures: 09/12/2010-08/21/2015

Federal Aviation Administration (FAA) Training:

FAA Aviation Safety Overview: 07/12/2016-07/13/2016

FAA General Indoctrination: 02/21/2017-03/06/2017

Tableau Training 09/2019-present

ATO Environmental Management System (EMS) Awareness: 12/13/2021

Unmanned Aircraft Systems (UAS) Operations Under CFR Part 91 : 2/15/2022

National Airspace System (NAS)-An Overview-4/29/2022

NAS: A Systems Perspective: 4/29/2022

Language Skills:

| Language | Spoken | Written | Read |
|----------------|--------|---------|--------------|
| Sign Languages | Novice | Novice | Intermediate |
| Spanish | Novice | Novice | Novice |

Professional Publications:

University of Washington Daily newspaper articles:

http://www.dailyuw.com/search/?sd=desc&l=25&s=start_time&f=html&t=article%2Cvideo%2Cyoutuube%2Ccollection&app=editorial&nsa=eedition&q=Chenelle+Tyack

Seattle Federal Executive Board project:

https://www.youtube.com/channel/UC5rP5lwW_3pydzlJhhtQXtA

Presentation for Stories of Skyway project:

<https://www.facebook.com/MyWestHill/videos/vl.278550929508289/406696853277822/?type=1&theater>

Stories of Skyway:

<https://youtu.be/NRDfodspmh8>

Stories of Skyway Blog:

www.civic-commons.org/recentnews/belonging-in-unincorporated-king-county

References:

| Name | Employer | Title | Phone | Email |
|-------------------|---------------------------------|--------------------------------------|--------------|----------------------------|
| David Duff (*) | Federal Aviation Administration | Program Management Specialist (FOIA) | 206-947-2572 | david.duff@faa.gov |
| Jade Shuen (*) | Federal Aviation Administration | Management and Program Assistant | 206-465-9775 | jade.shuen@faa.gov |
| Donald Barker (*) | Social Security Administration | Unit Supervisor | 206-852-9030 | donald.r.barker.II@ssa.gov |

(*) Indicates professional reference

Additional Information:

Computer Proficiency:

Skilled in Microsoft applications: Word, Excel, PowerPoint;

Knowledgeable of Microsoft Project and other software applications.

Typing Speed 80+ words per minute.

Volunteer Activities:

- 1.) King County Agriculture Commission: 10/2022-present
(Farmland Preservation Advocate)
- 2.) Whole Washington: 11/2021-present
(Universal Healthcare Legislation)
- 3.) King County Public Health Reserve Corps: 05/2020-present
(Clinic and Community Health)
- 4.) Student Representative/Spokesperson: FAA: 03/2018-present
 - Attend and serve at Career Fairs.
 - Outreach to high school and college student body interested in Federal employment.
 - Deliver presentations on Federal application process and public service.
 - Plugged into student counseling networks.

- 5.) Ion Collaborator: Washington Technology Industry Association: 03/2019-08/2019
 - Nominated and elected to participate in Cohort 4.
 - Merges technology, government, and non-profits to build solutions to community issues.
 - Produced a video project where we interviewed and recorded, "Citizens of Skyway."

- 6.) Community Salmon Investigator: King County Department of Natural Resources and Parks: City of Normandy Park: October 2017-January 2018
 - Surveyed local streams. Studied the Miller-Walker watershed.
 - Collected data on quantities of Coho and Chinook salmon.
 - Presented data to King County officials.

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|---------------------|
| Name (first and last): | Dennis S. Barnes |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/him |
| Organization (if applicable): | |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | dennis@dsbarnes.com |
| Phone: | 206-617-0645 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|---|
| <input type="checkbox"/> Academic/research | <input checked="" type="checkbox"/> Health care association (please describe): Save Secular Healthcare WA |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

Much of my career was spent working within healthcare systems. I would like to apply this knowledge for the improvement of all Washington residents, particularly those who are not well served by current structures.

2. Please describe your relevant experience and how it would benefit FTAC.

I have extensive experience with benefit language and the related interactions with underwriting and regulatory agencies in a commercial insurance environment. I believe this background can aid the committee in evaluating options and charting a path forward to better access to healthcare services.

3. Please describe any other experience serving on a committee, board, or workgroup.

In addition to my career as a team leader and manager, I have served on the boards of Seattle NOW (National Organization for Women) and Shorelake Soccer Club. I am the current chair of the Equity & Inclusion Committee for People's Memorial Association and led the team that developed the first public website for the city of Lake Forest Park. I am active in the work of Save Secular Healthcare Washington and Legislative Captain of the North Seattle Troublemakers.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I would like the opportunity to combine my experience with commercial healthcare and systems analysis with my passions for equity and inclusion. In my work life I saw the effects of business decisions (particularly underwriting processes) as they penalized or excluded many whose need was greatest.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

(none)

10. Memberships in professional, civic organizations, or government boards or commissions:

Washington CAN; Seattle NOW (National Organization for Women); Save Secular Healthcare Washington; People's Memorial Association; Fair Fight Bond Fund (Washington Immigrant Solidarity Network); People's Memorial; North Seattle Troublemakers (regional group for Pro-Choice Washington); City of Lake Forest Park Web Team; Seattle-Eastside Software Process Improvement Network (SeaSPIN)

11. Community service/volunteer activities:

I assist in the release and transportation of asylum seekers through the Fair Fight Bond Fund and the AID NW. I have supported youth sports through administration, finance and website development. I have worked on several projects for the Washington State Jewish Historical Society and written press releases for the King County chapter of the NAACP.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have a long-standing interest in equity in all aspects of life and work now to ensure that it is realized within the death care industry. In my working life I saw the difficulty of helping others to understand complex medical benefit design and would like to apply an equity lens to improve both the design of benefits and their communication.

14. Please describe why health equity is important to you.

Access to health care should not be the catastrophic event it often becomes for many, nor should entire communities avoid the care they need for financial or other reasons. During my working life I saw how benefits eroded and premiums increased far beyond the ability of many to absorb them. No one should have to choose whether to keep themselves or their families healthy.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

While most support a system of universal access to health care services, objections surface when the details of its financing emerge. The FTAC can ensure the success of the UHCC by helping to guide it a supportable financial design.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Dennis S. Barnes

Date:

11/29/2022

Dennis S. Barnes

Pronouns: he/him

19533 34th NE, Lake Forest Park, WA 98155

dennis@dsbarnes.com

206-617-0645 (cell)

Skills

- Systems specification and development
- Health care benefits analysis
- Data analysis
- Project management
- Nonprofit organization and leadership

Work Experience

Premera Blue Cross - Consultant, Project Manager, Analyst, Manager (1998-2016)

Served as a systems consultant, database developer, technology manager and business analyst for a large regional health insurance carrier. Developed and supported high-volume document assembly systems for medical and dental benefit language within a regulated environment. Identified system requirements and worked with IT associates, vendors and business analysts using both traditional and Scrum/Agile development processes. Managed a team of four analyst/developers.

RXL Pulitzer - Developer, Systems Administrator (1994-1998)

Developed and supported multimedia products in English and several Asian languages. Developed and maintained public web sites, including the first public web site for the State of Washington.

IT Consultant, Analyst & Manager (1982-1994)

Analyst and programmer supporting financial, manufacturing and distribution systems. Managed IT operations for a four-division manufacturing and distribution company with three locations. Supervised two employees.

Technical Magazine Columnist (1984-2006)

Wrote a monthly column for a computer technical journal and authored two books in that field. Participated as a speaker in national and international computer conferences.

Volunteer Experience

People's Memorial – Chair, Equity & Inclusion Committee (2020 to present)

Discuss options and take action to improve access to end of life services by marginalized communities.

Save Secular Healthcare Washington - Team Member (2020 to present)

Perform analysis, education and advocacy actions to support access to all medical and end of life options.

Seattle NOW, Washington State NOW - Board Member, Treasurer, Finance Director (2013 to present)

Managed funds, developed budgets and assisted in local and state National Organization for Women (NOW) boards. Assisted with organization of general activities at the local and state level. Managed web and financial vendor relationships.

Seattle & Eastside Area Software Process Improvement Network - Assistant Chair (2015-2019)

Webmaster, communications lead and meeting planner for software development business group.

City of Lake Forest Park - Web Team Lead (1999-2005)

Headed a team of volunteers that developed the city's first web site (cityofflp.com).

Other Volunteer Experience

- Legislative Captain, North Seattle Troublemakers, Pro-Choice Washington
- Archives Committee, Washington State Jewish Historical Society
- Bonding and Accompaniment Volunteer, Fair Fight Bond Fund, Colectiva Legal del Pueblo
- Welcome Center volunteer, Advocates for Immigrants in Detention Northwest (aidnw.org)
- Webmaster and System Administrator, Washington Ladyhawks (ladyhawksfastpitch.org)
- Board Member, Shorelake Soccer Club
- Girl Scout Leader

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | David DiGiuseppe |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/his |
| Organization (if applicable): | Community Health Plan of Washington |
| Title or position (if applicable): | Vice President, Healthcare Economics |
| Work address (if applicable): | 1111 3rd Ave, Suite 400, Seattle, WA 98101 |
| County of organization/employer (if applicable): | King - HQ; Statewide - service area |
| Email: | david.digiuseppe@chpw.org |
| Phone: | 206-613-8946 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|--|
| <input checked="" type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input checked="" type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

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these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am a proponent of the goal of establishing universal access to affordable health care and I relish the process of partnering with others to think through seemingly intractable challenges, such as financing universal coverage.

2. Please describe your relevant experience and how it would benefit FTAC.

As the VP of Healthcare Economics at a health plan that serves as a Medicaid MCO, a Medicare Advantage Organization and a Cascade Select carrier, I have a deep understanding of the cost and utilization dynamics that drive the overall cost of coverage. My experience includes both physical and behavioral health financing.

3. Please describe any other experience serving on a committee, board, or workgroup.

I serve on the HealthierHere Finance Committee, Better Health Now Budget & Funds Flow Committee, HBE Advisory Committee, HCCTB Advisory Committee on Primary Care and WHA Health Economics Committee.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?
(Please see responses to additional questions below)

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

I think any Washington resident could be affected if FTAC's recommendations involve changes in taxation. As an employee of a health plan I could be indirectly impacted if FTAC's recommendations involve a change in market structure. I don't anticipate FTAC's recommendations affecting my spouse, who is a practicing physician



9. Professional licenses held:

N/A

10. Memberships in professional, civic organizations, or government boards or commissions:

N/A

11. Community service/volunteer activities:

Past volunteer activities include: Court Appointed Special Advocate (CASA) for child in foster care; Inner City Outings trip leader; Treasurer - Emerald City Football Club.

Currently assisting an organization in developing a business plan to expand programming that combines playing soccer with behavioral health resiliency training, for disadvantaged youth.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

There are two principles that I look to for guidance in my behavior as a private individual and in my work as a healthcare executive: accountability to the people we aim to serve, and targeted universalism - i.e., ensuring all racial/ethnic subpopulations experience improvement before declaring success. My team assists with assessing health equity in health performance measurement and we implemented a preemptive racial bias correction in our predictive modeling work.

14. Please describe why health equity is important to you.

I believe it is incumbent upon all of us to use our skills to enhance the life experience of our fellow Washington residents facing racially-based inequities and socio-economic challenges. I would be honored and energized to be selected to participate on this committee.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

We know that certain racial/ethnic groups experience a higher than average rate of uninsurance. If FTAC were successful in financing universal coverage, that would be a big step forward. Thinking about accountability, FTAC has an opportunity to address equity by ensuring equitable representation on FTAC and/or vetting of FTAC's recommendations by external groups representing constituents of color.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

David DiGiuseppe

Date:

11/23/2022

DAVID DIGIUSEPPE

MEDICAID | HEALTHCARE FINANCE | ORGANIZATIONAL LEADERSHIP

Results-driven healthcare executive with 20+ years of experience in operational and financial leadership for a well-regarded managed care organization. Deep understanding of all dimensions of the healthcare marketplace, spanning Medicaid, Medicare Advantage, and commercial insurance products. Respected leader with expert ability to build relationships with external partners and implement payment arrangements that increase healthcare value.

LEADERSHIP

- **Healthcare Finance** - Lead revenue and expense analyses for ~\$1B product portfolio.
- **Strategy** - Implemented new products; led strategic planning and program development.
- **Service & Representation** - Partner with HCA on Apple Health and participate on HBE, ACH and WHA committees.
- **Team Leadership** - 20+ years leading multidisciplinary teams of staff, division leads, and vendor partners.

SKILLS & EXPERTISE

- Medicaid & Medicare Advantage
- Population Health
- Healthcare Economics
- Risk Adjustment & Stratification
- HEDIS/Stars
- Value-Based Care
- Provider Engagement
- Negotiation
- Strategic Planning

PROFESSIONAL EXPERIENCE & CONTRIBUTIONS

Community Health Plan of Washington & Community Health Network of Washington Feb 2004-Present

Vice President, Healthcare Economics

May 2017-Present

- Facilitated provider-level performance improvement in multimillion-dollar value-based care arrangements.
- Supported complex contract negotiations with behavioral health network providers transitioning into managed care.
- Used regression analysis to develop predictive modeling for case management outreach, incorporating SDoH.
- Oversaw Cascade Select rate filing development for Washington's pioneering public option coverage.

Vice President, Population Health Management

Nov 2015-Apr 2017

- Promoted to lead quality improvement and care management initiatives, including Washington Medicaid's transition to integrated behavioral health (i.e., Apple Health Fully Integrated Managed Care).
- Launched new behavioral health team for Integrated Managed Care early adoption.
- Led successful NCQA re-accreditation effort, extending accredited status for an additional three years.

Director, Medical Management Program Development

Apr 2015-Oct 2015

- Built a first-of-its-kind population risk stratification model providing member-level insights to providers, enabling population health management.
- Implemented innovative Model of Care pilot projects with clinic partners to close gaps in care.

Director, Medicare Strategy

Mar 2013-Mar 2015

- Led process to stabilize Medicare Advantage product line, restoring profitability via improvements in product strategy.
- Designed an innovative in-clinic care gap closure program and implemented new vendor partnerships.

EDUCATION & PUBLICATIONS

- **Master of Science in Health Services Research**, Case Western Reserve University
- **Bachelor of Arts in Economics**, University of Michigan
- Published 15 papers in peer-reviewed journals such as JAMA, Pediatrics, and Health Services Research.

SEATTLE, WA | (206) 550-7532 | [LINKEDIN](#) | DAVEDIGIUSEPPE@GMAIL.COM

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | David Keepnews |
| Preferred pronouns (e.g., she/her, he/his, they/their): | He/him/his |
| Organization (if applicable): | Washington State Nurses Association |
| Title or position (if applicable): | Executive Director |
| Work address (if applicable): | 575 Andover Park W., #101, Tukwila WA 9818 |
| County of organization/employer (if applicable): | King |
| Email: | dkeepnews@wsna.org |
| Phone: | 646-226-4269 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input checked="" type="checkbox"/> Health care association (please describe): Washington State Nurses Assoc. |
| <input type="checkbox"/> Community member or advocate | <input checked="" type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.


Questions

Please answer the following questions regarding your interest and experience.


1. Why are you interested in serving on FTAC?

I am firmly committed to achieving a universal system of health care for all. This is a commitment I hold both as an individual and as Executive Director of the Washington State Nurses Association (WSNA), which has a long record of advocating for universal health care. I would like to serve on the FTAC in order to contribute to the critical work of crafting proposals to achieve a unified health care financing system.

2. Please describe your relevant experience and how it would benefit FTAC.

I have worked on health policy issues, particularly those facing nurses and other clinicians, for the past three decades. This has included issues of reimbursement, hospital and provider payment, and the roles of quality and value in health care financing. Among my previous positions, I served as Policy Director for the American Nurses Association and Director of Policy Development for the New York Academy of Medicine. I also taught health policy for nurses at several universities including 

3. Please describe any other experience serving on a committee, board, or workgroup.

I have served on multiple committees throughout my career—as a staff member of professional organizations, as an academic, and as an elected and appointed volunteer. I currently serve on the Executive Board of the Washington State Labor Council, the Board of Directors of the Washington Center for Nursing, and the Healthcare Program and Policy Committee for the American Federation of Teachers. I served for 6 years on the Board of the American Academy of Nursing. I served for 2 years on the Board of CHADD (Children and Adults with ADHD), a leading 

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I have a broad background--as a nurse, attorney, policy analyst, and leader in professional and labor organizations. I am not an actuary, accountant, or economist. But my experience has provided me with a strong understanding of the economic and financial factors that directly impact health and health care on an individual, population and systems level.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

Registered Nurse, RN00141071

10. Memberships in professional, civic organizations, or government boards or commissions:

American Academy of Nursing

American Federation of Teachers

American Nurses Association

CHADD, Children and Adults with ADHD

GLMA, Health Professionals Advancing LGBT Equity

National Association of Hispanic Nurses



11. Community service/volunteer activities:

Served on Board of CHADD (Children and Adults with ADHD) from 2020-2022 and on its Public Policy Committee from 2019-present. Have served as volunteer on professional association boards, committees and task forces.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

As an RN, I worked primarily in inner-city public hospitals and had opportunities to see the impact of health inequities, including lack of access to primary care. As a gay man, I have advocated for health care that addresses the needs of LGBTQ+ populations. As a former nursing school dean, I advocated for a greater focus on social determinants of health. In my current role at WSNA, I have worked to raise the visibility of our work and advocacy for policy and institutional initiatives that focus on

14. Please describe why health equity is important to you.

Improving and advancing the health of Washington's populations and communities requires steady progress toward health equity. Without addressing the adverse effects of lack of access to the social goods and services that provide the foundations for good health, large segments of our population will be seriously hindered in achieving and maintaining health lives. Beyond its impact on health, health equity is a matter of justice. Inequity in health is a major aspect of injustice. It

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

We need a health care system that offers fair opportunities for everyone. A unified health care system can bring significant progress toward achieving this goal. So designing a system--and thinking through its practical aspects, preparing options that can advance through public policy and that can be successfully implemented--is critically important. The technical aspects of financing this system have significant policy implications. So addressing these factors needs to be done with conscious

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White/Caucasian

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
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| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

11/30/2022

DAVID M. KEEPNEWS, PhD, JD, RN, FAAN

Washington State Nurses Association

575 Andover Park W., Suite 101

Seattle, WA 98188

206-575-7979, ext. 3002

dkeepnews@wsna.org

PROFESSIONAL EXPERIENCE:

- 9/21 – present **Washington State Nurses Association, Seattle WA**
Executive Director
- 10/18 – 9/21 **The George Washington University, Washington DC**
Professor, School of Nursing
Program Director, Health Policy option, Doctor of Nursing Practice program
and Certificate Program in Health Policy & Media Engagement (11/18-9/21)
Faculty, Center for Health Policy & Media Engagement
Interim Chair, Acute & Chronic Care Faculty Community (1/19-1/20)
- 7/16 – 8/18 **Long Island University, Brooklyn NY**
Harriet Rothkopf Heilbrunn Endowed Chair in Nursing (9/16-8/18)
Dean and Professor, Harriet Rothkopf Heilbrunn School of Nursing (9/16-3/18)
Consultant, Harriet Rothkopf Heilbrunn School of Nursing (7/16-8/16)
- 9/09 – 7/16 **Hunter College of the City University of New York, New York NY**
Hunter-Bellevue School of Nursing
Professor (8/14-7/16)
Associate Professor (9/09-8/14; Tenure granted 9/12)
Director, Graduate Programs (6/12-8/15)
Coordinator, Dual Degree Program in Nursing Administration & Public Administration
(1/10-6/12)
Professor, Nursing PhD Program, CUNY Graduate Center
- 9/06 – 8/09 **Adelphi University, Garden City NY**
Associate Professor, School of Nursing
- 12/04 – 6/14 *Policy, Politics & Nursing Practice* (SAGE Publications)
Editor-in-Chief
- 4/04 – 7/06 **New York Academy of Medicine, New York NY**
Director, Office of Policy Development
- 12/01 – 6/04 **University of Washington, Seattle WA**
Assistant Professor, School of Nursing
Adjunct Faculty, School of Law and School of Public Health
Associate Investigator, Center for Health Workforce Studies
- 9/99 – 5/01 **University of Massachusetts Lowell**
Assistant Professor, Department of Health & Clinical Sciences
- 5/93 – 8/97 **American Nurses Association, Washington DC**
Director, Office of Policy (2/95-8/97)
Health Policy Counsel (2/94-2/95)
Assistant Director, Government Affairs (5/93-2/94)
- 10/89-5/93 **California Nurses Association, Sacramento CA**
Regulatory Policy Specialist, Department of Government Relations

- 10/88-10/89 **U.S. Department of Health & Human Services**, Region IX, San Francisco CA
Assistant Regional Counsel
- 6/84- 5/93 **San Francisco General Hospital**, San Francisco CA
Registered Nurse (per diem), Psychiatric Emergency Service
- 12/83-6/84 **St. Luke's/Roosevelt Hospital**, New York, NY
Staff Registered Nurse, Roosevelt Hospital Substance Abuse Program
- 6/83- 2/84 **Bellevue Hospital Center**, New York, NY
Registered Nurse, Psychiatric Emergency and Admitting Service
- 6/82- 6/83 **Mission Community Mental Health Center**, San Francisco CA
Registered Nurse, Acute Day Treatment Program
- 6/81- 6/82 **San Francisco General Hospital**, San Francisco CA
Registered Nurse, Department of Psychiatry

EDUCATION:

Brandeis University, Heller Graduate School, Waltham MA

Doctor of Philosophy, Social Policy (Health Policy concentration)

Dissertation: *The relationship between clinical outcomes and patient satisfaction in home health care*

University of California, Hastings College of the Law, San Francisco CA

Juris Doctorate

University of California, School of Public Health, Berkeley CA

Master of Public Health

Excelsior College, School of Nursing, Albany NY

Master of Science (Clinical Systems Management track)

University of San Francisco, School of Nursing, San Francisco CA

Bachelor of Science in Nursing, *cum laude*

SELECTED PUBLICATIONS:

- Cattoi, B., Alpern, I., Katz, J. S., **Keepnews, D.**, & Solanto, M. V. (2021). The Adverse Health Outcomes, Economic Burden, and Public Health Implications of Unmanaged Attention Deficit Hyperactivity Disorder (ADHD): A Call to Action Resulting from CHADD Summit, Washington, DC, October 17, 2019. *Journal of Attention Disorders*, 10870547211036754.
- Keepnews, D.M.** (2021). The law, the courts and the advanced practice registered nurse. In L.A. Joel (Editor), *Advanced Practice Nursing, 5th Edition*. Philadelphia: FA Davis. (In press; chapters in previous editions: 2018, 2013, 2009, 2003).
- Keepnews, D.M.** & Betts, V.T. Nursing and the courts: A strategy for shaping public policy. In Mason, D.J., Perez, A., McLemore, M.R. & Dickson, E. L. (Eds.) (2020). *Policy & Politics in Nursing and Health Care* (8th Edition). Elsevier. (Chapters in previous editions: 2018, 2013, 2009, 2003).
- Zollweg, S., Tobin, V., Goldstein, Z., **Keepnews, D.M.** & Chinn, P.L. Improving LGBTQ+ health: Nursing policy can make a difference. In Mason, D.J., Perez, A., McLemore, M.R. & Dickson, E. L. (Eds.) (2020). *Policy & Politics in Nursing and Health Care*. (8th Edition). Elsevier. (Chapter in previous edition: 2018)
- Keepnews, D.M.** (2017) Globalizing health policy. (Guest editorial). *International Nursing Review*, 64(4), 457-9.
- Redline, S., Baker-Goodwin, S., Bakker, J., Epstein, M., Hanes, S., Hanson, M., Harrington, Z., Johnston, J.C., Kapur, V., **Keepnews, D.M.**, Kontos, E., Lowe, A., Owens, J., Page, K., & Rothstein, N. (2016). Patient partnerships transforming sleep medicine research and clinical care: Perspectives from the Sleep Apnea Patient-Centered Outcomes Network. *Journal of Clinical Sleep Medicine*, 12(7): 1053-58.
- Keepnews, D.M.** (2016). Developing a policy brief. *Policy, Politics & Nursing Practice*, 17(22): 61-65.

- Mason, D.J., **Keepnews, D.M.**, Murray, E. & Holmberg, J. (2012). The representation of health professionals on governing boards of health care organizations in New York City. *Journal of Urban Health*, 90(5): 888-901.
- Keepnews, D.M.** (2014). Medicaid expansion and the victims of partisanship. *Policy, Politics, & Nursing Practice*, 14(1).
- Keepnews D.M.** (2012). Protecting and expanding Medicaid. *Policy, Politics, & Nursing Practice*, 13(2): 71.
- Keepnews D.M.** (2012). FTC Scrutiny of health professions regulation. *Policy, Politics, & Nursing Practice*, 13(1): 3-4.
- Mason, D. & **Keepnews, D.M.** (2011). Implementing health care reform: a nursing perspective. *Nursing Outlook*, 59(1): 57-8.
- Keepnews, D.M.** (2011). Lesbian, gay, bisexual and transgender (LGBT) health issues and nursing: Moving toward an agenda. *Advances in Nursing Science*, 34(2), 163-70.
- Keepnews, D.M.**, Brewer, C.S., Kovner, C.T. & Shin, J.H. (2010). Generational differences among newly licensed registered nurses. *Nursing Outlook*, 58(3): 155-63.
- Skillman, S.M., Palazzo, L., Hart, L.G., & **Keepnews, D.M.** (2010). The characteristics of registered nurses whose licenses expire: why they leave nursing and implications for retention and re-entry. *Nursing Economic\$,* 28(3): 181-189.
- Skillman, S.S., Palazzo, L., **Keepnews, D.M.** & Hart, L.G. (2006). Characteristics of registered nurses in rural vs. urban areas: Implications for strategies to alleviate nursing shortages in the United States. *Journal of Rural Health*, 22(2): 151-157.
- Keepnews, D.M.** (2004). Using patient satisfaction data to improve home health care. *Journal for Healthcare Quality*, 26(3): 4-9.
- Keepnews, D.M.** & Mitchell, P.H. (2003). Health systems' accountability for patient safety. *Online Journal of Issues in Nursing*, 8(3).
- Keepnews, D.M.** (1995). State Medicaid waivers: issues for nursing. *The American Nurse*, 27(3), 16- 18.
- Monographs:
- Keepnews, D.M.** (2013; 1st Edition, 2011). *White Paper: Mapping the Economic Value of Nursing*. Seattle, WA: Washington State Nurses Association. (<https://www.wsna.org/assets/entry-assets/Nursing-Practice/Publications/economic-value-of-nursing-white-paper.pdf>)
- American Academy of Nursing (2010). *Implementing Health Care Reform: Implications for Nursing*. Washington, DC: American Academy of Nursing.
- New York Academy of Medicine (2006). (**Keepnews, D.M.**, project director) *Nurse Retention and Workforce Diversity: Two Key Issues in New York City's Nursing Crisis*. New York: New York Academy of Medicine & Jonas Center for Nursing Excellence.

SELECTED FUNDED PROJECTS:

- | | |
|-------------|--|
| 2013 – 2015 | Robert Wood Johnson Foundation, Executive Nurse Fellows Program, \$35,000 Action Learning Team Project: <i>Leveraging Partnerships to Build Capacity in the RN Workforce: Meeting the Behavioral Health Needs of the Public</i> Individual Leadership Project: <i>Interprofessional Collaboration to Advance LGBT Health</i> |
| 2012 | Principal Investigator, <i>Mandatory influenza vaccination for health care workers: Implications for health policy and practice</i> , Hunter College President's Fund for Faculty Advancement, \$1,770. |

- 2011 – 2012 Co-Principal Investigator, *Nursing, media and public policy: An analysis of the profession's response to the ProPublica series on the performance of the California Board of Registered Nursing*, Roosevelt House Associates Research/Travel Grant. (P.I.: D.J. Mason, \$1,000).
- 2005 – 2006 Project Director: Strategies for Improving Nurse Retention in New York City, New York City Department of Health & Mental Hygiene, \$170,000

CONSULTATION:

- 2018 American Nurses Association, Position Statement on Advocacy for LGBTQ+ Populations
- 2016 Washington State Nurses Association, Multistate Nurse Licensure Compacts
- 2013, 2011 Washington State Nurses Association, Economic Value of Nursing
- 2010 American Academy of Nursing, Implementation of Health Reform Legislation
- 2010 National Federation of Nurses, Models for Regulation of Nurse Staffing
- 2009 CGFNS International, Editorial Consultation
- 2007 Washington State Nurses Association, Safe Nurse Staffing Legislation
- 2006 Washington State Nurses Association, Joint Commission Nurse Staffing Standards
- 2004 CGFNS International, International Centre on Nurse Migration

PROFESSIONAL SERVICE:

American Academy of Nursing

Board of Directors (2010-2016; Secretary, Executive Committee, 2014-16)

Fellow Selection Committee (2008-11; 2018-20; Co-Chair, 2018-19; Chair, 2019-20; Advisor, 2020-21)

American Federation of Teachers, Healthcare Program and Policy Committee (2022 -)

American Journal of Nursing, Journal Oversight Committee (2013-present)

American Medical Association/Specialty Society Relative Value Update Committee (RUC), Health Care Professionals Advisory Committee (2003-04)

Gay & Lesbian Medical Association, LGBT Nursing Summit Steering Committee (2013)

Washington Center on Nursing, Board Member (2021 -)

Washington State Labor Council, Vice-president (2022 -)

CURRENT PROFESSIONAL LICENSURE:

Registered Nurse, WA, DC, VA, NY & CA

Attorney, CA (inactive status) and DC

CURRENT PROFESSIONAL MEMBERSHIPS:

American Academy of Nursing

American Federation of Teachers

American Nurses Association

GLMA, Health Professionals Advancing LGBT Equity

National Association of Hispanic Nurses

National League for Nursing

New York Academy of Medicine

Sigma Theta Tau International

Washington State Labor Council

Universal Health Care Commission

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Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Dave Kimberling |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/his |
| Organization (if applicable): | Washington Managed Imaging |
| Title or position (if applicable): | Executive Director |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | Pierce County |
| Email: | dkimberling@wmi-radiology.com |
| Phone: | 253.446.7123 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|---|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input checked="" type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I believe the legislatures directive to "reduce health care costs, reduce health disparities, improve the health and well-being of patients and the health care workforce, improve quality, and prepare for the transition to a unified health care financing system" is one of the most important initiatives in the State. Streamlining access to coverage, reducing fragmentation of health care financing across multiple public and private health insurance entities, reducing unnecessary administrative costs, reducing health disparities, will result in more fair and equitable

2. Please describe your relevant experience and how it would benefit FTAC.

I completed my Bachelors and Masters degree in Accounting. I spent the next 8 years working for large accounting firms. This has provided me a strong financial background that would be helpful in serving on a Finance committee. Additionally, I have spent the last 30 years in health care working or supporting Physician Groups, Hospitals, Health Systems, Managed Care Organizations, Health Care Management Consulting Firms, Academic Institutions, and Community Health Care Clinics. The

3. Please describe any other experience serving on a committee, board, or workgroup.

I have served and led numerous Boards, Committees and work groups over the years including my current Board at WMI. I chaired the Finance Committee at Community Health Care Clinics, served on the Board at Community Health Care, while serving on roughly 10-20 committees / Boards during my 17 years at Franciscan Health System. Additionally, I am currently the President of Hidden Lake Association and a Board member of the Heyburn State Park Association.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

None

10. Memberships in professional, civic organizations, or government boards or commissions:

See resume

11. Community service/volunteer activities:

See resume. Additionally, over the years we have built houses in Mexico through our church, and provided local support through St. Francis house and the food bank.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

We all have personal experiences that have shed light on significant inequities especially in health care. My most relevant experience regarding health equity occurred while I served on the Board of Community Health Care for over 10 years and was the Treasurer / Chair of the Finance Committee for over 6 years. This whole organizations purpose is to provide health and dental care to those that don't have access and often can't afford to pay for expensive health care. Time and time again we were able to see the significant impact that providing care had to improve

14. Please describe why health equity is important to you.

Serving at Community Health Care opened my eyes regarding the inequities in health care. I believe that all people have a right to affordable quality health care. We all know people that have had health issues and then been unable financially to recover. It is unfair that some people are devastated by health issues and the financial repercussions while others have better insurance and are largely sheltered from these issues. I believe universal health care offers a key opportunity to

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

The implementation of universal health care should result in significant improvements towards health equity. The FTAC will face a very complex challenge to reset current health care funding to a unified health care financing system in a manner that is fair and beneficial to each population. The committee will need to be thoughtful in evaluating the impact on each constituency such as Medicaid, uninsured, under insured, commercial, etc. If the FTAC can provide thoughtful and

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White, family originally European decent.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Dave Kimberling

Date:

11/30/2022

DAVE KIMBERLING

253.224.2951 • dkimberling@comcast.net

MANAGED CARE AND BUSINESS DEVELOPMENT EXECUTIVE

An accomplished health care executive with extensive experience leading managed care initiatives, Physician organizations, payor contracting, strategic planning and business development.

PROFESSIONAL EXPERIENCE

Washington Managed Imaging (WMI), Washington State 2012- present

Independent Physician Association (IPA) with 580 Radiologist and 8 Radiology Groups geographically distributed throughout Washington State.

Executive Director

Responsible for WMI's overall operations, strategic planning, payor strategy, health plan negotiation, contract management, and development of value - added services. Report to Board of Directors.

- ♦ Doubled the WMI Radiology Physician membership by recruiting 3 of Washington's largest and most highly regarded Radiology groups.
- ♦ Negotiated and signed 3 favorable new health plan agreements with-in the first 6 months.
- ♦ Finalized double digit rate increase with national carrier.
- ♦ Participated on various legislative initiatives, testified at legislative committees and partnered with legislators and Physicians to improve legislation.
- ♦ Pursuing several group purchasing opportunities for Health Insurance, Medical Malpractice, and supplies to create significant cost savings.

Rockwood Health System, Spokane, WA 2011- 2012

Integrated delivery system comprised of 2 hospitals and the Rockwood Clinic, a 295 physician and provider group. Member of Community Health Systems (CHS), a hospital system of more than 130 hospitals and \$14 billion in revenue.

Executive Director, Strategic Planning and Business Development

Responsible for design and development of Integrated Delivery System (IDS) capabilities for a newly forming IDS including: IDS strategic planning, business development, payor strategy, network development and selective service line development. Report to the Chief Executive Officers for Deaconess Hospital, Valley Hospital, and Rockwood Clinics.

- ♦ Developed the first strategic plan for the newly formed Rockwood Health System IDS.
- ♦ Partnered with Executive Director of Payor Contracting to establish key strategies and principles to guide health plan relationships and financial decisions.
- ♦ Developed key recommendations regarding new payment models (shared risk, prepayment for selected services) and funding requests to support development of new IDS capabilities.

Franciscan Medical Group (FMG), Tacoma, WA 2009 – 2011

Subsidiary of Franciscan Health System.

Executive Director, Business Development

Recruited by FMG President to lead new business development initiatives, medical group strategic planning, physician/practice acquisitions, physician recruiting, marketing and communications, and development of services to increase market share. Managed staff of five Directors and over 20 indirect reports.

- ♦ Negotiated and executed successful acquisition of 16 physician practices, 58 physicians and 21 providers, including partnering with legal services to complete the purchase sale agreements, valuation, employment agreements, and other required legal documentation.

- ♦ Led ACO committee through evaluation of multiple options including Medicare Shared Savings Program, Pioneer ACO and other developing health plan models.
- ♦ Evaluated risk and rewards of early participation in new product offerings including preliminary analysis of health system capabilities and identification of missing capabilities.

Franciscan Health System (FHS), Tacoma, WA

2004 – 2009

Integrated delivery system; member of Catholic Health Initiatives (CHI).

Director of Business Development & Physician Relations

Partnered with senior leadership to increase physician satisfaction, strategic high margin services, market intelligence, and service improvement by directing health system physician business development function. Reported to Senior Vice President of Medical Affairs / Chief Medical Officer.

- ♦ Recommended, developed, and established physician relations and business development program that was recognized as a best practice within Catholic Health Initiatives. Program was presented at 2009 CHI National CEO Conference.
- ♦ Supported roll-out of successful new programs including Gamma Knife, robotic surgery, and development of physician alignment / medical staff required to successfully open a new \$180 million hospital.
- ♦ Enabled tracking of 2,800+ physicians, visits, and market intelligence by developing customized customer relations database (CRM).

Physician Health System Network (PHN), Tacoma, WA

1996 – 2003

Managed care and physician hospital organization with \$83M in annual revenues at peak. Jointly owned by ~ 500 physicians and FHS.

Executive Director 2000 – 2003

Promoted from Director of Managed Care (1996-1999) to lead this business including: strategy and business planning, health plan and network contracting, operations, finance, delegated utilization management and claims payment. Collaborated with physician and hospital leadership to define strategy and drive sustainable growth. Contracted with health plans for full risk percent of premium agreements. Reported to PHN Board of Directors and Franciscan Health Systems' CFO.

- ♦ Developed and grew this start-up company from one health plan agreement and ~\$1.5M in annual revenue to become Washington State's largest physician hospital organization (PHO) with over \$83M in annual revenue and 53,000 full risk covered lives.
- ♦ Responsible for health plan contracting strategy, full risk negotiation, establishment of risk pools, pmpm review, carve outs / exclusions, financial review, contract language, settlement and issue resolution.
- ♦ Created operational infrastructure necessary to manage risk including: health plan delegation for utilization management, credentialing and claims payment.
- ♦ Developed, in partnership with Physicians and clinical leadership, medical management, case management and disease management functions to manage cost and utilization.
- ♦ Generated ~250% increase in physician membership from ~200 to 500+ through physician relationship building, demonstrating value to physician members, developing engaged membership through committee structure and offering multiple value-added services.
- ♦ Achieved profitable/break-even results six of seven years, by using strong financial systems, effective medical management, developing preferred contracts and a strong provider network.

- ♦ Saved company over \$7M by creating and implementing sophisticated financial modeling tools and audit systems.

Dave Kimberling

Page 3

Additional Experience

Management Consultant, ECG Management Consultants in Seattle, WA (Health Care Consulting Firm)
Interim Administrator Department of Pediatrics, Stanford University (1 year)

Manager Health Plan Contracting, Medalia Health Care
Negotiated payor (full risk & fee for service) contracts for 200 Primary Care Physicians

Manager, Clark Nuber & Co. Bellevue, WA (Public Accounting Firm)

Senior, Deloitte & Touche Boise, ID (Public Accounting Firm)

EDUCATION

Master in Accountancy (MaCC), Brigham Young University in Provo, UT
Bachelor of Science - Accounting, University of Idaho in Moscow, ID
Franciscan Health Systems Inaugural Leadership Development Pool for Future Leaders
Advisory Board, The Academy Fellowship Program

AFFILIATIONS

American College of Health Care Executives
Radiology Benefit Managers Association
Hidden Lake Association, President (2012-present)
Heyburn State Park Association, Board member (2011-present)
Heyburn State Park Association, President (2015-2021)
Community Health Care Board Member (2002-2011)
Community Health Care Treasurer & Chair of Finance Committee (2005-2011)
Community Health Care Executive Committee (2005-2011)

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|---|
| Name (first and last): | Esther Lucero |
| Preferred pronouns (e.g., she/her, he/his, they/their): | She/Her |
| Organization (if applicable): | Seattle Indian Health Board |
| Title or position (if applicable): | President & CEO |
| Work address (if applicable): | 611 12th Avenue South, Seattle, WA, 98144 |
| County of organization/employer (if applicable): | King County |
| Email: | EstherL@sihb.org |
| Phone: | 206-900-6272 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|---|
| <input type="checkbox"/> Academic/research | <input checked="" type="checkbox"/> Health care association (please describe): WACHC, NACHC, NWPCA, NCUI |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input checked="" type="checkbox"/> Payer: public |
| | <input checked="" type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

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these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

As President and CEO of Seattle Indian Health Board (SIHB), I have advocated for and dedicated my career to advancing equity in healthcare services through robust economic initiatives, programming, and activities for tribal, urban Indian, BIPOC, and underserved communities. In my current role, I develop unique financial planning strategies to ensure that our organizational resources, costs, and budget align with our mission to provide culturally attuned, high quality, and accessible health and human services to meet the unique needs of the populations (patients) that we serve. +

2. Please describe your relevant experience and how it would benefit FTAC.

Since starting my role as President & CEO, I have increased SIHB's operating budget by \$25 million, hired over 100 staff, and launched three expansion sites to reach under-served populations. This was achieved by enrolling SIHB clients into Medicaid and the Exchange, identifying public healthcare funding streams, and improving our patient revenue cycle to increase patient service revenue. +

3. Please describe any other experience serving on a committee, board, or workgroup.

Multicare/NAVOS - Finance and Operations Committee, Washington Exchange Tribal Advisory Workgroup, Washington Association of Community Health, ARCORA CWF Task Force, Northwest Regional Primary Care Association.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

To ensure the advancement of health equity, I continuously provide advocacy on a local to national level. My advocacy engages tribal leaders, policymakers, budget committees, and partnerships with Indian healthcare centers across the nation. Most notably, my advocacy has led to the U.S. Congress providing a temporary extension of 100% FMAP to urban Indian organizations, amending federal regulations to allow. +

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No


8. If yes, please explain.

N/A

9. Professional licenses held:

N/A

10. Memberships in professional, civic organizations, or government boards or commissions:

Governor's Office of Indian Affairs, King County Board of Health, King County Indian Policy Advisory Committee, Washington State DSHS-Adult Immunization Advisory Work Group, Washington State DSHS - Trueblood General Advisory Committee, American Indian Health Commission - State American Indian and Alaska Native Opioid Response Work Group, Washington HCA - Children and Youth Behavioral Health Work Group, Seattle- King County Healthcare Industry Leadership Table, 

11. Community service/volunteer activities:

Youth Basketball Coach
Indigenous People Festival

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

As a leader in healthcare, I recognize health equity can be enhanced through services, workforce development, and data and research which we model at SIHB. In 2018, I worked to implement our Indigenous Knowledge Informed Systems of Care (IKISC) model – a patient centered care model integrating our dental, medical, behavioral health, and traditional health services. Through the IKISC, we provide culturally attuned healthcare delivery to optimize the health of Indigenous, BIPOC, and underserved communities.

14. Please describe why health equity is important to you.

As a Diné queer woman, I have seen firsthand the impact public health racism has on marginalized populations. As the President and CEO of an Indian healthcare clinic, I regularly experience the dichotomy in public health services available for Indigenous and non-Indigenous people which is why our IKISC exists. IKISC reclaims our cultural knowledge systems for health to support our most vulnerable subgroups including Elders, at-risk individuals, low-income individuals, and

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

As the President and CEO of an FQHC and Indian Health Service designated clinic, I had to identify innovative solutions to support equitable healthcare delivery to vulnerable patients while ensuring a robust financial system to support our operations. Part of our solutions include working with tribal leaders, policymakers, budget committees, and partnerships with Indian healthcare centers to identify and achieve collective priorities. By setting priorities backed by advocacy efforts, we

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am Diné and Latina

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input checked="" type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Esther Lucero

Date:

11/30/22

Esther Lucero
27439 SE 169th St. • Issaquah, WA 98027 • (415) 810-4342
ellelucero@gmail.com

Education:

| | |
|---------------|---|
| Mills College | Mills College |
| | BA Native American Studies/Chemistry minor |
| | Fall 2006 |

Teaching:

San Francisco Art Institute • San Francisco, CA • **Adjunct Professor** • 12/2015-Current

Course Titles:

Native Americans in the Media
Native American Women
Native American Urbanization, Intertribal Resistance, and, Cultural Revitalization

San Francisco State University • San Francisco, CA • **Adjunct Professor** • 08/2010-12/2015

Course Titles:

American Indian Women
Urban Indians
American Indians in the Media
Oral Literature
Native American Urbanization, Intertribal Resistance, and Cultural Revitalization

Publications:

From Tradition to Evidence: Decolonization of the Evidence-based Practice System, The Journal of Psychoactive Drugs, Growing Roots: Native American Evidence-based Practices Dec. 2011
The New Generation, The Womanist Journal 2006

Films:

Killing the 7th Generation: Reproductive Abuses Against Indigenous Women, Director, Cinematographer, Editor, Co-Producer Melinda Micco 2010

Professional Achievements:

2012-2013 *National Tribal Environmental Health Think Tank* member- Center for Disease Control
2010-Current Intertribal Friendship House Board Member
2010 HIV Prevention Planning Council Member: Co-Chair of Prevention with Positives Committee

Experience:

Seattle Indian Health Board • Seattle, WA • **Chief Executive Officer** • 11/2015-Current

- Responsible for the day-to-day management of the corporation.
- Provide oversight of organization's finances within guidelines established by the Board of Directors.
- Ensure appropriate human resources management including hiring, firing, and recommended salary status of employees within approved salary ranges established by the Board of Directors.
- Ensure compliance with public and private contracts and grants and national accrediting organizations.

- Oversee community and public relations serving as primary spokesperson to ensure access to needed resources and reinforce a positive image for the organization.
- Apprise the Board of Directors to trends in health care delivery, needs of the SIHB, policy considerations, and other organizational needs.
- Work in collaboration with the Board to foster and maintain sound agency governance.
- Perform other duties as assigned by the Board of Directors.

California Consortium for Urban Indian Health • San Francisco, CA • Director of Programs and Strategic Development • 10/2013-10/2015

- Innovate, strategize, and lead vision for organizational growth including diversification of funding streams, program development, and increased visibility.
- Provide statewide public health policy advocacy for Urban American Indian communities.
- Provide policy analysis and dissemination of relevant legislation and policy.
- Lead Behavioral Health and Primary Care Integration with an emphasis on cultural competency and sustainability planning.
- Lead policy change strategies for Traditional Healing, specifically directed at getting Traditional and Cultural practices to become billable through the Medical system.
- Lead and direct fund-development efforts, and marketing/communications strategies.
- Strengthen operational systems and organizational efficacy.
- Provide training and technical assistance for statewide implementation of the Affordable Care Act and the California Health Exchange (Covered California).
- Developed CCUIH's first American Indian Fellowship/Internship Program.
- Responsible for daily operations including budget and contract management, program implementation and evaluation.

Native American Health Center • Oakland, CA • Director of Policy and Programs • 2/2010-10/2013

- Successfully managed the Community Wellness Department's specialty programs (\$7 million budget), including day-to-day program operations, performance management, project hiring, human resources and budget management.
- Ensured high quality, effective behavioral health programming and culture-based prevention and treatment services for the San Francisco Bay Area Urban Native American community.
- Led the departmental strategic planning and management in the areas of grant funding, department development, performance management, and team building.
- Was instrumental in the development of plans to operationalize the integration of behavioral health services with medical services.
- Developed, and implemented departmental funding initiatives. Led and trained grant writing teams, and promoted the expansion of integrated funding initiatives that span all sites.
- Responsible for the direct supervision of all Program Directors and indirect supervision of all CWD staff. A total of 70 employees.
- Founded NAHC's Media Center, and established it as social enterprise within the CWD.
- Acted as the department policy advocate for Urban Indian behavioral health on local, state and national levels.
- Coordinated activities across departments, sites and with collaborating agencies to ensure that programs met all goals and objectives.
- Coordinated activities across internal CWD functional areas (i.e., clinical behavioral health treatment, data management and analysis, and administration) ensuring specialty program areas meet community needs and are in compliance with department, agency, and funding agency regulations.
- Conducted presentations on CWD programs at the local, state, and national level and ensure dissemination of information to NAHC staff and community, as appropriate.

- Actively participated in, and represent CWD at agency-wide management meetings and in agency-wide planning processes. Ensured appropriate distribution of information at both the departmental and organizational level.
- Actively participated in internal quality improvement teams and work with members proactively to drive quality improvement initiatives in accordance with the mission and strategic goals of the organization, federal and state laws and regulations, and accreditation standards, when assigned.

Native American Health Center • San Francisco, CA • **Consultant** • 05/2009-08/2009

- Effectively provided Program Evaluation for Circle of Healing (HIV Services).
- Analyzed and reported on CDC grants and assessed program performance.

Native American AIDS Project • San Francisco, CA • **HIV Case Manager** • 04/2007-02/2009

- Held an active caseload of 120 clients, more than any other case manager in San Francisco.
- Acted as a liaison between clients diagnosed with HIV and all San Francisco City resources.
- Advocated for clients in the realms of healthcare, general assistance, food support, emergency assistance, housing, psychological support, and spiritual health.
- Trained in CSTEP case management, harm reduction, and HIV 101.
- Organize and conducted street outreach and education programming, facilitated workshops on culturally competent end of life services, abstinence policies and lack of cultural competency at the National Conference on AIDS.
- Provided guest lectures on Methamphetamines and Native American Communities.
- Sat on the HIV Prevention Planning Council and Co-chaired the Points of Integration Committee.
- Represented NAAP on the Casey Family Programs committee to plan for better use of the Indian Child Welfare act within social services.
- Successfully cultivated partnerships with the AIDS Health Project and UCSF to provide better case management support for women and Native Americans. Through this I have exceeded my contracted client base by double.

UCSF San Francisco, CA • **Admin II** • 4/2003-11/2003

- Responsible for patient service and assistance.
- Conducted basic office responsibilities.
- Trained in HIPPA, IDX, On-Trac, Insurance verification
- Managed Urgent Care Check in and emergency calls.

Bebe Stores Inc. San Francisco, CA • **Store Manager** • 3/2001- 4/2003

- Responsible for a \$1.5 million business including operations, performance management, human resources, and visual presentation. Led the district in best sales over the previous year.
- Recruited, interviewed, hired, trained, and managed 20 person staff.
- Innovated and developed motivational tools to maximize sales potential and to develop staff into next level positions. Train fellow store managers and their new employees.
- Prepared and managed store procedures, including client service, sales, employee development and loss prevention. Conduct management meetings with staff. Report daily, weekly, monthly statistics to corporate management. Prepare and manage scheduling, payroll and trainings. Plan and organize client events. Create and maintain an excellent customer service environment.
- Responsible for analyzing product to improve sales. Followed company directives and executed floor changes.

Sunglass Hut Inc. San Francisco, CA • 2/1994-7/2000 • **Senior District Manager**

- Supervised 14 retail stores (including West Coast flagship store) totaling \$6 million in business.
- Responsible for recruiting, interviewing and hiring all associates, including store managers.

- Developed and administered training program on performance management.
- Developed and administered training program on successful recruiting.
- Led and motivated sales team to 16% increase in sales over the previous year.
- Monitored daily sales performance, set annual budgets, adjusted monthly budgets, and communicated operational, visual and sales expectations and company standards to the district. Performed daily store visits to monitor performance. Trained and developed store managers, and conducted monthly manager meetings. Served as a liaison between regional manager, all corporate office departments and store managers.
- Responsible for sales performance, visual standards, operational standards, loss prevention, profit and payroll management, and staff development.

Achievements, Honors and Awards:

Mills:

Graduate Student of the Year 2009
 Alumnae Scholarship 2008-2010
 Best Senior Thesis 2007
 Graduation Speaker 2007
 President/Founder of Pre Med Club 2005-2007
 Co-Chair Native American Sisterhood Alliance 2005-2007
 Womanist Publication 2006
 Deans Scholarship 2004-2006
 AAIP Pre Med Shadowing Program Scholarship 2006
 AAIP Pre Med Conference Scholarship 2005
 SMEP Scholarship 2004

UCSF: 2 Superstar Service Awards

Bebe: #1 Store, 2002 (SF district)

Sunglass Hut:

#1 Manager in Sales Performance (over 200 districts, including 2000 stores), 1999
 Selected to Presidents 100 Club, 1999 (management organization composed of 25 of the top-performing individuals in the company)
 Double-digit Sales Increase Award, 1999
 Highest Contribution Award, 1998
 Best People Development Award, 1998
 Best Loss Prevention Results Award, 1998
 Most Personal Growth Award, 1997
 Superstar Service Award, 1996

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|-----------------------------------|
| Name (first and last): | |
| Preferred pronouns (e.g., she/her, he/his, they/their): | Eddy Rauser |
| Organization (if applicable): | OFM - Health Care Research Center |
| Title or position (if applicable): | Senior Data Scientist |
| Work address (if applicable): | 500 Jefferson Street SE |
| County of organization/employer (if applicable): | |
| Email: | eddy.rauser@ofm.wa.gov |
| Phone: | 360-485-7850 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am interested in better understanding the challenges related to financing healthcare for all in Washington State.

2. Please describe your relevant experience and how it would benefit FTAC.

I am a member of the Forecast Work Group responsible for the development of the Washington State Medicaid assistance expenditure forecast.

3. Please describe any other experience serving on a committee, board, or workgroup.

I have multiple years of experience contributing to the Medicaid Forecast and Caseload Forecast Council Work Group.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

Washington State Professional Engineer PE

10. Memberships in professional, civic organizations, or government boards or commissions:

11. Community service/volunteer activities:

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Having access to health services irrespective of means.

14. Please describe why health equity is important to you.

Thinking about our current state of healthcare innovation we should all have access to lower cost, higher quality healthcare. Having tough conversations about how to bring healthcare to all is one large item that could aid in helping this along.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Managed care can only do so much to control costs and address health outcomes. There are many conversations around unified healthcare that need to happen to find out how best to finance it.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

Swedish-German American

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Eddy Ranser

Date:

11/14/2022

Edmund Rauser, P.E.

| | |
|--|---|
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Experience</p> | <p>2016-Present Office of Financial Management Forecasting and Research Olympia, WA</p> <p>Current Manager: Mandy Stahre</p> <ul style="list-style-type: none"> ▪ Senior Data Scientist, Medicaid Forecast ▪ Lead the biannual Medicaid forecast team in developing the \$11 billion biennial Medicaid expenditure forecast for the Governors and Legislatures budget. ▪ Coordinate all steps necessary to complete the Medicaid expenditure forecasts including extracting, transforming, and loading data from multiple sources into the forecast database, monitoring source data completeness and quality, developing per cap models for medical eligibility group - service combinations, projecting Federal Medical Assistance Percentages (FMAP), developing forecast step models, and merging all forecast components into the final forecast. ▪ Lead bi-weekly Medicaid forecast workgroup meetings to present forecast components. The workgroup is comprised of staff from the Health Care Authority, the legislature, and the OFM Budget Office. During the meetings, the workgroup reviews primary trend models, FMAP projections, programmatic and policy steps, and versions of the expenditure forecast. ▪ Prepare monthly Medicaid forecast tracking reports to monitor and evaluate the performance of the forecast. This work includes preparation of monthly expenditure files for use in tracking the forecast. ▪ Participate in Health Care Authority meetings that are relevant to the Medicaid forecast. ▪ Participate in the Caseload Forecast Council Medicaid workgroup meetings, which establish the official Medicaid caseloads for use in the expenditure forecast. ▪ Manage, maintain and update the forecast SQL server database including extracting, transforming and loading data from multiple sources into the forecast database. ▪ Coordinate with OFM staff to ensure accuracy and quality of AFRS (or AFRS replacement) data feeds. Work with staff to modify data extracts, as necessary. ▪ Train other forecasting staff on key components of the forecast including primary trend model development, FMAP development, step implementation and overall forecast process, as needed. ▪ Provide subject matter expertise to Forecasting and Research Division staff on technology related questions. |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Experience</p> | <p>2014-Present Health Care Authority, Actuary & Forecasting and Analytics Olympia, WA</p> <p>Current Manager: Gwen Grams Phone number: 360-725-1319</p> <ul style="list-style-type: none"> ▪ Forecast and Analytics Data Manager <p>I work with the Actuary and the Forecasting and Financial Analytics Section (FFAS) within HCA on projects relating to providing health care coverage to low-income and disabled individuals in Washington State and the Public Employee Benefits program. The FFAS primary responsibility is providing a forecast twice a year for the Washington State's Medicaid expenditure budget. The \$11 billion biennial expenditure forecast determines the funding levels for most of HCA's medical assistance activities. I supervise a group of four IT specialists that support managed care rate setting systems, Provider One (P1) consultation, Agency Financial Reporting System (AFRS) database ETL / consultation, Forecast program data, and application development & support for Financial Service division (FSD). This group provides data, methods design, data extracts, status reports, analysis, and tracking reports to FSD and HCA.</p> <ul style="list-style-type: none"> ▪ Served as a technical expert responsible for analyzing, designing, creating, and populating the database and reports required by the Medicaid Forecast Workgroup for each forecast cycle. ▪ Developed new tools that have enhanced the quality and comprehensiveness of the review of the forecast results. ▪ PEBB accountable care programs contract cost quality model. ▪ Provided multiple ad hoc analysis or consults for different internal stakeholders on Medicaid and AFRS data. ▪ Extracted and transformed multiple provider datasets and plan rate making datasets from Milliman. ▪ Further develop and modify the first Hepatitis C model. ▪ GIS travel distances and times from multiple ACPs to evaluate service coverage. |

| | |
|-------------------|---|
| Experience | <p>2005-2014 Washington State Labor and Industries SHARP Tumwater, WA Address: 7273 Linderson Ave SW Tumwater WA Current Manager: Michael Foley Phone number: 360-902-5429</p> <p>Research Data Manager</p> <p>I work with multiple research teams, internal and external, on projects related to workers safety and health. I provide scientific method to many different types of research data for multiple projects. These projects range from asthma surveillance, to popcorn lung field research, to outreach activities with the trucking industry, to internal LNI performance measures for consultation and enforcement activities and many more interesting research projects.</p> <ul style="list-style-type: none"> ▪ Simultaneously work with multiple research groups providing guidance on data intricacies. ▪ Provide answers to work related safety and health issues using LNI and other data sources to internal and external stakeholders. ▪ Guide research staff using internal and external data resources, like LNI, DOH, ESD, CHARS, US Census, BEA and others, and programing languages, like SQL, SAS, R, VB, Access, Excel and others. ▪ Extract, transform and load (ETL) datasets from the multiple data sources for internal and external research. ▪ Provide data visualization guidance for research projects. ▪ Provide scientific structure to research projects that generate and use data. ▪ Maintain/design external websites for research programs. ▪ Design databases for research projects to track research surveys, samples, or field data. ▪ Author safety and health reports for internal and external groups. ▪ Provide data on policy related questions to internal and external stakeholders. ▪ Provide instrumentation assistance to field research with data acquisition. ▪ Contributing author on multiple LNI surveillance projects consultation and enforcement (CNE), work-related asthma and burns, Trucking Injury Reduction Emphasis (TIRES), Logging, Temp worker evaluation, Teen worker, and many other completed projects. |
| Experience | <p>2004-2005 Medtronic (Physio-Control) Redmond, WA Address: 11811 Willows Rd Redmond, WA 98052 Current Manager: John Grein</p> <p>▪ New Product Development Senior Manufacturing Engineer</p> <p>I work with a large multidisciplinary design team to develop next generation defibrillator for the pre-hospital and consumer market.</p> <ul style="list-style-type: none"> ▪ Design (ProE), document, fabricate, and validate manufacturing tooling/fixtures for intended uses. ▪ Oversee process FMEA for all new products' processes. ▪ Develop material presentation plans for high volume assembly. ▪ Plan and develop the schedule for manufacturing fixtures. ▪ Develop manufacturing instructions and plans ▪ Analyze new design for DFX. |
| Experience | <p>1997-2004 Plexus (SeaMED) Bothell, WA Address: 20001 North Creek Parkway Bothell, WA 98011 Current Manager: Wayne Waldrup</p> <p>Product Development Manufacturing Engineer</p> <p>Design products and processes conducive to manufacturing, support production, and manage technical aspects of builds together with a development team that is dedicated to meeting the customers cost, quality, and schedule requirements.</p> <ul style="list-style-type: none"> ▪ Define and manage the product structure throughout the development cycle, via the bill of materials, to ensure time efficient component procurement and reliable assembly. ▪ Concurrently design products using Pro Engineer or Solid Works. ▪ Process validation & verification, installation qualification (IQ), operation qualification (OQ) and process qualification (PQ). ▪ Provide input and feedback to product design engineers to develop and approve component and assembly designs for manufacturability. Time motion studies, design for assembly (DFA), design for manufacturing (DFM) & design for service (DFS) analysis are some of the tools used to justify this input. ▪ Systems engineer for a manufacturing transfer project, responsible for thoroughly understanding the product to be transferred and providing a strategy to best fit the product into a manufacturing system. ▪ Manage the prototype, preproduction build processes to become qualified to move to production. ▪ Assess and document in-house production process capability and capacity at point of design transfer. Provide plans and recommendations for improvements in equipment and methods to reduce cost and cycle time during pilot production. ▪ Design, document, fabricate, and validate manufacturing tooling/fixtures for intended uses. ▪ Analyze and document key make-versus-buy decisions for components, assemblies, and equipment; Develop the manufacturing plan. ▪ Statistical process control (SPC) & process control, monitor incoming parts and in-process defects. ▪ Sustaining engineering & service, continued support of developed products once in manufacturing. ▪ Author operator instructions, production transfer plans, method sheets, and set-up sheets to provide a process appropriate for the designated manufacturing facility. ▪ Administer a process failure mode effect analysis (PFMEA) for a product. ▪ Perform analysis for variation, control, and capability on products. This includes statistical process control (SPC), control charts, process capability studies, Pareto analysis, and design of experiments (DOE). ▪ Have studied and designed product and processes using process improvement techniques such as 6 sigma, Lean/5S, Kaizen, Kanban, Poka-yoke, and others. ▪ Facilitate the movement of discrepant material out of MRB and resolve MRB corrective actions to prevent further rejections. Investigations to determine root cause and corrective action for non-conformances and impact to existing products in the field. <p>Medical experience</p> <ul style="list-style-type: none"> ▪ cardiac ablation RF generator, Daig / St Jude Medical ▪ radiation catheter delivery system, Novoste ▪ blood cells growing system, Aastrom Biosciences ▪ physiological signal amplifier, Bard ▪ phased-Array RF coils MR imaging, Ultralimage / Pathway Medical Systems ▪ immune modulation Therapy, Vasogen ▪ endometrial ablation system, Ethicon / Johnson & Johnson |

| | |
|----------------------|---|
| Education | <ul style="list-style-type: none"> ▪ 2021 Western Governors University Master of Science Data Analytics ▪ 2004 Washington State Professional Engineer ▪ 1997 Western Washington University Bachelor of Science Manufacturing Engineering Technology ▪ 1995 South Puget Sound Community College AA Associate Arts <p>Multiple adult continuing training/education programs in a variety of areas. A00-240 SAS Statistical Business Analysis Using SAS 9: Regression and Modeling A00-231 SAS 9.4 Base Programming - Performance Based Exam</p> |
| Organizations | <ul style="list-style-type: none"> ▪ Washington State Licensed Professional Engineer, WSPE ▪ PNWSUG Pacific Northwest SAS Users Group ▪ SME Member ▪ SAS User group ▪ American statistical association |
| Publications | <ul style="list-style-type: none"> ▪ Trucking Industry: Examining Injuries for Prevention. Washington State, 2006-2012 ▪ Preventing injuries in the trucking industry, focus report 1997 - 2005 ▪ Occupational Heat Illness in Washington State, 2000-2009. ▪ Occupational heat illness in Washington state, 1995-2005. ▪ Heat Related Illness in Agriculture and Forestry ▪ Evaluating progress in reducing workplace violence: Trends in Washington State workers' compensation claims rates, 1997-2007. ▪ Distribution of asthma by occupation: Washington State Behavioral Risk Factor Surveillance System Data, 2006-2009 ▪ Asthma in Washington State, Behavioral Risk Factor Surveillance System (BRFSS) ▪ Work-related asthma in Washington State. |

Universal Health Care Commission

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Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Emily Stinson |
| Preferred pronouns (e.g., she/her, he/his, they/their): | she/her |
| Organization (if applicable): | Washington State Dept of Labor & Industries |
| Title or position (if applicable): | Payment, Policy, & Provider Support Manage |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | Thurston |
| Email: | emily.stinson@lni.wa.gov |
| Phone: | 360-902-5974 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input checked="" type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I've been passionate universal health care for more than 20 years. We all deserve quality healthcare coverage that increases access and health equity, and is cost effective. Right now unexpected injury or accident can lead to the evaporation of familial wealth, bankruptcy, and often the erosion of the American dream. This risk is magnified for people who are part of a socio-economically insecure, marginalized, or systematically disadvantaged community. I am the Payment, Policy, and Provider Support Manager at L&I on the FTAC work details, please see details.

2. Please describe your relevant experience and how it would benefit FTAC.

I am responsible for maintaining the solvency of L&I's \$600M Medical Aid Fund. Under my leadership since 2015 L&I's cost growth has not exceeded 4% annually despite inflation and L&I providing cost of living adjustments as high as 2%. I have 10 years of medical procedure pricing, payment methodology development and application, medical coding, medical trend cost analysis, and cost containment at the Department of Labor & Industries (L&I). As L&I's senior subject matter expert for this

3. Please describe any other experience serving on a committee, board, or workgroup.

I have served as a non-voting member of the Washington State Telehealth Collaborative since May 2020. The group meets quarterly, was legislatively created in 2016 by SB 6519 to provide guidance, research, and recommendations for the advancement of telemedicine and the benefit of professionals providing care through telemedicine. I am also a member of the Decision Implementation Group which is tasked with statewide implementation of decisions that come out of the Health Technology Assessment/Health Technology Clinical Committee determinations.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I have a deep understanding of what drives costs in medical care even beyond workers' compensation and could help inform the creation of a more cost effective model for universal healthcare. My knowledge of diverse payment methodologies and incentive structures beyond fee-for-service models will also be helpful in helping vision a more dynamic and attractive reimbursement model for providers. My

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

Not any more than any other family in Washington state could be.

9. Professional licenses held:

None

10. Memberships in professional, civic organizations, or government boards or commissions:

None

11. Community service/volunteer activities:

None

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I'm passionate about improving health equity as you've described it, for underserved or marginalized communities. Since 2013 my work has included payment policies for interpretation and translation services for LEP injured workers and crime victims, as well as a long term project to improve access to care for covered workers who have had to return to their countries of origin before being healed from an industrial injury. As a manager I have instilled a culture of inclusion as part of our, so that our policies

14. Please describe why health equity is important to you.

Health equity should be important to everyone. It's important to me because everyone's experience should matter. Government should not be creating or furthering institutions, ways of thinking, or systems that make healthcare inaccessible or substandard for any group. I have both immigrants and differently abled people in my immediate family and have seen firsthand how ableism, and cultural and linguistic biases create barriers that individuals are unlikely to

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Improving access to care by creating a financial structure to prudently purchase care that balances the needs of patients and provider reimbursement that is high enough to attract and retain providers of all specialties. This could be achieved many ways but probably includes the use of incentives, pay for performance, pharmaceutical rebates, a medical home model, bulk purchasing of drugs, some fee-for service structures, or some blend of multiple approaches.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

Scandinavian American

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Emily Stinson



Date:

11/30/2022

EMILY STINSON

(360) 902-5974

EMILY.STINSON@LNI.WA.GOV

MAJOR ACCOMPLISHMENTS Managed Labor & Industries' (L&I's) \$600M Medical Aid Fund spending for 7 years with an annual medical cost growth rate of under 4%.

L&I's representative for the All Claims Payer Database (APCD) project

Author L&I's Professional Fee Schedule 2016-2021

Created L&I's the ICD-9 to ICD-10 conversion table resulting in an 82% cross match which eliminated that manual work for the Coding Unit.

HEALTHCARE POLICY & PAYMENT METHODS - HSA

- Medical Cost Containment
- Expert CPT, HCPCS, and ICD-10 coding
- Knowledge of national healthcare trends
- Policy development and maintenance
- Fee schedule development and maintenance
- Data analysis and presentation
- Risk assessment and mitigation
- Project and change management
- Stakeholdering for transparency and understanding
- Leading with both formal and informal authority
- Rulemaking and legislative bill analysis

PROFESSIONAL EXPERIENCE

PAYMENT, POLICY, AND PROVIDER SUPPORT MANAGER

Health Services Analysis – Department of Labor & Industries
May 2020- present

Manage both Healthcare Policy and Payment Methods and Provider Support and Outreach staff. Manage Medical Aid Fund cost growth is <4% annually. Ensure sound production of the annual Medical Aid Rules and Fee Schedules. Provide strategic oversight for provider outreach with projects a focused on ensuring access and equity for injured workers in state, out of state and outside of the country. From 2020-2022 oversaw the procurement and implementation of a new interpreter services contract for injured workers. Some additional duties from my last job including professional fee schedule creation until 2022.

SUPERVISOR AND SENIOR HEALTH POLICY ANALYST

Health Services Analysis - Department of Labor and Industries
November 2017 – April 2020

Supervise, mentor and support five Medical Program Specialists (MPS) 2 employees in addition to the duties listed under Senior Health Policy Analyst. Mentor and provide expert consultation and guidance on projects and assignments to other MPS staff. Act as liaison to the internal agency Core Implementation Team (CIT) and the external Decision Implementation Group (DIG). Provide subject matter expertise and consultation to Health Services Analysis (HSA), Office of the Medical Director (OMD), Claims Administration, Self-Insurance and stakeholder advisory committees on healthcare or healthcare reimbursement issues related to policy initiatives.

SENIOR HEALTH POLICY ANALYST, HEALTHCARE POLICY & PAYMENT METHODS (HPPM)

Health Services Analysis – Department of Labor & Industries
September 2015 – November 2017

Create the Professional Fee Schedule. Oversee and coordinate the annual update and publication of the Medical Aid Rules and Fee Schedules (MARFS). Analyze data and options to recommend an annual conversion factor including a cost of living adjustment to the director for approval. Promulgate the department's medical aid rules changes annually. Develop cost containment and cost monitoring strategies. Monitor, analyze and report cost trends within the Medical Aid Fund. Lead payment policy and fee schedule development. Mentor HPPM staff. Manage contracts. Provide expert consultation on all fee schedule and payment policy issues as well as on projects relating to Catastrophic claims, Centers of Excellence contracts and Best Practices projects. Mentor and coach MPS2s in HPPM. Research emerging medical policies, practices and trends.

MEDICAL PROGRAM SPECIALIST 2, HEALTHCARE POLICY & PAYMENT METHODS - HSA

Health Services Analysis – Department of Labor & Industries
2014 – 2015

In addition to MPS1 description below: Managed six payment policies, three fee schedules and was the back-up for two additional fee schedules. Manually created an ICD-9 to ICD-10 conversion table successfully cross matching 82% of the codes Coding Unit staff would otherwise need to research for every incoming diagnosis. Learned the department's Resource Based Relative Value Scale calculation and helped rewrite the manual. Data reporting lead.

MEDICAL PROGRAM SPECIALIST 1, HEALTHCARE POLICY & PAYMENT METHODS

Health Services Analysis – Department of Labor & Industries
2013 – 2014

Managed Ortho/Neuro Surgeon Quality Project which included the development and maintenance of financial incentive payments. Served as Business Lead for the ICD-10 Conversion Project managing five work streams, work schedules and deliverables. Managed four payment policies and medical surgical supplies fee schedule. Managed Surgical Outcomes Improvement Project. Created and ran medical aid fund cost reports. Created Medical Provider Network reports for management including GIS maps. Wrote decision papers, analyzed data and options to recommend solutions to identified issues.

ASSISTANT TO THE ASSOCIATE MEDICAL DIRECTOR, COMPLEX TREATMENT UNIT

Office of the Medical Director – Department of Labor & Industries
2011 – 2013

Managed Surgical Outcomes Improvement Project to improve outcomes within a single ambulatory surgery center to comply with a memo of understanding between the surgeon, the Office of the Medical Director and HPPM. Managed the In-home Brain Injury review project and worked directly with HPPM and external stakeholders to create and propose an In-home Brain Injury Rehab fee schedule and payment policy. Acted as the liaison between Claims Administration and OMD to increase the number and timeliness of complex claim reviews. Managed and tracked data. OMD liaison to the Director's office regarding Health Technology Clinical Committee decisions and their application to claims. Provided expert review, analysis and consultation about complex claims. Provided administrative support to Dr. Glass, Associate Medical Director, including completion of file reviews, problem identification, and preparation of materials for peer-to-peer provider conversations and injured worker outreach.

**VARIOUS JOBS IN L&I'S CLAIMS ADMINISTRATION:
WORKERS COMPENSATION ADJUDICATOR 2 APPRENTICE
CUSTOMER SERVICES SPECIALIST
OFFICE ASSISTANT 3**

2007-2010

**EDUCATION THE EVERGREEN STATE COLLEGE
OLYMPIA, WA
Bachelors of Arts Degree in History and Literature - 2005**

The majority of course work focused on the intersections between historical events, economics, and governmental programs as effected or driven by changes in political and social movements centered on race and class.

**SOUTH PUGET SOUND COMMUNITY COLLEGE
OLYMPIA, WA
Prosci Change Management Certificate – 2022
Project Management Certificate – 2017
Project Coordinator Certificate – 2017
Project Assistant Certificate - 2017**

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Gary Franke |
| Preferred pronouns (e.g., she/her, he/his, they/their): | |
| Organization (if applicable): | Achieve Alpha Insurance LLC |
| Title or position (if applicable): | Agency Owner |
| Work address (if applicable): | 1100 Bellevue Way NE, Ste 8A-545, 98004 |
| County of organization/employer (if applicable): | |
| Email: | gary@achieve-alpha.com |
| Phone: | 425-802-2783 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|--|
| <input checked="" type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input checked="" type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

Im one of the top individual health insurance brokers in Washington State and a true expert at the HealthPlanFinder system.

I bring real life experience with over 2,300 individual clients and have some really productive and interesting ideas that would complement the Universal Health discussion. My goal is to help the FTAC come up with ways that can work. Many other states have tried Universal Healthcare and followed those closely.

2. Please describe your relevant experience and how it would benefit FTAC.

I have been selling individual health insurance as a broker for over 15 years. I have an MBA from Seattle University and have taken some training on healthcare systems throughout the world through the NAHU Health Insurance Association in the past.

3. Please describe any other experience serving on a committee, board, or workgroup.

I have worked on the WA Health Exchange board for many years. Not a member on that board at this time. Many of my common sense recommendations were implemented. Im a very considerate person and always strive to add value to a conversation and make a productive positive impact.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

Im a very goal orientated person and confident that some of my innovative ideas would work with a universal healthcare system and a private system like they have in Europe.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

I sell individual health insurance as a broker. So yes, I earn commissions for selling health insurance.

9. Professional licenses held:

MBA

Life & Disability Insurance License

Property & Casualty Insurance License

10. Memberships in professional, civic organizations, or government boards or commissions:

Member of NAHU (National Association of Health Underwriters)

11. Community service/volunteer activities:

I have volunteered in downtown Seattle on Saturday mornings to give food to the homeless. Many years ago a friend of mine called me out for not knowing how it is to be homeless and live on the streets. So I help out to see and make a positive difference. At least now I can say that I see the struggle they have and where they are coming from.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Health equality to me means that you treat all people the same as a human no matter their race, ethnicity or sexual preference. As a health broker I help literally every type of person and have never turned anyone away. I actually prefer to help the foreigners and people that are lower income with their health needs. I can see the real difference I make. Also many other individual health brokers send me their hard clients they dont want to help. I take them all and help each one to the best of my ability.

14. Please describe why health equity is important to you.

Please see above.

It is important to ensure people get the best healthcare for their needs and make sure they are able to get the best access to healthcare they are able to.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Create a system like the ACA where they give the very low income people free or significantly discounted plans with tax credits, yet expand this in a more aggressive way.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am white and grew up in Washington State, so a local.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Gary Franke

Date:

11/30/2022

Gary Franke

1100 Bellevue Way NE, Ste 8A-545
Bellevue, WA 98004
(425) 802-2783 office
gary@achieve-alpha.com

Education

Seattle University – Seattle, WA

- * June 2009, Seattle University MBA with an emphasis in Entrepreneurship

Washington State University – Pullman, WA

- * May 2004, B.A. Business Administration, double major in Finance and Risk Management, minor Economics

Experience

Achieve Alpha Insurance, LLC (Owner) – Bellevue, WA (July 2008 - Current)

- * Life, Disability, and Health Insurance
- * Built a clientele base and demonstrated sales ability with about 1,300 health clients

Basin Pacific Insurance – Managing Agent – Bellevue, WA (March 2019 – Feb 2022)

- * Auto, Home, Property and Business Insurance
- * Cross sell current client base of insurance into additional lines of coverage

Marsh & McLennan – Seattle, WA (Aug. 2007 – July 2008)

Risk Analyst II – Risk Management/Insurance Broker

- * Licensed to sell Property & Casualty and Life & Disability Insurance in the State of Washington
- * Assist large corporations in placing Directors & Officers, Employment Practices Liability, Professional Liability (Errors & Omissions), Fidelity (Crime), Fiduciary, and Special Risk (Kidnap & Ransom) Insurance
- * Compile Renewal Strategy presentations for the Board of Directors at large corporations on their Risk Management & Insurance Programs.

AT&T – Redmond, WA (Oct. 2006 – Aug. 2007)

Financial Analyst – Commercial Real Estate: (Contract worker)

- * Audit and verify Lease Administration cell site agreements to determine Rent Reduction & Site Sale NPV savings on each site deal, calculate vendor commissions and examine lease discrepancies
- * Assist creating the 2007 budget (and 2006 Accruals), research anticipated real estate revenues & expenses
- * Oracle 11i invoice processing and database administration, facilitate invoice payments to vendors

Washington Mutual – Seattle, WA (Dec. 2005 – Oct. 2006)

Operational Risk Analyst - Home Loans

- * Operational Risk Database (Issue Tracking: NPV, Payback Period & IRR calculations)
- * Produce monthly Operational Risk Scorecard for WaMu Home Loans Board of Directors
- * Coordinate business units throughout our division, and point of contact on Sharepoint

Boeing – Renton, WA (July 2004 – Dec. 2005)

Business Analyst I - Commercial Airplanes, Finance Department

- * Sarbanes-Oxley 404 (SOX 404) regulation, implementation and compliance team
- * Risk Navigator, loading and managing SOX 404 compliance information in the database system
- * Process Based Management (PBM) and Six Sigma Green Belt (Process Improvement)

Smith Barney – Clarkston, WA (Jan. 2004 - May 2004)

Internship for Tim Lynch, CFA

- * Weekly assessment of fundamental valuations and forward outlook on his current portfolio
- * Performed in-depth stock screenings on potential buying and selling from his portfolio

Northwestern Mutual Financial Network – Pullman, WA (Aug. 2002 - Feb.2004)

Financial Representative (Internship)

- * Licensed to sell Life, Disability and Long Term Care Insurance in Washington and Idaho
- * Built a clientele base and demonstrated sales ability

Universal Health Care Commission

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Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|---|
| Name (first and last): | Graham J. Patrick |
| Preferred pronouns (e.g., she/her, he/his, they/their): | He/him |
| Organization (if applicable): | None-retired |
| Title or position (if applicable): | PhD, ARNP (retired) |
| Work address (if applicable): | 11083 Horizon Lane West SE Port Orchard |
| County of organization/employer (if applicable): | Kitsap |
| Email: | failte@wavecable.com |
| Phone: | (360) 731-7988 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|---|
| <input checked="" type="checkbox"/> Academic/research | <input checked="" type="checkbox"/> Health care association (please describe): AAPPN |
| <input checked="" type="checkbox"/> Community member or advocate | <input checked="" type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input checked="" type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member of working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
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- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

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these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I have worked in Behavioral Health Care for 50 years as a provider, educator, community advocate, and I believe strongly in the need for universal health care access as a human right.

2. Please describe your relevant experience and how it would benefit FTAC.

As noted above I have worked in and have extensive experience in Behavioral Health. I am also an immigrant and am a naturalized U.S. citizen. I experienced universal health care as a child in Great Britain. I have also been paid as a provider in a fee for service system here in America and know well the benefits and limitations inherent to this system.

3. Please describe any other experience serving on a committee, board, or workgroup.

I have worked at several universities as a health care educator. I have my PhD in Nursing and have also worked at Harborview hospital in Seattle where I was employed for almost 10 years as an evening charge nurse. I have also worked on several hospital and other health care boards including the National Council of State Boards of Nursing.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I have believed for most of my life that access to health care is a human right and should not be only a commodity.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

Nursing License as an RN in New Mexico and Washington State. Advanced Practice Psychiatric Nurse in both Washington and New Mexico. Licensed Psychiatric Technician in California. Drug Enforcement License (expired).

10. Memberships in professional, civic organizations, or government boards or commissions:

I have served as president of 2 organization; American Psychiatric Nurses Association and Biofeedback Association in both New Mexico and Washington State. I have been a member of the National Council of State Boards of Nursing. I have been the Director of the BSN Program at Olympic College Washington. I was also tenured as Associate Professor of Nursing at Seattle University and have also been funded by NIH as a researcher.

11. Community service/volunteer activities:

I have taught a course in the use of humor in stress management and have also volunteered in several art activities in the community working with children.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

As noted previously I have taught basic and advanced nursing courses at 3 universities and one community college. As such I have developed, written and given lectures on many health care inequity areas including poverty, mental health, gender and sexual inequities, and overall health care access and health maintenance.

14. Please describe why health equity is important to you.

health care equity is important to me on a personal level. I was born in Scotland the same year as the National Health Act began. As a child I required surgery and as my parents could not afford it I would now be disabled and deaf without the access to care the act provided. I was also homeless at a point in my adolescence and as I had no insurance could not access care and as a result am now considered infertile. Due to these facts I have come to believe access to health care is a basic human right.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

I believe th FTAC has the ability and a mandate from the citizens of Washington State to address health care inequity through advocacy, educating the public and through political means.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am a naturalized citizen of the U.S. and am white and a male. I identify ethnically as Scottish American.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Graham J. Patrick

Date:

11/30/2022

Dr. Graham J. Patrick Ph.D., CS, ARNP, BCIAF
Curriculum Vita

Current Address:

11083 Horizon Lane West
Port Orchard, WA 98367
Home (360) 731-7988, e-mail; failte@wavecable.com
Practice; (360) 731-7988

Permanent Address:

Same

EDUCATION:

- 1994 University of Washington, Seattle, Washington
DOCTOR OF PHILOSOPHY OF SCIENCE
Degree: 12\94
- 1991 University of Washington, Seattle, Washington.
MASTER OF NURSING.
Degree: 6\91
- 1989 University of Washington, Seattle, Washington.
BACHELORS OF SCIENCE IN NURSING
and Undergraduate Nursing Humanitarian Award.
Degree: 6\89, **Cum Laude**
- 1983 Highline College, Midway, Washington.
ASSOCIATE DEGREE IN NURSING
Degree: 6/83
- 1977 Santa Monica College, Santa Monica California
**ASSOCIATE DEGREE IN THERAPEUTIC
RECREATION** Degree: 6\79

LICENSING/CERTIFICATIONS:

ANCC Certification as Clinical Specialist in Adult Psychiatric Mental Health Nursing
11/30/2023
Advanced Registered Nurse Practitioner with prescriptive authority for controlled
substances in Washington 9/26/2020 license number: 30004779 retired
Drug Enforcement Agency Authorization for prescribing controlled substances 2008
Registered Nurse in Washington 3/31/2020 number: **MP0429731 retired**
Biofeedback certification as Provider and Fellow through the Biofeedback Certification
Institute of America 12/30/2019 retired.
Certified Nurse Practitioner in New Mexico (inactive status).
Certified Neurotherapy Diplomate by National Registry of Neurofeedback Providers.
Basic and Advanced Eye Movement Desensitization EMD-R Certified.

PROFESSIONAL EXPERIENCE

Teaching Experience

- 9/1/2006-3/1/2007 Olympic Community College Bachelors of Nursing (BSN)
Program Director and Faculty Member. Directed program for
Associates Degree in Nursing (AND) to complete BSN

Educational Requirements, taught basic BSN and ADN Courses, developed and taught BSN courses.

- /01/1998-6/15/2010 (retired) Seattle University School of Nursing Tenured Associate Professor of Nursing. Teaching undergraduate and graduate nursing courses. Teaching in the Psychiatric and the Family Nurse Practitioner Program. Supervised graduate and undergraduate students in clinical settings. Served on various university committees. Academic advising and served on graduate student thesis and project committees.
- 1/1/1995-12/1/1998 University of New Mexico College of Nursing Assistant Professor of Nursing. Taught undergraduate and graduate nursing. Supervised graduate and undergraduate students in clinical. Served on college and university committees. Provided service via faculty practice.
- 9/1/1993-12/1/1994 University of Washington School of Nursing, Graduate Student Advisor in the department of Psychosocial Nursing. Advised graduate students, organized records, and prepared and presented student petitions to Graduate Curriculum Committee.
- 9/1/1991 -12/1/1994 University of Washington School of Nursing, Teaching Associate Psychosocial Nursing Lecturer, clinical supervision and course coordinator in Department of Psychosocial Nursing. Taught undergraduate clinical and was lecturer in other courses: Biological Basis for Schizophrenia, Therapeutic Communication Skills, and DSM-3 R Diagnoses. Conducted small group workshops focused on therapeutic communication skills training. Level 1 Course Coordinator Threats to Health N305, as well as lecturer and instructor

**Professional Experience:
Clinical Practice**

- 2003-2020 Expert Witness in Washington State and Arizona
Provide expert opinions on cases and currently listed as an Expert Witness in the area of Psychiatric Mental Health
Nursing and Nursing Standards of Care.
- 1/1/1999-Retired 2020 Private Practice. Provide psychiatric diagnoses, clinical advanced practice psychiatric nursing and biofeedback training and supervision, counseling, and pharmacotherapy to private clients in a private office setting in Kitsap County.

Preferred Provider for Regents and First Choice Health
And other Health Maintenance Organizations. Also served as a
Clinical Preceptor for MSN students for Seattle University.

- 3/1/2010-2014 Kitsap Mental Health Services Medical Provider in Adult
Outpatient and Child and Family Services. Provide medical
psychiatric treatment for seriously and chronically ill adult, child
and adolescent clients. Carry a current caseload of clients,
provide psychiatric medications, consult with psychiatric team
members, coordinate care with medical providers, and
consultation with court representatives and provide legal
testimony when requested.
- 1/1995-12/1998 University of New Mexico CON SALUD Faculty Practice
Plan. Provided stress management counseling, biofeedback
and pharmacotherapy to students, faculty, staff, and the public.
Provided physicals and mental health evaluations for
retired seniors at Albuquerque Senior Centers as a Certified
Nurse Practitioner.
- 6/92-12/94 University of Washington School of Nursing, Seattle,
Washington Clinician in the Management of the Stress
Response Clinic. Intake, screening and management of
outpatients with complex health conditions. Provided stress
management lectures and demonstrations for public institutions
and hospitals. Guest lecturer and supervised graduate students
- 6/1985-12/1994 University of Washington Harborview Hospital, Seattle,
Washington. Nurse Practitioner 3 Evening Charge
Nurse on 3 Mental Health. Evening charge nurse on 3MH, a
voluntary acute and chronic mentally ill and dual diagnosis
inpatient psychiatric unit. Supervision and training of multi-
disciplinary team consisting of nurses, mental health
specialists, and ancillary personnel. Evaluated patients for
admission, trained and supervised students and staff, facilitated
education groups, initiated and coordinated involuntary
treatment procedures. Was resource nurse to the hospital
for dealing with out-of-control patient and visitors and
also screened patients for drug studies.
- 7/1983 – 6/1985 University of Washington Harborview Hospital Seattle,
Washington. Nurse Practitioner 2. Staff nurse on the 8C unit
involuntary adult chronic and acute-care inpatient psychiatric

PROFESSIONAL DEVELOPMENT:

Curriculum Development and Teaching: Graduate

**Developed and implemented psychiatric curriculum aspects
for the Psychiatric Nurse Practitioner with Focus on**

Addictions concentration at Seattle University 2001.

Developed N591 Psychopharmacology course. A graduate level psychopharmacology course offered via Blackboard.com and listed on Classes 1-2-3 web-based curriculum at Seattle University School of Nursing. Psychosocial Aspects of Family Primary Care N521. A core course in the Family Primary Care Nurse Practitioner track

at Seattle University.

N549 Assessment in Psychosocial Nursing. A graduate level assessment course taught in 1999 through the Public Sector Project sponsored by the University Of Washington School of Nursing Department of Community and Psychosocial Nursing. The course was televised via closed circuit television to Eastern and Western State Hospitals. Developed and taught the following courses at the University of New Mexico College of Nursing: N506 Family as Client in Advanced Psychiatric Nursing. A graduate course focused on assessment and treatment of families; N507 Individual and Group as Client that focused on group and individual counseling; N508 The Neurobiologic Basis for Psychiatric Nursing and N593 Psychopharmacology Seminar taught via electronic media and a core specialty pharmacology course for the Advanced Practice Nursing tract.

Curriculum Development and Teaching: Undergraduate

Promoting Wellness in Altered Health 1 N342-343 Course Coordinator. Developed curriculum for integrated med-surg and psychiatric nursing undergraduate theory and clinical courses 2002-2003.

Health and Healing in Nursing N482. Revised, further developed the course and offered it Spring 2003.

Statistics for Health Research N202. Developed curriculum for in-class and via Web-based curriculum 1999-2001.

Psychosocial Nursing N348 and N349. Taught the psychosocial nursing theory course and clinical course Fall and Spring quarters 1999-Winter 2000. Also taught the Psychosocial theory component of Altered Health 1 in BSN 2000 integrated curriculum Fall 2001.

Nursing 481 Stress, Survival and Adaptation taught as a core interdisciplinary elective Fall 1998-Fall 2001.

SCHOLARSHIP**Publications:****DISSERTATION:**

Patrick, G.J. (1994). Neuronal regulation and attention deficit

Hyperactivity disorder: An application of photic-driven EEG neurotherapy. *Dissertation Abstracts International*, 1994, UMI (9523739). Ann Arbor: UMI Dissertation Services

Refereed Journals

Thompson, R.T., Lewis, S., Murphy, M.R., Halse, J.M., Blackwell, P.H., Acton, G.J., Clough, D.H., **Patrick, G.J.** & Bonner, P.N. (2004) Are there gender differences In emotional and biological responses in spousal caregivers of patients with Alzheimer's disease? *Biological Research for Nursing*, 5 (4), pp. 319-330.

Patrick G.J. (2002). Using biofeedback for difficult patient situations. *Medscape Electronic Journal for Advanced Practice Nurses*. Retrieved 9/21/03 from <http://www.medscape.com/viewarticle/438576>

Patrick, G.J. (2002). Biofeedback applications for psychiatric nursing. *Journal of the American Psychiatric Nurses Association*. 8, (4), 109-113

Patrick G.J. (1998). The evolving role of nursing in primary care medicine: The integration of biofeedback and self-regulation. *Biofeedback*, 27, (1), 18-20.

Patrick G.J. (1996). Normalized brain function in ADHD: An application of 15 sessions of photic-driven EEG neurotherapy. *The Journal of Neurotherapy I*, (4), 27-36. *Association*, 8, (4), 109-113.

Refereed Books:

Uslan, D., Patrick, G.J., Brown, P.B., Conaty, N., Youngman, P. Bennet, K., Furst, G., Swan, L., & Blair, J.R. (2003) Rehabilitative Counseling. In L.A. Jason, P.A. Fennell, & R.A. Taylor (Eds.), *Handbook of Chronic Fatigue Syndrome* (pp. 654-690). Hoboken, NJ: John Wiley & Sons.

Developed Unpublished:

Patrick, G.J., (1998). In G. Stuart & Laraia, M. (Eds). *Stuart & Sundeen's principles and practice of psychiatric workbook and testbank (6th. Ed.)*, St. Louis: Mosby.

Non-Scientific Publications:

Patrick, G.J. (2003). A letter from the chapter president. *Alpha Sigma News* Winter, 2003 pp.1-6.

Patrick, G.J. (2002). Greetings from the President. *Biofeedback Society of Washington Journal*, April 2002, cover.

Patrick, G.J. (2001). Greetings from the President. *Biofeedback Society of Washington Journal*, April 2001, cover.

Patrick, G.J. (2000). Using biofeedback to listen to your body. *American Association for Chronic Fatigue Syndrome Newsletter*, Winter 2000-2001, page 6.

Abstracts Published in Proceedings:

Patrick, G.J., (1997). Neuronal regulation and ADHD: A nursing application of photic-driven EEG neurotherapy. In *Proceedings of Yesterday's Blues, Tomorrow's Jazz: Psychiatric Nursing in the new Millennium American Psychiatric Nurses Association Annual Conference* October 22-25, 1997:New Orleans: APNA

Patrick, G.J. (1997). Biofeedback applications in nursing in Proceedings of Psychiatric Nursing: Blending the Art And Science, p.85. Mayo Continuing Nursing Education Conference. July 22, 1997.

Caudell, T.A., Patrick, G.J. et al., (1997). Locomotion in virtual environments: Performance measures and physiological responses in *Proceedings of the Human Factors and Ergonomics Society 41st Annual Meeting* in Albuquerque September 22-26, 1997.

Patrick, G.J. (1995). An Application of Photic Driven EEG Neurotherapy for ADHD in *Communicating Nursing Research in Western Institute for Nursing Innovation*

and

Collaboration: Theory, Research, Volume 3 , Pg. 306.

Patrick, G.J. (1995). Neuronal regulation and ADHD: An application of photic driven EEG neurotherapy. In *Proceedings of the Society for the Study of Neuronal Regulation 3rd Annual Conference* Pg.14.

Patrick, G.J. (1995). An application of photic driven EEG neurotherapy for ADHD. In proceedings of University of Washington Continuing Education. Forging the Future of Advanced Practice Psychosocial Nursing Symposium Innovation and Collaboration: Theory, Research, Education, Health Care.

SCIENTIFIC PRESENTATIONS & WORKSHOPS:

- 2003 *An application of 30 sessions of EEG biofeedback for ADHD: A mentored research program.*
A poster presentation at the Association of Applied Physiology and Biofeedback Annual Conference held in Jacksonville Florida on March 28th, 2003
- 2002 *Survival Tactics for Stress in the Workplace.*
A presentation offered at Seattle University as a part of the Changing Directions series on February, 23rd, 2002.
- 2002 *Biofeedback Strategies for Managing Health*

- A presentation on biofeedback uses for stress and health management for the Seattle University Fitness Challenge on January 23rd, 2002
- 2001 *Neurobiology of PTSD Implications New Treatments* Biofeedback Society of Washington Workshop. May 19th Presentation at Seattle University.
- 2001 *Biofeedback Applications for Advanced Practice Nursing in the New Millennium.* Association of Advanced Practice Psychiatric Nurses Annual Conference presentation April 27th Dumas Bay Center Federal Way, Washington.
- 2001 *Panel on Alternative Complementary Strategies for CFS* American Associate of Chronic Fatigue Syndrome 5th International Research, Clinical and Patient Conference at West Coast Grand Hotel, Seattle, January 29th, 2001
- 2000 *Biofeedback Applications in the New Millennium* American Association of Men in Nursing presentation Pier 66 Seattle, December 1, 2000
- 2000 *Biofeedback Applications for Scleroderma* presentation Swedish Hospital Seattle, September 9, 2000
- 2000 *Medication Effects and Biofeedback* 8-hour workshop Biofeedback Society of Washington, Swedish Hospital May 20, 2000
- 1999 *Relaxation Training and Alzheimer's Caregivers Research Up-date.* A poster presentation at Psychiatric Nursing 2000: Toward a Global Perspective American Psychiatric Nurses Association 13th annual conference in Toronto Canada October 27-20th at the Harbor Westin Hotel
- 1999 *The Evolving Role of Nursing in Primary Care Medicine: The Interface of Biofeedback and Self-Regulation.* Symposium presentation and *Relaxation Training for Alzheimer's Caregivers* Poster Presentation at the International Annual Conference of the Association of Applied Physiology and Biofeedback meeting in Vancouver Canada at the Hyatt Regency on April 9th.
- 1999 *Assessment, Diagnosis, and Treatment of Mental Disorders With the New Psychotropics.* A presentation sponsored by The University of Washington Public Sector Project at Eastern State Hospital Activity Therapy Building on June 29th, 1999 for the Nursing staff at Eastern State Hospital.
- 1998 *Efficacy of Nursing Certification in the Improvement of Individual and Community Outcomes.* Workshop presentation speaker on advanced practice psychiatric nurse certification at The Heart and Soul of Healing: The Journey to Health, National Black Nurses Association Annual Meeting August 8th, 1998 at the Hyatt Regency in Phoenix

- Arizona
- 1997 *Neurotherapy: An Application of Nursing Biobehavioral Research and Clinical Practice* presentation at the Psychiatric Nurses in the New Millenium: Caring, Efficient, Effective Society for Education and Research in Psychiatric Nursing 14th Annual Conference in Washington, D.C., November 6-8, 1997.
- 1997 *Neuronal Regulation of ADHD: A Nursing Application of Photic-Driven EEG Neurotherapy* at the Annual American Psychiatric Nurses Association conference, Yesterday's Blues, Tomorrow's Jazz, in New Orleans October 22-25, 1997.
- 1997 *Nursing Applications of Biofeedback.* Presentation at the Mayo Continuing Nursing Education. Psychiatric Nursing: Blending the Art And Science conference July 22, 1997, at the Mayo Medical Center, Rochester, Minnesota.
- 1997 *New Directions in Treatment for ADHD.* Presentation at the UNM Department of Psychiatry Lecture Series on May 29th, 1997.
- 1997 *New Directions and Diagnoses in Psychiatry* Brown Bag Lecture Series at UNM College of Nursing. March 27, 1997.
- 1996 *Psychopharmacolgy Update.* A pharmacology update focused on the newest psychiatric medications presented to nursing and ancillary staff at Memorial Psychiatric Hospital in Albuquerque on July 12 and July 19, 1996.
- 1996 *Psychopharmacology Update, New Directions and Treatments for Old Disorders.* A presentation at the American Psychiatric Nurses Association New Mexico Chapter's monthly meeting. June 21, 1996.
- 1996 *The Psychophysiology of Dissociative Disorders.* A presentation at the New Mexico Behavioral Medicine and Biofeedback Society. June 15, 1996.
- 1996 *New Directions, New Treatments in Psychopharmacology* Presentation given at the Council of Clinical Nurse Specialist Clinical Pharmacology Update conference in Albuquerque. April 13, 1996.
- 1996 *Learning to Alter Physiologic Signals* symposium discussant at the 27th annual Association of Applied Physiology and Biofeedback meeting in Albuquerque New Mexico. March 22, 1996.
- 1996 *New Applications in Biofeedback Treatments for Nursing.* A presentation at the American Psychiatric Nurses Association New Mexico Chapter monthly meeting. Albuquerque, New Mexico. February 16, 1996.
- 1995 *Applications of Photic Driven EEG Neurotherapy for*

- ADHD* a podium presentation and Response Panel for an exemplary paper at Forging the Future of Advanced Practice Psychosocial Nursing Symposium Innovation and Collaboration: Theory, Research, Education and Health Care. July 13, 1995 Seattle, Washington.
- 1995 *Neuronal Regulation and ADHD: An Application of Photic Driven EEG Neurotherapy*. Symposium presentation at Association of Advanced Practice Psychiatric Nurses conference. Excellence in Professional Practice and Service Delivery. Application of Theory and Research. Seattle, Washington, May 13, 1995.
- 1995 *An Application of Photic Driven EEG Neurotherapy for ADHD* presentation at WIN-WSRN Innovation and Collaboration: Responses to Health Care Needs. 9th Annual Assembly San Diego California. Symposium Innovation and Collaboration: Theory, Research, Education and Health Care May 4-6, 1995, San Diego California.
- 1995 *Follow-Up on Neuronal Regulation and ADHD: An Application of Photic-Driven EEG Neurotherapy*. A Presentation at the 3rd Annual Society for the Study of Neuronal Regulation conference in Scottsdale, Arizona. April 28th 1995 in Scottsdale, Arizona.
- 1994 & 1995 *Neuropathology of Attention Deficit Disorder*, presentation and workshops *Protocol for training with photic stimulation and EEG Biofeedback and Protocol for Spectral EEG brain mapping* at Biofeedback Bioinstrumentation: Uses in Research. University of Washington School of Nursing. Nurse Researchers. Lecture Series Seattle, Washington.
- 1994 *Neuronal Regulation and ADHD: An Application of Photic Driven EEG Neurotherapy Update* at 2nd Annual Society for the Study of Neuronal Regulation conference in Las Vegas, Nevada. May 8, 1994 Las Vegas.
- 1993 & 1994 Building Bridges a cooperative venture with Seattle Schools. provided 1/2 day workshops on Neurophysiology and EEG treatments with special emphasis on implications for working with school-aged children for high school science teachers.
- 1993 *Workshop on EEG Biofeedback* presented at the 5th National Conference of Theory and Research based Nursing Practice: Generating a Knowledge Base for the Specialty. July 12, 1993 at the Seattle Sheraton.
- 1993 *Flashing Lights and Rhythmic Sounds: Effects on Affect and Cognition* a presentation at Northwest Association of Clinical Specialists in Psychosocial Nursing "Challenging the Boundaries of Psychosocial Nursing: Innovations for Practice, Research, and Policy Development. May 15, 1993. 1993 Providence Hospital in Seattle, Washington.

1993 Neuronal Regulation and ADHD: An Application of EEG Entrainment Therapy presentation at the Society for Neuronal Regulation Annual Meeting Catalina California Conference Center. March 24, 1993

RESEARCH:

Relaxation Therapy for Alzheimer's Caregivers.

NIH funded grant Co-Investigator, five year study, 1996-2001 # 85-6000-642.

Locomotion in Virtual Environments. Pilot project team member in cooperation with the department of Electrical and Computer Engineering at the University of New Mexico 1997-1998.

Neuronal Regulation and Attention Deficit Disorder: An Application of Photic-Driven EEG Neurotherapy.

Doctoral dissertation research designed to investigate the effects of 15 sessions of photic-driven EEG neurotherapy on ADHD children 1994.

An Evaluation of the effects of Music on Performance.

A research study funded by the Muzak Corporation.

Research assistant and collaborator in designing a study to examine the effects of various types of music on human performance during stressful tasks 1993-94.

GRANTS:

NIMH/NINR 2001 Mentorship Grant award recipient

Building the Capacity of Psychiatric Mental Health Nurse Researchers. A three-year program fall 2001-2004. Funded \$3000 for travel and related expenses

Department of Health and Human Services Administration

Master of Science in Nursing Psychiatric Nurse

Practitioner with Addictions Focus (PNP-AF) Program Grant 50% co-investigator. Submitted 2001.

Seattle University Core Review Committee 2002 funded \$1000 to revise and further develop N482 Health and Healing in Nursing

Seattle University Faculty Development Fund, 2001. Funded \$1000 to learn Blackboard and develop N593

Psychopharmacology

Seattle University Faculty Fellowship Development Fund

2000. \$5400 to develop a statistics course on the World Wide Web.

Augmenting Self-Regulation in AD/HD: Reducing the Risk for Substance Abuse in Adolescence. Funded \$8500 for study by

University of New Mexico College of Nursing Faculty

Research Fund, 1998 (*funds not utilized due to leaving UNM*)

Sigma Theta Tau Gamma Sigma Chapter funded \$400 for materials & supplies in studying the risk for Sexual Assault

Nurse Examiners in Albuquerque, New Mexico 1998.

T.O.V.A. company funding for dissertation research 1994
\$ 400 total funded for testing supplies.
University of Washington School of Nursing Graduate
Student Research Fund 1993 funded \$375 for support.

Thesis and Scholarly Project Committees:

Barriers to and significance of research on African-American
elders in the University of Washington's Stress and Coping
Research Project: A historic and health analysis 1999
Committee Chair
Examining the relationship between vulnerability and high risk
sexuality as it relates to the African American adolescent 1999
committee chair
A literature review of adolescent violence 2000 Committee
Chair
Health education in Catholic grade schools in the Seattle
Archdiocese 2000 Committee Reader
Interdisciplinary health education: health promotion for the
Tibetan peoples of Nepal 2001 Committee Reader
Psychological sequelae on women post abortion 2001
Committee Chair
Synthesis of the literature: behavioral interventions for
Alzheimer's patients 2002 Committee Reader
Critical review of literature: the cost of managing adult
depression in the primary care setting 2002 Committee Reader
Insomnia in active and recovering alcoholics: Implications for
primary care 2005 Committee Chair
Lithium Monitoring 2005 Committee Chair
ADHD and Substance Abuse: Implications 2005 Committee
Chair

HONORS:

**2020 Nursing Excellence Award Association of Advanced
Psychiatric Nurse Practitioners AAPPN
Awarded Tenure and promoted to Associate Professor of
Nursing at Seattle University 2004**
Proposal accepted for Phase 2 of the NIMH/NINR 2001
Mentorship Grant award *Building the Capacity of Psychiatric
Mental Health Nurse Researchers*. A three-year program fall
2001-2004.
Undergraduate Humanitarian Award Bachelors of
Science Program. Awarded by the University of Washington
School of Nursing Seattle, Washington June 8, 1989.

PROFESSIONAL ACTIVITIES:

Chair of Kitsap Chapter of AAPPN 2016-2020

President of the Biofeedback Society of Washington
2000-2006.

President of Alpha Sigma chapter of Sigma Theta
Tau at Seattle University 2002-2004.

Member of Alpha Sigma Chapter 1999-2005

President of Washington State chapter of the
American Psychiatric Nurses Association 2000-2002

Member of National Council of State Boards of Nursing
Clinical Simulated Testing Scoring Key Development Team
1997-1999.

Chair and member of the APNA Advanced Practice
Committee 1997-1999.

Member of the New Mexico Board of Nursing Advanced
Practice Advisory Committee 1997-1998

Member and Counselor of Sigma Theta Tau International
Nursing Honor Society Gamma Sigma section 1995-7.

President-elect for the New Mexico Behavioral Medicine
and Biofeedback Society 1997-98.

Secretary, State Representative, President for the New
Mexico Chapter of the American Psychiatric Nursing
Association APNA 1995-98.

SERVICE UNIVERSITY:

Member of Academic Assembly at Seattle University
1999-2003.

Facilitator for Western Conversations in Jesuit Higher
Education, 2002

Member of Task Force Committee for Disruptive Students
2003-4.

Member of Naef Scholarship Committee at Seattle
University 1999 and 2000.

SERVICE SEATTLE UNIVERSITY SCHOOL OF NURSING:

Chair of Faculty Development Committee 2002-2004

Chair of School of Nursing Human Subjects Review
Committee 2001-2.

Ex Officio member of Graduate Curriculum Evaluation
Committee 2002 and member of task force to develop
Immersion Pathway 2002 and DNP program 2009-10.

Member Graduate Curriculum Evaluation Committee
Seattle University School of Nursing 1998-2001.

Service other Schools:

Member of the Graduate Curriculum Committee at UNM
College of Nursing 1996-98.

Member of the Senate Graduate Faculty Committee at the
University of New Mexico 1996-98.

Member of the Faculty Practice Advisory Council at UNM
CON 1996-1998.

University of Washington Graduate Student Representative for
Nursing to Graduate and Professional Student Senate 1991-93.
University of Washington Graduate Student Nurse
Association President 1990.

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Heidi Nelson |
| Preferred pronouns (e.g., she/her, he/his, they/their): | |
| Organization (if applicable): | |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | heidi.nelson@seattlechildrens.org |
| Phone: | 206-718-8512 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input checked="" type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input checked="" type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

Our current structure for financing and funding our state's health care delivery system isn't working well for anyone- providers, payers, the state and especially for patients. I'd like to contribute my experience to create a practical path forward to expand secure and sustainable access to high quality healthcare for everyone in our state- and help our state use Washington's experience to influence national health care reform.

2. Please describe your relevant experience and how it would benefit FTAC.

a. I have payer experience (private=Group Health/Kaiser WA and public=Molina Healthcare). In my role as a provider contracting leader, I've designed and implemented successful Value Based Care arrangements that aligned provider and payer quality, cost and access to care goals. I've had statewide contracting responsibility so I know and understand the goals, concerns and challenges of rural and urban providers, tribal health providers, FQHCs, hospital systems, Critical +

3. Please describe any other experience serving on a committee, board, or workgroup.

I've served on several ACH/payer advisory committees as a contracting and VBC technical expert and collaborator.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

N/A

10. Memberships in professional, civic organizations, or government boards or commissions:

N/A

11. Community service/volunteer activities:

volunteer past board member- Innis Arden Swim Club (community pool)
volunteer past youth summer tennis program director
current Ronald McDonald House family support volunteer (since 2007)

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

During my tenure at Molina, I consistently observed the negative consequences on both communities and individuals' health when timely access to affordable health care was not available to patients. Covid made these disparities even more apparent and pronounced. I believe access to affordable, quality health care should be a right for all citizens. Our communities are stronger and more productive when everyone has access to integrated primary and specialty care services.

14. Please describe why health equity is important to you.

When I was diagnosed with breast cancer, I learned the practical "value" of having timely access to healthcare providers who could both lay out my treatment options and help me make an informed decision based on my best clinical options. I didn't need to incorporate the potential long term financial impacts of each treatment options on my family. I had ready access to a network of providers. I spoke the same language as all of my health care providers. My personal experience is sadly

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Providers spend too much time navigating and managing payers' administrative systems and processes (private and government). And, health care providers are becoming scarce resources as even more providers consider leaving practice post Covid. I want to be part of a future solution that refocuses providers' time on delivering health care services while reducing the crushing administrative burden of our current health care financing system

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

Pronouns: she/her

United States citizen of Scandinavian heritage

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Heidi A Nelson

Date:

11/28/22

Heidi A. Nelson

heidianelson@gmail.com (206) 718-8512
17128 13th AVE NW, Shoreline WA 98177

Education

Stanford University

BA in Human Biology
Emphasis: healthcare economics

University of Washington

Master of Healthcare Administration
Emphasis: strategic planning and finance

University of Washington

Intensive Graduate Accounting Program
Emphasis: financial, cost and tax accounting

Experience

Seattle Children's, Seattle, WA

August 2022-present

Director, Contracting & Payor Relations

Provide strategic leadership for the negotiation, implementation, and management of payor contracts for Seattle Children's and Children's University Medical Group. Negotiate agreements with private and government payers. Plan, manage and direct the Contracting & Payer Relations team including Analytics and Provider Enrollment teams. In collaboration with payer operations and clinical teams, respond to and manage payor issues impacting expected contract performance.

Molina Healthcare of Washington, Bothell, WA

June 2015-March 2018/February 2019 – August 2022

Director, Provider Contracts

Responsible for statewide value-based care contracting strategy development and deployment. In collaboration with the Quality and Finance teams, develop VBC contracting models and provider engagement programs including shared savings, shared risk and full risk models, payment policies and standard quality, cost, utilization, and enrollment reporting to support enrollment growth and achieve financial and quality goals. Partner with Finance, Quality and Risk Adjustment teams to insure capture of complete and accurate HEDIS and Risk Adjustment data. Lead negotiations with strategic providers and major provider systems. Build and maintain long-term relationships with contracted providers. Manage contract managers and support staff.

Kaiser Permanente of Washington/Group Health Cooperative of Puget Sound, Seattle, WA

January 1990 to June 2015/March 2018 - February 2019

Director, Medicare Strategy

Responsible for Kaiser Washington's 2020 Medicare product strategy and implementation including competitor assessment and analysis and leading the team responsible for supplemental benefit strategy and product design. Managed bid submission process and product implementation for Kaiser Washington team in coordination with corporate Medicare teams. Managed Medicare Stars improvement strategy and process focused on health plan metrics (patient experience and access). Managed team responsible for CMS CTM process including successful transition of process to the Medicare Customer Experience team. Served as liaison to KP Washington's delivery system (internal and network) for "all things Medicare".

Associate Director, Provider Contracting

Regional Manager, Provider Contracting (Western Washington)

Negotiated complex provider contracts with hospitals, physicians, and other healthcare providers. Designed and negotiated contract structures including risk and incentive arrangements that moved provider relationships along the value based contracting continuum. Led development and deployment of provider engagement programs focused on improving quality (as measured by HEDIS metrics), managing cost (as measured by improvement in PMPM costs and/or relevant utilization metrics for targeted care areas) and improving documentation and coding practices (as measured by

HCC risk adjustment scores). Identified opportunities and implemented contract structures that support collaborative care and care delivery redesign. In collaboration with the Operations team, built and maintained long-term relationships with contracted providers. Led provider network development for service area expansion to Clallam and Jefferson Counties through a Medicare Advantage PPO product. Represented Contracting on multidisciplinary corporate work teams including the Medicare Value Stream team. Managed contract managers and support staff.

Point B Solutions Group (Catalyst Group), Seattle, WA

1997

Management Consultant

Performed analysis of health plan structure and functions for Providence Health Plan. My work on focused on identification of opportunities for improvement in the contracting team's structure and standard work processes.

Arthur Andersen & Co., Seattle, WA

1988-1990

Healthcare Management Consultant

Performed financial feasibility studies including demographic and financial analyses for a full spectrum of healthcare clients. Conducted department operations reviews focusing on potential cost savings and operational efficiencies. Provided project management support for client-initiated projects.

Virginia Mason Medical Center, Seattle, WA

1987-1988

W. J. Pennington Administrative Fellow

Provided administrative staff support to Vice President and Executive Administrator in the areas of corporate and subsidiary governance. Provided staff support for the Medical Center's strategic planning process. Worked with administrators on a variety of financial and operations projects. Provided management consulting services to rural hospitals in the Western Washington Health Services Consortium.

Eye Associates of Seattle, Inc., P.S., Seattle, WA

1978-1984 (summers)

Ophthalmic Assistant

Obtained patient histories, performed ophthalmic tests, and assisted physicians during patient exams. Counseled patients regarding surgical procedures. Worked extensively with senior citizens.

Additional Information

Side-by-Side Family Support Volunteer, Seattle Children's Hospital

2007 to present

Group Health Association of America National Conference Faculty Member, Annual Behavioral Health Conference Topic: Developing Behavioral Health Provider Networks

1994

Universal Health Care Commission

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Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|---|----------------------------|
| Name (first and last): | Holly Robinson |
| Preferred pronouns (e.g., she/her, he/his, they/their): | she/her |
| Organization (if applicable): | NA |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | holly.l.robinson@gmail.com |
| Phone: | 360-932-9750 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input checked="" type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

After a 40+ year career in health law and policy, I remain passionately interested in health care access and delivery, and now that I am retired, I think it would be fascinating to get into the weeds of structuring and financing universal health care.

2. Please describe your relevant experience and how it would benefit FTAC.

I spent 3 years as a Director of Medicare Compliance for a regional health insurance company, 8 years working for CMS with both Medicare Advantage and Medicaid-Medicare Plans (MMP), and still consult on compliance issues. During my time at the Oregon Legislature, I was responsible for drafting the state's Medicaid legislation, giving me a comprehensive knowledge of Medicaid. Working with MMP plans gave me insight into various financing mechanisms being used to serve

3. Please describe any other experience serving on a committee, board, or workgroup.

Point Roberts Food Bank, Vice-Chair, May 2022 – Present
The Lund Report/Oregon Health Forum, Board Member, September 2021 - Present
Point Roberts Law Advocates Drop-In Legal Clinic, August 2019 – March 2022
Point Roberts Park and Recreation District, Commissioner, Vice-Chair, January 2019 -July 2021

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

Having worked at the state and federal level and the health insurance space, I speak the language so to speak. I am also an excellent researcher and writer and could be able to contribute in that way.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

Former Member, Oregon State Bar

11. Community service/volunteer activities:

Point Roberts Food Bank, Vice-Chair, May 2022 – Present

The Lund Report/Oregon Health Forum, Board Member, September 2021 - Present

Movement Labs Texter, September 2000 – Present

Justice in Aging, Content Creator, May 2022 – September 2022

Legal Counsel for Youth and Children, Content Creator, May 2021 - March 2022

Point Roberts Law Advocates Drop-In Legal Clinic, August 2019 – March 2022

American Bar Association Commission on Law and Aging, Content Creator, August 2021 – Present

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

As a 69-year old white woman with health issues, I have had my own experiences of being ignored or minimized by health care professionals. As a person of Jewish origins, I have had my own experiences with anti-semitism. Having made the conscious decision to raise my family in a racially diverse neighborhood in Portland, OR in the 1980's, I have seen racial discrimination firsthand. I know that all those obstacles are real and systemically embedded in our societal structure, and that only by rebuilding new systems to remove those barriers will health equity be achievable. 🇺🇸

14. Please describe why health equity is important to you.

Because every human being has value and worth and should be treated that way. No one should have the experience of being "the other."

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

As noted above, only by rebuilding new systems to remove those barriers will health equity be achievable.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Holly Robinson

Date:

November 29, 2022

Holly Robinson

343 Marine Drive, Point Roberts, WA 98281
Holly.L.Robinson@gmail.com
360-932-9750

Experience

Community Volunteer Activities

January 2019 – Present

- ❖ Point Roberts Food Bank, Vice-Chair, May 2022 – Present
- ❖ The Lund Report/Oregon Health Forum, Board Member, September 2021 - Present
- ❖ Movement Labs Texter, September 2000 – Present
- ❖ Justice in Aging, Content Creator, May 2022 – September 2022
- ❖ Legal Counsel for Youth and Children, Content Creator, May 2021 - March 2022
- ❖ Point Roberts Law Advocates Drop-In Legal Clinic, August 2019 – March 2022
- ❖ American Bar Association Commission on Law and Aging, Content Creator, August 2021 – December 2021
- ❖ Northwest Justice Project, Content Creator and Editor, WashingtonLawHelp.org, August 2020 - August 2021
- ❖ Point Roberts Park and Recreation District, Commissioner, Vice-Chair, January 2019 -July 2021

The Compliance Consortium, LLC, Bellevue, WA Director, Compliance Oversight

March 2021 – Present
Fall 2017

I provide consultative services specializing in compliance, auditing and health insurance operations and clinical programs for organizations operating government-sponsored health programs, including Medicare Advantage, Part D, and Medicaid.

Expertise includes organizational governance, communication and training, auditing/monitoring, investigations, and corrective actions involving federal/state regulations and internal policies and procedures.

Centers for Medicare & Medicaid Services (Retired)

August 2012 – July 2020

Federal Coordinated Health Care Office (Medicare-Medicaid Coordination Office), Baltimore, MD Health Insurance Specialist (December 2016 – July 2020)

My work focused on improving access to care and coverage for individuals who are dually eligible for Medicare and Medicaid. Had responsibility as a co-state lead for three financial alignment demonstrations (MA, RI, & Tx), coordinating and managing oversight and monitoring of the demonstrations, providing consultation and technical assistance, and maintaining good working relationships with various state level and CMS officials. I also assisted in reviewing financial alignment demonstration three-way contracts and worked on efforts to better align and

coordinate Medicare and Medicaid benefits within programs like Dual-Eligible Special Needs Plans (D-SNPs), and Programs for All-Inclusive Care for the Elderly (PACE). I also worked as a team member on ad hoc projects designed to develop, evaluate and implement Medicare and Medicaid policy as related to dual eligible beneficiaries.

Consortium for Medicare Health Plans Operations, Seattle, WA
Health Insurance Specialist (August 2012 – December 2016)

I served as the principal point of contact and account manager for all types of Medicare Advantage and Part D plans, including D-SNP plans, PACE plans (2013-2015), and Marketplace plans (2013-2016), typically assigned by parent organization. I conducted daily account management activities designed to improve services to Medicare beneficiaries, including:

- Oversight of plan operational policies and procedures;
- Regularly applying Medicare and Marketplace legislation, regulatory and sub-regulatory requirements to daily operations of all plans;
- Reviewing new guidance and regulations as they are issued;
- Responding to plan inquiries and advising plans regarding Medicare, PACE and Marketplace guidance and regulations;
- Preparing responses to Medicare-related inquiries from oversight agencies, providers, and other external clients; and
- Establishing and maintaining good working relationships with health plans.

Sylvana Compliance Consulting, Salem, OR
Compliance Consultant and Educator
Principal

November 2011 – August 2012

I provided Medicare-related health care and regulatory compliance subject matter expertise for a subscription-based online service that provides specific knowledge, information, news, webinars and access to a learning management system that is beneficial to health plan and health care senior executives and identified functional roles, including compliance officers and Medicare compliance officers. I conducted analyses of topics pertaining to Medicare compliance and recommended solutions for Medicare managed care program issues, including publishing an article in the March 2012 HCCA magazine *Compliance Today* on regulatory oversight and monitoring of first tier, downstream and related entities (FDRs) and presented at the 2012 HCCA Medicare Compliance conference.

Cambia Health Solutions/The Regence Group, Portland, OR
Director, Medicare Compliance,

October 2008 – November 2011

I directed the company's Medicare Compliance efforts by developing and maintaining the working relationships required to lead, plan and execute an effective cross-organizational Medicare Compliance Program, engaging senior leadership and partnering with key Operational Division stakeholders, the Ethics and Compliance Department, the External Audit and Special Investigations Division, the Internal Audit Department, the Privacy Department, and Human Resources.

As the Medicare Compliance Officer, my duties included:

- Regularly advising stakeholders on the application of Medicare legislation, rules and regulations, and providing information regarding operation policy and procedures for Medicare beneficiaries, including the Star Ratings Incentive Program
- Identifying compliance risks by analyzing data and responding to complaints, and managed them by providing training and advice, and monitoring corrective action plans;
- Overseeing the development of operational policies and procedures for Medicare requirements, to ensure compliance with federal requirements and regulations;
- Directing a five-person team overseeing the plan's Medicare Advantage contracts, including giving interpretative guidance and direction on operational and compliance issues at all levels of the company;
- Conducting analyses of proposed and existing legislation to determine its impact on Medicare Advantage program operations;
- Presenting at numerous national conferences on Medicare Compliance; and
- Presenting regular periodic reports to management and the board of directors on Medicare Compliance.

American Bar Association, Washington, DC
Senior Staff Attorney

June 2006 – October 2008

I directed a federal grant program and managed an Administration on Aging/Administration on Community Living contract focused on Access to Legal Services and Senior Health Care and Housing Issues. I worked with law and aging partners on producing the National Law and Aging Conference, published numerous articles in *Bifocal*, the commission's biweekly journal, and successfully managed multiple projects simultaneously within the grant as well as additional work requested by the Commission on Law and Aging. I presented at numerous national conferences and national webinars on fair housing and congregate care residences and on recruiting emeritus pro bono attorneys to provide legal services to vulnerable seniors and low- and moderate-income individuals.

Oregon Legislative Assembly, Salem, OR
Deputy Legislative Counsel

May 2000 – June 2006

I served as the Oregon Legislature's chief counsel on health care, health insurance, and Medicaid, including Medicaid managed care activities, and Health Insurance Portability and Accountability Act (HIPAA) provisions, writing health care policy, regulations and guidance. My duties included:

- Conducting analyses of proposed and existing legislation to determine its impact on Medicaid program operations;
- Analyzing and drafting legislative implementation of Medicare Part D regulations impacting the state Medicaid program together with key stakeholders;
- Serving as Oregon Legislature's subject matter expert on HIPAA;
- Drafting legislation and providing legal advice to the Legislative Assembly;

- Researching pertinent federal and state law provisions as well as relevant case law;
- Working regularly with stakeholders to develop and draft legislation, including the Oregon Insurance Commissioner, Insurance Division personnel, insurers, advocates, and representatives of the State Medicaid Program.

Oregon Department of Human Services, Salem, OR
Legal Assistance Developer (1998-2000)

June 1995 – 2000

I worked to improve and strengthen legal services delivery for older adults with the greatest social and economic needs. I provided technical assistance, outreach, education, training and resource support to Older American Act (OAA) Title III-B legal assistance providers, legal services providers, private attorneys, area agencies on aging, and the aging network. I started a newsletter to highlight work being done by AAA-contracted legal services providers, participated in a legal needs assessment conducted by Oregon Legal Services to ensure that older adults were included in the survey, and conducted a guardianship practices survey.

Manager, Licensing Unit (1995-1998)

I oversaw the licensing program for residential and employment programs for persons with developmental disabilities. I conducted on-site visits and training, and drafted administrative orders pertaining to adult foster home and residential services licenses.

Oregon Legislative Assembly, Salem, OR
Committee Counsel

March 1988 – June 1995

I served as Committee Counsel and administrator to various Oregon Legislative Committees. I analyzed legal and policy impacts of legislation being heard by the Judiciary Committee, including the Crime and Corrections subcommittee, the Juvenile Law subcommittee, the Civil Law subcommittee, and specialized committees like Workers' Compensation and Hispanic Affairs. Coordinated testimony, drafted amendments to legislation and developed policy summaries.

Disability Rights Oregon, Portland, OR
Staff Attorney

November 1981 – March 1988

I managed a caseload focused on guardianship, institutional rights and special education.

Education

J.D., Lewis and Clark Law School, Portland, OR

B.A., Trinity College, Hartford, CT

Writing Samples

“Following the Evolutionary path: Oversight of FDRs in 2012 and beyond,” *HCCA Compliance Today*, March 2012

“Using the Fair Housing Act to Defend Against Discriminatory Discharges and Transfers of Assisted Living and Other Long-Term Care Facility Residents,” *BIFOCAL*, Vol. 30, No. 3, 2008, pages 44-46, 2

“Adult Guardianships in Oregon: A Survey of Court Practices,” *Victimization of the Elderly and Disabled*, January/February 2000

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Hal Stockbridge, MD, MPH |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/his |
| Organization (if applicable): | |
| Title or position (if applicable): | Physician and Public Health Professional |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | h_stockbridge@hotmail.com |
| Phone: | 360-943-1808 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|---|
| <input checked="" type="checkbox"/> Academic/research | <input checked="" type="checkbox"/> Health care association (please describe: medical professional societies (see below)) |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input checked="" type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am interested in serving on FTAC to help make universal health care a reality for Washington residents.

As a physician and as a public health professional, I have seen the terrible consequences suffered by patients resulting from lack of adequate health insurance coverage and access to care.

2. Please describe your relevant experience and how it would benefit FTAC.

For more than 25 years, I worked as a physician in the Washington State workers' compensation system, which is almost unique in the United States, functioning as a state agency which is essentially a publicly administered health insurance system. In this capacity, I helped address a wide range of issues which may be relevant to the UHCC and FTAC, including but not limited to: provider reimbursement; revenue collection; cost containment; guideline development and implementation; workforce

3. Please describe any other experience serving on a committee, board, or workgroup.

Over several decades I have served on numerous committees, boards and workgroups. For many years I have been on the Board of Directors of the Thurston-Mason County Medical Society (TMCMS), a component society of the Washington State Medical Association (WSMA). I have served as Delegate of the TMCMS to the WSMA House of Delegates numerous times, participating in the WSMA process of evaluating and creating policies on a wide range of issues relating to delivery, financing, and other aspects of our health care system in Washington.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I have been very impressed with the work over many years by the Washington state legislature, the Health Care Authority (HCA), and others to achieve universal health care. I have participated in almost all meetings of the Universal Health Care Commission (UHCC), as well as its predecessor body, the Universal Health Care

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

For many years I have been on the Board of Directors of the Thurston-Mason County Medical Society (TMCMS), a component society of the Washington State Medical Association (WSMA). I have served as Delegate of the TMCMS to the WSMA House of Delegates numerous times, participating in the WSMA process of evaluating and creating policies on a wide range of issues relating to delivery, financing, and other

11. Community service/volunteer activities:

For many years I have been on the Board of Directors of the Thurston-Mason County Medical Society (TMCMS), a component society of the Washington State Medical Association (WSMA).
This is a volunteer position.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.


For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.


13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

14. Please describe why health equity is important to you.

Being a member of the LGBTQ+ community, I have witnessed first-hand and indirectly many aspects of our health care system that impact equity for LGBTQ+ patients, as well as patients in various ethnic and racial groups.

As a physician and a public health provider, I understand that the health and

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system? 

Health equity can be achieved through a unified health care financing system in a variety of ways. Removing financial barriers to health care will be a major step towards achieving equity. Also, the issue of access to care (in rural areas, as well as urban areas) can be addressed through a unified health care financing system for 

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Hal Stockbridge

Date:

11-29-2022

HAL STOCKBRIDGE, M.D., M.P.H.

EXPERIENCE

2005-present Board of Directors of the Thurston-Mason County Medical Society (TMCMS), a component society of the Washington State Medical Association (WSMA).

1993-present Clinical Assistant Professor, University of Washington, School of Public Health and Community Medicine, Department of Environmental Health, Seattle, Washington.

My role as Clinical Assistant Professor has included research and teaching in areas such as chemically related illness (CRI), Multiple Chemical Sensitivity Syndrome (MCS), brain single-photon emission computed tomography (SPECT) in patients with cognitive complaints, evaluation of permanent impairment, prevention of long-term disability, management of chronic pain, treatment with opioids, the opioid epidemic, and other topics. My role also includes teaching in conferences, seminars, and courses offered at the University and in other settings.

1990-2017 Associate Medical Director for the Department of Labor and Industries, Olympia, Washington.

My role at L&I included such areas as (but not limited to): policy development and implementation; technology assessment; education of physicians, chiropractors and other providers; assistance to Claims Managers, and other Department staff; and interaction with legislators, workers, business and labor representatives, attorneys, and numerous other groups and individuals. A primary focus has been public health aspects of workers' compensation, including areas such as: chemically related illness; prevention of long-term disability; opioid prescribing and chronic pain management; improvements in systems of rating permanent impairment; and improving quality and access of health care through technologies such as telemedicine.

1990 Consultant for the World Health Organization, Geneva, Switzerland.

My role as physician at the WHO included pulling together a book on environmental epidemiology, which was published in 1991 and distributed worldwide. The book was designed as a practical, useful manual for

health care professionals in the field, to assist them in designing and conducting studies of outbreaks of environmental disease.

1988-1990 Fellowship in Environmental and Occupational Medicine,
University of Washington, Seattle, Washington.

The fellowship, directed by Linda Rosenstock, M.D., M.P.H., included two full years of clinical work, rotations in industrial settings, and courses in epidemiology, toxicology, biostatistics, and industrial hygiene, among others. It also included completion of a Masters Degree in Public Health. A research project was required.

1986-1988 Residency in Internal Medicine (PGY2 & PGY3),
The Jewish Hospital, Cincinnati, Ohio.

1986-1988 House Physician,
The Jewish Hospital, Cincinnati, Ohio

Treated emergencies for patients not covered by house staff.

1985-1986 Volunteer Physician,
The Show Chwan Hospital, Changhua, Taiwan.

1984-1985 Internship in Internal Medicine, University of Texas, Houston, Texas.

EDUCATION

1988-1990 Master of Public Health,
University of Washington, Seattle, Washington.

1980-1984 Doctor of Medicine,
University of Cincinnati, College of Medicine, Cincinnati, Ohio.

1974-1979 Bachelor of Arts Degree, Chemistry
Princeton University, Princeton, New Jersey.

MEMBERSHIPS AND OFFICES

Washington State Medical Association, American College of Occupational and Environmental Medicine, American Medical Association, Northwest Association of Occupational and Environmental Medicine, American College of Physicians, American Public Health Association, Physicians for Social Responsibility.

Board of Directors of the Northwest Association of Occupational and Environmental Medicine, 1996-2017.

Board of Directors of the Thurston-Mason County Medical Society, 2005 to present.

LICENSES/CERTIFICATIONS

Board Certified in Occupational and Environmental Medicine, 1991.

Board Certified in Internal Medicine, 1988.

Certified in Basic and Advanced Cardiac Life Support, 1987.

Licensed by the State of Washington.

RESEARCH AND PUBLICATIONS (*partial list*)

Stockbridge HL, et al. "Pain Rules/Management Education Package." Developed to educate physicians and other health care providers about the opioids prescribing and pain management guideline developed by the Agency Medical Director's Group (AMDG). First published online in 2011 and updated annually through the present date. First-place winner of the 2012 "AIM Best of Boards Award" by Administrators in Medicine (AIM), a not-for-profit national organization for state medical and osteopathic board executives, founded in 1984. This program consists of a 20-minute online video, the AMDG Opioid Dosing Guideline, the relevant Washington State Department of Health regulations, and a 40-question test. This online program is accredited for 4 hours of Category 1 Continuing Medical Education (CME). This CME credit has been earned by many thousands of providers across Washington State and around the world. <http://administratorsinmedicine.org>

Stockbridge HL, et al. The Medical Examiners' Handbook: Guidelines, Sample Reports and Billing Procedures for Impairment Ratings and IMEs in Washington Workers' Compensation. 1990. Revised September 1998, September 2000, 2003, June 2005, July 2012, July 2013, July 2014, November 2015. Washington State Department of Labor and Industries, Office of the Medical Director. 221 pages.

Stockbridge, H, d'Urso, N. (2015). "Application and outcomes of treatment guidelines in a utilization review program." In *Physical Medicine and Rehabilitation Clinics of North America*, 26(3), 445-452.

"Interagency Guideline on Prescribing Opioids for Pain. Developed by the Washington State Agency Medical Directors' Group (AMDG) in collaboration with an Expert Advisory Panel, Actively Practicing Providers, Public Stakeholders, and Senior State Officials. Written for Clinicians who Care for

People with Pain.” Contributor. www.agencymeddirectors.wa.gov. 3rd Edition, June 2015.

Stockbridge HL. "Rating Impairment Due to Pain in a Workers' Compensation System." In RF Schmidt, WD Willis, Eds, Encyclopedia of Pain, Berlin: Springer-Verlag, 2007. Also in: Encyclopedia of Pain. Ed(s) Schmidt RF, Gebhart GF. Springer-Verlag Berlin Heidelberg, 2013.

“Guideline for Prescribing Opioids to Treat Pain in Injured Workers: A Supplement to the Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain.” Contributor. Published by the Washington State Department of Labor and Industries, 2012. Effective July 1, 2013.

Stockbridge HL, et al. The Attending Doctor's Handbook. April 1993; revised March 1995, October 1996, June 1999, March 2005, October 2012. Washington State Department of Labor and Industries, Office of the Medical Director. 100 pages.

- Accredited by the American College of Occupational and Environmental Medicine (ACOEM) as a distance learning continuing medical education (CME) activity for 3 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.
- Winner of an award from the American Association of State Compensation Insurance Funds, 1993.
- Excerpts appear in Rom, William N., *Environmental and Occupational Medicine*, Third Edition; Little, Brown and Company. 1997.

Morse JS, Stockbridge HL, et al. “Primary Care Survey of the Value and Effectiveness of the Washington State Opioid Dosing Guideline.” *Journal of Opioid Management*. Vol 7, Num 6; Nov/Dec 2011, 427-433.

“Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain: An Educational Aid to Improve Care and Safety with Opioid Therapy.” Contributor. Published by the Washington State Agency Medical Directors' Group, 2010.

Contributor and Reviewer, Guides to the Evaluation of Permanent Impairment, Sixth Edition. American Medical Association, Chicago. 2008.

Stockbridge HL, et al. “Review of the Use of Opioids for Chronic Non-Cancer Pain: Parts Three and Four.” *Journal of the International Association of Industrial Accident Boards and Commissions*. 2006: 43, No. 2, 179-193.

Stockbridge HL, et al. “Review of the Use of Opioids for Chronic Non-Cancer Pain: Parts One and Two.” *Journal of the International Association of Industrial Accident Boards and Commissions*. 2006: 43, No. 1, 189-224.

Stockbridge HL, Lewis D, et al. "Brain SPECT: A Controlled, Blinded Assessment of Intra- and Inter-Reader Agreement." Nuclear Medicine Communications. 2002; 23, 537-544.

Reviewer, The Guides Casebook, Second Edition. Brigham C, Ensalada L, Talmadge J. American Medical Association, Chicago, 2002.

Reviewer, Guides to the Evaluation of Permanent Impairment, Fifth Edition. Cocchiarella L, Andersson, G. American Medical Association, Chicago, 2001.

Stockbridge HL, et al. "Guidelines for Outpatient Prescription of Oral Opioids for Injured Workers with Chronic, Noncancer Pain." April 2000. Washington State Department of Labor and Industries and the Washington State Medical Association's Committee on Industrial Insurance and Rehabilitation. Published by the Washington State Department of Labor and Industries, *Provider Bulletin 00-04*. 25 pages.

Accredited by the American College of Occupational and Environmental Medicine (ACOEM) as a distance learning continuing medical education (CME) activity for 2 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Daniell WE, Stockbridge HL, et al. "Environmental Chemical Exposures and Disturbances of Heme Synthesis." National Institutes of Health: Environmental Health Perspectives 105 (Supplement 1): 37-53 (1997).

Stockbridge HL, Daniell W, et al. "Evaluation of Individuals with Environmental Chemical Exposures and Suspected Abnormalities of Heme Synthesis." Washington State Department of Labor and Industries, Office of the Medical Director. 1996.

Stockbridge HL et al. "Improved Consistency and Reliability in Lumbo-Sacral Impairment Ratings through Use of a Consensus-Based, One-Page Rating Worksheet: a Comparative Trial." (in preparation)

Stockbridge HL. "Hearing Loss and Tinnitus." Washington State Department of Labor and Industries, Office of the Medical Director. *Provider Bulletin*. (in preparation)

Stockbridge, HL. "How to Perform Impairment Ratings." Supplement to The Attending Doctor's Handbook. Washington State Department of Labor and Industries, Office of the Medical Director. 78 pages.

Stockbridge HL. "Collaborative Guidelines on the Diagnosis of Porphyria and Related Conditions." October 1995. Washington State Department of Labor and

Industries and the Washington State Medical Association's Committee on Industrial Insurance and Rehabilitation. 5 pages.

Stockbridge HL and Sagerser C (Co-Chairs). Final Report of the Interim Inter-Agency Work Group for Multiple Chemical Sensitivity. June 1994. Washington State Department of Health and Washington State Department of Labor and Industries. 190 pages.

Sainitzer BJ, Stockbridge HL, et al. "Bloodborne Pathogens." October 1994. Washington State Department of Labor and Industries, Office of the Medical Director. *Provider Bulletin 94-17*. 9 pages.

Interim Inter-Agency Agreement on Chemically Related Illness (CRI). March 1994. Washington State Department of Health, Washington State Department of Social and Health Services, and Washington State Department of Labor and Industries. 8 pages.

Stockbridge HL. Comprehensive Literature Review on the Efficacy of Chiropractic. April 1993. Washington State Department of Labor and Industries. 120 pages.

Simon GE, Daniell W, Stockbridge H, Claypoole K, Rosenstock L. "Immunologic, Psychological, and Neuropsychological Factors in Multiple Chemical Sensitivity: a Controlled Study." Annals of Internal Medicine 1993; 119(2) 97-103.

Stockbridge HL. "Guidelines for Outpatient Prescription of Controlled Substances, Schedules II-IV for Workers on Time-Loss." Washington State Medical Association Reports, November 1992.

Stockbridge HL. "Guidelines for Outpatient Prescription of Controlled Substances, Schedules II-IV for Workers on Time-Loss." Washington State Department of Health, Board of Medical Examiners, Medical Bulletin, November 1992.

Investigating Environmental Disease Outbreaks: A Training Manual. World Health Organization, Geneva, December 1991. 70 pages.

Stockbridge HL, Daniell W. "Lead Poisoning in Bricklayers-Washington State." Morbidity and Mortality Weekly Report. March 15, 1991: 40 (10): 169-171.

Stockbridge HL, Daniell W. "An Outbreak of Lead Poisoning among Workers at a Local Paper Mill: an Example of the Failure of the Current System to Prevent, Detect, and Remedy an Easily Preventable Disease." University of Washington Environmental Health Newsletter, feature article. May, 1990.

Stockbridge HL. "Multiple Chemical Sensitivity Syndrome: a Case-Control Study of Immunologic, Psychiatric, and Neuropsychological Aspects." Master's Thesis for completion of the Master's of Public Health Degree from the University of Washington School of Public Health and Community Medicine, 1990.

Stockbridge H, Hardy RI, Glueck CJ. "Public cholesterol screening: motivation for participation, follow-up outcome, self-knowledge, and coronary heart disease risk factor intervention." Journal of Laboratory and Clinical Medicine, August 1989; 114 (2): 142-51.

PRESENTATIONS (*partial list*)

Responsible for the creation of numerous courses accredited for Category I continuing medical education (CME), as well as many other presentations. A partial list of these courses and presentations includes:

"Rating Impairment of the Cervical and Lumbar Spine." Annual Meeting, Northwest Association of Occupational and Environmental Medicine (NAOEM). Skamania Lodge. September 25-27, 2015.

"IME Skills for Physicians: The L&I Master's Class." April 12-13, 2014. Washington State Department of Labor & Industries, Seattle, WA.

"Physical Capacity Calculation and Return to Work: Advanced Topics in Washington Workers' Compensation." November 9, 2013. Washington State Department of Labor & Industries, Tukwila, WA.

"Taking the Stress Out of IME Exams: Increasing Efficiency and Decreasing Conflict." Saturday, October 26, 2013. Washington State Department of Labor & Industries, Tukwila, WA.

"Advanced Topics in Washington Workers' Compensation: Physical Capacity Calculation and Return to Work," June 2010, Wenatchee, Washington.

Medical Institute of the International Association of Industrial Accident Boards and Commissions. September 2005, Philadelphia, Pennsylvania. "Return-to-Work Successes in Washington State."

Annual conference of the Washington Osteopathic Medical Association. September 2005, Seattle, Washington. "Labor and Industries' Approach to Opioid Use for the Injured Worker."

"Advanced Course on Evaluation of Permanent Impairment and Independent Medical Examinations," October 1996, 1998, 2000, 2002, Seattle, Washington. Two-day courses, co-sponsored with the American College of Occupational and Environmental Medicine (ACOEM) and SEAK, Inc. Course co-director and speaker. Accredited by the American College of Occupational and Environmental Medicine (ACOEM) as a continuing medical education (CME) activity for credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

"Pesticide Poisoning: Diagnosis and Management of Work-Related Exposures," October 1999, Yakima, Washington. Speakers included Matthew Keifer, M.D., along with representatives of the Washington State Department of Health and the Department of Labor and Industries. Accredited by the American College of Occupational and Environmental Medicine (ACOEM) as a continuing medical

education (CME) activity for credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. Course Director and Speaker.

"Evaluation of Permanent Impairment," October 27, 1995, Everett, Washington. Full-day course, co-sponsored by the University of Washington School of Medicine, School of Public Health and Community Medicine, Northwest Center for Occupational Health and Safety, and the Washington State Department of Labor and Industries. Course Director and Speaker (on various topics, including evaluation of lumbo-sacral impairment).

American College of Occupational and Environmental Medicine, State-of-the-Art Conference, October 24, 1995, Seattle, Washington. "A Five-Year Pilot Project for the Prevention of Long-Term Disability."

Family Practice Day Course, Group Health Cooperative, June 29, 1995, Seattle, Washington. "Rating Impairment of the Lumbo-Sacral Spine."

Vancouver Orthopedic and Neurosurgical Group, Medical Staff Conference, May 25, 1995, Vancouver, Washington. "Improving Patient Outcomes in Workers' Compensation."

Swedish Medical Center, Department of Family Medicine Conference, April 25, 1995, Seattle, Washington. "Disability Assessments."

Harborview Occupational and Environmental Medicine Program, Occupational Medicine Conference, March 16, 1995, Seattle, Washington. "Overview of the Department of Labor and Industries, Multiple Chemical Sensitivity, and their Relationship."

University of Washington/University of British Columbia Occupational and Environmental Medicine Conference, January 1995, Blaine, Washington. "Recent Developments Relating to Multiple Chemical Sensitivity Syndrome, with Roundtable Discussion."

University of Washington School of Public Health and Community Medicine, Environmental Health Course 572, Clinical Occupational Medicine, November 3, 1994, Seattle, Washington. "Multiple Chemical Sensitivity."

Washington State Chiropractic Association and the Washington State Department of Labor and Industries, Chiropractic Consultant Seminar, October 29, 1994, Sea-Tac, Washington. "Rating Disability of the Spine."

Washington State Medical Association, Annual Meeting, October, 1994, Wenatchee, Washington. "How to Take a Thorough Occupational History."

Northwest Society of Physical Medicine and Rehabilitation Medicine, Annual Meeting, May 21, 1994, Seattle, Washington. "Prevention of Long-Term Disability in Workers' Compensation."

University of Washington School of Public Health and Community Medicine, Advances in Occupational and Environmental Medicine: Clinical Approach to the Chemically Exposed Worker, April 1, 1994, Seattle, Washington. "Workers' Compensation: Policy Considerations for Impairment and Disability Rating."

Northwest Association of Occupational and Environmental Medicine, November, 1993, Seaside, Oregon. "Presentation of a Study of Risk Factors for the Development of Long-Term Disability" (with Patricia Sparks, M.D., M.P.H., Chair of the Washington State Medical Association Subcommittee on Long-Term Disability).

University of Washington, School of Public Health and Community Medicine, Department of Environmental Health, Grand Rounds, June 1993. "Risk Factors for the Development of Long-Term Disability."

Northwest Center for Occupational Health and Safety (multiple presentations, including the annual course on Pesticide Medicine in 1992, the course on Occupational and Environmental Lead Exposure, October 1993, and others).

Washington Osteopathic Medical Association, March, 1993, Edmonds, Washington. "Guidelines for Outpatient Prescription of Controlled Substances for Workers on Time-loss".

Medical Staff Meetings at numerous hospitals and medical groups throughout the state, such as at St. Peter's Hospital, Olympia, Washington, November 19, 1993, "Narcotic Use in Injured Workers."

National Conference on Construction Safety and Health, September 25-27, 1990, Seattle, Washington. "Lead Poisoning in the Construction Industry."

Northwest Center for Occupational Health and Safety, Conference on "Recent Developments in Occupational Medicine," April 6, 1990, Seattle, Washington. "An Outbreak of Lead Poisoning among Workers at a Local Paper Mill: an Example of the Failure of the Current System to Prevent, Detect, and Remedy an Easily Preventable Disease."

The Jewish Hospital, Internal Medicine Grand Rounds, May, 1988, Cincinnati, Ohio. "Carbon Tetrachloride Poisoning and other Exogenous Causes of Acute Hepatorenal Failure."

updated November 2022

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|---|-------------------------------|
| Name (first and last): | Ian Doyle |
| Preferred pronouns (e.g., she/her, he/his, they/their): | He/His |
| Organization (if applicable): | Department of Revenue |
| Title or position (if applicable): | Assistant Legislative Liaison |
| Work address (if applicable): | 6400 Linderson Way SW |
| County of organization/employer (if applicable): | Thurston |
| Email: | lanD@Dor.wa.gov |
| Phone: | 360-534-1537 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

Serving as the Department's representative is something I would take pride in. I appreciate the group's mission and would love to help my state and community find avenues to accomplish these goals.

2. Please describe your relevant experience and how it would benefit FTAC.

I have worked in legislation and participated in crafting policy for the last five years. I am skilled in facilitating conversations and finding solutions.

3. Please describe any other experience serving on a committee, board, or workgroup.

Currently serving on Governor Inslee's Poverty Reduction Workgroup. Provided data modeling assistance to the Tax Structure Workgroup.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

N/A

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

N/A

9. Professional licenses held:

N/A

10. Memberships in professional, civic organizations, or government boards or commissions:

Governor Inslee's Poverty Reduction Workgroup.

11. Community service/volunteer activities:

Volunteered on a vaccine clinic drive offered through South Puget Sound Community College.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Worked with Senator Chase on a proposed single payer health care legislation and funding options.

14. Please describe why health equity is important to you.

Health equity helps balance the inequities at the most basic level, improving access to health care and health resources provides our community a great foundation for personal well-being. Every Washingtonian should have the opportunity to maintain a healthy life regardless of financial status.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

This group will have the opportunity to figure out what funding options are stable enough, equitable and administrable by state government.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Ian Doyle

Date:

11/17

Ian Doyle

2708 Grennlawn St SE Lacey, WA 98503 USA

IanD@dor.wa.gov | Mobile: 253-320-9392|

EDUCATION

Washington State University

Pullman, WA

Bachelor of Social Science

2015

Focus: *Business Administration and Economics*

CERTIFICATIONS

Microsoft Excel Specialist

2020

Microsoft Office

Lean Yellow Belt

2018

Department of Licensing

PROFESSIONAL EXPERIENCE

Assistant Legislative Liaison/ Tax Policy Specialist

Washington State Department of Revenue - Tumwater, Washington

October 2018 - Present

The Washington State Department of Revenue has been tasked with collecting tax dollars that help fund vital public services throughout the state. Currently, the department administers 60 categories of taxes that help fund education, human services, health care, public safety, natural resources, and other services offered to our communities.

Policy Analysis

- Assists with advising the Governor, the Legislature, and individual legislators – on a nonpartisan basis – regarding issues affecting taxes administered by the Department as required by RCW 82.01.060(5) & (6).
- Currently appointed as a member of Governor Inslee’s Poverty Reduction Workgroup.
- Assists policy makers at the highest levels of state government in developing sound tax policy, typically involving varied and novel subject areas.
- Coordinates strategic planning around complicated policy issues that require concerted agency strategies to implement across divisions.
- Offers legislative solutions (policy formation, application, and implementation).

Legislative Affairs

- Advises Legislative Liaison, Senior Assistant Director of Tax Policy, and executive leadership on legislative matters.
- Works jointly with the Legislation & Policy (L&P) and Research & Fiscal Analysis (RFA) divisions to carry out the divisions' responsibilities and the agency's legislative priorities.
- Assists in coordinating, planning, and managing legislative activities impacting Washington State and the agency.
- Helps with the development and advancement of the agency's legislative priorities.
- Presents testimony before legislative committees.
- Monitors the Department's legislative relationships, outreach to legislators and staff, and legislative assignments.

Governmental Affairs

- Fields incoming constituent issues

Research and Fiscal Analysis Tax Policy Specialist (Temporary Assignment)

Washington State Department of Revenue - Tumwater, Washington

April 2020 – August 2020

The Washington State Department of Revenue has been tasked with collecting tax dollars that help fund vital public services throughout the state. Currently, the department administers 60 categories of taxes that help fund education, human services, health care, public safety, natural resources, and other services offered to our communities.

Statistical Research

- Looked at comparisons over time and identified historical trends and cycles that informed the work of the Washington State’s Tax Structure workgroup.
- Used data analytics to project future outlooks or outcomes of competing solutions.
- Developed and analyzed statistical models based on policy objectives.

- Used SAS programming to render statistical reports upon request.

Policy Analysis

- Assisted in the interpretation and implementation of laws, rules, regulations, policies, and procedures pertaining to the operation and provisions of services related to state and local tax programs and policies affecting revenues, tax policy, and tax administration.

Project Management

- Worked with communications staff to prepare policy fact sheets, timelines and other handouts.
- Tracked and managed workflows related to the implementation of new policy.

Compliance Revenue Agent

Washington State Department of Revenue - Tumwater, Washington

October 2017 – September 2018

The Washington State Department of Revenue has been tasked with collecting tax dollars that help fund vital public services throughout the state. Currently, the department administers 60 categories of taxes that help fund education, human services, health care, public safety, natural resources, and other services offered to our communities.

Project Management

- Led the development of a collection procedure to ensure uniform application of tax collection guidance.

Customer Service

- Educated taxpayers on their reporting responsibilities and tax obligations
- Mined data analytics from previous cases to improve efficiency and customer service.

Governmental Affairs

- Coordinated interagency interactions that allowed for the successful enforcement of governmental laws, rules, and regulations.

Excise Tax Examiner 2

Washington State Department of Revenue - Tumwater, Washington

October 2016 – October 2017

The Washington State Department of Revenue has been tasked with collecting tax dollars that help fund vital public services throughout the state. Currently, the department administers 60 categories of taxes that help fund education, human services, health care, public safety, natural resources, and other services offered to our communities.

Case Management

- Led evaluation efforts for transactions that may qualify for exemptions
- Educated customers on proper reporting protocol
- Educated customers on options following the assessment of penalties and late fees.

Project Management

- Performed examination and accounting functions in support of the proper identification, assessment, collection and distribution of excise taxes
- Utilized project management methodologies to ensure team members met or exceeded strategic goals.
- Managed monthly tax return portfolios for SFY 2017
- Supported essential return processing functions including processing penalty waivers, stale-dated refund requests, returned warrants, payment processing, and accounts setup.

Excise Tax Examiner 1

Washington State Department of Revenue - Tumwater, Washington

September 2015 – October 2016

The Washington State Department of Revenue has been tasked with collecting tax dollars that help fund vital public services throughout the state. Currently, the department administers 60 categories of taxes that help fund education, human services, health care, public safety, natural resources, and other services offered to our communities.

Case Management

- Ensured compliance with the Uniform Unclaimed Property Act and assisted with reuniting owners with their lost or misplaced property.
- Managed claims involving estates, trusts, businesses and individuals.
- Educated customers on proper reporting protocol.
- Educated customers on options following the assessment of penalties and late fees.

Technical Assistance

- Analyzed and authenticated legal documents such as wills, trusts and other court documents.
- Served as Department subject matter expert for estate-centric issues.
- Calculated claim breakdowns, payments and dividend payments.

Research analysis

- Used Accurint and the MLS system to research and verify accounts.
- Researched and examined balance and stock accounts.

Manager

Village Centre Cinemas – Pullman, Washington

April 2012 – May 2015

Village Centre Cinemas is a 60,000 sq. ft. complex that services Pullman, Washington and greater Spokane area with a customer-first movie experience. The complex contains a 60 ft. concession stand and 14 independent theaters.

Operations

- Engaged directly with partners to clarify strategic objectives and execute data-drive marketing strategies.
- Oversaw program budget and granted approval on expenditures, fees and other revenue streams.
- Oversaw program budget and granted approval on expenditures, fees and other revenue streams.

Strategic Planning

- Utilized project management methodologies to ensure team members met or exceeded strategic goals.
- Mined data analytics from various social media platforms to assist in the development of continuous improvement strategies.

Continuous Improvement

- Developed performance improvement standards for staff.
- Reviewed, developed, and communicated recommendations on policies, regulations, and ethics.

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

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Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | James R. Babington, MD |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/his |
| Organization (if applicable): | Providence-Swedish |
| Title or position (if applicable): | Program Medical Director, Medical Spine |
| Work address (if applicable): | 21616 76th Ave W, Ste 212, Edmonds, WA |
| County of organization/employer (if applicable): | King |
| Email: | james.babington@providence.org |
| Phone: | 425-673-3820 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input checked="" type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member of working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

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these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I have been working as a physician since graduating from UW in 2006. Through my work at three different health care institutions, I have seen stark discrepancies in access to health services in our communities depending on insurance or ability to pay. The current system is a morass of differing expectations depending on payer and results in significant systemic waste of resources. I strongly believe that we can achieve more equitable access by focusing on systemic efficiency.

2. Please describe your relevant experience and how it would benefit FTAC.

While working at VM, I was involved in developing and implementing bundled payment models for private corporations. I have volunteered on Bree Collaborative initiatives to develop recommendations for bundled payments for spine care. My academic work has focused on implementation of Patient Reported Outcome Measures (PROMs). Being able to agree on quantifiable metrics for patient function and improving patient engagement will be key to assessing outcomes and quality.

3. Please describe any other experience serving on a committee, board, or workgroup.

Through my work with L&I and the Bree collaborative, I have developed a deeper understanding of writing guidelines and best practice models for spine care that seek to address patient, provider and payer concerns. At Providence Swedish I have been part of contracting workgroups to negotiate neurostimulation device pricing.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

As a medical director, I have been operationalizing multispecialty collection of PROMs to measure quality of spine care across the organization. We have been working toward collection of metrics for every patient seen. It requires establishing strong collaboration between different physician and allied health specialists to archived unified metrics and collection to better understand our population.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

MD 60025020

10. Memberships in professional, civic organizations, or government boards or commissions:

L&I Lumbar Fusion Subcommittee, Bree Collaborative Opioid Prescribing, Bree Collaborative Spine, Advisor L&I spine injection best practice guideline, Member AAPMR, AMA, American Society of Regional Anesthesia, King County Medical Society

11. Community service/volunteer activities:

see #10

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

My training and work in Physical Medicine and Rehabilitation focuses on treatment of chronic often incurable illness. The vast majority of patients I have cared for over my career have some form of disability. At Providence-Swedish I have the opportunity to care for patients served by a diverse group of payers. This has significant impact on the services I can provide and requires significant advocacy on my part to get patients the services they need in a timely manner or even receive them at all.

14. Please describe why health equity is important to you.

My primary specialty focus is on treating patients suffering from chronic pain. I am passionate about helping patients, often marginalized by the health care system and the wider community, focus on achieving the best quality of life and function that is possible. I firmly believe that everyone regardless of ability should have access to healthcare that is patient focused and high quality.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

The current system rewards episodes of care rather than longitudinal improvements in function and health. We spend significant time navigating an insurance system that creates an immense administrative burden while not improving quality, speed or outcomes. A unified health care financing system, could provide an avenue to provide more timely, effective, and accessible healthcare for all.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

caucasian

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

James R. Babington

Date:

11/6/22

James R. Babington, MD, FAAPMR

EDUCATION

| | |
|--|------|
| M.D., University of Washington, Seattle, WA | 2006 |
| German Literature and Medicine, Universität zu Köln, Cologne, Germany | 2000 |
| B.A. German, <i>Cum Laude</i> , University of Rochester, Rochester, NY | 2000 |

INTERNSHIP AND RESIDENCY

| | |
|---|-----------|
| Fellowship, Pain Management, Department of Anesthesiology Virginia Mason Medical Center, Seattle, WA | 2010-2011 |
| Residency, Physical Medicine and Rehabilitation University of Washington, Seattle, WA | 2007-2010 |
| Internship, Transitional Year Program Virginia Mason Medical Center, Seattle, WA | 2006-2007 |

CURRENT POSITIONS

| | |
|--|--------------|
| Program Medical Director, Nonsurgical (Medical) Spine, Swedish Medical Group, Seattle, Washington | 2021-present |
| Attending Physician, Swedish Pain Services, Edmonds, Washington | 2018-present |
| Consulting Physician, IIMAC Lumbar Fusion Subcommittee Washington State Department of Labor and Industries, Olympia, Washington | 2019-present |
| Consulting Physician, Comagine Health, Seattle, Washington | 2019-present |

LICENSURE

| | |
|--------------------------------|--------------|
| Washington MD60025020 (Active) | 2006-present |
|--------------------------------|--------------|

BOARD CERTIFICATION

| | |
|---|----------------|
| Board Certified, Physical Medicine and Rehabilitation | 2011 - present |
| Board Subspecialty Certification, Pain Management | 2011 - present |

MEDICAL SOCIETY AND PROFESSIONAL MEMBERSHIPS

| | |
|---|--------------|
| American Society of Regional Anesthesia and Pain Medicine | 2011-present |
| American Medical Association | 2011-present |
| King County Medical Association | 2011-present |

| | |
|--|--------------|
| Alpha Omega Alpha Medical Honor Society | 2006-present |
| American Academy of Physical Medicine and Rehabilitation | 2005-present |

HONORS & AWARDS

| | |
|--|------------------|
| Seattle Top Doctor, Seattle Magazine | 2013, 2019, 2022 |
| Seattle Top Doctor, Seattle Met Magazine | 2012-2017 |
| Neurosciences Research Chair, Benaroya Research Institute | 2015-2017 |
| Alpha Omega Alpha Medical Honor Society | 2005 |
| American Association for Cancer Research Scholar-in-Training Award | 2004 |

CLINICAL & HOSPITAL APPOINTMENTS

Clinical

| | |
|---|--------------|
| Opioid Faculty, Swedish Health Services | 2018-present |
| Low Back Pain Workgroup, Swedish Health Services | 2018-present |
| Neurostimulation Workgroup, Swedish Health Services | 2018-present |
| Swedish Health Services, Seattle, WA | |
| Teaching Faculty, SeaMar Family Medicine Residency Marysville, WA | 2018-present |
| Medical Co-Director, Comprehensive Spine Program | 2013-2018 |
| Medical Director, Spine Clinics | 2013-2018 |
| Member, Section of Physical Medicine and Rehabilitation | 2013-2018 |
| Teaching Faculty, Anesthesiology Pain Management Fellowship Virginia Mason Medical Center, Seattle, Washington | 2011-2018 |
| Member, Section of Physical Medicine and Rehabilitation Virginia Mason Medical Center, Seattle, WA | 2013-2018 |
| Associate, Section of Physical Medicine and Rehabilitation Virginia Mason Medical Center, Seattle, WA | 2011-2013 |
| Collaborator, Cancer Wellness Program Virginia Mason Medical Center, Seattle, WA | 2011 |
| Consulting Physician and Locum Tenens Seattle Spine and Sports Medicine, Seattle, WA | 2009-2011 |
| Consulting Physician MDSI Physician Group, Inc., Seattle, WA | 2008-2010 |

Kaizen/Leadership

| | |
|--|------|
| Graduate, Washington State Medical Association Physician Leadership Course Seattle, Washington | 2017 |
| Participant, Organizational A3 "Taking on Opioids: Enterprise Solutions at Virginia Mason Medical Center" Virginia Mason Medical Center, Seattle, WA | 2017 |

| | |
|--|------|
| Team Lead, Kaizen Event “Patient Flow Lynnwood Interventional Pain Clinic,” Virginia Mason Lynnwood Medical Center, Lynnwood, WA | 2014 |
| Virginia Mason Production System for Leaders Virginia Mason Medical Center, Seattle, WA | 2014 |
| Participant, Establishment and Roll-out of Interventional Pain and Spine Clinic Virginia Mason Lynnwood, Kirkland, Bellevue, & Issaquah Medical Centers | 2011 |

ACADEMIC ACTIVITY

Editorial Boards and Activity

| | |
|--|-----------|
| Co Editor, Medication Management of Chronic Pain. Physical Medicine and Rehabilitation Clinics of North America, Philadelphia, PA | 2019 |
| Technical Expert, Patient Engagement for American Heart Association, PCPI, Chicago, IL | 2017-2018 |
| Peer Reviewer, Health Technology Assessment Spinal Injections Re-Review Washington State Healthcare Authority | 2016 |

Research

| | |
|---|-----------|
| <i>Better Living Through (less) Chemistry: Improving Outcomes by Reducing Opioids.</i> Funding: Cardinal Health Foundation Role: Primary Investigator | 2017 |
| <i>Cognitive, Behavioral and Aging Effects of Opioids in Alcohol Users</i> Funding Agency: National Institute on Aging Role: Consultant | 2015 |
| <i>Relationship between Patient Reported Outcome Measures and the Development of Chronic Pain, Surgery, or Use of Chronic Opioid Medications</i> Funding Agency: Benaroya Research Institute Neurosciences Research Chair Award Role: Principal Investigator | 2015-2017 |
| <i>Prospective, Multi-Center, Crossover Study To Assess the Safety and Efficacy of the Bioness Stimrouter Neuromodulation System in the Treatment for Patients with Chronic Pain of Peripheral Nerve Origin</i> Funding Agency: Bioness Corporation Role: Co-Investigator | 2012-2014 |

PUBLICATIONS

1. **Babington JR**, Matthews M. Ethics and regulation of opioid prescriptions for management of pain. *Phys Med Rehab Clin N Am.* 2020; 31: 279-287.
2. **Babington JR**, Edwards A, Wright A, Dykstra A, Friedman AF, Sethi R. Patient reported outcome measures: Utility for Predicting Spinal Surgery in and Integrated Spine Practice. *PMR.* 2018; 10(7): 724-729.
3. Yanamadala V, Kim Y, Buchlak QD, Wright AK, **Babington JR**, Friedman AS, Meckenburg RS, Farrokhi F, Leveque JC, Sethi RK. Multidisciplinary Evaluation Leads to the Decreased Utilization of Lumbar Spine Fusion: An Observational Cohort Pilot Study. *Spine (Phila Pa 1976).* 2017; 42(17): E1016-E1023.

4. **Babington JR**, Edwards A, Wright A, Friedman AF, Sethi R. Relationship between chronic opioid therapy and patient reported outcomes in patients with spinal disorders. *RAPM*. Manuscript in preparation.
5. **Babington, JR.**, Stahl, JH., Coy, DL. Reversible Cytotoxic Edema in a Cirrhotic Patient Following TIPS. *J Neuroimaging*. 2009 Oct; 19 (4):391-3.
6. Pharmacologic Support in Pain Management. In *Physical Medicine and Rehabilitation Clinics of North America*. Eds. Steven Stanos, DO & **James R. Babington, MD**. 2020; 31(2).

INVITED EXTRAMURAL PRESENTATIONS

1. **Babington, JR.** Assessment, risk stratification and side effects of chronic opioid therapy. Swedish Pain Services Annual Pain Course, Seattle, WA, September 2019.
2. **Babington, JR.** Applying the Opioid Pain Rules in Washington State. Snohomish County Chapter American Academy of Family Physicians, Everett, WA July 2019.
3. **Babington, JR.** Intersection with Chronic Pain/Non opioid approaches. Opioids, Alcohol and Other Drugs in Primary Care: What Can We Do? Virginia Mason Medical Center Continuing Medical Education Series, Seattle, WA May 12, 2017
4. **Babington, JR.** Understanding the Joy Plant. Grand Rounds. Virginia Mason Medical Center, Seattle, WA. February 17, 2017
5. **Babington, JR.** Innovations in Spine Care. Invited Symposium. American Academy of Physical Medicine and Rehabilitation Inaugural Spine Summit, Boston, MA. October 2015.
6. **Babington, JR.** Comprehensive Spine Care: Evidence-based approaches to improving outcomes, ensuring quality, and enhancing collaboration. Virginia Mason Medical Center Continuing Medical Education Series, Course Director, Seattle, WA. October 2014.
7. **Babington, JR.** Physical Examination Skills for the Pain Physician: Shoulder and Neck. Workshop Leader. American Society of Anesthesiologists, Annual Meeting San Francisco, CA. October 2013.
8. **Babington, JR.** Incomplete Paraplegia Following Fluoroscopically Guided Thoracic Transforaminal Epidural Steroid Injection. 71st Annual Meeting, American Academy of Physical Medicine and Rehabilitation, Seattle WA. November 2010.

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|---|--|
| Name (first and last): | James Lee |
| Preferred pronouns (e.g., she/her, he/his, they/their): | He/His |
| Organization (if applicable): | MultiCare Health System |
| Title or position (if applicable): | EVP, Population Based Care & CFO |
| Work address (if applicable): | 820 A Street, Tacoma, WA 98402 |
| County of organization/employer (if applicable): | Pierce |
| Email: | james.g.lee@multicare.org |
| Phone: | (253) 403-8020 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input checked="" type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I have recently relocated to Washington (June 2022) and I'm interested in getting actively involved in matters that impact the health status of the population in the state. The work of the FTAC looks to potentially have a significant impact on healthcare financing, which in turn can impact healthcare services delivery, and given my experience and background in the areas of interest to the Commission, I believe I can provide perspectives on how other similar initiatives have done with similar goals.

2. Please describe your relevant experience and how it would benefit FTAC.

I have been a healthcare executive for 30+ years, including the last 20 in Maryland, the only state with a federal waiver from CMS's PPS. During the 20 years, I was involved with the Health Services Cost Review Commission (HSCRC), and the various changes to the model, including the adoption of the Global Budget Revenue model in 2014. I served in task forces providing input, sharing expertise and potential impact to the system, and providing written and verbal testimony to the commissioners about the proposed changes.

3. Please describe any other experience serving on a committee, board, or workgroup.

I have served in several state workgroups/committees in the subject of healthcare financing including options to continue the Federal waiver, changing the waiver to a different model, impact of changes to providers, etc. I also served on MHA's Council on Financial Policy, which had similar committees & workgroups to evaluate proposals from the HSCRC and propose changes to them.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I am happy to provide additional detail on my prior relevant experience, as there was limited space to include in this application.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

NA

9. Professional licenses held:

None

10. Memberships in professional, civic organizations, or government boards or commissions:

- Fellow, Healthcare Financial Management Association
- Fellow, American College of Healthcare Executives

11. Community service/volunteer activities:

- Illinois Conference of SDA Executive Committee
- Hawaii State Award of Excellence Board of Examiners
- HFMA Hawaii Chapter President
- HFMA National Advisory Council
- HFMA Board of Examiners
- HFMA National Board of Director
- The Healthcare Council Board of Directors & Finance Committee

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I was involved in setting up a health equity and wellness program in my prior organization, and over the 17 years of my involvement, I was engaged in a number of different initiatives to improve health equity, including conducting regular community health needs assessment and reviewing the findings to incorporate into future planning. In my current role, health equity and wellness is part of population based care and I'm directly involved in it.

14. Please describe why health equity is important to you.

Keeping people well is an important goal for an advanced society, and providing care in appropriate settings when needed is an important sub-goal. Currently in the US, we are not doing well on either of them, despite spending more in healthcare than most countries. This is an area of significant opportunity for the healthcare providers and payors to come together to solve and lead the improvement of health for the communities we serve.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Currently there are many friction points that spend healthcare resources that are related to actual service to patients, and some of those friction points are in how healthcare providers get paid for the services provides. The work of the Universal Health Care Commission is to find ways to make healthcare more affordable to the people of Washington, and the FTAC can provide alternatives, evaluation options, and support recommendations to be considered by the Commission.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

Asian

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input checked="" type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

11/30/2022

JAMES G. LEE, FACHE, FHFMA

16719 140th Ave E – Puyallup, WA 98374
(240) 339-3007 – james.g.lee@multicare.org

SUMMARY

Analytical, results oriented executive with experience in health system finance and operations, business development, internal audit, physician alignment, strategic planning, physician practice management, risk contracting & technology deployment.

EXPERIENCE

2022-Present

MultiCare Health System

Tacoma, WA

Executive Vice President, Population Based Care

Chief Financial Officer

(A non-profit, network of 11 acute care hospitals, a behavioral health network, a Children's Hospital, and other healthcare companies with \$4 billion in net revenue, located in Washington)

- Responsible for implementing strategies to achieve the organization's vision, including financial performance, growth and population based care.

2005-2022

Adventist HealthCare

Gaithersburg, MD

Executive Vice President, Chief Strategy & Growth Officer

(A non-profit, network of 3 acute care hospitals, 1 specialty hospital, a home health division, and other healthcare companies with \$1 billion in net revenue, located in Maryland. The state has been setting hospital rates since the 1970's and in 2014 introduced the Global Budget Revenue that caps hospital revenue annually, creating incentives to manage population health and reduce utilization of hospital services)

- Responsible for developing strategies for the organization to achieve its vision, including major strategic themes of growth, performance and population based care.
- Responsible for developing and executing on the growth goal of achieving \$1.5 billion in revenue by 2024.
- Responsible for information technology, patient experience, philanthropy, innovation, strategic planning, business development, mergers & acquisitions, joint ventures, integration, ambulatory services, post-acute care services, to include rehabilitation and home care, and international business development.
- Developed a digital health strategy to support the patient experience transformation, from episodic to longitudinal/ongoing relationships.
- Developed a detailed growth plan to achieve \$1.5 billion in revenue.

2005-2021

Executive Vice President, Chief Financial Officer

- Responsible for all shared financial services (accounting, finance, accounts payable, payroll, financial planning, revenue cycle, reimbursement), corporate financial services (treasury, supply chain,

JAMES G. LEE, FACHE, FHFMA

managed care contracting, business intelligence), information technology and strategic planning, merger & acquisitions and growth.

- Achieved 8.6% cumulative EBIDA margin, 60% revenue growth, 2.4% cumulative net income and 2% operating margin, 195% cash growth (50 days) and 185% asset growth over 17 years.
- Achieved 9.7% EBIDA margin in 2020, despite net inpatient revenue being 30-45% lower than many systems outside of Maryland's rate regulation.
- Outsourced revenue cycle and reduced net days in A/R by over 20 days in 15 months while reducing cost by \$27M over 5 years and accelerated cash collection by nearly \$50M.
- Reduced \$13.5M in facilities and construction costs over 4 years while increasing green energy utilization to 10% of total.
- Placed over \$1.2 billion in taxable or tax-exempt financing/refinancing for capital development, including bond issuance, direct loans, letter of credits, and lease facilities, while improving credit rating.
- Instituted a progressive employee health benefit program that has averaged 5.5% annual cost increase compared to 10% from a benchmark group of hospitals/health systems.

2001-2005

Washington Adventist Hospital

Takoma Park, MD

Vice President, Chief Financial Officer

(A non-profit, 322-bed tertiary acute hospital with \$208M net revenues)

- Responsible for financial services and budgeting, patient registration, materials management, medical records, patient financial services, guest services, risk management, LOS management, operational excellence, systems improvement, radiation oncology, and rehabilitation medicine.
- Led financial turnaround resulting in significant margin improvement, from 0.3% in 2001 to 4.8% in 2003, nearly a 2,000% improvement.
- Reduced average length of stay by a day and 1/2, from 5.5 to 4.0 days.
- Instituted internal controls for human resources acquisitions, expenditures, capital acquisition and contracting.
- Achieved a \$5.7M (40%) reduction in agency cost.

2000-2001

Arthur Andersen LLP

San Francisco, CA

Manager, Risk Consulting

- Responsible for providing risk management consulting and internal audit services to clients in high technology and healthcare industries.
- Served as the Internal Audit Senior Manager for a large, world-renowned teaching institution comprised of two hospitals and clinics.
- Managed 30 risk consulting and internal audit engagements in 5 countries and 5 industries, while increasing revenue by more than 50%.

1998-1999

Queen's Health Management

Honolulu, HI

JAMES G. LEE, FACHE, FHFMA

Director, Practice Management

(A for profit, \$90 million managed care arm for Queen's Health Systems, a half billion dollars diversified healthcare corporation)

- Responsible for the practice management division which provided billing and office management services to over 100 physicians.
- Merged the division with outside MSO for \$2.6M savings.
- Implemented and supported Medic + PM system in 27 locations.

1996-1998

Castle Health Group

Kailua, HI

Executive Director

(A physician-hospital organization of 80+ physicians)

- Implemented and executed PHO Board decisions and policies, while managing the financial operations of the organization.
- Created an effective organization by developing a network of 80-physicians, a medical management plan, and operational guidelines.
- Negotiated risk contracts in Hawaii and Guam and increased covered lives to 5,000 in twelve months.

1993-1998

Castle Medical Center

Kailua, HI

Administrative Director, Management Services

(A non-profit, 160-bed acute care hospital with \$80M revenues)

- Shared CFO responsibilities.
- Responsible for admitting, case management, contracting, medical records, patient accounting, information technology, performance improvement, patient relations and risk management.
- Developed & implemented multi-year information technology plan.
- Improved financial performance by increasing cash collections by 10% in twelve months, reducing Medicare re-bills from 22% to less than 3%, and decreasing operating expenses by 15%.
- Implemented managed care infrastructure, including contract review process and duties of a contract manager position.
- Improved organizational effectiveness by reducing costs which resulted in a \$230,000 annual savings
- Developed Value Statements and CastleQUALITY Resource Guide.

1991-1993

Hinsdale Hospital

Hinsdale, IL

Assistant Director for Operational Improvement

(A non-profit, 460-bed acute care hospital with \$220M revenues)

- Designed and implemented a new care delivery model with projected \$11 million annual savings.

1990-1991

Castle Medical Center

Kailua, HI

Administrative Resident

JAMES G. LEE, FACHE, FHFMA

EDUCATION

| | |
|------|---|
| 1991 | MHA - Loma Linda University, Loma Linda, CA |
| 1990 | MPH - Loma Linda University, Loma Linda, CA |
| 1986 | BA - Business with Finance emphasis, School of Business Administration, Sao Paulo, Brazil |

PROFESSIONAL & CIVIC AFFILIATIONS

- Healthcare Financial Management Association, Fellow, Chapter President, National Advisory Council, Board of Examiners & National Board member.
- American College of Healthcare Executives, Fellow
- Hawaii State Award of Excellence, Board of Examiners
- Illinois Conference of SDA, Executive/Personnel Committees

PERSONAL

Married. Healthy. Fluent in English, Spanish, Portuguese and Korean

REFERENCES, PRESENTATIONS & PUBLICATIONS

References furnished upon request.

Becker's Healthcare Podcast – October 31, 2021

“Funding for Health Equity Initiatives into Healthcare Institutional Budgets” – The Virtual National Health Equity Summit – June 8, 2021

“Adventist HealthCare Profile” - HFMA Capital Conference – March 26, 2015 – Chicago, IL

“Adventist HealthCare Profile” - HFMA Capital Conference – April 11, 2013 – Chicago, IL

“Starting a Medical Home: Better Health at Lower Cost” - HFMA Annual Institute – June 27, 2012 – Las Vegas, NV

“Strategies for Healthcare Facilities, Construction and Real Estate Management” – HFM Magazine – May, 2012

“Starting a Medical Home: Better Health at Lower Cost” – HFM Magazine – June, 2011

“Simulation Game Provides Financial Management Training” – HFM Magazine – January, 2008

“Case Study: Shared Leadership Teams” – The Power of Health Care Teams - JCAHO – January, 1997

“Implementing Patient-Focused Care in a Small Hospital” – Reengineering for Patient-Focused Care – Prescott Publishing Company January, 1996

“Physicians Can Benefit from a Patient-Focused Hospital” – Physician Executive – American College of Physician Executives – February, 1993

“Restructuring Improves Hospital Competitiveness” – HFM Magazine – November, 1992

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

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Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Joshua Wingfield |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/his |
| Organization (if applicable): | Humana |
| Title or position (if applicable): | Vice President - Operations and Finance |
| Work address (if applicable): | 32125 32nd Ave S #250, Federal Way, WA |
| County of organization/employer (if applicable): | King County |
| Email: | jwingfield@humana.com |
| Phone: | 414-460-3394 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input checked="" type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I believe that providing high quality healthcare access for all people in Washington, and more broadly in America, is long overdue. While the complexity of healthcare is difficult to untangle, it is necessary to come up with a solution that neither bankrupts individuals nor the state. Finding the right balance of regulation and innovation is going to be key in moving forward a solution that meets the goals of the Universal Healthcare Commission. Using my background in Medicare to serve the people of Washington through this advisory committee would be an honor.

2. Please describe your relevant experience and how it would benefit FTAC.

I have experience both as a pricing actuary and as a finance leader in my current organization. I have priced Medicare bids for four states, analyzed claims and revenue trends for pricing, priced individual benefits that address social determinants of health, and have assisted dental and pharmacy pricing teams develop competitive rates.

In my current role as the finance and operations leader for seven states I work to

3. Please describe any other experience serving on a committee, board, or workgroup.

I recently joined the board of Home Advantage. This organization is a new LLC supporting seniors in King, Snohomish, and Pierce Counties and will provide services for the community starting in 2024.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I have a passion for improving healthcare outcomes in America for all communities. Given that we lead the world in healthcare spend we need solutions that do not leave an undue cost burden on our communities.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

Any regulation change is likely to have tax implications for residents of Washington, especially regulation expanding coverage to currently uninsured populations. As a Washingtonian I fully expect to see some financial impact through the tax system to my personal tax situation.

9. Professional licenses held:

Fellow of the Society of Actuaries

Member of the American Academy of Actuaries

10. Memberships in professional, civic organizations, or government boards or commissions:

11. Community service/volunteer activities:

Volunteer - Tacoma Rescue Mission

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I work on a number of groups in my organization attempting to address the obstacles that lead to negative health outcomes. These groups have helped form benefits such as the Healthy Options Card which allows low income members to access healthy food and to pay rent or utilities through their Medicare benefits. I also work with community organizations to stand up benefits that provide transportation, social supports, meals, and social determinant screenings. While I still have much to learn about health equity and the drivers of inequity, I am interested in finding solutions.

14. Please describe why health equity is important to you.

Every human has the right to be healthy. Seeing the disparity in health outcomes based on income, race, sexual orientation, or the many other factors that can drive differences within this country are appalling. Providing equal access to quality care is essential to working toward better health outcomes for all people.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

While the unified health care financing system cannot directly solve every aspect of health equity it can make sure that healthcare costs are not drivers of other health equity drivers.

A few examples include:

- Making sure healthcare costs for an individual are not so burdensome as to drive a person into poverty or to keep them in poverty.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am a white American

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Joshua Wingfield

Date:

11/29/2022

Joshua Wingfield, FSA, MAAA
3835 SW 313th St, Federal Way, WA
414-460-3394 jwing2006@yahoo.com

Work Experience

Humana

June 2013 – Present

Vice President of Operations – Intermountain Region

November 2019 – Present

- Lead operations and manage P&L of the Intermountain Region’s Medicare Advantage line of business
 - 123K lives in 2020
 - 153K lives in 2021
 - 169K lives in 2022
- Negotiate financial terms and incentive structure of contracts with risk providers in the region and monitor settlement processes for risk contracts
- Develop bids for seven states that balance the unique competitive environment of each state, provider relationships, and regional underwriting margin
- Evaluate vendors and pilot programs both internally and externally including Landmark, Mindstrong, Array, NaviHealth, Sound Physicians, Post Acute Analytics, Professional Healthcare Network, and Dispatch Health
- Manage finance and analytics team with a focus on improving provider reporting and outcomes including a new Power BI suite of provider analytics
- Lead relationship with the state of Washington for the Humana D-SNP
- Monitor claims and revenue trends and develop action plans with regional operations teams to mitigate risks
- Develop growth plans in tandem with local sales team to drive growth that continues to outpace current market share
- Create regional strategies for marketing and advertising with internal teams and external advertising agencies
- Partner with Direct Contracting team to align two key risk partners into the DC model for 2022
- Partner with Iora and Vancouver Clinic on build and development of Alliance Clinics in Seattle and Portland
- Partner with M&A team at Humana in pursuit of asset purchases within the region
- Present bid mechanics, benefit planning, revenue analysis, and Joint Operating Committee work to the executive leadership of risk partners
- Lead expansion of Humana’s Medicare Group business in Washington
- Manage regional administrative budget
- Price regional Special Supplemental Benefits for the Chronically Ill with our local Area Agencies on Aging
- Manage FTE and administrative budget for the region

Director of Risk Adjustment

October 2018 – November 2019

- Manage risk adjustment educators, retrieval specialists, and front line leads
- Set and monitor goals for retrieval and prospective programs
 - Coordinate with prospective program vendors on behalf of provider groups
- Analyze value of prospective programs for risk partners and determine continued use
- Present bid mechanics, benefit planning, revenue analysis, and Joint Operating Committee work to risk partners
- Develop risk score assumptions for regional bids

- Review actuarial assumptions and risk model for regional bids
- Engage with finance team to reconcile mid-year and final accruals for risk adjustment
- Facilitate group changes to electronic medical connections for retrieval
- Coordinate provider strategy with Quality, Clinical, and Provider Engagement
- Navigate Comprehensive Visit Pilot through MRA legal and compliance review
- Develop 5 year plan for MRA team including annual goals

Associate Actuary

- Intermountain Region: Certifying actuary September 2015 – October 2018
 - Certify Medicare Advantage bids for Washington, Oregon, Idaho, and Utah
 - Use various pricing inputs to create the CMS required BPT for MA plans
 - Respond to Desk Review questions from CMS auditors
 - Complete Rebate Reallocation repricing of bids
 - Manage regional analyst for bid development
 - Develop quarterly financial forecasts
 - Analyze provider risk deals for regional market
 - Develop and maintain model to price tiered physician copays
 - Leader of various workgroups: Process standardization, Product, Part D
- Healthcare Economics June 2013 – September 2015
 - Value cost saving and contract initiatives
 - Determine incremental value of initiatives on both a gross and net basis
 - Write SAS code to compile and analyze claims data to determine initiative value
 - Manage intern and subsequent FTE
 - Create and maintain consensus report

Mercer, Louisville, KY

January 2012 – June 2013

Pension Actuarial Analyst

- Complete pension valuation work under PPA, PBGC, and ASC regulations
- Check data consistency and apply actuarial assumptions to value pension plans
- Complete year end disclosure and expense work for pension plans
- Assist companies with special projects to assess actuarial assumptions and pension strategies
- Technology liaison for US Retirement

Education

Concordia University, Chicago, IL

August 2006 – May 2010

Bachelor of Arts, Mathematics

Bachelor of Arts, Computer Information Systems

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Karl Eastlund |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/him/his |
| Organization (if applicable): | Planned Parenthood of Greater WA and N. ID |
| Title or position (if applicable): | CEO |
| Work address (if applicable): | 1117 Tieton DR, Yakima, WA 98902 |
| County of organization/employer (if applicable): | Yakima |
| Email: | karl.eastlund@ppgwni.org |
| Phone: | 509.720.6363 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

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these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

As the leader of Planned Parenthood in Central and Eastern WA, I have seen first hand how important adequate financing for health care is to improving health outcomes and building better public health for our communities. This work needs to advance and evolve for our State to deliver on its promise of being a great place for citizens and employers. I would appreciate the opportunity to help in this area so WA state can improve access and truly provide quality healthcare for all.

2. Please describe your relevant experience and how it would benefit FTAC.

I have been a Health Care executive for 20 years, working with Planned Parenthood and its myriad of reimbursement programs. We have participated in state and federal programs and we accept private insurance. I have intimate knowledge of all these programs and how they help, or hinder the deliver of quality care. I also have a background in finance, am a CPA and have an MBA with a concentration in Finance. I have additional expertise in costing models and healthcare billing.

3. Please describe any other experience serving on a committee, board, or workgroup.

I have served on numerous committees and boards in my career. I am currently the Board Chair for a COOP laboratory, and Board compliance officer for RW Holdings, a medical services company. I also just termed off the board as the Treasurer for Kaliedo, a start-up online telehealth company. All these experiences involved navigating the difficult ways to provide quality care while seeking adequate reimbursement so that care could be provided for all.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I was a Peace Corps volunteer working with indigenous groups in Guatemala and continue this work with Planned Parenthood as we partner with local native groups. I believe involving those most in need, and most underserved in our state is vital for a new universal program to thrive.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

CPA

10. Memberships in professional, civic organizations, or government boards or commissions:

11. Community service/volunteer activities:

I am involved in youth coaching, serving as a coach for youth basketball and nordic skiing.

12. Have you ever served in the U.S. Armed Forces?

Yes


No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Our organization created a Health Equity department and hired a Director to lead this work. We have taken significant strides to ensure equity for our employees and our patients. Planned Parenthood serves those most in need, and we are proud to offer services to all community members and to ensure they feel comfortable in our clinics. As part of this work, we have detailed quality programs to ensure consistency of care across all demographics, and we provide ongoing training for our staff and board of directors to ensure we deliver on this promise. 

14. Please describe why health equity is important to you.

As the leader of an organization dedicated to serving all members of our communities Health Equity is paramount to Planned Parenthood's success. I am also the parent of racially diverse, and disabled children, so I know firsthand how important health equity is - both as the leader of an organization and as an advocate for family members' care.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Planned Parenthood has seen firsthand how financial challenges have impacted patient care within reproductive health and behavioral health settings. I am hopeful we can address these challenges, and other challenges through creative approaches that provide incentives to organizations to serve those most in need.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White, US citizen.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Karl Eastlund

Date:

11/30/2022

Karl A. Eastlund, MBA
1923 S. Mt. Vernon DR
Spokane, WA 99223
509.720.6363
karl.eastlund@ppgwni.org

| | | |
|------------------------------|--|-------------------------|
| Experience 2011 - Present | Planned Parenthood of Greater Washington and North Idaho (PPGWNI) <i>CEO</i> <ul style="list-style-type: none">• Champion of patient and employee experience efforts. Improvement efforts have resulted in Press Ganey independent survey results in top 10% of peer organizations• Led expansion into Behavioral Health and Primary Care services. Secured \$500k in grant funding for service expansion efforts.• Led negotiations with Medicaid that resulted in payment increases for family planning services• 5 successful accreditation reviews, member of national accreditation indicator review committee, cited as leading organization in quality and compliance efforts• Created Health Equity Department, dedicated to ensuring equity and inclusion for staff and patients. Through compliance and quality efforts, we are ensuring that all patients receive consistent high-quality care• Led restructuring of fundraising and grant writing department, including recruiting new staff and creating a strategic plan that increased fundraising by 50%. Successfully acquired several six and seven-figure donations• Serve as organization spokesperson, speaking at community events and with media• Led new headquarters construction project, including securing lead gifts, and managing contractors through \$6M construction project | Spokane, WA |
| 2004 – 2011 | <i>Chief Operating Officer</i> <ul style="list-style-type: none">• Led six direct reports who oversee all aspects of Clinical Operations, Financial Management, Quality Assurance, Clinical Training, Medical Billing, and Marketing• Led merger integration efforts between Yakima and Spokane based Planned Parenthood affiliates• Internal champion of diversity. Promoted and/or hired six people of color into management positions• Project lead on four new health center building projects; including site selection, building design, and management of contractors• Led successful transition to new practice management and electronic medical records system | Spokane & Yakima, WA |
| 2003 –2004 | <i>VP of Finance and Operations, CFO</i> <ul style="list-style-type: none">• Duties included managing all aspects of Financial Management, Information Technology, Human Resources, and Facilities• Successfully completed annual financial audit and onsite review by State compliance auditors within first 90 days• Led acquisition of new headquarters building by acquiring low-interest tax-exempt bond financing. New building doubled the size of administrative offices and main clinic• Created a centralized billing team that significantly improved collections and data integrity. Over \$1M in old receivables were collected in first 12 months• Led selection process and implementation of a new Practice Management Software System for managing patient medical and financial data. System implementation resulted in dramatically improved 3rd party billing capabilities, improved quality assurance, and increased efficiency | Yakima, WA |
| 2000 – 2003 | Mercer <i>Principal – Human Capital Consulting Group</i> <ul style="list-style-type: none">• Oversaw all aspects of project management and service delivery of large consulting projects, including presenting deliverables to C-suite and Board of Directors at client organizations• Supervised project members (3-10 members depending on project) to ensure that projects were completed in a timely and quality manner• Managed several administrative duties for group practice in Dallas (12 staff). Determined staffing of projects, conducted reviews, trained staff members, and provided communication from our practice leader to staff members | Dallas, TX |

- Led projects, which included the following activities: reviewing client and peer financial performance, benchmarking financial metrics and compensation levels, redesigning annual and long-term incentive plans, and presenting to Sr. Management and Board of Directors. Examples of projects:
 - Consulted with a Mexican commercial bank, serving as the primary contact with the client (conducting meetings in both Spanish and English). Developed performance scorecards for 400 employees. Presented several times to Shareholder Group in Spanish
 - Created an Economic Profit performance measurement and employee incentive plan for a \$1B manufacturing client that had recently emerged from bankruptcy
 - Set up stock option plans using custom Black-Scholes option pricing models

1996 – 1998

Peace Corps

Consultant –Small Business Development

- Provided credit counseling and general business consulting for a development bank that was responsible for offering micro-credit loans to local entrepreneurs
- Advised cooperatives and business groups on all aspects of their operations, business planning, marketing, and project funding
- As Co-Director of the Junior Achievement program, adapted curriculum to local needs, trained local instructors, and administered the program which served more than 1,000 students annually

Quetzaltenango,
Guatemala

1993 – 1996

Deloitte & Touche

Senior Accountant

Performed all roles essential to public accounting, including: supervising and reviewing staff accountants, developing client relations, and drafting and revising financial statements

Chicago, IL

**Board/Volunteer
Activities**

- **Board President - Laboratory Services Cooperative (cooperative serving 12 organizations with revenue in excess of \$20M)**
- **Board Chair - Planned Parenthood National Physical Security Group**
- **Board Treasurer - Kaliedo (Planned Parenthood Direct to consumer telehealth company)**
- **Board member and Compliance Chair – RW Holdings, a Medical Services Company**
- **Board member - Yakima YWCA**
- **Youth Basketball coach and Nordic Skiing coach**

Education

The University of Texas at Austin

Master of Business Administration

- Received Dean’s award for academic excellence
- Received Graduate Business Students’ Endowed Presidential Scholarship
- Completed internship with Dell Computer Corp. and practicum with National Instruments Corp.
- Worked 20 hours a week during MBA program as a teaching assistant for students in MBA Finance and Accounting classes

Miami University, Oxford, OH

Bachelor of Science in Accounting, member varsity baseball team

**Certification,
Language**

Certified Public Accountant, Illinois, May 1994

Fluent in Spanish, Received a score of “Superior,” the highest score possible, on the ACTFL Spanish exam

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

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Due: Wednesday, November 30, 2022

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Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|---------------------------------------|
| Name (first and last): | Kathryn Lewandowsky, BSN, RN |
| Preferred pronouns (e.g., she/her, he/his, they/their): | She/we/US |
| Organization (if applicable): | Cascade Valley Hospital |
| Title or position (if applicable): | Shift Coordinator |
| Work address (if applicable): | 330 Stillaguamish Ave. |
| County of organization/employer (if applicable): | Snohomish |
| Email: | KLewandowsky@skagitregionalhealth.org |
| Phone: | 425-737-4594 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|---|
| <input type="checkbox"/> Academic/research | <input checked="" type="checkbox"/> Health care association (please describe): Whole Washington, LLC |
| <input checked="" type="checkbox"/> Community member or advocate | <input checked="" type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

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- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
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- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am interested in helping to create a healthcare financing system that saves money for those paying for services, improves reimbursements to providers by simplifying the reimbursement system and improves access and quality to our states residents. In my years of working in healthcare I have seen the effects of denying ccess to healthcare to people that only adds to overall costs and leads to poor outcomes. We can do better for less.

2. Please describe your relevant experience and how it would benefit FTAC.

After working fot 25 years at the bedside, I returned to school to finish my BSN with a focus on studying healthcare systems around the world. I have seen too personally how our fractured healthcare system harms our patients. I have seen the failures of the latest and greatest payment schemes. We need ease of access for clients and adequate reimbursements for providers. We need to remove the waste from our healthcare system. There is a lot of waste.

3. Please describe any other experience serving on a committee, board, or workgroup.

I am active on the Whole Washingtgn Board and on the Board of One Payer States. Both groups focus on creating a single payer, universal healthcare system at the state level both here in Washingtgn and nationally.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

Before the pandemic I had been in to process of opening an adult family home because the need is so great now and will continue to increase. Unfortunately I finished all the licensing requirements in April of 2020. I tried to open it as a Medicaid Provider and ultimately had to close it. I feel like I have a good understanding of our current state reimbursement systems and provider needs and would be a good advocate for providers and patients alike

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

Registered Nurse, Washington State

10. Memberships in professional, civic organizations, or government boards or commissions:

Member Cascade Valley Hospital Nurse Association

Member of Back Country Horsemen of Washington

Member of North American Trail Ride Conference

11. Community service/volunteer activities:

PTA member and 4-H leader while raising my children

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I feel that my greatest experience with health equity is that I have so often witnessed the lack of health equity. It is a travesty because it really leads to loss of productivity, loss of personal security and assets and eventually leads to premature loss of life for too many of our state's residents. We currently have a predatory healthcare system and I am committed to changing that.

14. Please describe why health equity is important to you.

Health Equity is important because we all have value as human beings and no one human is considered more valuable than another. We are all here to learn, grow and take care of our communities.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Creating a unified healthcare financing system allows us to save billions of dollars every year. We can use those dollars to create exceptional economic systems that allows for our people all to have a minimum standard of living and helps to elevate our residents to reach their highest potential.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White; English, Irish, French, Scotch and 1/2 Italian. (A true American melting pot)
My great grandfather fled Italy to escape fascism and I'll be damned if I will live under fascism now.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Kathryn A. Lewandowsky



Date:

11/10/2022

RESUME

KATHRYN LEWANDOWSKY, BSN, RN
12805 Jim Creek Rd
Arlington, WA 98223
360-403-8471
skyranch12805@gmail.com

EDUCATION

| | |
|--|--------------------------|
| Western Washington University Bachelor's in Science of Nursing | Mar. 18, 2017 |
| Everett Community College Pre-requisites for Bachelor's program | 2013-2015 |
| Tacoma Community College Associate Degree Nursing Graduated on high honors list | 1991 |
| Clover Park Technical College Practical Nurse Certificate | 1987 |

AWARDS

| | |
|------------------------------|-------------|
| Women of Kiwanis Scholarship | 1989 |
| Golden Acorn Award- PTSA | 1992 |

LEADERSHIP EXPERIENCE

| | |
|---|------------------------|
| Whole Washington, State chair for 2019/2020, current vice chair | 2017 to present |
| Washington State Nurse's Association | 1991-1995 |
| Member, Negotiation Team Member | 1992 |
| Local Unit Chair- St. Joseph's Medical Center- Tacoma, WA | 1993-2000 |
| UFCW- Providence Regional Medical Center- | 2007-2016 |
| Negotiations Team Member | 2011 |
| Staffing Committee Steering Member- | 2008-2012 |

RELATED EXPERIENCE**Skagit Regional Health/Cascade Valley Hospital****6/18/2017****Present**

Night House Supervisor at Cascade Valley Hospital, managing staffing, administration representative in their absence, supporting and educating nurses in every department to include Medical-Surgical floors, Critical Care, Mother-Baby, and a 16 bed Emergency Department.

Evergreen Health Hospice Care Center, Kirkland, WA**12/14/2015 to****12/30/2017**

Staff RN caring for patients and family's acute symptom management of pain, anxiety, shortness of breath and end of life care. Administering medications and providing direct patient care in a team environment.

Providence Regional Medical Center, Everett, WA**3/7/2007 to****2015**

Critical Care and Cardiac Surgical Short Stay Unit- Staff RN giving direct patient care to CCU patients and open heart surgical patients. Rapid Response Nurse supporting nurses throughout the hospital with patients in times of crisis. Currently a Per Diem staff RN since January 2016.

Providence St. Peter's Hospital, Olympia, WA**10/21/2002 to 3/2/2007**

Night shift IV Therapy RN. Started all the IV's on the med-surg and pediatric floors and SCN, supported ER, OR, L&D. Managed all Central lines, Medi Ports, and PICC lines.

**Star Med Travel Agency & Medical Staffing Network,
10/30/2002****3/15/2000 to**

Contract Nursing at varied South Puget Sound area hospitals in critical care populations.

St. Joseph's Medical Center, Tacoma, WA**4/1/1987 to 5/15/2000**

I began my nursing career as a Licensed Practical Nurse on the Oncology floor working alongside RN's. I continued my nursing

education and continued as an RN. Took a LOA to complete a CCU Residency at Multi Care Medical Center from 1992-1993. Stayed on call and then returned after the 1993 nursing restructuring.

Multicare Hospital and Medical Center, Tacoma, WA

6/1/1992-1/15/1997

After completing the CCU Residency I worked in critical care until 1993. After the restructuring in 1993, I stayed on call and worked 2-4 shifts/month to supplement my hours at St. Joseph's Medical Center Oncology floor.

MEMBERSHIPS

Washington State Nurse's Association
Cascade Valley Nurse's Association
Whole Washington, Inc.- Board Vice-Chair
One Payer States, Inc.- Board Treasurer

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|---|---|
| Name (first and last): | Kai Yeung |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/his |
| Organization (if applicable): | Amazon.com/University of Washington |
| Title or position (if applicable): | Senior Research Scientist/Affiliate Assoc. Prof |
| Work address (if applicable): | 399 Fairview Ave N |
| County of organization/employer (if applicable): | Seattle, WA |
| Email: | kaiy@uw.edu |
| Phone: | 626 246-2307 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input checked="" type="checkbox"/> Academic/research | <input checked="" type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | Digital Health |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Law |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: private |
| | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

As both a clinical pharmacist (PharmD) and a health services researcher (PhD), I have seen the impact of limited healthcare access on patients individually and at the population level. I want to support the design of healthcare coverage in a way that improves access, quality, costs and equity of care for all.

2. Please describe your relevant experience and how it would benefit FTAC.

My research experience value-based payment for prescription drugs and methods to evaluate the cost, effectiveness, and equity of healthcare interventions would support the Universal Health Care Commission's efforts design an efficient, cost-effective, state-based universal health care system in Washington State.

Related to these topics, I have first-author publications in journals such as The New

3. Please describe any other experience serving on a committee, board, or workgroup.

I have served in a number of professional service roles. From 2015 to 2018, I was an editorial advisory board member for the Journal of Managed Care & Specialty Pharmacy, providing input on attracting and disseminating research relevant to managed care pharmacy stakeholders. From 2018 to 2020, I was a research advisory board member for the Academy of Managed Care & Specialty Pharmacy, advising on how to foster greater collaborations between researchers and managed care payers. From 2020 to 2022, I was a member of the International Society for

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I think my CV captures any additional details you may want.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

Pharmacist License

California | Lic.#: RPH 66494

Washington | Lic.#: PH 60231957

10. Memberships in professional, civic organizations, or government boards or commissions:

Professional organizations:

AcademyHealth

Academy of Managed Care Pharmacy

American Society of Health Economists

International Society for Pharmacoeconomics and Outcomes Research

11. Community service/volunteer activities:

Church youth counselor

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have researched how policies can benefit/harm health equity. Two examples are below.

I led a project estimating the impact of prescription drug rebates on patient out-of-pocket costs. This was funded by the Donaghue Foundation and published in JAMA Network Open. We found that branded prescription drug manufacturers have substantially increased list prices in order to offer larger rebate payments to health

14. Please describe why health equity is important to you.

I grew up in a low-income family (as defined by the NIH) with parents who did not have the opportunity to graduate from high school. This motivated me to investigate ways to improve access to high value healthcare for all; I've witnessed first-hand the unfortunate tradeoffs between healthcare and other basic needs. During my PharmD training at the University of Southern California, I worked for diverse healthcare stakeholders, including: patients (Cedars Sinai Medical Center), healthcare payers

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

A body of research demonstrates that providing universal financing causes disproportional improvements in healthcare access, reduced financial burden for those who were previously marginalized (e.g. see Medicaid expansion literature, or Medicare coverage "discontinuity" literature).

When there is financing, there is also opportunity to invest in solutions that are cost-effective in the longer term (e.g. education, housing, chronic conditions care)

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

Chinese, born in Hong Kong (UK territory at the time). Naturalized US citizen. WA state resident >10 years.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input checked="" type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Kai Yeung

Date:

11-30-22

Kai Yeung

PharmD, PhD

10843 12th Ave NE
Seattle, WA 98125

Kyeung1@gmail.com
Date Prepared: 08/23/2022

EDUCATIONAL AND BIOGRAPHICAL INFORMATION

| | |
|--|-----------------------------|
| Doctor of Philosophy in Pharmaceutical Economics & Outcomes Research University Washington Dissertation title: Does Cost-Effectiveness Analysis Have a Role in US Managed Care Drug Formularies? Empirical Study of Utilization, Costs, Outcomes and Elasticity in a Value-Based Formulary Dissertation Committee: Sean Sullivan (chair), Anirban Basu, Ryan Hansen and John Watkins | Dec 2015 Seattle, WA |
| Doctor of Pharmacy University of Southern California | May 2011 Los Angeles, CA |
| Masters of Science in Biology University of California, San Diego | Feb 2005 La Jolla, CA |
| Bachelors of Science in Biology University of California, San Diego | Jun 2003 La Jolla, CA |
| Pharmacist License California Lic.#: RPH 66494 Washington Lic.#: PH 60231957 | |

PROFESSIONAL POSITIONS

| | |
|---|-------------------------------------|
| Senior Healthcare Research Scientist Amazon.com, Inc. | Sept 2022- Present Seattle, WA |
| Assistant Scientific Investigator Kaiser Permanente Washington Health Research Institute (Formerly Group Health Research Institute) | Aug 2016- Sept 2022 Seattle, WA |
| Postdoctoral Research Fellow Pharmaceutical Outcomes Research & Policy, University Washington | Sept 2015- Sept 2016 Seattle, WA |
| Predocctoral Research Associate Pharmaceutical Outcomes Research & Policy, University Washington | Sept 2011- Aug 2015 Seattle, WA |
| Cost-Effectiveness Registry Reader Tufts Medical Center Institute for Clinical Research and Health Policy Studies | Mar 2010- June 2013 Boston, MA |
| Visiting Researcher National Institute for Health and Clinical Excellence | May 2011- Aug 2011 London, UK |

| | |
|--|---|
| Research Intern The Food and Drug Administration | Yeung, K Mar 2011- May 2011 Silver Spring, MD |
| Program Analyst Agency for Healthcare Research and Quality | June 2010- Aug 2010 Rockville, MD |
| Academy and Foundation of Managed Care Pharmacy Health Outcomes Intern Allergan Global Health Outcomes Strategy and Research Wellpoint Clinical Analytic Strategies | June 2009- Aug 2009 Irvine, CA West Hills, CA |
| Marketing Research Consultant OrthoAlign Inc. | Oct 2009- July 2010 Aliso Viejo, CA |
| Drug Information/Pharmacy Outcomes Research Intern Kaiser Permanente | Jan 2008- July 2010 Downey, CA |
| Volunteer Consultation Pharmacy Intern Weingart Medical Clinic/ LA County Hospital Liver Clinic | Dec 2008- May 2008 Los Angeles, CA |
| Research Assistant Broad Center for Regenerative Medicine | May 2008- Aug 2008 Los Angeles, CA |
| Research Associate University of California San Diego | Jul 2003- Feb 2005 La Jolla, CA |

TEACHING AND MENTORING RESPONSIBILITIES

| | |
|---|---------------------|
| Course Instructor for PhD Independent Study (Yilin Chen) University of Washington, Seattle | Mar 2022- June 2022 |
| Guest Lecturer for Pharmacoepidemiology University of Washington, Seattle (30 students; 1.5 hr lecture) | Mar 2022 |
| Guest Lecturer for Cost-Effectiveness Analysis Drexel University, Philadelphia (30 students; 1.5 hr lecture) | May 2021 |
| Guest Lecturer for Cost-Effectiveness Analysis Drexel University, Philadelphia (30 students; 1.5 hr lecture) | May 2021 |
| Guest Lecturer for Methods in Pharmaceutical Policy Analysis University of Washington, Seattle (25 students; 1.5 hr lecture) | May 2021 |
| Guest Lecturer for Pharmacoepidemiology University of Washington, Seattle (30 students; 1 hr lecture) | May 2020 |

| | |
|---|------------------------------------|
| Guest Lecturer for Special Studies in Managed Care Pharmacy University of Washington, Seattle (25 students; 1 hr lecture) | Yeung, K Nov 2019 |
| Course Instructor for PhD Independent Study (Elizabeth Brouwer) University of Washington, Seattle | June 2018- Dec 2018 |
| Guest Lecturer for Special Studies in Managed Care Pharmacy University of Washington, Seattle (25 students; 1 hr lecture) | Oct 2018 |
| Guest Lecturer for Special Studies in Managed Care Pharmacy University of Washington, Seattle (25 students; 1 hr lecture) | Oct 2017 |
| Guest Lecturer for Clinical and Economic Evaluation in Managed Care Pharmacy University of Washington, Seattle (30 students; 1 hr lecture) | Jan 2015 |
| Mentor University of Washington - Yilin Chen (PhD student) - primary mentor - Ernesto Ulloa (PhD student) - Ryan Pistorisi (PharmD/MS student) - Tania Kho (PharmD student) - Ibrahim Khilfeh (PharmD student) - Elizabeth Brouwer (PhD student) - dissertation committee member “Exploring the uptake of value-based formulary strategies and their application to specialty drugs.” Successful PhD defense: 2021 | Sept 2013- Present Seattle, WA |
| Kaiser Permanente Washington Health Research Institute - Katrina Zywiec (PharmD resident) - Kayne Mettert (PhD student and Research Support Specialist) | Nov 2017- July 2018 Seattle, WA |

PUBLICATIONS

Published Papers in Peer-Reviewed Journals

1. Yeung, K. Estimated US Prescription Drug Savings from Applying Value-Based Prices From Institute for Clinical and Economic Review Reports. JAMA Health Policy [in press]
2. Drummond M, Augustovski F, Bhattacharyya D, Campbell J, Chaiyakanapruk N, Chen Y, Suarez R, Guerino J, Mejia A, Mujoomdar M, Ollendorf D, Ronquest N, Torbica A, Tsiao E, Watkins J, Yeung K. Challenges of Health Technology Assessment (HTA) in Pluralistic Health Care Systems. Val Health [in press] **
3. Barthold D, Yeung K, Lieberman D, Limburg P, Fendrick AM. Impact of state-level cost-sharing exemptions for follow-up colonoscopy after positive non-invasive testing for colorectal cancer on total screening rates and follow-up care. JAMA Netw Open. 2022 Jun 1;5(6):e2216910
4. Beinfeld M, Yeung K, Whittington M, Mohammed R, Nhan E, Pearson SD. Oral Treatments for Outpatient

COVID-19: Effectiveness and Value A Summary from the Institute for Clinical and Economic Review's Midwest Public Advisory Council. JMCP. [in press]

5. Yilin Chen, Xu Ji, Xiao Hong, Yi Cai, Joseph M Unger, **Yeung K**. Impact of the Pilot Volume-Based Drug Purchasing Policy in China: Interrupted Time-Series Analysis with Controls. *Front Pharmacol*. Nov 29, 2021. Epub ahead of print.
6. **Yeung K**, Ulloa E. Incentivizing Prescription Drug Switching to Reduce Patient and Health Plan Spending: A Microsimulation Model. *Val Health*. 2022 Mar;25(3):427-434.
7. **Yeung K**, Zhu W, McCurry SM, Von Korff M, Wellman R, Morin CM, Vitiello MV. Cost-Effectiveness of Telephone Cognitive Behavioral Therapy for Osteoarthritis-Related Insomnia. *J Am Geriatr Soc*. 2022 Jan;70(1):188-199.
8. Vitiello MV, Zhu W, **Yeung K**, McCurry SM. Short-term Improvements in Insomnia or Pain Predict Long-term Improvements in Sleep, Pain, Depression, and Fatigue in Older Adults with Co-Morbid Osteoarthritis Pain and Insomnia. *Sleep*. 2021 Sept. Epub ahead of print.
9. **Yeung K**, Dusetzina SB, Basu A. Association of Branded Prescription Drug Rebate Size and Patient Out-of-Pocket Costs in a Nationally Representative Sample, 2007-2018. *JAMA Netw Open*. 2021 Jun 1;4(6):e2113393.
10. Brouwer E, **Yeung K**, Barthold D, Hansen R. Characterizing patient assistance program use and patient responsiveness to specialty drug price for multiple sclerosis in one mid-size integrated health system. *J Manag Care Spec Pharm*. 2021 Jun;27(6):732-742.
11. **Yeung K**, Dorsey CN, Mettert K. Effect of new Medicare enrollment on health, healthcare utilization, and cost: A scoping review. *J Am Geriatr Soc*. 2021 Aug;69(8):2335-2343.
12. McCurry SM, Zhu W, Von Korff M, Wellman R, Morin CM, Thakral M, **Yeung K**, Vitiello MV. Effect of Telephone Cognitive Behavioral Therapy for Insomnia in Older Adults with Osteoarthritis Pain: A Randomized Clinical Trial. *JAMA Intern Med*. 2021 Apr 1;181(4):530-538.
13. **Yeung K**, Richards J, Goemer E, Lozano P, Lapham G, Williams E, Glass J, Lee A, Achtmeyer C, Caldeiro R, Parrish R, Bradley K. Costs of Using Evidence-Based Implementation Strategies for Behavioral Health Integration in a Large Primary Care System. *Health Serv Res*. 2020 Dec;55(6):913-923.
14. **Yeung K**, Barthold D, Dusetzina S, Basu A. Patient and plan spending after state specialty drug out-of-pocket caps. *N Engl J Med*. 2020; 383:558-566.
15. Dieleman J, Cao J, Chapin A, Chen C, Li Z, Liu A, Horst C, Kaldjian A, Matyas T, Scott K, Bui A, Campbell M, Duber HC, Dunn AC, Flaxman AD, Fitzmaurice C, Naghavi M, Sadat N, Shieh P, Squires E, **Yeung K**, Murray CJL. US Health Care Spending by Payer and Health Condition, 1996-2016. *JAMA*. 2020;323(9):863-884.
16. Zhang J, Haynes K, Mendelsohn AB, Marshall J, Barr CE, McDermott C, Brown J, Kline A, Kenney J, King KJ, Holmes C, **Yeung K**, Barron J, Yun H, Lockhart CM. Capture of biologic and biosimilar dispensings in a consortium of U.S.-based claims databases: Utilization of national drug codes and Healthcare Common Procedure Coding System modifiers in medical claims. *Pharmacoepidemiol Drug Saf*. 2020 Jul;29(7):778-785.

17. McCurry SM, Von Korff M, Morin CM, Cunningham A, Pike KC, Thakral M, Wellman R, **Yeung K**, Zhu W, Vitiello MV. Telephone interventions for co-morbid insomnia and osteoarthritis pain: The OsteoArthritis and Therapy for Sleep (OATS) randomized trial design. *Contemp Clin Trials*. 2019 Oct 13;87:105851.
18. **Yeung K**, Morgan S. Should National Pharmacare Apply a Value-based Insurance Design? *Can Med Assoc J*. 2019 Jul 22;191(29): E811-E815.
19. Brouwer E, Basu A, **Yeung K**. Implicit Adoption of Cost-Effectiveness-driven Value-Based Formularies in Private Health Insurance 2010-2013. *PharmacoEconomics*. 2019 Oct;37(10):1287-1300.
20. **Yeung K**. Value-based Insurance Design: Current Evidence and Future Directions. *J Manag Care Spec Pharm*. 2019 Jul;25(7):738-741.
21. Banegas MP, Rivera DR, O’Keeffe-Rosetti M, Carroll NM, Pawloski PA, Tabano DC, Epstein MM, **Yeung K**, Hornbrook MC, Lu C, Ritzwoller DP. Long-term Patterns of Oral Anti-Cancer Agent Adoption, Duration and Switching in Patients with CML. *J Natl Compr Canc Netw*. 2019 Oct 1;17(10):1166-1172.
22. **Yeung K**, Suh K, Garrison LP Jr, Carlson JJ. Defining and Managing High-Priced Cures: Healthcare Payers’ Opinions. *Val Health*. 2019 Jun;22(6):648-655.
23. Khilfeh I, Guyette E, Watkins J, Danielson D, Gross D, **Yeung K**. Adherence, Persistence, and Expenditures for High Cost Anti-Inflammatory Drugs in Rheumatoid Arthritis: An Exploratory Study. *J Manag Care Spec Pharm*. 2019 Apr;25(4):461-467.
24. **Yeung K**, Basu A, Hansen RN, Sullivan SD. Price elasticities of pharmaceuticals in a value-based-formulary setting. *Health Econ*. 2018 Nov;27(11):1788-1804.
(Best Paper-Vancouver Health Economics Methodology Annual Meeting)
25. **Yeung K**, Meng L, Carlson JJ. Performance-Based Risk Sharing Schemes to Address Indication-Specific Uncertainty in Indication-Based Pricing. *J Manag Care Spec Pharm*. 2017 Oct; 23(10):1010-1015.
(Best Paper of the Year)
26. **Yeung K**, Suh K, Basu A, Garrison LP, Bansal A, Carlson JJ. Paying for Cures: How Can We Afford It? Managed Care Pharmacy Stakeholders’ Perceptions of Policy Options to Address Affordability of Prescription Drugs. *J Manag Care Spec Pharm*. 2017 Oct;23(10):1084-1090.
27. **Yeung K**, Basu A, Marcum Z, Watkins JB, Sullivan SD. Impact of a Value-Based Formulary in Three Chronic Disease Cohorts. *Am J Manag Care*. 2017 March; 23(3 Suppl):S46-S53.
(Challenge Prize Winner)
28. Jelačić S, Craddick K, **Yeung K**, Bounthavong M, Nair B, Kusolos D, Bowdle A. Relative Costs of Anesthesiologist Prepared, Hospital Pharmacy Prepared and Outsourced Anesthesia Drugs. *J Clin Anesth*. 2017 Feb;36:178-183.
29. **Yeung K**, Basu A, Hansen RN, Watkins JB, Sullivan SD. Impact of a value-based formulary on medication utilization, health services utilization, and expenditures. *Med Care*. 2017 Feb;55(2):191-198.
30. Sullivan SD, **Yeung K**, Vogeler C, Ramsey SD, Wong E, Murphy CO, Danielson D, Veenstra DL, Garrison LP, Burke W, Watkins JB. Design, implementation, and first-year outcomes of a value-based drug formulary. *J Manag Care Spec Pharm*. 2015 Apr;21(4):269-75.
(Honorable Mention Best Paper of the Year)

31. Carlson JJ, Gries KS, **Yeung K**, Sullivan SD, Garrison LP Jr. Current status and trends in performance-based risk-sharing arrangements between healthcare payers and medical product manufacturers. *Appl Health Econ Health Policy*. 2014 Jun;12(3):231-8.
32. Gold LS, **Yeung K**, Smith N, Allen-Ramey FC, Nathan RA, Sullivan SD. Asthma control, cost and race: results from a national survey. *J Asthma*. 2013 Sep;50(7):783-90.
33. Vo AA, Petrozzino J, **Yeung K**, Sinha A, Kahwaji J, Peng A, Villicana R, Mackowiak J, Jordan SC. Efficacy, outcomes, and cost-effectiveness of desensitization using IVIG and rituximab. *Transplantation*. 2013 Mar 27;95(6):852-8.
34. Littlejohns P, **Yeung K**, Clark S, Weale A. A proposal for a new social values research program and policy network. *J Health Organ Manag*. 2012;26(3):407-21.
35. **Yeung K**, Carlson JJ. Clinical and economic review of erlotinib in non-small-cell lung cancer. *Expert Rev Pharmacoecon Outcomes Res*. 2012 Aug;12(4):411-23.
36. **Yeung K**. Using AHRQ's evidence-based reports to improve managed care pharmacy practice: oral antidiabetic agents. *J Manag Care Pharm*. 2011 Oct;17(8):641-9.
37. **Yeung K**, Miller JS, Savage AE, Husband BC, Igc B, Kohn JR. Association of Ploidy and Sexual System in *Lycium californicum*. *Evolution*. 2005; 59(9):2048-2055.

Non-refereed papers

1. **Yeung K**, Dusetzina SB. Prescription Drug Out-of-Pocket Cost Reduction Programs: Incentives and Implications. *JAMA Intern Med*. 2021 Jun 1;181(6):765-766. [Commentary]
2. Li M, **Yeung K**. Managing high-priced biologic agents: challenges and potential solutions. *J Manag Care Spec Pharm*. 2021 Mar;27(3):411-414. [Commentary]

Papers under review in peer-reviewed journals

1. Chavez L, Richards J, Fishman P, **Yeung K**, Renz A, Quintana L, Massimino S, Penfold R. Cost of implementing an evidence-based intervention to support safer use of antipsychotics in youth.

Published technical reports

Yeung K, Whittington MD, Beinfeld M, Mohammed R, Wright A, Nhan E, Fluetsch N, Richardson M, Pearson SD. Special Assessment of Outpatient Treatments for COVID-19; Draft Evidence Report. Institute for Clinical and Economic Review, February 3, 2022.

Yeung K, Basu A. Health Policy Options for Washington State: Value-Based Insurance Design. Washington State Office of the Insurance Commissioner. June 2017

PROFESSIONAL HONORS

Finalist for Best Podium Presentation (Final Judging in May 2022)

May 2022

International Society for Pharmacoeconomics and Outcomes Research

Multiple Chronic Conditions Scholar

Feb 2021

HCSRN-OAIC AGING Initiative (supported by the National Institute on Aging)

Butler-Williams Scholar in Aging Research

National Institute on Aging

June 2020

Best Paper of the Year

Journal of Managed Care & Specialty Pharmacy

April 2018

Best Paper Challenge Prize: First Place

American Journal of Managed Care and Patient Access Network Challenge

Jan 2017

Best Student Paper of the Year

Vancouver Health Economics Methodology (VanHEM) Annual Meeting

June 2016

Honorable Mention Best Paper of the Year

Journal of Managed Care & Specialty Pharmacy

April 2016

Best Student Podium Presentation

International Society for Pharmacoeconomics and Outcomes Research

May 2015

Best Student Podium Presentation

International Society for Pharmacoeconomics and Outcomes Research

June 2014

Bayer Endowed Academic Scholarship

University of Washington

Sept 2011-June 2013

Best Student Poster Presentation

Academy of Managed Care Pharmacists National Conference

Apr 2011

Jack Logan Converse Pharmacy Scholarship

University of California School of Pharmacy

Oct 2010

Best Pharmaceutical Industry Marketing & Development Plan

University of California School of Pharmacy

May 2010

University of Southern California Scholar

University of California School of Pharmacy

Sept 2008- May 2010

USA Funds Access to Education Scholarship

University of California School of Pharmacy

Sept 2007- May 2009

Rho Chi Academic Honor Society

University of California School of Pharmacy

Mar 2009

Who's Who Among Young Professionals

Cambridge, UK

May 2008

Phi Kappa Phi Honor Society

University of Southern California

Jan 2008

Charles W. Patrick Scholarship

May 2007

San Diego City College
 Awarded in recognition of service to the community

Richard and Eloise Johnston Health Services Scholarship

May 2007

San Diego Mesa College
 Awarded in recognition of interest and potential as a pharmacist

Provost's Honors

Jan 2000- June 2003

University of California, San Diego
 Awarded in recognition for nine quarters of GPA of 3.5 or higher

MEMBERSHIPS

AcademyHealth
 Academy of Managed Care Pharmacy
 American Society of Health Economists
 International Society for Pharmacoeconomics and Outcomes Research
 Society for Medical Decision Making

ORGANIZATIONAL SERVICE**Program development to manage pharmacy spending**

2019-2022

Kaiser Permanente Washington Health Plan

Developed three simulation models to estimate the expected savings from applying three innovative pharmacy programs: a financial incentive to switch medications, a copay accumulator program, and a value-based formulary.

Shark tank proposal review committee

2019

Kaiser Permanente Washington Health Research Institute**Faculty search committee**

2017- 2018

Kaiser Permanente Washington Health Research Institute**OTHER PROFESSIONAL SERVICE****Research Advisory Board member - Academy of Managed Care & Specialty Pharmacy**

2018- 2020

President - ISPOR Student Chapter

2014- 2015

University of Washington**PhD Admissions committee - Pharmaceutical Outcomes Research & Policy Program**

2012- 2013

University of Washington**SPECIAL NATIONAL RESPONSIBILITIES****Member - ISPOR Health Technology Assessment Workgroup**

2020- Present

Examine challenges in the use of health technology assessment in pluralistic healthcare systems

EDITORIAL RESPONSIBILITIES

Peer reviewer- Annals of Internal Medicine, Health Affairs, the British Medical Journal, JAMA Internal Medicine
 JAMA Health Forum, Canadian Medical Association Journal, Value in Health, Implementation Science,
 Journal of Medical Economics, PLOS Medicine, Journal of Managed Care and Specialty Pharmacy
 (High quality peer-reviewer award 2015, 2016, 2018, 2019)

Editorial Advisory Board Member- Journal of Managed Care & Specialty Pharmacy 2015- 2018

RESEARCH FUNDING

Funder: Commonwealth Fund
 PI: Kai Yeung, PharmD PhD
 Role: Principal Investigator
 Dates: 06/15/22-12/31/23
 Title: Medication Use, Safety, and Evidence (MUSE) study
 Goal: To estimate the changes in costs and utilization associated with prescription drug market exclusivity extensions.
 Funding: \$200,000
 FTE: 25%

Funder: Opioid Post-Marketing Research Consortium (U.S. Food and Drug Administration mandated study)
 PI: Bobbi Jo Yarborough, PsyD; Kai Yeung, PharmD PhD
 Role: Multiple Principal Investigator
 Dates: 06/7/21-6/30/23
 Title: Medication Use, Safety, and Evidence (MUSE) study
 Goal: To estimate the prevalence and incidence of misuse, abuse, and addiction associated with long-term opioid treatment.
 Funding: \$3 million
 FTE: 20%

Funder: Institute for Clinical and Economic Review (Contract)
 PI: Kai Yeung, PharmD, PhD
 Role: Principal Investigator
 Dates: 07/1/21-6/30/22
 Title: Evidence Author for Health Technology Assessment Report
 Goal: Lead development of the ICER health technology assessment reports.
 Funding: \$55,000
 FTE: 20%

Funder: NIH-National Institute of Diabetes and Digestive And Kidney Diseases (1R01DK125380-01)
 PI: David Arterburn, MD, MPH and Matthew Maciejewski PhD
 Role: Co-Investigator
 Dates: 07/17/20-3/31/24
 Title: Long-Term Costs and Return on Investment For Bariatric Surgery
 Goal: To estimate the long-term economic costs of bariatric surgery.
 Funding: \$853,402
 FTE: Year 1: 5%
 Year 2-5: 10%

Funder: NIH-National Institute on Drug Abuse (CTN-0074-A-1)
 PI: Sean Murphy, PhD
 Role: Site Principal Investigator
 Dates: 04/1/19-3/31/21

Title: Primary care Opioid Use Disorders Treatment Trial (PROUD) Economics Ancillary Study
 Goal: To estimate the economic costs and benefits of primary care management of opioid use disorder in the PROUD trial.

Funding: \$430,244

FTE: 10%

Funder: NIH-National Institute on Aging (R01AG053221)

PI: Michael Vitiello; Susan McCurry

Role: Site Principal Investigator

Dates: 09/1/16-04/30/21

Title: Efficacy of scalable cognitive-behavioral therapy for insomnia in older adults with osteoarthritis pain

Goal: Largest randomized trial to test telephone cognitive-behavioral therapy for insomnia and the first to evaluate its cost-effectiveness.

Funding: \$684,077

FTE: Year 4: 5%

Year 5: 20%

Funder: The Donaghue Medical Research Foundation, Greater Value Portfolio

PI: Kai Yeung, PharmD, PhD

Role: Principal Investigator

Dates: 07/1/19-6/30/22

Title: Value-based Formulary-Essentials: Testing and Expanding on Value in Prescription Drug Benefit Design

Goal: To test a promising drug formulary that aligns patient out-of-pocket costs for drugs with the drugs' estimated value. We aim to evaluate the impact of the formulary on medication use, spending and other healthcare utilization.

Funding: \$366,739

FTE: 40%

Funder: Kaiser Permanente Washington Health Research Institute Development Fund

PI: Kai Yeung, PharmD, PhD

Role: Principal Investigator

Dates: 01/15/18-12/31/18

Title: Impact of Medicare Transitions in the WA-All Payer Claims Dataset

Goal: To generate preliminary evidence that targets the gaps in our understanding about the benefits and harms of Medicare transitions by characterizing the direction and magnitude of changes in medical and pharmacy benefits and provider networks that occur as a result of Medicare eligibility.

Funding: \$99,993

FTE: 20%

Funder: Laura and John Arnold Foundation

PI: Kai Yeung, PharmD, PhD

Role: Principal Investigator

Dates: 07/1/18-07/31/20

Title: Aligning Patient and Health Plan Incentives to Improve Value in Pharmaceutical Care: a Patient Shared Savings Model

Goal: To evaluate the impact of the real-world implementation of a patient shared savings program and its ability to address the use of higher value medications.

Funding: \$130,303

FTE: 20%

Funder: Robert Wood Johnson Foundation

PI: Kai Yeung, PharmD, PhD; Anirban Basu PhD

Role: Co-Principal Investigator

Dates: 01/15/18-1/14/19
 Title: Improving Access and Reducing Financial Burden for Patients on Specialty Drugs
 Goal: To investigate the economic impact of state-mandated limits on out-of-pocket cost sharing for specialty drugs.
 Funding: \$52,000
 FTE: 26%

Funder: Biologics & Biosimilars Collective Intelligence Consortium
 PI: Jeffrey Brown, PhD
 Role: Site Principal Investigator
 Dates: 09/1/17-08/1/19
 Title: Biologics & Biosimilars Collective Intelligence Consortium Infrastructure and Task Orders
 Goal: To develop data infrastructure for comparative effectiveness and safety research on biologics and biosimilars using a multi-center distributed data model.
 Funding: \$100,753
 FTE: 8%

Funder: Group Health Research Institute Development Fund
 PI: Kai Yeung, PharmD, PhD
 Role: Principal Investigator
 Dates: 01/1/17-12/31/17
 Title: Building a Cost Effectiveness Analysis and Modelling Resource for Group Health Research Institute
 Goal: Develop a Group Health biostatistician in cost-effectiveness and modelling methods to increase capacity for health economic research.
 Funding: \$27,202
 FTE: 5%

Funder: Group Health Research Institute Development Fund
 PI: Beverly Green, MD, MPH
 Role: Co-Investigator
 Dates: 04/1/17-12/31/17
 Title: BP-CHECK Automated Office BP Measurements 2017 Development Fund Proposal
 Goal: To compare the cost-effectiveness of usual clinic blood pressure (BP), home BP, kiosk BP, automated office BPs, and 24 hour automated BP for diagnosis of hypertension.
 Funding: \$30,235
 FTE: 5%

Funder: University of Washington, Program in Policy Research for Health Technologies
 PI: Louis Garrison, PhD
 Role: Postdoctoral Fellow
 Dates: 07/1/15-8/30/16
 Title: Paying for Cures and Other High-Cost, Breakthrough Treatments: Value, Affordability, Financing, and Policy Challenges
 Goal: To evaluate policy options to address the challenges of financing high cost, breakthrough interventions within health systems oriented to paying for chronic and low-cost acute treatments.
 Funding: \$450,000
 FTE: 50%

Funder: Agency for Healthcare Research and Quality
 PI: Kai Yeung, PharmD
 Role: Principal Investigator
 Dates: 07/1/14-6/30/15
 Title: R36 HS23346-01A1: Incentivizing Value in Managed Care Plans: Impact of a Value-Based Formulary

- Goal: To evaluate the impact of a Value-Based Formulary on medication utilization, health services utilization, and expenditures.
- Funding: \$40,000
FTE: 50%
- Funder: NIH, National Center for Advancing Translational Sciences
PI: Mary L. (Nora) Disis, MD
Role: Trainee
Dates: 07/1/13-6/30/14
Title: TL1TR000422: Institute of Translational Sciences Pre-doctoral Training Program
Goal: Intensive didactic coursework and mentored training in health economic methods.
Role: Trainee
Funding: \$69,000
FTE: 50%
- Funder: The Merck Foundation
PI: Sean Sullivan, PhD
Role: Trainee
Dates: 06/12/12-6/21/13
Title: Association of asthma control, cost and race
Goal: To investigate whether partly and uncontrolled asthmas are associated with increased costs for asthma-related healthcare utilization compared to well-controlled asthma and to determine whether these associations differed across racial groups.
Funding: \$200,000
FTE: 10%
- Funder: University of Washington
PI: Sean Sullivan, PhD
Role: Trainee
Dates: 09/12/11-6/21/12
Title: Performance-Based Risk-Sharing Arrangements between Healthcare Payers and Medical Product Manufacturers
Goal: To identify and characterize publicly available cases and related trends for performance-based arrangements.
Funding: \$72,000
FTE: 100%
- Funder: University of California Graduate Student Research Grant
PI: Kai Yeung, BS
Role: Principal Investigator
Dates: 01/01/04-12/31/04
Title: Gender and Ploidy in Lycium
Goal: To evaluate the association of chromosome number on self-incompatibility mechanisms in Lycium californicum.
Funding: \$1,500
FTE: 0%
- Funder: National Science Foundation Undergraduate Research Grant
PI: Joshua Kohn, PhD
Role: Trainee
Dates: 05/15/02-9/15/02
Title: Evolution of self-incompatibility in Solanaceae
Goal: To assess the evolutionary diversity of the self-incompatibility gene in the Solanaceae family.
Funding: \$6,500
FTE: 100%

Published abstracts from professional conferences – Poster Sessions

| | |
|---|------------|
| Tsiao E, Cruz M, Watkins J, Sullivan SD, Yeung K Drug Spending and Medication Use after Implementing a Formulary That Incorporates Formal Value Assessment (Accepted for presentation) International Society for Pharmacoeconomics and Outcomes Research Annual Meeting | May 2022 |
| Yeung K Value-based Reference Pricing to Address Spending on Specialty Drugs Vancouver Health Economics Methodology (VanHEM), Annual Meeting | July 2019 |
| Yeung K , Tsiao E, Watkins J. Re-Designing a Value-Based Formulary to Address Current Pharmaceutical Spending Trends: Changes in Drug-Tier Classifications (Top 20% poster award) Academy of Managed Care Pharmacy, Annual Meeting | March 2019 |
| Yeung K, Goemer E, Kim V State Policies to Address Specialty Drug Access AcademyHealth, Annual Research Meeting | June 2018 |
| Suh K, Basu A, Yeung K , Bansal A, Garrison LP, Carson JJ. Health impact framework for cures and high impact medical technologies International Society for Pharmacoeconomics and Outcomes Research, Annual Meeting | May 2017 |
| Carlson JJ, Bansal A, Suh K, Yeung K , Garrison LP, Basu A. Health impact framework for cures and high impact medical technologies International Society for Pharmacoeconomics and Outcomes Research, Annual Meeting | May 2017 |
| Yeung K , Kho T, Watkins JB. Systematic review of economic evidence grading systems: a payers' perspective. Academy of Managed Care Pharmacy, Annual Meeting | April 2016 |
| Pistorresi RH, Yeung K , Danielson D, Watkins JB, Sullivan SD. An Analysis of the Decisions for a Value-based Formulary against its ICER Threshold Guidelines Academy of Managed Care Pharmacy, Annual Meeting | April 2015 |
| Yeung K , Sullivan SD, Vogeler C, Ramsey SD, Wong E, Murphy CO, Danielson D Veenstra DL, Garrison LP, Burke W, Watkins JB. Improving the Value of Prescription Drug Insurance. NCATS Translational Science, Annual Meeting | April 2014 |
| Yeung K , Gong C. Cost-utility analysis of enzalutamide vs. abiraterone for the treatment of docetaxel refractory metastatic castrate resistant prostate cancer. International Society for Pharmacoeconomics and Outcomes Research, Annual Meeting | May 2013 |
| Yeung K , Hay J. Cost-utility analysis of romiplostim versus splenectomy in the treatment of chronic refractory immune thrombocytopenic purpura. (Best student poster award) Academy of Managed Care Pharmacy, Annual Meeting | April 2011 |

Yeung K, Robinson M, Kowalski J. April 2009
The Impact of Geographic Atrophy on Managed Care Organizations.
Academy of Managed Care Pharmacy, Educational Conference

Yeung K. May 2008
NP/PA Clinics: Opportunity or Obstacle to the Future of Pharmacy?
California Society of Health System Pharmacy, Annual Conference

INVITED PRESENTATIONS

Yeung K Jan 2022
A Framework for Thinking About Drug Affordability Policies
Oregon State Senate Committee on Healthcare - Virtual Senate Committee Hearing

Yeung K Dec 2021
Impact of the Value-based Formulary-Essentials on Spending and Healthcare Use
University of Washington CHOICE Institute Seminar – Seattle, WA

Yeung K Oct 2020
Association of Branded Prescription Drug Rebate Size and Patient Out-of-Pocket Costs
in a Nationally Representative Sample, 2007-2018
University of Washington
Program in Health Economics and Outcomes Research Seminar – Seattle, WA

Yeung K Dec 2019
Findings from a Patient Shared Savings Simulation
University of Washington CHOICE Institute Seminar – Seattle, WA

Yeung K. Impacts of Specialty Drug Caps on Patient and Health Plan Spending June 2019
Assistant Secretary for Planning and Evaluation,
U.S. Department of Health and Human Services – Washington DC

Yeung K Dec 2018
Patient and Plan Spending after State Specialty-Drug Out-of-Pocket Spending Caps
University of Washington
Program in Health Economics and Outcomes Research Seminar – Seattle, WA

Yeung K. Impact of a Value-Based Formulary in Three Chronic Disease Cohorts Feb 2017
American Journal of Managed Care Cost-Sharing Roundtable – Washington DC
(**PAN Challenge Prize Winner**)

Yeung K. Value-Based Formularies: Considerations for Kaiser Permanente Sept 2017
Kaiser Permanente National Pharmacy and Therapeutics Meeting – Oakland CA

Yeung K. Implications of a Value-Based-Formulary for Healthcare Policy Makers June 2016
Washington State Prescription Drug Price and Purchasing Summit – Seattle, WA

OTHER PRESENTATIONS

Podium Presentations at Professional Meetings

Yeung K, Sullivan SD, Bloudek L. May 2022
Estimating US National Prescription Drug Savings from Applying Value-Based Price Caps

(Accepted for presentation)

International Society for Pharmacoeconomics and Outcomes Research, Annual Meeting

Yeung K, Dusetzina SB, Basu A.

June 2021

Association of Branded Drug Rebates and out-of-Pocket Costs, 2007-2018

The American Society of Health Economists, Annual Meeting

Drummond M, **Yeung K**, Augustovski F, Tsiao, E.

May 2020

Health Technology Assessment in Pluralistic Health Care Systems:

Challenges and Preliminary Lessons Learned

International Society for Pharmacoeconomics and Outcomes Research, Annual Meeting

Yeung K. Specialty Drug Access Laws: Impacts on Patient and
Plan Financial Burden across the Distribution

June 2019

American Society of Health Economists, Annual Meeting -Washington DC

Yeung K, Basu A, Hansen RN, Sullivan SD.

June 2016

Price Elasticities of Pharmaceuticals in a Value-Based-Formulary Setting

Vancouver Health Economics Methodology (VanHEM), Annual Meeting

(Best student paper award)

Yeung K, McElwee N, Watkins J, Drummond M.

April 2016

Paying for Cures—How We Can Afford It?

Academy of Managed Care Pharmacy, Annual Meeting

Yeung K, Basu A, Hansen RN, Watkins J, Sullivan SD.

May 2015

Application of Cost-Effectiveness Logic to US Managed Care Drug Formularies:

Long Term Outcomes of a Value-Based Formulary.

International Society for Pharmacoeconomics and Outcomes Research, Annual Meeting

(Best student podium presentation award)

Yeung K.

April 2015

Pharmacoeconomic Modeling: Applying Value to Formulary Management.

Academy of Managed Care Pharmacy, Annual Meeting

Yeung K, Sullivan SD, Vogeler C, Ramsey SD, Wong E, Murphy CO, Danielson D,

June 2014

Veenstra DL, Garrison LP, Burke W, Watkins JB.

Incentivizing value in managed care drug formularies:

Design, implementation, and first-year outcomes of a value-based formulary.

International Society for Pharmacoeconomics and Outcomes Research, Annual Meeting

(Best student podium presentation award)

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Lynn Anidi |
| Preferred pronouns (e.g., she/her, he/his, they/their): | |
| Organization (if applicable): | Eastern Washington University |
| Title or position (if applicable): | Department Chair Assistant Professor |
| Work address (if applicable): | 601 E. Riverside Ave Spokane, WA 99202 |
| County of organization/employer (if applicable): | spokane |
| Email: | lanidi@ewu.edu |
| Phone: | 4702317293 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input checked="" type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am an employee of EWU and would like to advocate for the benefits and costs for the education community and other communities

2. Please describe your relevant experience and how it would benefit FTAC.

I am a recipient of PEBB coverage and a consumer that needs to be involved regarding policy and procedures

3. Please describe any other experience serving on a committee, board, or workgroup.

I serve on the APHA, ACHE, Boards, and many committees at the educational level at EWU

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

No

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

NA

10. Memberships in professional, civic organizations, or government boards or commissions:

APHA, ACHE,

11. Community service/volunteer activities:

EWU MPH Association, EWU Senate, EWU UAC committee and Rules committee.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

As a leader in healthcare in organizations it was important for me to ensure diversity employees represented the organization. The employees included many diverse cultures, races, religions and were placed in many diverse levels of authority or work groups.

14. Please describe why health equity is important to you.

I am a proponent of goodness and fairness for all including the underrepresented and access to healthcare is a large factor regarding this topic.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

I believe that FTAC has the opportunity to address this factor with methods to introduce and include diversity, equity and inclusion.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

American of the Black Race

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input checked="" type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Dr. Lynn Anidi

Date:

11/29/2022

DR. LYNN ANIDI
ATLANTA, GEORGIA
LANIDI@EWU.EDU

Phone: (770) 687-3665

drlynnanidi@outlook.com

EDUCATION

PhD - Doctor of Health Science

A.T. Still University Osteopathic Medicine, Kirksville, MO Doctor
of Health Science

*Dissertation: The Effect of Warm up and Cool down exercises on the Calf and Hamstring
Muscles relating to physical exercise.*

MBA - Master of Business Administration

American Intercontinental University, Healthcare Management & Administration, Atlanta, GA

BA - Bachelor of Arts in Communications

Journalism, Business Columbia College, Chicago, IL

PROFESSIONAL COMPETENCIES

| | | |
|--------------------------|------------------|--------------|
| Revenue Cycle Management | Staff Leadership | EPIC |
| Full-Cycle AP/ AR | Microsoft Office | Canvas LMS |
| Vendor Relations | Moodle | IBM SPSS |
| Insurance Reimbursement | SAKAI | Blackboard |
| Policy Development | Zoom | Desire2Learn |

ACADEMIC EXPERIENCE

Eastern Washington University – Spokane, WA

6/20-current

DR. LYNN ANIDI

Department Chair-Assistant Professor - Public Health and Health Administration – 2019-Current

- Responsible for the delivery of academic programs in accordance with departmental, college and university strategic plans.
- Hiring and evaluation of department personnel, to include faculty and staff.
- Budgeting and resource management.
- Coordinates departmental activity with the activities of other units in the College and the University and, in collaboration with other members of the administration.
- Assists in the development and implementation of college initiatives.

- Oversee curriculum development and revisions for the department.
- Review and assess academic programs offered by the department.
- Assess general education outcomes in core courses taught within the department.
- Initiate new academic programs and projects when appropriate.
- Manage course schedules that serve program and student needs.
- Manage course registrations and instructor assignments.
- Oversee the department's fiscal operations; develop and regularly monitor the department budget.
- Review and revise department information published in the university catalog.
- Manage the maintenance of departmental print and electronic records, including websites.
- Teach at least two classes per semester and one course each summer, as appropriate for the size and scope of the department.
- Participate in research and scholarly activities in the discipline.
- Participate and assist department faculty in university and community service activities as appropriate.

American InterContinental University Online- Schaumburg, IL. 10/2016-3/2022

Associate Professor- Healthcare/Business/Administration/Research

- Provide theory and practice education through learner-centered instruction that will enable students to fulfill their career objectives.
- Instruct and facilitate a meaningful learning experience of the course competencies in the curriculum and proactively support all facets of the AIU online learning environment.

DR. LYNN ANIDI

- Foster and encourage an online culture of learning that values mutual responsibility, lifelong learning, diversity, and ethics as well as personal and professional development.
- Provides competency-based education
- Delivers online class instruction of the AIU Online approved online course
- Delivers learner-centered instruction through distance delivery mechanisms
- Encourages student success
- Manages the online class environment
- Contributes to a culture of learning
- Relates industry experience to learning

University of Arizona Global Campus

Associate Professor- Healthcare/Business/Administration/Research 10/17-3/22

- Teach graduate, and graduate courses to include, but not be limited to: Epidemiology; Public Health Policy; Global Public Health; Health Communication and Social Marketing; Administration of Health and Human Services; Substance Use and Abuse.
- Teach material from approved curriculum in accordance with assigned schedule to ensure student satisfaction.
- Assist students in achieving completion of objectives and learning outcomes.
- Provide regular and timely feedback to students.
- Participate in school retention initiatives by maintaining contact with students and help absent students.
- Advise students in matters related to academics and attendance.
- Motivate students to actively participate in all aspects of the educational process.
- Maintain and report student grades and attendance in accordance with university policies.

Fortis College

Adjunct Instructor Ground- Healthcare/Business/Administration 10/2014-3/2015

- Implemented curriculum for medical office courses, which included developing the course objective, handouts, lectures, and hands on labs to reinforce the topics covered in class.
- Served as a Subject Matter Expert for review of Medical Office Practice leadership course. Course objectives, and lectures, were reviewed to ensure accuracy of material covered in course.

DR. LYNN ANIDI

- Assist students in achieving completion of objectives and learning outcomes.

Brown Mackie College

Adjunct Instructor Ground- Healthcare/Business/Administration 10/2014-3/2015

- Implemented curriculum for medical office courses, which included developing the course objective, handouts, lectures, and hands on labs to reinforce the topics covered in class.
- Served as a Subject Matter Expert for review of Medical Office Practice leadership course. Course objectives, and lectures, were reviewed to ensure accuracy of material covered in course.
- Assist students in achieving completion of objectives and learning outcomes.

National American University

Adjunct Instructor Online- Healthcare/Business/Administration 10/2012-3/2013

- Implemented curriculum for medical office courses, which included developing the course objective, handouts, lectures, and hands on labs to reinforce the topics covered in class.
- Served as a Subject Matter Expert for review of Medical Office Practice leadership course. Course objectives, and lectures, were reviewed to ensure accuracy of material covered in course.
- Assist students in achieving completion of objectives and learning outcomes.

COURSE DEVELOPMENT EXPERIENCE

Eastern Washington University Online- Spokane, WA.

INSTRUCTOR COURSE DEVELOPMENT

- Created Public Health and Health Administration courses.
- Create online learning modules and live web-based training sessions, instructor-led training guides, and supporting materials following an instructional design process.

DR. LYNN ANIDI

- Implemented strong interpersonal, written, and visual communication skills to bring together text, images, video and audio to communicate and educate our clients' employees, members, customers, and other stakeholder
- Defined PLO, CLO and MLO objectives for courses and/or curriculum
- Outlined the concept for a course or curriculum, defining (needs for) the course medium, content delivery, assessments, accompanying materials, and complementary learning approaches.
- Quickly synthesize and write course content based on input from subject matter experts, written material, previous training courses, interviews.

American InterContinental University Online- Schaumburg, IL.

INSTRUCTOR COURSE DEVELOPMENT

- Create online learning modules and live web-based training sessions, instructor-led training guides, and supporting materials following an instructional design process.
- Implemented strong interpersonal, written, and visual communication skills to bring together text, images, video and audio to communicate and educate our clients' employees, members, customers, and other stakeholder
- Defined objectives for a course and/or curriculum
- Outlined the concept for a course or curriculum, defining (needs for) the course medium, content delivery, assessments, accompanying materials, and complementary learning approaches.
- Quickly synthesize and write course content based on input from subject matter experts, written material, previous training courses, interviews.

CORPORATE EXECUTIVE EXPERIENCE

HBCU Rising -Atlanta Cares
Program Manager

1/2018-12/2020

Manage relationship between partner schools (In-School Model)

DR. LYNN ANIDI

- Work collaboratively with program evaluator, partner schools and site liaisons to identify teachers, tutoring/mentoring schedules, STEM and cocurricular activities (i.e., virtual experiences, field trips, college day, etc.)
- o Coordinate mentor tutor schedules and co-curricular activities
 - o Coordinate placement at each site and teacher assignments in accordance with mentor tutor's weekly availability to mentor/tutor
 - o Coordinate all virtual experiences and/or field trips, as well as other in school activities such as College Day
- Supervise and support the HBCU Rising Mentor Coach who is responsible for providing mentor tutors with guidance to develop healthy and productive relationships with school staff, teachers, and scholars, etc.
- Other duties of the mentor coach include.
- Classroom observations, written critique, individual feedback, group debriefing, training and/or coaching, formal evaluations, etc.
- Manage communication between program staff, partners, and mentor tutors (i.e., update contact list, provide regular updates on program logistics, execution, monitoring, evaluation, and training)
- Render program coordination, operation, and management
- Assist with identifying qualified STEM and Education majors to fill mentor tutor vacancies
- Work collaboratively with partner schools to ensure mentor tutors are cleared to serve at assigned placement sites
- Identify and evaluate risks associated with program activities and take appropriate action to control the risks
- Attend partnership meetings- on an as needed basis
- Update G-Drive with all program files and documentation for all program stakeholders

Sibley Heart Center Cardiology – Atlanta, GA

April 2011 – July 2016

Business Office Manager

DR. LYNN ANIDI

- Lead, Direct, and Oversee Employees and Administrative Responsibilities of Cardiology Revenue Cycle Department, including Customer Service, Call Center, Insurance Authorization, Charge Capture, Billing Compliance and Accounts Receivables, Month End Close
- Achieved maximum productivity through world-class training, cross-training and certification programs, and a focus on both individual and team development
- Spearheaded projects which successfully reduced inflated A/R, Audited billing and documentation for correct coding and compliance, exceeded historic receivables for the organization, reduced perpetual charge lag
- Assist with the implementation of a new billing system
- Served as lead on Wellness Committee and Customer Service Outreach- to improve patient satisfaction, and deliver cost effective and responsive health care service to all customers

**Piedmont Healthcare Central Business Office-Atlanta, GA
April 2011**

January 2007 –

Supervisor of Billing

- Supervised, Lead and Directed twenty employees in Central Business Office
- Coordinates the Call Center and billing functions of each geographic location by communicating regularly with each sites' sales, management, and billing coordinators, if present at that location.
- Resolves issues arising from actions or events involving administrative functions throughout the progress of a job from sale to billing of the customer.
- Coordinates and resolves sales tax issues.
- Approve tax credit requests from customers.
- Create monthly and quarterly commission reports.
- Conducts training, as needed, on EPIC as superuser.
- Train new employees on standard Company policies and procedures that related to billing
 - Other duties and responsibilities as assigned.
- Oversee daily functions of the Medicare & Medicaid Accounts.
- Oversaw and spearheaded cooperation with other Management Stakeholders' Relations and Institutional Advancement to secure resources and maintain contact with referring offices

DR. LYNN ANIDI

- Collaborate with medical, administrative, and clinical staffs to develop systems that improve processes and patient centered care outcomes

ENT Facial Plastics, Inc.

March 2005 – January 2007

Business Office Manager

- Lead, Direct, and Managed Employees and Administrative Responsibilities of Revenue Cycle, including Customer Care, Insurance Confirmation, Call Center, Scheduling, Charge Capture, Billing Compliance and Accounts Receivables
- Monitored follow up for patients who had questions regarding surgery, billing and to work with them on different billing aspects and insurance concerns
- Managed credentialing the physician with the insurance companies
- Lead and Managed A/R, A/P, Charge capture teams

Northside Dermatology Associates

February 1997-March 2005

Billing & Collections Manager

- Accomplished billing human resource objectives by selecting, orienting, training, assigning, scheduling, coaching, counseling, and disciplining employees; communicating job expectations; planning, monitoring, appraising job contributions; recommending compensation actions; adhering to policies and procedures.
- Ensure billing operational standards met by contributing billing information to strategic plans and reviews; implementing production, productivity, quality, and customer-service standards; resolving problems; identifying billing system improvements.
- Oversee billing financial standards by providing annual billing budget information; monitoring expenditures; identifying variances; implementing corrective actions.
- Accomplished billing departmental objectives by measuring billing results against plans; evaluating and improving methods; making required changes.
- Guide employee actions by researching, developing, writing, and updating billing policies, procedures, methods, and guidelines. Oversee and streamline billing and collections processes
- Month-end closing of the Revenue Cycle Billing

DR. LYNN ANIDI

ADDITIONAL EXPERIENCE

ACADEMIC SCHOLARLY HONOR SOCIETIES and MEMBERSHIP

Kappa Delta Pi (KDP), International Honor Society in Education.

BOOK REVIEWER

Review of QBQ! The Question Behind the Question, by John G. Miller, (January 2013) for National American University

SCHOLARLY DEVELOPMENT: PRESENTATIONS and RESEARCH

Presented Dissertation during the 143rd APHA Annual Meeting and Expo in Chicago, IL. / Abstract

Entitled "Effect of Performing Warm-up and Cool-down Exercises on the Flexibility of the Calf and Hamstring Prior to a Workout.

PROFESSIONAL BOARDS

Board Member – Atlanta Cares Mentors Inc.

Board Member- South Fulton County Georgia- Historic & Cultural Landmarks Commission

Board Member- Lyke House, Atlanta University Campus

PROFESSIONAL AFFILIATIONS

| | |
|---------|---|
| Present | American Public Health Association (APHA) |
| Present | Association of Interdisciplinary Doctor of Health Sciences (AIDHS) |
| Present | American College of Healthcare Executives (ACHE) |
| Present | Alpha Phi Alpha Sister (ALPHA-Fraternity) |
| Present | the American Communication Association (ACA) |

COMMUNITY SERVICE

Social Action Committee Member- Our Lady of Lourdes Church

Health Ministry Member- OLL Church

DR. LYNN ANIDI

PUBLIC SPEAKING PRESENTATIONS

Atlanta Cares STEM fest-Georgia Institute of Technology
Parent Workshop – Session 2 – January, 2020
"Motivating Your Child to Perform Well in School "
FACILITATOR, Dr. Lynn Anidi

Mistress of Ceremony
Atlanta Cares Mentoring Movement
January 25, 2020, Georgia

PUBLICATIONS

| | |
|---|------------------------------------|
| Effective Time Management- | Published 2018 AIU/AU /Dr. Anidi |
| Eating Healthy While Living on a Budget | Published 2018- Ashford University |
| Effects of Opioids | Published 2018-Ashford University |

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|-------------------------|
| Name (first and last): | Lana Bostic |
| Preferred pronouns (e.g., she/her, he/his, they/their): | she/her |
| Organization (if applicable): | whole wahington |
| Title or position (if applicable): | volunteer |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | lana.bostic@comcast.net |
| Phone: | 253-332-7905 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|---|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): whole washington |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I want to have universal healthcare in Washington State

2. Please describe your relevant experience and how it would benefit FTAC.

I have volunteered for 2 years

3. Please describe any other experience serving on a committee, board, or workgroup.

I worked for 30 years at CHI as an RN and with Fransiscan Hospice as a team leader

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

my family would have healthcare if Universal Healthcare was available

9. Professional licenses held:

RN from 1989 to 2022

10. Memberships in professional, civic organizations, or government boards or commissions:

PCO for 30 th LD

11. Community service/volunteer activities:

PCO in 30th LD

Chair of Federal Way Senior Advisory Commission

Member of Democratic Party

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have worked with Whole Washington for 2 years collecting signatures on the ballot initiative and believe that healthcare is a human right and people should not be tied to their jobs to have Healthcare. I believe the current system is difficult to navigate and has many barriers for low income people and needs to be changed

14. Please describe why health equity is important to you.

I have always been able to have a job with Healthcare but my son has never been able to and this is not fair, also people should not have lost Healthcare during a pandemic when they lost their jobs

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

The Health Trust that Whole Washington has should be able to help everyone

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am a caucasian female who has lived in Washington for over 50 years

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

11/29/22

Lana Bostic

Contact

333 S 320th # F11 Federal Way
WA, 98003
253-332-7905
Lana.bostic@comcast.net

Education

Highline Community College

Key Skills

Marketing
Project Management
Budget Planning
Social Media
Planning

Objective

I want to help get Universal Healthcare in Washington and learn about the process. This will help everyone in our State

Experience

1987 - 1989
AA in Nursing

1989 -2019
RN with CHI Franciscan Health worked at ST Joseph Medical Center for 10 years on surgical and orthopedic floors and 20 years for Franciscan Hospice a PCC

I was a PCC working with a team of MDs Rns MSWs and CNAs

Key skills

I have worked with people in many cultures and situations, I have helps to find resources and assistance in the medical community

Leadership

I am the Chair of the Federal Way Senior Advisory Commission

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|---|---------------------------------------|
| Name (first and last): | Lisa Carman |
| Preferred pronouns (e.g., she/her, he/his, they/their): | she/her |
| Organization (if applicable): | Genentech |
| Title or position (if applicable): | Medical Affairs Executive Director |
| Work address (if applicable): | 501 SE Sycamore PL Issaquah, WA 98027 |
| County of organization/employer (if applicable): | |
| Email: | lcarman@gene.com |
| Phone: | 206-718-0007 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input checked="" type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input checked="" type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am invested in the local Washington market and care about making sure patients have appropriate access to healthcare resources in this scarce environment.

2. Please describe your relevant experience and how it would benefit FTAC.

I have held positions at two of the major payers (Group Health, The Regence Group) as well as national -United Health. Also, led a large research team of HEOR generating RWE and positions in the pharmaceutical company (Genentech)

3. Please describe any other experience serving on a committee, board, or workgroup.

Extensive background on building and running Pharmacy & Therapeutic Committees making formulary + policy coverage decisions.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

In my time with Optum I ran a large PNL, large analytics team accountable to generating revenue. Extensive experience using data to drive decision making.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

—

9. Professional licenses held:

WA pharmacist license.

10. Memberships in professional, civic organizations, or government boards or commissions:

Member in ISPOR.

11. Community service/volunteer activities:

Volunteer for fundraising for various girls/youth sports in Issaquah.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

In my time @ Optum (United Health Group) we build databases to aggregate data to be able to conduct studies assessing health equity, predictors of gaps (A.I) to look at health disparities beyond indices and to assess patient engagement - proximity + regular access to PCP, etc.

14. Please describe why health equity is important to you.

We live/work in this country with many barriers to care and it is important to understand where the gaps exist and the reasons behind it. Covid data has highlighted that race etc has affected site of care and quality of care.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing Washington system?

Building appropriate methodology to explore data looking at disparities w/in WA market. It is important to access/understand where the barriers exist: age, race, economic Rural/urban, gender, access to care etc.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:

11/30/22

Lisa Carman, PharmD

206-718-0007 | lcarman_lisa@yahoo.com | 501 SE Sycamore Place, Issaquah WA

SUMMARY

Strategic leader of teams with proven track record and a unique blend of leading/creating teams, consulting expertise and deep experience in the health plan, pharmacy and biotechnology space. Uses deep understanding of healthcare system coupled with a strategic mindset to consistently exceed expectations and deliver results. Thinks in abstract terms, discerns opportunities and threats in the quickly evolving marketplace, responsibly allocates resources and persuasively communicates unique solutions.

PROFESSIONAL EXPERIENCE

Genentech, Inc. (South San Francisco) Nov 2022 to present
Medical Affairs Executive Director

- Lead Medical for the Seattle and Alaska Ecosystem across portfolio
- Coordinate medical engagements across payers, IDN's and other stakeholders

Optum Life Sciences, Optum Insights (Minneapolis, MN) May 2020 to Oct 2022
Vice President, Health Economic Outcomes Research and Value Based Contracting

- Lead HEOR consulting and Value Based Contracting departments of principle consultants, researchers, pharmacists and analysts (>100 employees)
- Leadership responsibilities include setting the strategy, developing new products, and managing a large PNL and leading a team of health professionals to sell and deliver on key solutions for pharmaceutical clients, both internal at UHG and externally.
- Responsible for PNL of \$29M in sales, \$24M revenue, \$6M IOI
- Transforming the HEOR team including growing business, completed reorganization in 2021, hired 36 people in the last year and build/hire of offshore team.
- Works with over 40 pharmaceutical, device and molecular diagnostic companies and has robust relationships across the business.
- Life Science business owner for gene therapy including strategy, novel gene therapy data solution and adjudication of gene therapy value-based contracts across UHG enterprise
- Exceeded all growth and financial goals (140% to plan) for 2020
- Main stage presentation for PCMA Sept 2021 and Asembia presentation on gene therapy Oct 2021 and PCMA 2022 on VBC.

Vice President, Value Based Contracting 2018 to 2020

- Created and led the Value Based Contracting team
- Responsible for value based contracting development and strategy for Life Science Clients. Grew team expertise in modeling, payer strategy solutions and adjudication as a third party for other Value Based Agreements for provider organizations, ACO and Life Science Clients
- Built the team, created the PNL and significantly grew the business during my two-year tenure
- Team gave 11 podium presentations to large audiences as a subject matter expert at major industry conferences (ISPOR, AMCP, PMCA)
- Selected into the Optum Leadership Cohort, a select executive development program for high potential future senior leaders

Genentech (South San Francisco, CA) 2015 to 2018

Senior Managed Care Liaison, United States Medical Affairs

- Led the Genentech relationship at Optum Insights. Responsible for providing clinical expertise of Genentech medications and appropriate product access with the United Health Group book of business
- Led first value-based contract from concept to execution
- Nominated Partner of the Year 2017 for collaborative work with Account Management
- Nominated for Roche Morse Medical Conference 2018 for Innovative Project on Assessing IL NSCLC in response to UHC RWE ASCO publication

- Recognized as the USMA Outstanding Contributor for 2016

National Account Executive (NAE) & Senior NAE, Managed Care

2011 to 2015

- Responsible for all sales across UHG. Negotiated exclusive commercial growth hormone bid at UHC. Subsequently increased market share by 20% in four months through successful pull-through initiatives that involved close collaboration with UHC, Growth Hormone Leadership Team and Field Sales. Won brand sales collaboration award
- Successfully created and implemented first company brand over generic strategy
- Elevated Genentech relationship to a partnership through C-Suite engagements and collaboration
- Managed the Genentech relationship at OptumRx, including all contracting and PBM responsibilities. Secured preferred contracted position for all contracted products while reducing rebates by four million dollars annually
- Achieved Sales Excellence Award in 2013 (top 10% of account managers)

Regional Account Manager, Managed Care

2004 to 2011

- Managed regional territory sales, contracting and payer pull thru covering payers in WA/OR/ID, including Medicare and Medicaid
- Opened access to medical directors and high-level executives inside key health plans by creating an innovative solution that invited experts to collaborate in regional symposia
- Recognized multiple times for Peer Excellence, Collaboration, and Performance Excellence

The Regence Group (Portland, OR)

2002 - 2004

Manager, Clinical Pharmacy

- Led a team of pharmacist and pharmacy technicians to set formulary, employer strategies, manage prior authorization process
- Developed and implemented team strategies and tactics to launch product, including a Nation-wide after-hours physician learning program that was a key influencer in early physician adoption
- Maximized cost savings by \$10 million per year and increased rebate discounts to offset employer premiums by leading clinical direction and staff across four states and three million lives
- Reduced costs, improved rebates, simplified processes, and ensured consistent benefits across all businesses by successfully integrating four formularies into one formulary and establishing a new four state integrated Pharmacy and Therapeutics Committee
- Introduced Pharmacy Benefit to key employer groups through regular presentations to brokers by leading sales and marketing initiative, including completing pharmacy RFPs, for new employer business

Regence BlueShield (Seattle, WA)

2000 – 2002

Pharmacy Director

- Led prior authorization team (pharmacists and technicians), which made decisions on appropriate coverage
- Converted 2 million lives to a PBM with more than 500 pharmacy benefits by developing and mentoring four direct reports on a daily prior authorizations process that supported a new academic detailing program
- Chaired pharmacy/marketing committee to develop drug benefits and strengthen market presence with broker groups who sell 95% of pharmacy benefits

Group Health Cooperative (Seattle, WA)

1999 – 2000

Medication Use Management Pharmacist

- Increased the non-sedating antihistamine program to 99% market share of the preferred product by creating academic detailing program that influenced prescribing
- Developed and delivered quarterly continuing education programs for 150 clinical pharmacists.
- Launched online health page for members to manage medications

EDUCATION

- ASHP Residency Managed Care/Pharmacy Administration, Group Health Cooperative, WA
- Doctor of Pharmacy, Washington State University, WA
- Bachelor of Pharmacy, Washington State University, WA

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|---|
| Name (first and last): | Mircea "Michael" Bejenaru |
| Preferred pronouns (e.g., she/her, he/his, they/their): | |
| Organization (if applicable): | Providence Health |
| Title or position (if applicable): | Senior Clinic Manager/Residency&Outp FM |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | mbejenaru@yahoo.com |
| Phone: | 5033870694 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|--|
| <input checked="" type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

As a WA state resident, with experience in FQHC and non-profit healthcare organizations, I look forward to support HCA in serving our communities better.

2. Please describe your relevant experience and how it would benefit FTAC.

My experience has been with FQHC in WA state and non-profit healthcare organizations serving the Pacific NW, collaborating with various organizations working with refugees/immigrant populations, integrating medical with BH services, inpatient with OB and outpatient services, improving direct patient service, reviewing clinical revenue for both FFS and Value based contracts and supporting education and development of physicians/providers and other various staff positions.

3. Please describe any other experience serving on a committee, board, or workgroup.

I have engaged with various local or state committees or workgroups, in an effort to advocate for patients and support initiatives with a positive impact on healthcare delivery: Providence Leadership Medical Group Revenue, Political Advocacy during legislative sessions, member of Vancouver Chief of Police Diversity Committee, County Emergency Preparedness Coalition, YWCA, County Public Health, County, Primary Care Board, Eastern European Civic Alliance, ACE Adverse Childhood Experiences, WA Children's Alliance, WCH medical school speaker panel, WA state

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

During the MBA program I have focused on healthcare financial management using previous business experience, which has been very useful navigating the transition from FFS model to Value based model of healthcare delivery, and the integration of services supported by the CCO/ACOs amidst all the insurance plans changes at state and county levels.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

N/A

10. Memberships in professional, civic organizations, or government boards or commissions:

I was or still am a member of various civic or committees, and here are some examples and I can provide more specific info about my involvement wity any of them: Providence Leadership Medical Group Revenue, Political Advocacy during legislative sessions, member of Vancouver Chief of Police Diversity Committee, County Emergency Preparedness Coalition, YWCA, County Public Health, County, Primary Care Board, Eastern European Civic Alliance, ACE Adverse Childhood

11. Community service/volunteer activities:

Chief's Diversity Advisory Team
Chief's Diversity Advisory Team with Vancouver Police Department, Medical Bills/Services Patient Advocate for immigrant communities, and Patient and Family Advisory Counsel.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.


13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

As a leader in healthcare organizations I have used my own lived experiences and patients' stories and feedback to improve delivery of care in the areas of patient access, quality of care, and affordability of services by removing obstacles created by discrimination, poverty, lack of quality education or housing/safe environments..

14. Please describe why health equity is important to you.

As a former recipient of services for uninsured/undercovered patients, and experiencing consequences of systems that failed or were inadequate in serving patients at risk or in need of care, I am glad to share my experience and take the time to further understand how to best serve all patients.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

The opportunities lie in the development of appropriate universal healthcare coverage that serves patients well before they engage with medical services, and also during and after the interaction. Current process is developed by insurers and provider organizations with patients present at the end of the medical process. The universal approach would allow the HCA to represent better the interests of patients while designing the delivery of care with the other stakeholders. 

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

Eastern european of romance/latin origin.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Mircea Bejenaru

Date:

11/28/2022

Michael M. Bejenaru, MBA-HCA

Vancouver, WA 98683 – Email: mircea.bejenaru@providence.org

Michael M. Bejenaru, MBA-HCA, I am a performance improvement professional with experience managing quality improvement processes and clinical operations in primary care, pediatrics, OBGYN and Behavioral Health clinics: clinical workflows, staffing ratios, clinical quality measures, implementation of Pay for Value system, implementation of PCMH model for Medicaid and Medicare patients.

I currently serve as senior clinic manager for Providence Southeast Family Medicine, a teaching clinic training MD and PsyD residents and medical school students.

Prior to joining Sea Mar Community Health Centers in 2013, I worked with Northwest Human Services of Salem, OR on development of a new approach for care coordination, "Health in the Neighborhood/Health Instigator", funded by Oregon Primary Care Association/Kaiser Permanente.

At Sea Mar CHC I lead and monitored quality and performance improvement initiatives for 10 clinical sites (medical, dental and behavioral health) with over 30,000 assigned patients, being a lead for setting up Centers of Excellence and training Quality Clinical Champions.

Directly managing medical operations for sites with up to 70 employees/12 medical providers, I've conducted comprehensive workflow and system analysis, becoming very knowledgeable in all details of medical operations.

EDUCATION

CAP/Workout Change Facilitator - 2018

PCMH – Developed training program / Trainer for clinical staff - 2016

Public Health - Clark County - Pediatric Emergency Readiness - 2016

FEMA - Healthcare Incident Command System (IS 700, 200, 100 & HICS) - 2014

CPHQ Healthcare Quality trainings - 2014

Executive MBA - Concordia University of Portland (May 2012)

Concentration in Health Care Administration (HCA):

- Health Care Administration & Financial Management

- Quality Assessment & Improvement

Bachelor of Science – Engineering University of Constanta, Romania - 2001

Peace Corps - Entrepreneurship Program for Eastern Europe 1997

World Vision International – Project Director (during college) 1997-1998

- Organized for first time in Eastern Europe summer camps for children with HIV and AIDS.

U.K. Crusaders – Leadership Know-How Training 1995-2001

Junior Leader (during college)

- Organized camps and social programs for multicultural children and youth.

LANGUAGES: native Romanian

HOBBIES: Kayaking and Canoeing Instructor (3/5 stars by British Canoe Union), Rose Growing

Microsoft Office: advanced skillset with Word, Excel, Powerpoint, Publisher, Outlook

EHR/EMR - 5 years of experience with Epic/Allscripts Electronic Health Records and Patient Management

Michael M. Bejenaru, MBA-HCA

Vancouver, WA 98683 – Email: mircea.bejenaru@providence.org

EXPERIENCE

Senior Clinic Manager

06/2017 - Present - [Providence Health - PMG Southeast Family Medicine - Teaching Clinic](#)

- Serving as a clinic manager in a Portland teaching clinic training MD and PsyD residents, and medical school students.

Clinic Manager and County Leader for Quality Improvement

02/2013 - 10/2016 - [Sea Mar Community Health Centers](#)

- Managed FQHC clinics (Primary Care, Pediatrics, OBGYN) in Clark County with an overall assigned population of over 31000 patients.
- Task lead for the care experience domain looking at patient satisfaction and patient health measures
- Led the development and analysis of patient health and experience surveys to examine patients' experience with care coordination and their health post treatment.
- Developed clinical workflows for primary care and pediatric settings to aid in the analysis and prediction of clinical coordination effect on the cost and quality of care.
- Selected process of care and clinical quality measure to be used in the evaluation.
- Implemented clinical quality measures systems (HEDIS and UDS Meaningful Use) based on data analysis from EMR systems, PDSA.
- Developed strategy for centers of excellence for clinical quality measures in the clinic.
- Developed reporting systems on various clinical quality measures, while engaging staff to promote exceptional care to our patients.
- Created data based support tools for HEDIS clinical quality program champions using clinical data and setting clear goals for providers – we were one of the very first clinics to receive NCQA Level 3 PCMH recognition.
- Assuring full compliance for our FQHC clinics with NCQA/PCMH standards, federal HRSA program requirements, as well Joint Commission.
- QI county leader – coordinating QI, Health & Safety, and maintenance reporting and processes for five medical clinics, two dental sites, and three behavioral health clinics in Clark County.
- Improved patient care by fully implementing in clinic newly centralized HIM / Medical Records system and point of care referral system
- Successfully integrated BH and medical services as part of the Early Adopter Model – the first county in WA State to do so.
- Trained and developed PCMH care coordinators including materials, patient engagement methods, and medical provider buy-in.
- Collaborated with Managed Care Plans, ACOs (accountable care organizations) on improving quality of patient care, while adhering to the new payment and care delivery model (Pay for Performance).
- Managed medical sites with up to 72 employees (primary care, pediatrics, OBGYN), under my leadership we have achieved:
 - One of the first clinics in the organization to gain Level 3 NCQA PCMH recognition (Patient Centered Medical Home).
 - Highest enrollment numbers for the Affordable Care Act out of all 27 medical clinics.
 - Reduced staff and providers turnover.

Michael M. Bejenaru, MBA-HCA

Vancouver, WA 98683 – Email: mircea.bejenaru@providence.org

- Improved provider recruitment process and retention by attracting talented individuals, setting the right expectations, and developing a well-defined adjustment program.
- Implemented successfully new point of care processes for specialist referrals and medical records, cutting wait time from up to 6 months to 7 days or less and eliminating redundant clerical positions.
- Established and/or promoted programs according to provider's areas of interest:
 - With Washington State University – HIV and HepC programs.
 - With county public health department - TB and HIV tracking and referral programs and engagement events for health care and social agencies.
 - With WA state office of refugee resettlement - developed and grew the Refugee Program, created support materials for refugees, organized Cultural Sensitivity trainings for staff, added screening tools to existing process.
 - Collaborated with the Vancouver WSU dean in launching the WSU medical school
- Mentored and trained clerical and clinical supervisors and staff.
- Doubled revenue per square foot, increasing space utilization to 90% from 38%.
- Increased funding by writing proposals and applying for additional federal and local grants.
- Trained staff on EHR/EMR and Patient Management Systems
- **Awards:** Under my leadership, our team members received Community Champion awards from national organizations (Molina Healthcare and American Public Health Association).
- **Civic engagement** - organized civic events, meetings and participated in marches.
- **Political advocacy** - initiated contact and developed relationships with political leaders at their offices during legislative session, and on site visits at our medical and dental clinics.
- **WSU Medical School** – a community based program – collaborated with WSU leadership during incipient phases of program development.
- **QI county leader and Site Health and Safety Officer** overseeing: five medical clinics, two dental clinics, three behavioral clinics, (WIC and MSS clinics).
- Active with Emergency Preparedness Coalition, YWCA, County Public Health, County Primary Care Board, Eastern European Civic Alliance, ACE Adverse Childhood Experience, WA Children's Alliance, WSU medical school, etc.

'Health Instigator' program, Salem - OR

MBA Internship – *Health Care Administration*

- 2011-2012 **Northwest Human Services** - community healthcare organization in Salem, OR - Designed and developed a project for NWHS based on an Oregon Primary Care Association grant received through Kaiser Permanente to explore a potential three-year community health and wellness pilot program called "Health in the Hood" or "Health Instigator".

Director of Operations:

2009-2012 **NWPDD Wireless - Retail Business Management**

- Day to day Operations (4 locations in Portland, over \$1.5 million annual revenue).
- Developed the growth strategy for the organization, developed HR systems, training materials, and marketing materials.
- Revenue Analysis, Customer Service, Supply Chain, Sales, Conflict Negotiation, HR Management, Retail Management, Accounting, Billing Auditing.

Michael M. Bejenaru, MBA-HCA

Vancouver, WA 98683 – Email: mircea.bejenaru@providence.org

- My focus was to provide excellent customer service and develop a business strategy that will drive sales, reduce employee turnover rate, and acquire young talents.
- In Top 3 for Customer Service in Oregon market.
- The Sales Volume was on par with all surrounding 5-6 years old Cricket Wireless franchises.
- Increased revenue to over \$1.5 million per year, with a gross profit margin of 1.5 times the industry average and 2013 projected annual revenue of over \$3 million.
- Created mechanisms to reduce the high turnover specific to retail industry – by implementing motivational and mentoring programs for team members while reducing monetary incentives.
- Created tools to increase value to existing customers and attract new customers.
- Focused on increasing net profit by cutting costs, creating an individual brand, and a differentiating strategy.

Project Coordinator/Manager:

2008-2009 Christensen Shipyards LLC – Vancouver, WA

2003-2008 Pappageorge Haymes Ltd. - Chicago (S.B.R. & Associates)

2001-2003 Nuclear Power Plant, Europe

Universal Health Care Commission

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Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Mike De Luca |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/him |
| Organization (if applicable): | Sound (www.sound.health) |
| Title or position (if applicable): | VP and CFO |
| Work address (if applicable): | 6400 Southcenter Blvd, Tukwila WA 98188 |
| County of organization/employer (if applicable): | King |
| Email: | mike.deluca@sound.health |
| Phone: | 206-593-6956 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

This would be a wonderful opportunity to both learn and participate in supporting the development of health care financing methods and mechanisms that are both financially viable and that would truly provide universal access to health care and wellness maintenance. I would be very grateful to participate in developing, and informing the implementation of models that would allow everyone in WA state to enjoy great healthcare and optimal health.

2. Please describe your relevant experience and how it would benefit FTAC.

In my 21 years at Group Health (now Kaiser) I participated in developing models for health care cost and financing including the economic and financing model for Group Health's joint ACO with Providence in Spokane (CareUnity - launched in 2012).

In my 8 years of consulting on healthcare finance improvement after I left Group Health, I have had the opportunity to work with organizations on developing cost and

3. Please describe any other experience serving on a committee, board, or workgroup.

I currently serve as a community member on the finance committee of Neighborcare, an FQHC in the Seattle area.

I also serve on the King County ICN (integrated care network) Finance Workgroup.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I have been an active member of the Healthcare Financial Management Association (HFMA) since 1999. I also have extensive background in Lean Thinking, which may be helpful in contributing to the design of a unified financing system.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

I hold the CHFP (certified healthcare financial profession) certification from HFMA (the Healthcare Financial Management Association). I am also a certified Lean Six Sigma Master Black Belt.

10. Memberships in professional, civic organizations, or government boards or commissions:

Member and fellow of HFMA.

11. Community service/volunteer activities:

I am currently a community member of the Neighborcare Finance Committee (since 2016). From 2013 to 2019 I served on the board of Symphony Tacoma, initially as Treasurer and ultimately as board president.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

In addition to the work I mentioned above with Accountable Communities of Health in Washington State, in my work with Sound I am involved in our development of a CCBHC. Sound was one of 7 recipients in WA State to receive a 4-year grant from SAMHSA to develop CCBHC (certified community behavioral health clinic capabilities. A central part of this work revolves around identifying underserved and unserved populations and developing and implementing access and clinical

14. Please describe why health equity is important to you.

Sound serves individuals that might otherwise be ignored or turned away from health care and services that they are critically in need of. This includes individuals living with severe mental illness who are not currently housed, as well as other populations who may not have access to the care they need and deserve for a multitude of reasons. Health equity is important to me because, in my opinion, a Washington State where all individuals have access to quality healthcare and

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

A unified health care financing system can help address health equity by more efficiently and effectively matching care needs with the right resources in the right place at the right time. An important opportunity to consider would be to determine how the financing system supports identifying individuals who are currently un-served and under-served and provides appropriate incentives and supports for them to get the care they need. Some other opportunities to consider would be

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Mike De Luca

Date:

Nov 29, 2022

Mike De Luca

www.linkedin.com/in/dmdeluca

(206) 593-6956 • mike.deluca@sound.health

FINANCE EXECUTIVE | LEAN ACCOUNTING LEADER

SELECTED PROFESSIONAL EXPERIENCE

SOUND • Tukwila, WA *Vice President and Chief Financial Officer* **2022 – present**

Responsible for leadership in financial decision-making that improves company financial results; provides strategic financial input to senior management. Plays a key role in developing and implementing financial procedures to improve and maintain the financial health of the organization while keenly overseeing the overall accounting, financial, tax and audit functions.

TORRE CONSULTING • Federal Way, WA *Principal and owner* **2014 – 2022**

Building on executive leadership experience in finance, founded and built consulting practice focused on driving better processes and outcomes in finance and accounting, as well as evolving strategy and advancing management and team capabilities to ensure corporate ability to achieve goals. Client engagements have resulted in improved financial and operational processes and outcomes in over 15 healthcare organizations, as well as organizations in insurance, manufacturing, construction, and state and local government.

LEAN ENTERPRISE INSTITUTE • Boston, MA *Lean accounting coach and faculty* **2018 – 2022**

Teach and coach organizations in applying lean thinking to transform and advance the effectiveness of finance teams and outcomes of finance processes. Clients include GE, The Wonderful Company, and Turner Construction.

THE OHIO STATE UNIVERSITY • Columbus, OH *Lean accounting lecturer* **2021 – 2022**

Develop and deliver lean finance and accounting curriculum as part of the Master of Business Operational Excellence (MBOE) program.

GROUP HEALTH COOPERATIVE • Seattle, WA **1992 – 2013**

Executive Director, Finance. Promoted through management roles with increasing responsibility to lead department of 30 directors, managers and analysts across four locations in Seattle, Spokane and Bellingham. Responsible for budgeting, analysis to inform cost improvement and business decision making, financial performance reporting and business consultation on operating divisions with an excess of \$2 billion annual spend. Led lean transformation of department; improved overall productivity and outcomes while reducing expense through flattening of structure.

EDUCATION AND CREDENTIALS

Master of Science in Finance, 4.0 GPA – 2009

Seattle University

Master of Arts in Russian and East European Studies, Departmental Honors – 1990

Indiana University

Bachelor of Arts in Russian Language, Literature and Linguistics, Magna cum Laude – 1988

University of Rochester

Fellow of the Healthcare Financial Management Association (HFMA) – since 2006

HFMA (www.hfma.org)

Certified Healthcare Financial Professional (CHPF) – 2004

HFMA (www.hfma.org)

Certified Lean Six Sigma Master Black Belt (LSSMBB) – 2017

Management Strategy Institute (www.msicertified.com)

BOARD AND COMMITTEE SERVICE

Neighborcare Health. Finance Committee member (since 2016). Provide guidance and support governance of financial controls, policies, processes and outcomes. www.neighborcare.org.

Symphony Tacoma. Board Member and Treasurer (2013 – 2019). Led analysis of balance sheet strength resulting in improved cash flow forecasting and a multi-year financial improvement strategy approved by the board. Developed risk-based budgeting process that increased ability to meet annual margin targets, resulting in concrete plans to meet or exceed budgeted margin target as well as monthly management process to check results against plan. www.symphonytacoma.org.

Healthcare Financial Management Association. Washington/Alaska Chapter board member and committee chair (elected to three 2-year terms 1999 – 2005). Served as chair of Education and Physician Practice Committees. www.waakhfma.org.

SELECTED PUBLICATIONS

[Practicing Lean Accounting](#) (Nick Katko and Mike De Luca, Amazon, 2021)

[How Lean Thinking Improves Financial Results While Avoiding Traditional Cost Cutting](#) (LEI, Sep 2021)

[Modeling ‘Respect for People’ in Accounting and Finance](#) (LEI, Mar 2021)

[What Finance Teams Can Learn from the Lean Practice of ‘Go See, Ask Why, Show Respect’](#) (LEI, Oct 2020)

[Lean Financial Planning – How well does your budget serve its purpose?](#) (LEI, Dec 2019)

[How Lean Accounting Promotes Lean in the Organization](#) (Journal of Cost Management, Jan/Feb 2018)

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|---------------------|
| Name (first and last): | Michael Vanderlinde |
| Preferred pronouns (e.g., she/her, he/his, they/their): | |
| Organization (if applicable): | |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | mgv1951@outlook.com |
| Phone: | 206.669.6372 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input checked="" type="checkbox"/> Health care association (please describe): UWMedicine - 40years |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I have work for over 30 years as a local and national public/universal health care advocate and financial analyst/commentor. I would appreciate the opportunity to contribute to making Universal Health Care a reality in our our state. FTAC seems an excellent fit for my knowledge and experience.

2. Please describe your relevant experience and how it would benefit FTAC.

During my thirty plus years of employment within the UW-Medicine, I have gained a broad background in health care reimbursement, operations and financial management. My prior and current leadership responsibilities include: Government Relations, Reimbursement/Pricing Management/Analysis, Revenue Cycle Management, Long Range Financial Planning; annual operations and capital budget development and monitoring; operations productivity improvement through team

3. Please describe any other experience serving on a committee, board, or workgroup.

Participation in Federal and State Healthcare Initiatives include: DOH-Washington State Trauma Emergency Services and Trauma Cost TAC, HCA/WSHA - Technical Advisory Sub-Committees, Medicaid Rebasing, PPS, CPE, APC/APG, 340B. Invited testimony before various Washington State Legislative Committees on healthcare financing issues. Member and invited speaker numerous national association - (AAMC, AHA, AEH/NAPH, NFTC, NASHP) Technical Advisory Committees on issues including safety net hospital role in national healthcare reform, review of

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I have led the design and implementation of numerou Medicaid Federal Supplemental Payment Programs (Trauma Fund, PSSP, PAP, CPE, OP DPP, etc.) that continue to yeild \$200m+/year in support of delivery of health care services to our State's low income population. I have been directly involved in the design and implementation of several Medicaid Waivers (e.g., MTP) and process improvement

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

Professional - AAMC, AHA, AEH/NAPH, NFTC, NASHP, AHA

Recent Board and Committee Involvement:

Vice Chair and Planning Commissioner, City of Kenmore – 2007 to Present

King County Accountable Community of Health Finance Committee – 2019-2021

Economic Development Committee, City of Kenmore 2008, 2021

Board Member - Washington State Employees Credit Union 2021 to Present



11. Community service/volunteer activities:

Other Recent Board and Committee Involvement:

Vice Chair and Planning Commissioner, City of Kenmore – 2007 to Present

King County Accountable Community of Health Finance Committee – 2019-2021

Economic Development Committee, City of Kenmore 2008, 2021

Board Member - Washington State Employees Credit Union 2021 to Present

Board Member - QCASH 2021 to Present



12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Over the past 30+ years, I have worked to ensure the programs designed and implemented by UW Medicine recognize and address the impact of socioeconomic inequality on health status. This includes identifying and addressing cultural sensitivities that could influence access and effective delivery of health care treatment. The most recently implemented programs (MTP/MQIP) provide financial incentives to providers for achieving predetermined measures of improvement in health status across underserved populations. +

14. Please describe why health equity is important to you.

Health Equity is an integral and indivisible component of socioeconomic equity. As a society we cannot achieve optimal quality of life without ensuring everyone has access to high quality health care.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

An equity based health care system would be designed to deliver care that improves health status across the entire population. Beyond physical health, an equity based health care system must also recognize the impact of the social, cultural and economic determinates of health. A unified health care financing system could address current shortfalls by incentivizing providers (systems of physical, mental and other supportive care) to deliver the full spectrum of interventions required to +

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

A mongrel of indeterminate origin...

Dutch/German/Irish/Scottish/Protestant/Catholic/Jewish/Who knows what else ... in short... an American!

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

M. Vanderlinde

Date:

11/12/2022

MICHAEL G. VANDERLINDE

15213 61 PL NE Kenmore WA. 98028

Phone: 206.669.6372

EMAIL: mgv1951@outlook.com

SUMMARY OF QUALIFICATIONS

During my thirty years of employment within the UW-Medicine, I have gained a broad background in health care reimbursement, operations and financial management. My prior and current leadership responsibilities include: Government Relations, Reimbursement/Pricing Management/Analysis, Revenue Cycle Management, Long Range Financial Planning; annual operations and capital budget development and monitoring; operations productivity improvement through team based process redesign; development of clinical outcome measures and reporting systems; product line profitability reporting; and the development, implementation and management of multiple automated systems that collect and distribute information and analysis of operational and financial performance. In addition, I have successfully managed multiple mission critical projects that required consensus building across diverse and often contentious internal and external stakeholder groups.

PROFESSIONAL EXPERIENCE

DIRECTOR OF GOVERNMENT FINANCIAL RELATIONS AND REIMBURSEMENT

8/99- Present UW-Medicine (UW-Med):

The Director: provides leadership, communication and representation of UW-Med's positions and interests related to healthcare reimbursement and regulatory issues to various Federal and State governmental agencies as well as Washington State Hospital Association Committees and Task Forces. Represents UW-Medicine (Harborview, University, University Physicians, Airlift NW) in University Health System Consortium, National Association of Public Hospitals, Association of Academic Medical Centers, American Hospital Association and local and national government-relations efforts, process improvement programs and provides leadership in assimilation of this knowledge into UW-MED advocacy and process improvement initiatives. At state level, work with state agencies to develop and implement new payment programs.

Recent Activities: Governor's/Legislature's Joint Committee on Health Care Reform- Technical Advisory Committee, Washington State Insurance Commissioner's Health Care Reform Implementation Committee, Washington State Department of Health Trauma Fund Technical Advisory Committee, NAPH Finance Advisory Committee, AAMC Government Relations Group, AHA Health Care Reform Fellowship, Washington State Hospital Association Public Policy Advisory Group, UW Medicine Strategic Planning Oversight Committee, UW Medicine ACO Planning Committee and multiple CMMI grant proposals.

Work with internal and external stakeholders to develop consensus and support for new payment programs. Medicaid Supplemental Payment Programs I have developed and/or had significant input in development include Hospital and Physician Trauma, Hospital Graduate Medical Education, Physician UPL; Airlift Medicaid Supplemental Payment Program, Washington State Safety Net Assessment, Certified Public Expenditure, Professional Services Access Program, Section 1115 Demonstration Waivers.

Support UW-MED and WSHA advocacy and legislative efforts with financial analysis and management of communications with State agencies and national advocacy groups. Monitor and communicate changes in national and local government payment programs and provide operational and financial impact analysis to UW-MED management. Establish and provide leadership to cross department and organization project teams required to carryout these activities.

Communicate and provide financial impact analysis to UW-MED related to Federal, State and County budget proposals. Supervise Medicare Cost Report preparation, audits, reopening and appeals.

Proactive management, evaluation, and continuous improvement of UW-Medicine's Revenue Cycle processes; Clear and open communication of Revenue Cycle issues to stakeholders at all levels of the organization; initiation and management multiple system process improvement & revenue enhancement projects.

Established/Managed internal project management team responsible for operational process improvement and revenue enhance projects yielding more than \$15,000,000 in new revenue/cost savings over the past five years.

Participation in Federal and State Healthcare Initiatives include: Washington State Trauma Emergency Services and Trauma Committee, Trauma Cost/Payments Technical Advisory Sub-Committee, Medicaid PPS 5, 6, 7, 8 and other Technical Advisory Committees, Medicaid APC Technical Advisory Committee, Invited testimony before various Washington State Legislative Committees on healthcare financing issues. Invited member of numerous national association (AAMC, AHA, NAPH, NFTC) Technical Advisory Committees on issues including safety net hospital role in national healthcare reform, review of proposed CMS changes to Medicare and Medicaid program regulations and system design.

Appointments to key state government advisory committees include; Exchange, Low Income, Workforce development charged by Joint Governor/Legislature and the State Insurance Commissioner with policy development and implementation over Federal Health Care Reform in Washington State; Office of Insurance Commissioner – Health Policy Round Table; Washington Health Alliance - Public Policy Committee.

ASSISTANT ADMINISTRATOR FINANCE

8/92-8/99

University of Washington Academic Medical Center - UWMC

Responsible for revenue management and government relations functions. Provide system wide leadership (UWMC, Harborview Medical Center, Seattle Cancer Care Alliance, and University of Washington Physicians) in development, enhancement and monitoring of the revenue cycle. Provide on-going assessment of charge capture processes. Identify and implement process improvements. Conduct reviews of facility Charge Description Masters and Charge Documents for accuracy and completeness. Develop and maintain service-line pricing strategies. Develop and implement policies and procedures to ensure that charge capture and billing systems comply with government billing regulations as well as private payer contractual agreements. Develop impact analysis and lead system-wide Task Forces to ensure successful a response to changes in the payment environment. Established and maintained a cooperative/proactive relationship and represent UW-MED interests to Federal (CMS, HHS, DOD) and State Health Financing Agencies (HRSA, DOH, HCA, L&I). Serve on regional task forces charged with the development or revision of healthcare financing programs (WSHA/Medicaid PPS Rebasing Committee, State APG/APC Task Force). Participate in national work groups (UHC, AAMC, AHA, and HFMA) developing position papers on proposed changes in healthcare financing.

ASSISTANT ADMINISTRATOR FINANCIAL PLANNING

10/87-8/92

University of Washington Academic Medical Center - UWMC

Direct responsibilities included: financial planning, budgeting and capital asset management, Project lead for Consolidated Decision Support System (HBOC-Trendstar) acquisition and implementation. Develop and implement product-costing system. Manage provider contract negotiations and performance monitoring. Provide leadership and analytic support for clinical operations improvement efforts (care map development, CQI teams). Serve on system-wide operations and policy committees (Utilization Management, Managed Care Finance Committee, Long-Range Strategic Planning Committee), task forces (Coordinated Care, Sub-Acute Care,

etc.); provide leadership in business development efforts (Northwest Cardiac Service, Seattle Cancer Care Alliance). In the course of these duties, I made regular reports and presentations to the UWMC Board, the Board Finance Committee and other high-level management groups.

DIRECTOR FINANCIAL PLANNING & BUDGETS

9/84-10/87

University of Washington Academic Medical Center - UWMC

Directly responsible for financial planning, budgeting and capital asset management, monitoring regulatory changes and projected financial impact, negotiation of contracts with commercial payers and government agencies, service pricing and rate structure. Additional duties included provided project management and analytic support for clinical operations improvement and Care Map development teams.

SENIOR FINANCIAL ANALYST

9/84 - 10/87

University of Washington Academic Medical Center

In the course of progressive assignments at Harborview Medical Center's Laboratory Administration Office, Medical Centers' Corporate Finance Office and UWMC Finance Office, I prepared Medicare Cost Reports, developed volume, expense and revenue forecasts; negotiated and monitored performance of all payer contracts and presented reports to various boards and regulatory agencies. I, also, developed the AMC's first case mix monitoring system and served on the task force that developed and implemented the Hospitals' Decision and Research Support system (HDRS).

EDUCATION

University of Oregon

BS - Accounting

BS - Finance

PROFESSIONAL AFFILIATIONS

National Academy for State Healthcare Policy

America's Health Insurance Plans

Healthcare Finance Management Association

Healthcare Information Management Society

Project Manage Institute

America's Essential Hospitals/National Association of Public Hospitals (NAPH)

Association of American Medical Colleges (AAMC)

American Hospital Association (AHA)

University Healthcare Consortium (UHC)

OTHER PROFESSIONAL AND COMMUNITY SERVICE ACTIVITIES

Vice Chair and Planning Commissioner, City of Kenmore – 2007 to Present

King County Accountable Community of Health Finance Committee – 2019-2021

Economic Development Committee, City of Kenmore 2008, 2021

Board Member - Washington State Employees Credit Union 2021 to Present

Invited Lecturer – UW School of Public Health 2020, 2021

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Nancy Connolly |
| Preferred pronouns (e.g., she/her, he/his, they/their): | she/her |
| Organization (if applicable): | University of Washington |
| Title or position (if applicable): | Clinical Assistant Professor of Medicine |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | King |
| Email: | nancycsc@gmail.com |
| Phone: | (206) 476-8704 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|---|
| <input checked="" type="checkbox"/> Academic/research | <input checked="" type="checkbox"/> Health care association (please describe): King County Medical Association |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input checked="" type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am a Primary Care doctor who has served in a wide variety of roles, including as Medical Director for the Virginia Mason Lynnwood clinic for 5 years (following 5 years in a predominantly clinical role) and my current role for UW serving those experiencing homelessness. I am very interested in how financing of health care influences the care that is provided. I have followed improvement work within the health system and been frustrated by the financial barriers to providing the best care, which is often the least expensive. I have attended Institute for Healthcare

2. Please describe your relevant experience and how it would benefit FTAC.

As stated, I have studied within the Virginia Mason Production System/Lean Management system and I have held a wide variety of clinical positions including working at a Ryan White Funded AIDS specialty clinic, a private practice and currently an academic setting. I have help primarily clinical roles as both a Primary Care Provider and a specialist and currently work serving those most marginalized in our state but with some of the highest mortality and high cost..

3. Please describe any other experience serving on a committee, board, or workgroup.

I have been a member of Doctors for America for many years. I currently serve on the board of the Seattle King County Coalition on Homelessness and I have recently been appointed Co-chair of the King County Medical Society Public Health Committee. I am also a member of the Universal Health Care Commission Primary Care sub-committee.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?
not at this time

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

MD

10. Memberships in professional, civic organizations, or government boards or commissions:

Society of General Internal Medicine

King County Medical Society - Public Health Committee co-chair

Washington State Medical Association

American College of Physician

Universal Health Care Commission - Primary Care sub-committee member

11. Community service/volunteer activities:

Board Member of the Seattle King County Coalition on Homelessness

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have published, with collaborators on the topic of Gerrymandering as a Political Determinant of Health. I currently work exclusively with those people experiencing homelessness or have recently been homeless. I understand that the social determinants of health such as availability of safe housing, healthy nutrition and adequate time to nurture relationships are far more important than simply access to conventional medical care and that these are too often denied to huge, predominantly poor and disproportionately people of color, swaths of our neighbors. .

14. Please describe why health equity is important to you.

I trained as a physician and have devoted my life to helping people live the healthiest lives they can. It is too often financial barriers and institutional racism that denies people these opportunities. In whatever way I can, I will use my time and energy to reverse those barriers that stand in the way of members of my community living to their potential.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Stress is a contributor to virtually every disease. The more we can increase stability, safety and ready access to the needs of all members of our community, the healthier community we will have and the healthier individuals will be. To remove the stress and worry around access to care and services that people need, by providing assured financing for medical care and adequate, no cost preventive care, we can help our whole society to a healthier place.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

white

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Nancy Connolly

Date:

11/29/22

Nancy Connolly, MD, MPH, FACP

PERSONAL DATA

Place of birth: San Francisco, CA
Contact info: 7006 43rd Ave., NE Seattle, WA. 98115
nancycon@uw.edu
nancycsc@gmail.com
drnancyconnolly.com
(206) 476-8704 or (206) 641-0164

EDUCATION

| | | |
|---|-------------|---------------|
| Franklin & Marshall College | 1984 - 1986 | |
| University of California, Santa Cruz | 1988 - 1990 | B.A. (1990) |
| Ross University School of Medicine | 1993 - 1997 | M.D. (1997) |
| U. of Pittsburgh, School of Public Health | 2000 - 2004 | M.P.H. (2004) |

POSTGRADUATE TRAINING

| | | |
|---|-------------|------------------------------------|
| University of Illinois, Michael Reese Hospital | 1997 - 1999 | Medical House Officer |
| University of Pittsburgh, Shadyside Hospital | 1999 - 2000 | Medical House Officer |
| University of Pittsburgh, Presbyterian Hospital | 2000 - 2001 | Gen Int Med Fellow |
| University of Pittsburgh, Presbyterian Hospital | 2001 - 2005 | Inf Dis Fellow |
| Virginia Mason Medical Center | 2012 - 2013 | Lean System Leader |
| Center for Mind-Body Medicine | 2017 - 2018 | Professional Training |
| University of Arizona – Integrative Medicine | 2017 - 2019 | Integrative Medicine |
| Society of General Internal Medicine | 2020 - 2021 | Leadership in Health Policy Fellow |

FACULTY POSITIONS HELD

University of Pittsburgh, Division of Internal Medicine 2000-2001
Clinical Instructor: During General Internal Medicine Fellowship, I supervised Internal Medicine residents and performed research on depression in primary care.

University of Pittsburgh, Division of Infectious Disease 2004 - 2005
Clinical Instructor: Following completion of my Fellowship in Infectious Disease I served as Clinical Instructor of Medicine in the research track with a 80% research, 20% clinical balance. Clinical responsibilities including longitudinal primary care in a Ryan-White funded HIV specialty clinic.

University of Pittsburgh, Division of Infectious Disease 2005 - 2007
 Clinical Assistant Professor: Clinical research on HIV autonomous Dendritic Cell vaccines. Worked on Study design and implementation, IRB approval, enrollment, treatment and follow-up of phase I vaccine studies. Provided continuity care for HIV infected patients through the Pittsburgh AIDS Center for Treatment Clinic.

Virginia Mason Medical Center - Lynnwood 2008 - 2018
 Clinician (2008 - 2018) Regional Medical Director (2013 - 2018). Working in a dyad relationship with a business partner, I supervised 8 physicians, 3 Nurse Practitioners and clinic support staff including nursing, medical assistants, laboratory and radiology staff as well as coordinating a variety of visiting specialists. We were responsible for budget, services and productivity serving about 13,000 patients.

University of Washington, General Internal Medicine 2018 - present
 Clinical Assistant Professor: Primary responsibilities include clinical care for people living in shelters, care of residents at permanent supported housing and clinical care at CHC clinic. We serve a population regardless of ability to pay. Additionally, addiction treatment services including buprenorphine maintenance is provided.

HONORS AND AWARDS

Distinguished Scholar Award for Outstanding Academic Achievement 1995
 Ross University School of Medicine

I Arthur Mirsky Award for Competence, Compassion and Curiosity 2000
 University of Pittsburgh, Shadyside Hospital

BOARD CERTIFICATION/ELIGIBILITY

| | | |
|---|----|------------|
| American Board of Internal Medicine Internal Medicine | BC | 2000, 2011 |
| American Board of Internal Medicine Infectious Disease | BE | 2006 |
| American Board of Internal Medicine American Academy of HIV Medicine | BE | 2006 |
| American Board of Physician Specialties Integrative Medicine | BE | 2018 |
| American Board of Preventive Medicine Addiction Medicine | BC | 2021 |

LICENSURE

| | | | |
|---------------------|------|-------------------------|-------------------|
| State of Washington | 2017 | MD00048404 | expires 6/12/2024 |
| United States DEA | 2008 | BC6494679 and XC6494679 | |

PROFESSIONAL ORGANIZATIONS

| | |
|--|----------------|
| American College of Physicians, Fellow | 2019 –present |
| Society of General Internal Medicine | 2020 – present |
| IM4US - Integrative Medicine for the Underserved | 2022 - present |
| King County Medical Society | 2022 - present |
| Washington State Medical Society | 2008 - present |

BIBLIOGRAPHY

Publications in Refereed Journals

1. **Connolly N.**, Manders E., Riddler, SA. *Suction Assisted Lipectomy for Lipodystrophy*. AIDS Research & Human Retroviruses. 20(8):813-5, 2004 Aug. [original work]
2. ***Connolly, N.**, Riddler, S., Rinaldo, C., *Pro-Inflammatory Cytokines in HIV Disease – A Review and Rationale for New Therapeutic Approaches*, AIDS Reviews. 2005; 7:169-181. [editorial]
3. Rosenbloom AJ, Ferris R, Sipe D, Riddler SA, **Connolly NC**, Abe K, Whiteside TL. *In Vitro And In Vivo Protein Sampling By Combined Microdialysis And Ultrafiltration*. J Immunol Method 2006; 309:55-68. [original work]
4. Hoji, A., **Connolly, N.**, Buchanan, WG., Rinaldo, CR., *CD27 and CD57 expression reveals atypical differentiation of HIV-1 Specific Memory CD8+ T cells*, Clinical and Vaccine Immunology, Jan 2006, 14(1): 74-80. [original work]
5. ***Connolly, N.**, Colleton, B., Rinaldo, CR. *Treating HIV-1 infection with Dendritic Cells*. Current Opinions in Molecular Therapeutics, 2007 9(4), 353-363. [editorial]
6. ***Connolly, N.**, Riddler, SA., Stanson, J., Gooding, W., Rinaldo, CRR., Ferrone, S., Whiteside, T., *Expression of antigen processing machinery (APM) components in monocyte-derived dendritic cells generated for therapeutic vaccines in HIV-1-infected subjects* AIDS, Aug 2007, 21(13) 1683-92. [original work]
7. ***Connolly, N.**, Whiteside, TL., Wilson, C., Kondragunta, V., Rinaldo, CR., Riddler, SA., *Therapeutic Immunization of HIV-1-Infected Individuals with Mature, HIV-1 Peptide Loaded Dendritic Cells*. Clinical Vaccine Immunology, 2008 Feb;15(2):284-92. Epub 2007 Oct 17. [original work]
8. Quratulain Syed, MD, Stacie Schmidt, MD, Rhea E. Powell, MD, MPH, Tracey L. Henry, MD, MPH, MS, **Nancy Connolly, MD, MPH**, Jennifer B Cowart, MD, and Celeste Newby, MD, PhD, *Gerrymandering and Political Determinants of Health*. Population Health Management, Volume 00, Number 00, 2022 [original work]

Poster Presentations

1. **Connolly, N.**, Rinaldo CR, Whiteside TL, Wilson CC, Kondragunta, V, Riddler SA
Dendritic Cell-HIV Peptide Therapeutic Vaccination Is Safe and Immunogenic in HIV-infected Subjects with Virologic Suppression
Poster Presentation: Conference on Retroviruses and Opportunistic Infections 2006, Denver, CO.
2. **Connolly, N.**, Rinaldo, C., Wilson, C., Whiteside, T., Richards, T., Riddler, S.,
Therapeutic Dendritic Cell Vaccination Augments HIV Specific Immunity.
Poster Presentation: AIDS Vaccine 2004, Lausanne, Switzerland.
3. **Connolly N.**, Riddler SA, Rinaldo CR, Wilson CC, Ferrone S, Whiteside TL.;
Pre-clinical Characterization of Peptide-Loaded, Autologous Dendritic Cells (DCs) as a Novel Therapy for HIV-1-infected Subjects Receiving Highly Active Antiretroviral Therapy (HAART) Poster Presentation: XV International AIDS Conference, Bangkok, Thailand. 2004.
4. **Connolly N.**, Manders E., Riddler, SA. *Suction Assisted Lipectomy to Treat Morphologic Complications of HIV and HAART in 6 Patients*
Poster Presentation: Infectious Disease Society of America Annual Meeting 2002
5. **Connolly N.**, Hanusa B., Rollman B., *Patient Satisfaction with their Primary Care Provider Predicts Recovery from Major Depression*
Poster Presentation: Society of General Internal Medicine Annual Meeting 2001

Invited Presentations

| | |
|---|------|
| Nosocomial Infections UPMC Shadyside Hospital - Medical Residents Conference Series | 2000 |
| HIV in Women and Infants for Practitioners then Patients Polyclinic at Donetsk City Hospital #25, Donetsk, Ukraine Kramatorsk Central City Hospital, Kramtorsk, Ukraine | 2002 |
| Case Presentation: Lymphoma in the Setting of HIV Infection University of Pittsburgh - Infectious Disease Grand Rounds | 2006 |
| Dendritic Cell Based Therapeutic Vaccine for HIV University of Pittsburgh - Research in Progress | 2007 |
| Progressive Multifocal Leukencephalopathy University of Pittsburgh - Internal Medicine Grand Rounds | 2007 |
| Beyond Mere Medicine: The Biopsychosocial Approach to Persistent Pain Virginia Mason Addiction Conference | 2017 |
| Workshop: Chronic Pain: Reframing our Clinical Conversations Society of General Internal Medicine Annual Conference | 2022 |

VOLUNTEER/SERVICE ACTIVITIES

| | |
|--|----------------|
| United States Peace Corps - Benin Worked on Guinea Worm eradication project with UNICEF | 1990 - 1992 |
| Institutional Review Board, University of Pittsburgh | 2005 - 2007 |
| Board of Directors - Northeast Seattle Together A virtual village with the goal of creating a community where neighbors support one another through the transitions of aging. Was present on the board during final planning stages, hiring of an Executive Director and enrollment of first members. | 2011 - 2014 |
| Virginia Mason Bioethics Committee | 2017 - 2018 |
| Board Member - Seattle King County Coalition on Homelessness | 2021- present |
| Copello Fellow - Doctors for America Member and Representative to Healthcare as Human Right Washington Policy Committee. Tracks legislation (primarily state) and organizes advocacy from members. | 2021 - present |
| Membership Chair - Society of General Internal Medicine NW Chapter | 2022 - present |
| Candidate for Washington State Legislature Raised over \$148,627 predominantly from individual contributions, completed Emerge Candidate training and earned 15.8% (6,572) votes in 5 person primary | 2022 |
| Member of the Advisory Committee on Primary Care Advises the Washington State Health Care Cost Transparency Board - a board created by WA legislature and signed into law in 2020 with the goal of health care cost growth and increasing price transparency | 2022- present |

Interests

Reading, Writing, Sailing, Hiking, Traveling, Cooking – with a special interest in fermentation
A little bit of French language skill

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

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Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|---|---------------------------------------|
| Name (first and last): | Pamela Ketzner |
| Preferred pronouns (e.g., she/her, he/his, they/their): | She/Her |
| Organization (if applicable): | Whole Washington Universal Healthcare |
| Title or position (if applicable): | Volunteer, Retired RN |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | pamk30@comcast.net |
| Phone: | 253-312-2367 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

After working as a nurse for 40 years I wanted to become involved in more community activities. Whole Washington Universal Healthcare fits my need. I worked in Hospice for 30 years. Saw inequalities in care and so many concerns about medical debt or how to pay for medications and treatments. Many people have health insurance, but it is often minimal payments with much need for individuals to pay for themselves. I would like to learn more and have input into the quality of healthcare as well as developing true preventative medicine.

2. Please describe your relevant experience and how it would benefit FTAC.

RN for 40 years. 10 years inpatient care and the 30 years in Hospice. I was fortunate to complete my Master of Nursing Education and utilize this as an educator. During this time, I was writing policies and procedures, keeping updated on evidence-based medicine, contributing to computer updates and reaching out to form more important relationships within my community both at work and the city I live in.

3. Please describe any other experience serving on a committee, board, or workgroup.

For the last 5 years I have been part of the Tacoma Metro Parks Nature and Environment Advisory Board. Currently I am the secretary. This provides me with more community interaction, understanding finances to improve our parks and promoting how being outside in nature is definitely good for our body, mind and what gives us meaning to life.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I love learning, being an active member in my community and volunteering.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

Registered Nurse in the state of Washington.

10. Memberships in professional, civic organizations, or government boards or commissions:

Secretary of the Metro Parks NEAC (Nature and Environment Advisory Committee)

Volunteer for Whole Washington Universal Healthcare

11. Community service/volunteer activities:

Metro Parks
Whole Washington

Volunteered with OMLife Medical Clinic March 2021 to May 2022, giving Covid vaccines to many community members in Pierce County and King County

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

As a visiting Hospice nurse I was honored to care for people near the end of life. I saw people who were cared for by family members who had stopped working to provide this care. Teaching people about medications if English was a second language or they lacked education to read well. Learning from people I visited provided me with education about their family and their beliefs which are very important within healthcare. A team approach often worked best so people would know what we could provide to stay in their own homes, assist in learning what

14. Please describe why health equity is important to you.

Everyone deserves the best care. No matter where a person lives, if they are unhoused, have mental health needs and addiction problems. Health care is a human right in my opinion. Respecting everyone is important. Care from birth for all is needed in our country. We must have equity in housing, food, education and health to live!

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

To remove copays, reduce the price of all medicines, provide outpatient care, rehabilitation for many health issues and to remove medical debt to all citizens. Health is the outcome not profits from being ill or injured.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White female

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Pamela Ketzner

Date:

November 29, 2022

3529 North Villard Street
Tacoma, WA 98407

Phone 253-312-2367
E-mail-
pamk30@comcast.net

Pam Ketzner RN, MN, CHPN

| | | |
|-----------------------|--|---|
| Job | 1979 – LPN | Adult/Med Surg, Rehab. St. Joseph Medical Center. Tacoma WA |
| Qualifications | 1983 – RN | Medical Adult Nursing |
| | 1986 - RN | Oncology Unit/ Adult |
| | 1990 to 2020 - RN | Adult, Franciscan Hospice & Palliative Care |
| | 2003 to 2020 retired | Franciscan Hospice & Palliative Care Educator |
| Education | | |
| | Kansas Area Vo Tech February 1979 | Topeka, KS LPN |
| | Tacoma Community College June 1984 | Tacoma, WA ADN |
| | University Of Washington June 2002 | Tacoma, WA BSN |
| | University Of Washington August 2004 | Tacoma, WA MN/Nursing Education |
| | Medical Informatics Class 2009 | Online/San Francisco Certificate from OHSU |
| Publications | 2001 PSONS Quarterly, Vol. 24(2), Tough Talk: discussing the end of life, Sandi Johnson MSW, Pam Ketzner RN, panel member. | |
| | 2002 PSONS Quarterly, Vol. 25(1), Should nurses wear a standard uniform to promote professionalism? Pam Ketzner RN, CHPN. | |
| | 2002 PSONS Quarterly Vol. 25(3), Guest Editor for issue End of Life Care, Pam Ketzner RN, BSN, CHPN. | |

Professional memberships

| | |
|---------------------------------|--|
| 1986 to 2008 | Oncology Nursing Society (ONS) |
| 1988-1990 | Puget Sound Oncology Nursing Society (PSONS) |
| 1986 | Board Member Secretary |
| PSONS | Public Relations Committee Member |
| | Symposium Committee 1996,97,98 |
| Education Committee Chairperson | 2000-2002 – Board Member. |
| 1990- 2020 Organization | National Hospice and Palliative Care Member & Washington State Hospice Palliative Care Org. - Member |
| 2002 to 2022 | Hospice and Palliative Nurses Association |
| 2005-2007 | HPNA Membership Committee Chairperson |
| November 2007 to 2009 | HPNA PROVISIONAL GROUP – TOTEM CHAPTER |
| March 2009 to 2011 | Totem Chapter of HPNA President |
| August 2009 | Vice President of Cornerstone Club FHS |
| August 2010 | President of Cornerstone Club FHS |
| August 2011 | Past President of Cornerstone Club FHS |

Community activities

Community Health Fair - Volunteer-Parish Nursing (Committee of St. Joseph Hospital)

Speaker at Rotary Club # 8 Meeting At Tacoma Community College May 2002, hospice Nursing, and as a previous graduate of TCC.

Speaker at TCC, Board of Community Colleges, spoke about Hospice Nursing in the Tacoma Community as well as being a graduate of TCC. July 2002

End of Life Panel Discussion” March 7, 1998 RN, Part of an interdisciplinary team of Hospice workers. Part of 16-hour two-day symposium

The tough Talk: Discussion at the End of Life” March 10, 2001 Seattle, PSONS sponsored symposium, part of two day symposium.

Clinical Faculty TCC Associate Degree Nursing Program, Students experiences Focus on End of Life Care, Feb-March, 2003

Clinical Faculty TCC Associate Degree Nursing Program, Students experiences Focus on End-of-Life Care, hired for May-June, 2003

Faculty TCC Associate Degree Nursing Program, Class NURS 242 Nursing Focus V: End of Life Care 2Credits, hired for Spring 2004

Faculty TCC Associate Degree Nursing Program, Class NURS 242 Nursing Focus V: End of Life Care 2 Credits, hired for Spring 2007

TCC class for Current Trends in Nursing End of Life April 2009, 2010, 2011

TCC class presentation Life Span Psychology, Hospice Presentation 2013,2014,2015

Co-facilitator for SNF End of Life education Feb. 2015 to June 2015

Med-Surg residency twice yearly Hospice & Palliative Care presentation, 2010 to present

Harrison End of Life class to community, Kitsap

Certification

Certification for Hospice & Palliative Care Nurse CHPN Feb. 2002 & 2006 recertified November 2009 for 4 years. CHPN

2014 valid up to 2018.

Recertified up to 2023

Volunteer experience

1986-1992 - American Cancer Society – I CAN COPE facilitator Pierce Unit

Long Term Cost of Cancer Therapy Subcommittee Symposium 4/3/87

1986 - American Cancer Society - worked with Dr. Gordon Klatt (founder of Relay for Life)

1987 - American Cancer Society - Pierce Unit Representative for a Tobacco Free Washington

2001 - American Cancer Society - Relay for Life participant

2002 – American Cancer Society - Relay for Life participant

2003 – American Cancer Society – Relay for Life participant

2005- Franciscan Hospice Volunteer for Relay for Life

2007-Franciscan Hospice & Palliative Care Volunteer for Relay for Life

2011 Represented HPNA at the Clinical Conference for Heart Failure Nurses in Seattle for 3 days. Oct.

2008 to 2017 Member of the Pierce College Nursing Advisory Committee

2017 to current 2022 Metro Parks Nature & Environment Advisory Council

2022- Secretary Metro Parks Nature& Environment Advisory Council

March 2021-May 2022 OMLife Health Clinic, Tacoma administering Covid vaccines to community members in Pierce and King County

**Awards &
Scholarships
received**

1986 St. Joseph Hospital Nurse of the Year Finalist

1987 St. Joseph Hospital Nurse of the Year Finalist

1987-1988 American Cancer Society Volunteer of the Year Pierce Unit

1989 St. Joseph Hospital Nurse of the Year

2000 St. Joseph Hospital School of Nursing Alumni Scholarship for BSN

2001 St. Joseph Hospital School of Nursing Alumni Scholarship for BSN

2002 Franciscan Foundation Education Fund/Lagerquist Scholarship for MN

2002 HPNA Certified Hospice Nurse of the Year

2003 Oncology Nursing Society Educational Scholarship for MN

2009 SJMC Employee Fund Scholarship Recipient/Lagerquist Award

Research

Effects of Massage on Pain Intensity, Analgesics and Quality of Life in patients with cancer pain. A pilot study of a randomized clinical trial conducted within hospice care delivery. Published in The Hospice Journal, Vol. 15 (3). As the patient care coordinator, informed consent discussed and patient signature. Principal Investigator, Diana Wilkie, PhD, RN, and Mark Rake-Marona, MBA, Director of Franciscan Hospice.

Presenting at 5th Clinical Team Conference on Hospice and Palliative Care. Las Vegas, March 23-25, 2004. The Case for Evidence Based Practice. Marjorie

Dobratz, DNSC, RN University of Washington, Tacoma. Pam Ketzner RN, BSN, Graduate Student UWT, Franciscan Health System, Franciscan Hospice.

Presentations Washington State Hospice & Palliative Care Organization

Expanding Dimensions 2008 - September 22- 23, 2008

Break out Session: Hospice Documentation

UW EOL class with Stu Farber 2005-2011

Ongoing educational presentations at Franciscan Hospice through 2019

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Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Peggi Lewis Fu |
| Preferred pronouns (e.g., she/her, he/his, they/their): | She/her |
| Organization (if applicable): | Association of Washington Healthcare Plans |
| Title or position (if applicable): | Executive Director |
| Work address (if applicable): | 111 21st Avenue SW, Olympia, WA 98501 |
| County of organization/employer (if applicable): | |
| Email: | peggi.fu@wahealthcareplans.org |
| Phone: | 206-818-8731 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input checked="" type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | Health insurance plans |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Law |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: private |
| | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
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Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

The Association of Washington Healthcare Plans (AWHP) would like to appoint a member to serve on behalf of health insurance carriers in the State of Washington. Our member plans offer coverage through employers, unions, government programs, Medicare, Medicaid and the individual market and represent over 7 million lives covered.

2. Please describe your relevant experience and how it would benefit FTAC.

The AWHP representative will be a subject matter expert with an exceptional understanding of the actuarial and analytic components of healthcare financing, with a broad understanding of everything from health care administration, health care delivery systems, health IT/EMR's, health care benefits, costs, value-based payments, alternative payment methodologies, health equity/health disparities, to provider reimbursements.

3. Please describe any other experience serving on a committee, board, or workgroup.

To be determined.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

We look forward to working with all stakeholders in a collaborative nature to provide well thought out and through input on health care financing, and delivery models.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

To be determined

10. Memberships in professional, civic organizations, or government boards or commissions:

Membership in AWHP

11. Community service/volunteer activities:

To be determined

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Health insurance plans are committed to working with federal, state, and local governments, along with community organizations and other stakeholders to improve health equity so everyone in Washington has an equal opportunity to thrive and achieve their best health.

14. Please describe why health equity is important to you.

Everyone deserves affordable high-quality health coverage and care regardless of the individual qualities that make us who we are, like our race, gender, disability, or health status. Health insurance plans are working to improve health equity by addressing health care disparities; removing social barriers to good health; and promoting diversity, equity and inclusion.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

To be determined

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Peggi Lewis Fu

Date:

11/30/2022

Peggi Lewis Fu joins AWHP as the Executive Director with over 18+ years of experience leading renowned nonprofit organizations. As an innovator driven by passion and mission excellence, Peggi has an extensive history involving the intricacies of cross-functional leadership, budget optimization, public policy, and nonprofit business development ranging from special events, people to fundraising. Even more, she enjoys leveraging that dynamicity to not just exceed bottom-line objectives but do so all while propelling various industry and community initiatives forward.

Formerly, Peggi held several positions at the Population Health Alliance when the Affordable Care Act/national healthcare focuses were shifting from sickness and disease to one based on wellness and prevention. More recently, Peggi was the Executive Director for The Commercial Real Estate Development Association (*NAIOP Washington State*) beginning in 2014 – 1,000+ members who are involved with office, biotech, industrial, mixed use, retail, institutional and multifamily space throughout the Puget Sound. Here, Peggi established a permanent government affairs funding mechanism and organizational structure to advocate for the advancement of CRE development in Washington State.



Peggi Fu
Executive Director

Association of Washington Healthcare
Plans
Peggi.Fu@wahealthcareplans.org
360.524.3060

Alongside her leadership and bigger picture focus, other notable successes Peggi attained during this time include developing a Diversity, Equity & Inclusion strategic initiative and committee in 2017, creating ongoing sources of revenue during the pandemic as well as replenishing the financial reserves in under 8 months, and increasing/maintaining NAIOP membership growth of 34% to become the third largest US chapter with a membership retention rate of 91% in 2022. In addition, Peggi's dedications did not go unnoticed, as amid her executive duration, she received the Executive of the Year Award by NAIOP in 2018.

Academically, Peggi holds a BA in International Relations and Affairs (*Concentration in International Marketing*) along with a Minor in Business Administration from George Washington University. Originally from the Midwest, Peggi resides in North Seattle with her husband and three daughters.

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Pam MacEwan |
| Preferred pronouns (e.g., she/her, he/his, they/their): | She/her |
| Organization (if applicable): | |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | pammacewan@gmail.com |
| Phone: | |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member of working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I have been working for 30 years to repair or replace our broken health system. Much of my recent work has been centered around removing barriers and making health care accessible and affordable. I have also had the opportunity to work on systemic and universal solutions to our health care crisis. I would like to use both sets of experience to work with this group to resolve the dilemmas of financing and affordability of universal health care.

2. Please describe your relevant experience and how it would benefit FTAC.

I have led the state health benefit exchange for 10 years with eye to innovation in access, coverage, financing and affordability. I was fortunate to work with gubernatorial work groups and the Health Services Commission to design a state wide solution that would guarantee universal access along with a financing mechanism. Many of our problems have become more complex and health care has become much more expensive. However, the approach to problem solve for a

3. Please describe any other experience serving on a committee, board, or workgroup.

I have served on many state boards and commissions dedicated to improving the health system - the Washington Health Services Commission, the Governor's Blue Ribbon Commission, the Health Care Reform group led by the OIC, the Children's Health Coverage Initiative, the task force for Children with Special Health Care Needs, the Universal Health Care Task Force and Commission, the Health Care Cost Transparency Board, the Washington Health Alliance.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I have a great deal of depth of experience but I would like HCA to know that I don't believe we have tried everything and I strongly believe there are good ideas and innovation yet to be explored. It is important to hear multiple points of view and to deeply understand the experiences of other states and impacts on vulnerable communities.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

See above

11. Community service/volunteer activities:

Board of Governors, The Evergreen State College

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

While universal access to health care is absolutely essential to community health it is only one piece of what creates health. Economic security and income equity are essential to health as well as food security and safe communities. We have only begun to understand the impact of racism on health, particularly maternal health. At the Exchange we worked with the Board to revise our view of community health and develop pathways to impact change or support others better positioned to remove

14. Please describe why health equity is important to you.

Health equity is personal to me - I grew up in poverty and did not have access to health care until I was 30. I worked in health care settings where I saw first hand the impact of poverty combined with little or not access to health care. Income inequities have grown over time paving the way to increases in diabetes, substance abuse, and a behavioral health crisis. I have recently retired but feel strongly that the work I devoted my life to, is far from complete. I plan to continue to work on these

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

I need to learn much more about the work so far, but I believe there are opportunities in access and using federal dollars more effectively; more creative approaches to benefit design for vulnerable communities and individuals; more equitable financing; reduction or elimination of unaffordable consumer cost sharing; holding carriers and providers accountable for spending and results; different

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

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- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Pam MacEwan

Date:

November 7, 2022

Pam MacEwan

6755 Sycamore Ave NW

Seattle WA. 98117

206-499-8290

pammacewan@gmail.com

LinkedIn - <https://www.linkedin.com/in/pam-macewan-1b415441/>

RESUME

Work Experience

CEO - Washington Health Benefit Exchange. August 2012 to June 2022.

- Appointed by Exchange Board in 2015 to develop and implement turnaround strategy for organization.
- Succeeded in stabilization of financial performance, improved reputation and relationships with legislators and carriers. Implemented significant customer focused IT improvements and innovation. St
- Created innovative and high performing work culture.
- Increased enrollment growth and improved Medicaid enrollment processes and service.
- Improved state partnerships and brought Exchange into state inter-agency leadership coalition to design and statewide IT improvements and improve access health care and social service programs.
- Launched first in the nation public option plan. Developed state subsidy program and health coverage pathway for undocumented Washingtonians.

Other roles - **Chief of Staff from 2012 to 2015** – drove implementation to stand up one of first state based health insurance exchange and Medicaid expansion, design and development in close collaboration with carriers and system integrator to meet tight deadlines and federal and state requirements. Worked closely with CMS and CCIIO teams, meeting regulatory and system requirements. One of few state exchanges to launch successfully on time.

Executive Vice President for Public Affairs - Group Health Cooperative. 1995 to 2012.

- Brought disparate operational and policy units together to develop unified approach to external relations and strategic government partnerships.
- Strategic and operational responsibility for internal and external communications, media and PR, publications, branding strategy, federal and state governmental relations.
- Led state and federal government relations and lobbying activities.
- Managed regulatory relationship with Office of the Insurance Commissioner, Medicare compliance, Medicaid compliance
- Brought Group Health to forefront of leading efforts to expand the Basic Health Plan, expand children's access to health, and impact state and national health reforms
- Developed government programs strategy for Medicaid and Medicare
- Led consumer governance and board operations – one of last consumer governed health systems in the country.

Commissioner - Washington Health Services Commission. 1993 to 1995.

Appointed by Governor to serve on a commission of five health care leaders to implement Health Service Act to reach goals of universal coverage, insurance reforms, sustainability on individual market, design of comprehensive health benefit package, anti-trust oversight, design and implementation of coverage for seasonal and part-time workers. The Health Service Act was repealed in 1995 with exception of the Basic Health Plan and individual market reforms.

Associate Director - Washington Citizen Action. 1991 to 1993. Led state-wide coalition to successfully pass comprehensive health reform legislation bringing labor, consumer, health provider, hospital and disease advocacy groups together.

Regional Director - Service Employees International Union. 1980 to 1990.

Organized first bargaining units for District 925 division of SEIU. Negotiated first bargaining agreements with University of Washington, KCTS, and the Association of University Physicians.

Other Roles with SEIU – Organizer and business agent, Local 76, Rhode Island – long term care facilities and community clinics. National organizing staff on campaigns in Connecticut and Massachusetts.

Planned Parenthood Rhode Island. 1978- 1980. Counselor – Planned Parenthood

Board Experience

Health Care Cost Transparency Board – 2021 – 22. Board member, gubernatorial appointment. Purpose of board is to set growth benchmarks for Washington state health spending. Work is in early stages.

Washington Health Alliance – 2016 – 2022. Board member and served on executive committee in various roles. Participated in task force to resolve all-payer claim data base issues – work that has not yet resolved. WHA focus is to measure health care quality, provide actionable quality data to employers and other health care purchasers, educate consumers and the public about health spending, significant force in state of Washington that has successfully brought providers, payers, and insurers into effective working partnerships.

Pacific Business Group on Health – 2021 – 2022. Board member.

NASHP – National Marketplace CEO Council. Invited speaker at successive national meetings

Universal Coverage Care Commission – Member 2021-22

Association of Washington Health Plans – 1997 – 2012. Served as vice chair and chair. Helped lead organization through shut down and reopening of the individual market.

Washington Hospital Association, Policy Committee – 1997-2012

Alliance for Education, Seattle, Board member, served as Chair and Vice Chair, 2007 – 2012

Awards/Recognition:

Seattle Magazine – Names one of most influential people of 2021 – for health care leadership.

Invited to address Congressional Budget Office Health Advisory Commission on state innovation and the launch of the public option in Washington State- 2019

Testimony - Invited witness to address House Ways and Means on reaching universal health coverage - 2019

NASHP Award – Collaborative Leadership in Health Reform – 2019 – recognition public option – first in country, required collaboration of the Exchange, state agencies, and the Governor’s office.

Education

BA – The Evergreen State College, Olympia, Washington

MA – Brown University, Teaching/History

MPA Course work – University of Washington

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Roger Collier |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/his |
| Organization (if applicable): | Retired |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | rcollier@rockisland.com |
| Phone: | 360-298-4222 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input checked="" type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input checked="" type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

~ Financing has proved to be the critical issue and major stumbling block for other states' proposals for universal health care (Vermont, California, Colorado, New York) as well as for Washington's previous effort in 1992.

~ I believe I have a unique set of qualifications in health care costs and financing, health care operations (including IT), and in implementing innovative health care programs (including the Department of Defense's TRICARE, Washington Basic Health, and now Medicaid programs in Arizona and California)



2. Please describe your relevant experience and how it would benefit FTAC.

~ Please see the attached resume under the following headings: Government Health Care Policy; Health Care Costs and Financing; Government Health Care Systems; Government Contracting and Litigation Support; Private Sector Health Care Systems and Policy.

3. Please describe any other experience serving on a committee, board, or workgroup.

~ As a full-time consultant I made presentations on procurement and claims payment issues to Medicaid and other national conferences and co-chaired the Group Health Association of America workshop on provider payment and information systems.

~ Since retiring I have served as a medical clinic board member, president of a community club, president of a golf club, and managed a county commissioner's successful election campaign



4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

~ I have reviewed in depth the proposed financing structures for the unsuccessful Vermont effort and the currently proposed Oregon universal health care plan. Washington differs from these two states in not having a state income tax, which adds to the complexity of the issues which will face the FTAC.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

N/A

9. Professional licenses held:

~ Certificate in Data Processing

~ Master of Business Administration

10. Memberships in professional, civic organizations, or government boards or commissions:

~ Association for Computing Machinery

~ Whatcom County Greenways Committee

~ Whatcom Alliance for Health Care Access HIE Task Force

11. Community service/volunteer activities:

~ President, Friends of the San Juans

~ President, Orcas Island Golf Club

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

~ Having grown up with the National Health Service in the UK, I am appalled by the system we have in the US which penalizes the poor, the disabled, and those who simply have difficulty dealing with bureaucratic rules and procedures.

14. Please describe why health equity is important to you.

~ See # 13

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

~ Many equity issues will appropriately be dealt with by the Commission itself, but the FTAC should at a minimum be concerned with:

- > overall affordability for individuals and families (especially low income)
- > fairness of any required individual contributions (for example, a flat premium might be considered inequitable because its burden is greater on the poor)



Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White Immigrant from UK

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Roger Collier

Date:

11/27/2022

ROGER COLLIER

SUMMARY: I am a retired consultant with more than thirty years' experience in health care systems and policy and information technology. I have directed and performed numerous consulting projects for Federal, state, and local government agencies and for non-profit and commercial health insurers and HMOs, and have worked in the United States, Europe and South America.

PRIOR EMPLOYMENT:

Roger Collier & Associates – 1993 to 2012. President.

KPMG – 1986-1993. Partner-in-Charge, Health Care Systems and Policy Group.

Compass Consulting Group – 1976-1986. Founder and CEO.

EXPERIENCE—GOVERNMENT HEALTH CARE POLICY: My consulting experience includes program policy design for Massachusetts' prototype Medicaid managed care program; development of benefits, reimbursement, and eligibility policies for the Arizona Health Care Cost Containment System; and design and development of reimbursement policies and procedures for hospitals and nursing homes for the States of Ohio and Hawaii. I assisted in the implementation of Washington State's Basic Health Plan and was project manager for Orange County, California's implementation of SCHIP, responsible for network development, policies and procedures, systems specifications, and provider contracting.

In addition, I was a co-author of an early health care reform bill in the State of Washington, wrote articles on health care reform for both Seattle daily newspapers, was quoted in articles in the New York Times, and discussed health care reform issues on a radio talk show program. I was a panelist for Washington State's Blue Ribbon Commission on Health Care Costs and Access, and served as Health Care Policy Consultant to a national health care reform organization.

EXPERIENCE—HEALTH CARE COSTS AND FINANCING: I conducted an actuarial review of the initial version of TRICARE, the military retiree and dependent health care program, I also was involved in the design of the risk corridor structure for TRICARE contract funding and the design and development of reimbursement policies and procedures for hospitals and nursing homes for the States of Ohio and Hawaii. Also, for several Medicaid agencies I evaluated the accuracy of multiple types of provider reimbursement.

EXPERIENCE—GOVERNMENT HEALTH CARE SYSTEMS: My experience includes systems specification projects for Medicaid agencies in Hawaii, Alaska, Washington, California, Ohio, Missouri, Florida, South Dakota, Georgia, Massachusetts, New Jersey, Arkansas, and Mississippi; management of a nationwide data requirements project for HCFA (predecessor

to CMS); implementation management of the initial Department of Defense TRICARE managed care system; and development and implementation of Medicaid managed care system requirements for the Orange County, California Medicaid agency (including serving for seven months as interim Chief Information Officer).

EXPERIENCE—GOVERNMENT CONTRACTING AND LITIGATION SUPPORT: My experience includes management of Medicaid and other government health care program and IT procurements in California, New Jersey, Massachusetts, Hawaii, Missouri, Arkansas, and other states. I conducted studies of procurement and contracting issues for the California Medicaid agency and the Department of Defense Medical Oversight Committee. I also served as an expert witness in various state hearings and before the GAO.

EXPERIENCE—PRIVATE SECTOR HEALTH CARE SYSTEMS AND POLICY: My experience includes participation and/or management of IT systems design projects for Blue Cross/Blue Shield Plans in Washington, Wisconsin, Vermont, Oregon, and Idaho, and management of several private sector fiscal agent proposal efforts. I directed the development of guidelines for the national Blue Cross/Blue Shield Association's model point-of-service HMO plan, and managed consulting projects for major HMOs including Kaiser and Group Health Cooperative.

EDUCATION: I received my Bachelor of Science degree in Mathematics from the University of London and my Master of Business Administration degree from Pacific Lutheran University.

PROFESSIONAL ACTIVITIES: I have made presentations on procurement and claims systems issues to Medicaid and other national conferences, and co-chaired the Group Health Association of America's workshop on claims processing and information systems. In addition, I have testified on government health care systems and policy issues before legislative committees in Colorado, Washington and Oregon.

COMMUNITY ACTIVITIES: Since my retirement from full-time consulting, I have served as a medical clinic board member, president of an environmental organization, president of a community club, president of a golf club, and managed a county commissioner's successful election campaign (defeating a three-term incumbent).

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|---|--|
| Name (first and last): | Roger Gantz |
| Preferred pronouns (e.g., she/her, he/his, they/their): | (he/his) |
| Organization (if applicable): | Retired |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | gantzrp@yahoo.com |
| Phone: | (360) 704-8887 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input checked="" type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input checked="" type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

Worked for 30-years expanding health care for low-income residents, including: sustaining Medically Indigent, Medical Care Services and Basic Health programs; and, implementing the Medicaid Breast & Cervical Cancer, Healthcare for Workers with Disabled and CHIP programs. As agency staff, participated in the 1991-93 Washington Health Care Commission's work. As consultant, assisted tribes in accessing ACA coverage. FTAC membership is a direct extension of this work

2. Please describe your relevant experience and how it would benefit FTAC.

As Medicaid policy director and reimbursement manager, have extensive experience with: Medicaid, CHIP and state health programs' financing; design and implementation of reimbursement systems; caseload and fiscal forecasting. Work with federal government to apply and implementation 1932 and 1115 demonstration waivers. Knowledge and experience with American Indian health care systems.

3. Please describe any other experience serving on a committee, board, or workgroup.

- Project leader in implementation of CHIP and Medicaid expansion programs.
- Medicaid staff member to the Governor's Health Policy Committee and Priorities of Government (POG).
- Medicaid agency's staff member on the Caseload Forecast Council for medical services.
- Member of Thurston-Mason Mental Health & Chemical Dependency Advisory Board

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

11. Community service/volunteer activities:

- Three-years in Volunteers in Service to America (VISTA) working in Northeast Kansas with African American community and three federally recognized American Indian tribes located in Northeast Kansas. (1969-1971)
- Volunteer member of the Thurston-Mason Mental Health & Chemical Dependency Board. (1979-81)

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

- 30-year work to expand healthcare coverage for low- and moderate-income persons through the implementation of Medicaid Breast & Cervical Cancer and Healthcare for Working Disabled and CHIP and Children's Health programs.
- 4-years consulting work with the American Indian Health Commissions to assist Washington's 29 tribes implement ACA tribal provisions with the Health Benefits Exchange and Office of the Insurance Commissioner.

14. Please describe why health equity is important to you.

Having spent my entire career working for social justice and equality, with emphasis on access to affordable, high-quality healthcare for all persons. More importantly, healthcare and correlated good personal health is a cornerstone for persons to have a productive and meaningful life.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Based on KFF 2021 estimates, Washington ranked 21st in uninsured rate (6.5%). Some 490,000 residents were uninsured, 35% were in households below 200% FPL., 36% were Hispanic, 7% were Asian, 5% were black. A unified financing system will make a major impact in health coverage by making it affordable and easier to access. Coverage based on residency, not citizenship, will have a significant impact.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I was born and raised in the Southern California suburbs. My family of origin is European Caucasian.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Roger Gantz

Date:

11/30/22

Roger Gantz

1324 Rose Street Northeast, Olympia, Washington 98506

Cell Phone: 360-704-8887

E-Mail: gantzrp@yahoo.com

Related Expertise

Extensive experience in the design, implementation and administration of Washington's Medicaid, Children's Health Insurance Program (CHIP), Medicaid Breast & Cervical Cancer program, Healthcare for Workers with Disabilities, and other low-income health programs. Detailed knowledge of Medicaid eligibility, benefit design and delivery system requirements, reimbursement, and federal funding options. Design and implementation of Medicaid reimbursement systems and financing systems to leverage federal funding to sustain state low-income health programs. Project lead to redesign Medicaid programs, benefit designs and service delivery systems. Assisted with the design and implementation of legislative requirements to reduce the growth in health care costs while retaining and improving health care for Washington's low-income residents. Work with the Washington State legislature and government agencies to enact legislation that expanded health coverage for low-income children and persons with disabilities.

Knowledge and experience with the federal Patient Protection and Affordable Care Act (ACA), including 2014 Medicaid expansion, Medicaid grant options, and the Health Insurance Exchange. Knowledge and experience with federal 1115 reform waivers. Coordinated agency review of ACA with specific emphasis on Medicaid expansion and coordination between Medicaid and the Exchange for low-income persons. Participated on Health Care Authority advisory group to identify key policy issues to implement Washington's Health Insurance Exchange. Obtained 1115 waiver to secure federal funding that sustained the Basic Health and Medicare Care Service programs until implementation of Medicaid expansion in 2014.

Experience and knowledge working with Washington's American Indian/Alaska Native (AI/AN) populations and 29 federal recognized tribes through work with the American Indian Health Commission for Washington State (AIHC). Supervised and assisted Medicaid agency's tribal liaison in expanding reimbursement for tribal clinics and maximum federal matching funding. In consulting capacity, assisted AIHC to obtain federal ACA grant funding to implement tribal assister program and state statutory provisions the tribal clinics are ACA essential providers.

Work Experience

Senior Research Manager – October 2015 – June 2022

Research & Data Analysis Division

Department of Social and Health Services

- Research activities include providing policy and analytic support to the Health Care Authority (HCA) in the design and implementation of the Foundational Community Supports program (FCS), which provides supported employment and supportive housing to Medicaid clients with needs and risk factors. This includes ensuring the ProviderOne payment system has the capacity to support FCS, development of management reports and program requirement such as network adequacy requirements.
- Research activities included providing policy and analytic support to HCA's SIM Modal 2B project to assess service delivery and payment reforms to sustain small rural hospitals and their community clinics. The project focused on small public critical access hospitals (CAHs) with nursing home swing beds

Consultant, Senior Policy Analyst - January 2012 through May 2015

American Indian Health Commission for Washington State

Sequim, Washington

- Provided policy analysis and recommendations and technical assistance to AIHC, which is a 501(c) organization representing Washington's 29 federally recognized tribes on health policy. Work included assisting AIHC in identifying its needs for Tribal participation and engagement in Washington State Benefits Exchange (Affordable Care Act market) design and development.
- Assisted the AIHC Executive Director, AIHC Executive Committee and AIHC staff to complete certain Washington Health Benefits Exchange's (WHBE) Level 2 Establishment Grant deliverables. This included: (a) Work with Tribal leaders, Officer of Insurance Commission (OIC) and WHBE to establish a State of Washington Qualified Health Plan (QHP) Indian Health Care Provider Addendum, and to have new network adequacy rules require QHP issuers to offer network provider contracts to all Indian Health Care Providers in their service areas; (c) Work with Tribal Leaders and OIC to amend existing network adequacy rules to require issuers to reimburse Indian Health Care Providers for services rendered to American Indians/Alaska Natives (AI/AN) even when the provider does not have a network contract; and, (d) Work with the Health Care Authority (HCA) and Centers for Medicare & Medicaid Services (CMS) to have Medicaid Classic eligibility standards adopt the MAGI AI/AN Income Exemption rules.

Consultant – September 2012 through July 2013
Washington Health Care Authority – Olympia Washington
Oregon Health Authority – Salem Oregon

- Provided technical assistance and serve as project lead on the design of a Medicaid reimbursable program that would allow Oregon Health Authority (OHA) to reimburse Tribal programs for certain Medicaid optional services not covered under their State Medicaid Plan (SPA) or its 1115 waiver. Assisted OHA in developing meetings with Tribal representatives, developing a concept paper to amend Oregon's existing waiver, and negotiating with the Centers for Medicare and Medicaid Services (CMS) to obtain an approved waiver amendment for the payment program. Project was originally a joint effort with HCA.

Medicaid Policy Director – June 1993 through July 2012,
Department of Social and Health Services' Medical Assistance Administration & Health Care Authority
Olympia, Washington

- Supervised legislative activities including agency request legislation. Worked with State legislature, Office of Financial Management and Governor's Policy Office to enact expanded coverage for low-income children and persons with disabilities, including: Children's Health Insurance Program (CHIP); Children Health Program (CHP) for non-citizen children; Medicaid coverage for women with breast and cervical cancer; Healthcare for Workers with Disabilities; redesign of Medical Care Services for General Assistance and Disability Lifeline programs. Assisted with developing the agency's budget request, negotiating with Legislators and their staff on the agency budget, and assisted with its implementation.
- Obtained demonstration waiver using ACA provisions to obtain federal Medicaid funding to finance the state Basic Health and Medicaid Care Services programs until 2014 when the ACA Medicaid expansion will cover persons served by these programs. Coordinated the agency's ACA review to identify critical requirements for the 2014 Medicaid expansion. Provided technical assistance to the federal government to identify the Governor's Health Innovation's for Washington proposal, intended to support Washington's ACA implementation. Worked with Legislators and staff on SB 5596 legislation that provides direction to Executive Branch on waiver to revise Medicaid health programs for the ACA expansion.
- Supervised and assisted the Medicaid tribal liaison in working with Washington's 29 federal recognized tribes and two urban health clinics. Work including implementation of IHS encounter payment system for medical and behavioral health services, and obtaining enhanced federal matching fundings for services provided directly by tribal clinics.

- Participated as policy lead on the Cased Forecast Council’s medical services caseload forecast. Participated on the Governor’s Policy Office’s state agency Health Care Committee. Lead agency staff for Medicaid on the Governor’s Priorities of Government (POG) health care committee.
- Assisted with the design of a new Medicaid reimbursement system for Federally Qualified Health Care Centers (FQHC) and Rural Health Clinics (RHC).
- On temporary assignment, assisted with implementation of HEDIS measures to evaluate managed care organization contractors. In coordinated with Health Care Authority developed a MCO provider data base used to help applicants select a plan and measure network adequacy.
- Served as project lead or group participant to design medical programs to meet federal and state requirements including Alien Emergency Medical (AEM) for non-citizens, Medicaid health benefit redesign, and administrative match programs. Co-chaired agency and stakeholder activities to implement Apple Health for Kids to provide affordable health coverage for all Washington’s children. Provided technical assistance to agency and legislative staff on Medicaid laws and rules dealing with program eligibility, benefit design requirements and reimbursement. Provided technical assistance to Congressional staff and Governor’s D.C. office on Washington’s Medicaid program and worked with National Governor Association (NGA) on Medicaid reform efforts. Worked with Congressional staff to obtain legislation for funding health care for low-income children, including Bingaman and Cantwell amendment to finance Medicaid program. Agency representative on Governor’s Priorities of Government (POG) for health care which included developing priorities list used by the three agencies health services and Governor to develop agency budgets.
- Participated in reimbursement redesign initiatives, including federally recognized clinic (FQHC/RHC) programs. Supervised administration’s involvement with Washington’s 29 federally recognized tribes, including: expansion of Medicaid services and reimbursement provided by tribal programs; licensing and certification requirements for tribal programs serving Medicaid clients; and discussions with tribes on new behavioral health system for American Indians covered by Medicaid and standard Medicaid benefit design for tribal programs.

Cost Containment & Planning Manager and Reimbursement Program Manager – 1985-1993

Medical Assistance Administration

Department of Social and Health Services

Olympia, Washington

- As reimbursement manager, supervising ten reimbursement staff. Responsible for supervising the design and implementation of outpatient hospital payment systems, physician payment systems, prescription drugs and durable medical equipment (DME).

- Project manager for the design and implementation of a new Diagnosis Related Group (DRG) based inpatient hospital reimbursement system and hospital selective contracting initiative.
- Designed and implemented first generation Medicaid disproportion share hospital (DSH) payment programs. In addition to providing enhanced payments for hospitals serving a disproportionate share of low-income patients, other DSH programs were implemented to sustain the state's Medically Indigent and Medical Care Services programs, and to support rural hospitals
- As cost containment manager, supervised four staff and all legislative activities including obtaining request legislation and budget proposals.
- Designed and implemented first generation administrative match funding to support public health and school districts. Coordinated the design of Medicaid funding for school districts serving educationally handicapped children.
- Provided technical assistance to agency's program on Medicaid laws and rules dealing with program eligibility, benefit design requirements and reimbursement.

Residential Program Manager – 1984-85
Division of Developmental Disabilities
Department of Social and Health Services
Olympia, Washington

- Participated in the design of new residential support systems for persons with developmental disabilities, including program requirements, staff monitoring guidelines and reimbursement systems.

Reimbursement Manager - 1981-84
 Division of Developmental Disabilities
 Department of Social and Health Services
 Olympia, Washington

- Served as division chief fiscal officer and supervised five reimbursement staff.
- Designed and implemented reimbursement systems for residential support systems for persons with developmental disabilities, including small group homes and tenant support housing.
- Assisted with the design and implementation of initial Medicaid home and community-based services waiver for persons with developmental disabilities.
- Coordinate the development of biennial budget and work with State Office of Financial Management and legislature for passage and implementation of biennial budget.

Deputy Program Manager – 1979-81
Office of Nursing Home Affairs
Department of Social and Health Services
Olympia, Washington

- Assisted with the design and implementation of new Medicaid cost-based nursing home reimbursement system
- Develop desk-audit process for setting rates, appeal process, assessment of prior system and cost analysis of new system attributes.

Senior Researcher – 1977-79
Office of Research & Analysis
Department of Social and Health Services
Olympia, Washington

- Two year HEW funded research project on the impact of deinstitutionalization of persons in Washington's state psychiatric hospitals and schools for individuals with developmental disabilities.
- Designed survey instruments and managed data collection, co-authored two reports.

Agency Planner & VISTA Project Manager – 1970-72
Northeast Kansas Community Action Agency
Atchison, Kansas

- Supervised 9 member VISTA projects in five counties, focused on public health for three Northeast Kansas Indian reservations and housing renovation in minority communities and reservations.
- Worked with low-income community groups to strengthen involvement in local government improve housing and education.
- Developed agency multi-year strategic plan with extensive stakeholder and local government involvement.

Education

Economics, BA
Business Finance Minor
California State University at Long Beach, 1964-69

Urban Planning, MUP
University of Michigan, 1972-75
Analytic methods and economics

Urban & Regional Planning, PhD Program
University of Michigan, 1972-77
Completed course work in analytic methods, economics, and program evaluation.

Volunteer Experience

Volunteers in Services to America (VISTA)
Northeast Kansas Community Action Agency
Atchison, Kansas, 1969-70

Thurston-Mason Mental Health & Chemical Dependency Advisory Board
Olympia, Washington, 1979-81

Health Care for All – Washington
Seattle, Washington, 2022

Universal Health Care Commission

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Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Robert Murray |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/his |
| Organization (if applicable): | Global Health Payment LLC |
| Title or position (if applicable): | President |
| Work address (if applicable): | 13440 Arnold Drive Glen Ellen CA 95442 |
| County of organization/employer (if applicable): | US |
| Email: | RMurray@GlobalHealthPayment.com |
| Phone: | 443 909 9191 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input checked="" type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input checked="" type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
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these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I have long worked in the healthcare industry in various capacities. I have followed the reform work being conducted in Washington and communicated/assisted staff of the HCA in recent the years in my role working for Gerry Anderson of Johns Hopkins University providing technical assistance regarding health care pricing issues to states. I would find this experience very interesting and think I could be of some help.

2. Please describe your relevant experience and how it would benefit FTAC.

My experience working in the health sector is as follows: a) 5 years as consultant for a finance consulting/accounting firm assisting hospitals with financial studies/analysis; b) 17 years as deputy director and executive director of Maryland's hospital rate setting commission (the HSCRC); c) 11 years as a health services researcher and private consultant assisting states develop payment models to control rising health care prices. My experience in each of these sectors might benefit

3. Please describe any other experience serving on a committee, board, or workgroup.

I was a member of Maryland's high risk insurance pool board for a number of years and I have organized and conducted many work groups when I was executive director of the HSCRC. Over the years I have participated on many domestic and international technical advisory committees for entities like the Catalyst for Payment Reform, India's National Health Authority, the World Bank and others.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

Based primarily on my experience at the HSCRC, I have written extensively about hospital rate setting systems and various payment models, such as hospital global budgets (which we implemented in Maryland while I was executive director) and price caps on out-of-network provider prices. I have consulted with government in Oregon, Rhode Island, Vermont and Tennessee desiging healthcare payment models

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

Board member the Maryland Health Insurance Plan - a high risk pool to provide affordable insurance for individuals with pre-existing conditions from 2001-2011.
Executive Director of the Health Services Cost Review Commission (HSCRC) from 1994-2011.

11. Community service/volunteer activities:

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have read many articles on issues pertaining to health equity and social determinants of care. Maintaining or improving pricing equity in the Maryland hospital system was a major policy goal of the HSCRC and thus we developed a pricing system in Maryland which is the most equitable in the U.S. I have also designed pay-for-performance models with adjustments to incentivize hospitals to improve their quality of care, while adjusting for patient/social factors that influence performance.

14. Please describe why health equity is important to you.

The U.S. healthcare system is one of the least equitable systems in the world. This is true in virtually every key aspect of the healthcare system in this country. Starting with the huge disparities in prices paid by different parties, the huge variation in access to care and affordability of care in various regions and the huge variations in the quality of care and patient outcomes within and across regions. Such inequities constitute a huge problem in the US, second only to the issue of affordability of care.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

There are many types of unified health care financing systems. The Maryland hospital rate setting system was one such example. Using the Maryland system as an example it shows that laws and regulations can be enacted to dramatically improve the equity of our healthcare system in terms of improved pricing equity, improved/more equitable access to care and improved and more equitable quality.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White/Caucasian

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Robert B Murray

Date:

11-29-2022

Robert B. Murray, MA, MBA
President, Global Health Payment, LLC
1723 West Joppa Road, Towson MD

Phone: 443 909 9191
RMurray@GlobalHealthPayment.com
Murray.Robert@UCHastings.edu

EDUCATION

STANFORD UNIVERSITY

B.A. Economics, M.A. Economics 1979

STANFORD BUSINESS SCHOOL

Master of Business Administration, 1984

PROFESSIONAL EXPERIENCE

Mr. Murray is President of Global Health Payment LLC, a management consulting firm established in 2011 specializing in the design and implementation of reimbursement systems for health care providers, including per case DRG-based payment, hospital global budgets, quality-based pay-for-performance (P4P) methodologies and internal payment incentive systems for Accountable Care Organizations.

Mr. Murray's primary experience in the areas of health economics, payment system development and health care administration came during his tenure as Deputy Director and his appointment by the Governor of Maryland as Executive Director of Maryland's unique hospital rate setting agency, the Health Services Cost Review Commission (HSCRC). The Maryland hospital rate setting system was the first all-payer hospital payment system in the U.S. and has been in continuous operation since 1974. Over its history, the Maryland Hospital Payment System has successfully curtailed the growth in both per case and per capita hospital costs, financed approximately \$1 billion annually in hospital care to uninsured patients, dramatically improved the payment equity among purchasers of hospital services and maintained a financially stable and predictable reimbursement system for the State's 47 acute care hospitals.

As Executive Director, he was responsible for the administration of an agency of 30 FTEs with an annual legislatively approved budget of over \$100 million. In addition to his administrative duties, he directed and oversaw the development and operation of payment policies approved by the Commission applicable to 47 acute care hospitals, with regulated revenues in excess of \$18 billion per year. He negotiated directly with Maryland hospitals both individually and collectively, on matters relating to the implementation of the HSCRC's payment policies. Under Mr. Murray's leadership, the HSCRC continued to evolve the Maryland hospital payment system with the development of: 1) the nation's first severity adjusted DRG-based payment system; 2) a bundled outpatient hospital prospective payment system based on Ambulatory Payment Groups (APGs); 3) quality-based incentive structures that preceded the Federal Value Based Payment, Hospital Acquired Conditions and Hospital Readmission Reduction Programs; and 4) Global Budget Rate arrangements for 10 isolated rural hospitals in the State in 2009. This payment model was the basis for Maryland's current payment Demonstration waiver with the Centers for Medicare/Medicaid Innovation.

Since leaving the HSCRC, Mr. Murray has designed hospital Global Budget payment arrangements for the State of Vermont and a prospective payment arrangement for 26 small and rural hospitals for the Oregon Health Authority and the Oregon Association of Hospitals and Health Systems. In Maryland, Mr. Murray supported CareFirst Maryland BlueCross BlueShield in the expansion of its primary care-based Patient-Centric Medical Home (PCMH) model and represented CareFirst in matters before the HSCRC. He is currently assisting Bailit Health on engagements with Vermont, Rhode Island, and Oregon in their attempts to investigate and potentially implement a system of hospital global budgets.

Internationally, he has aided the Chinese and the French Ministries of Health in the design of DRG-based payment systems and worked as a lecturer and Short-Term Consultant for the World Bank on payment reform initiatives in the Russian Federation, Brazil, India, the United Arab Emirates and the Philippines. Mr. Murray is currently a

member of a team of researchers from the Johns Hopkins University Bloomberg School of Public Health and the National Coalition on Health Care (JHU/NCHC), supported by a 30-month grant from The Laura and John Arnold Foundation to provide analytic policy support to a number of states pursuing regulatory and market-based strategies to control rising health care prices and costs.

Mr. Murray has written extensively on the history of rate regulatory payment models in the U.S. and various regulatory approaches such as the implementation of Price Caps on Out-of-Network hospital services and all-payer hospital global budgets. He is a frequent lecturer for foreign government health agencies, at various international health economics conferences and for other entities such as the Commonwealth Fund, the Kaiser Family Foundation, the Urban Institute, the American Enterprise Institute and the Medicare Payment Advisory Commission (MedPAC).

SALIENT EMPLOYMENT HISTORY

- 2020-Present The Source on Healthcare Price and Competition. University of California Hastings Consortium on Law, Science & Health Policy. Senior Policy Researcher.
- 2019-Present Johns Hopkins School of Public Health/Arnold Ventures Team. Participant on a team of health researchers assisting states with technical assistance regarding methods/policies to help curtail rapidly rising health care prices and expenditures.
- 2011-Present Global Health Payment, LLC - Towson, Maryland
President of a management consulting firm specializing in health services research activities and the design and implementation of incentive-based payment systems for healthcare providers.
- 1994-2011 Maryland Health Services Cost Review Commission (the "HSCRC") – Baltimore, Maryland
Executive Director of the HSCRC, an independent state health care agency responsible for overseeing the state's unique all-payer hospital rate setting system. Reported directly to the Governor of Maryland.
- 1993-94 Maryland Health Services Cost Review Commission – Baltimore, Maryland, Deputy Director
- 1990-93 BTT Consulting Services, Baltimore, Maryland
Sole Proprietor of an independent consultant to the health care industry.
- 1986-90 Ernst and Young/Amherst Associates - San Francisco, California & Baltimore, Maryland
Associate, Senior Associate and Manager in the finance consulting division.

RESEARCH ACTIVITIES AND SELECT PUBLICATIONS

Options for States to Constrain Pricing Power of Health Care Providers. K Gudixsen and R Murray. *Frontiers in Health Services*. October 19, 2022. DOI 10.3389/frhs.2022.1020920
http://journal.frontiersin.org/article/10.3389/frhs.2022.1020920/full?utm_source=Email_to_authors&utm_medium=Email&utm_content=T1_11.5e1_author&utm_campaign=Email_publication&field=&journalName=Frontiers_in_Health_Services&id=1020920

Rate Regulation Revisited: Managing Regulatory Failure and Regulatory Capture in Health Care. R Murray. *Milbank Memorial Fund*. October 2022. <https://www.milbank.org/publications/rate-regulation-revisited-managing-regulatory-failure-and-regulatory-capture-in-health-care/>

How Price Regulation is Needed to Advance Competition. R Berenson and R Murray, *Health Affairs*, January 2022; 41. No.1: pp 26-34. Available at: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2021.01235>

Setting Caps on Out-of-Network Hospital Payments: A Low-Intensity Regulatory Intervention for Reducing Hospital Prices Overall. R Murray and J Keane. *Commonwealth Fund* Issue Brief. May 17, 2022. Available at: <https://www.commonwealthfund.org/publications/issue-briefs/2022/may/setting-caps-out-of-network-hospital-payments>

Hospital Global Budgets: A Promising State Tool for Controlling Health Care Spending. R Murray. *Commonwealth Fund* Issue Brief. March 22, 2022. Available at: <https://www.commonwealthfund.org/publications/issue-briefs/2022/mar/hospital-global-budgets-state-tool-controlling-spending>

Toward Global Budgets: State Considerations. R Murray. 2018. State Value Strategies publication. *The Robert Wood Johnson Foundation and the Woodrow Wilson School of Public Policy*. 21 pages. <https://www.shvs.org/resource/toward-hospital-global-budgeting-state-considerations/>

Hospital Rate Setting Revisited. R Murray, B Berenson. 2015. Washington DC: *The Urban Institute*. 88 pages. <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000516-Hospital-Rate-Setting-Revisited.pdf>

Removing a Constraint on Hospital Utilization: A Natural Experiment in Maryland. NS Kalman, BG Hammil, RB Murray and KA. Schulman. *The American Journal of Managed Care*, 2014, Vol. 20, No. 6:e191-e199. Available at: <http://www.ajmc.com/publications/issue/2014/2014-vol20-n6/Removing-a-Constraint-on-Hospital-Utilization-A-Natural-Experiment-in-Maryland>

Maryland's Bold Experiment in Reversing Fee-for-Service Incentives. R Murray, *Health Affairs Blog*. January 28, 2014 Available at: <http://healthaffairs.org/blog/2014/01/28/marylands-bold-experiment-in-reversing-fee-for-service-incentives/>

Hospital Charges and The Need For A Maximum Price Obligation Rule For Emergency Department & Out-Of-Network Care. R Murray, *Health Affairs Blog*. May 16, 2013 Available at: <http://healthaffairs.org/blog/2013/05/16/hospital-charges-and-the-need-for-a-maximum-price-obligation-rule-for-emergency-department-out-of-network-care/>

"Hospital Pay-for-Performance Programs in Maryland Produced Strong Results, Including Reduced Hospital-Acquired Conditions," S Calikoglu, R Murray and D. Feeney. *Health Affairs*, December 2012; vol. 31 no. 12: 2649-2658. Available at: <http://content.healthaffairs.org/content/31/12/2649.abstract>

Paying for Performance in Health Care: Implications for Health System Performance and Accountability C Cashin, et al. *The OECD and the World Health Organization*. Chapter 16: United States: Maryland hospital acquired conditions program by Robert Murray p. 265 – 286. http://www.oecd-ilibrary.org/employment/paying-for-performance-in-health-care_9789264224568-en

Provider Consolidation and Health Spending: Responding to a Growing Problem. S Delbanco, R Galvin and R Murray *Health Affairs Blog*, November 14, 2012 <https://www.healthaffairs.org/doi/10.1377/hblog20121114.025308/full/>

Provider Market Power in the U.S. Health Care Industry: Assessing its Impact and Looking Ahead. Research funded by *The Catalyst for Payment Reform*, San Francisco, California. November 2012. Available at: http://www.catalyzepaymentreform.org/images/documents/Market_Power.pdf

The Case for All-Payer Rate Setting. Point-Counterpoint Series, *Journal of Health Policy, Politics and Law*, August 8, 2012. Duke University Press. <http://jhppl.dukejournals.org/content/37/4/679.full.pdf+html> Setting Hospital Rates to Control Costs and Boost Quality: The Maryland Experience, R Murray, *Health Affairs*, September/October 2009; 28(5): 1395-1405. Available at: <http://content.healthaffairs.org/content/28/5/1395.long>

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Raleigh Watts |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he him |
| Organization (if applicable): | |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | raleighwatts@hotmail.com |
| Phone: | 206 225 5307 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

My career passion is to make the world less unfair by helping everyone be as healthy as possible. As a public health professional I have worked and advocated for groups facing discrimination and barriers to public health and health care services. I have 35 years of experience working on public health and health care access in WA, and have also worked nationally and globally.

2. Please describe your relevant experience and how it would benefit FTAC.

--Public Health: Leadership and management roles at WA DOH, University of Washington, and private and nonprofit sectors. Focal areas included infectious diseases, LGBTQ health, inclusive community planning and evaluation
--Health Care Delivery: Experience as director of a community health center and member of managed care plan board of directors (CHPW)
--Advocacy: Whole Washington, advocating for state-based single-payor models

3. Please describe any other experience serving on a committee, board, or workgroup.

Past memberships:

--Medicaid Advisory Committee
--HCA Primary Care Technical Advisory Committee
--HealthierHere King County ACH board of directors
--Community Health Plan / Network of Washington board of directors
--Washington Association for Community Health board of directors
--National Alliance of State and Territorial AIDS Directors board of directors

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I am retired from full-time professional public health work and have time and passion to serve as an unaffiliated advocate.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

See Question 3.

11. Community service/volunteer activities:

Current:

Whole Washington (citizens initiative advocating for state-based single payor models)

Past:

Country Doctor Community Health Centers board of directors

Various HIV/AIDS and LGBTQ community organizations

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I work to bring all voices to the table and to use my own positions to elevate other voices. Health care has been a tool of racism through much of our country's history. Until we achieve equity, we need to continue to root out discrimination. Examples of my work: Bridging government programs and affected communities through inclusive planning and evaluation of programs for people living with HIV/AIDS; creating majority BIPOC governance board for a health center; and my own continued learning, discovery, and advocacy at a personal level.

14. Please describe why health equity is important to you.

Having been a member of a marginalized community, I personally understand how stigma and discrimination affect people's health. I believe public health and health programs are stronger when communities feel ownership and have a voice. I have an obligation and passion to do my part to end racism and discrimination in health care. Today I do not personally experience marginalization. Now I use my positional opportunities to open doors for others.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Washington State is ready to create a state-based solution focused on health equity. All the stars are aligned. Now is the time. Public health has the skills and tools necessary to address and monitor health equity. What it needs is funding and a clear mandate.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

non-latinx white LGBTQ male >60yo

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Raleigh Watts

Date:

November 29, 2022

Raleigh Watts

raleighwatts@hotmail.com

Seattle, Washington

206 225 5307

he him pronouns

Professional Profile

- ◆ 25 years of experience strengthening public health and health care governance, globally and locally.
- ◆ Executive-level leadership experience in government, university, health care, private sector, and nonprofit settings.
- ◆ Documented results as a leader in diversity, equity, and inclusion.
- ◆ Experience managing donor, grantee, and contract relationships with the US Government (HRSA, USAID, CDC), Washington State government, Public Health - Seattle & King County, City of Seattle, foundations, and individuals.
- ◆ Career commitment to achieving social justice impact locally and globally.
- ◆ Success in leading social service programs in the U.S. and Africa using excellent strategic, fund development, program design, implementation, and evaluation skills.

Experience

Public Health Advisor, Centers for Disease Control and Prevention (Communicable Diseases)

Seattle Airport Quarantine Station, February-September 2022

Responsibilities:

- ◆ Support the work of the Centers for Disease Control and Prevention (CDC) National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) Division of Global Migration and Quarantine (DGMQ)
- ◆ Leading active surveillance to prevent international arrival of infectious disease
- ◆ Providing public health subject matter expertise to Port of Seattle and federal agencies regarding zoonotic infections, migrant health, traveler illness, and airborne infections

Executive Director, Country Doctor Community Health Centers

Federally Qualified Health Center sites in Seattle, WA, October 2017-March 2021

Responsibilities:

- ◆ Leading 275 staff and \$30m in public and private resources
- ◆ Leading inclusive community and public policy relationships to leverage results
- ◆ Planning and executing health center finance and program improvements

Key accomplishments:

- ◆ Growth of programs and services to meet community need
- ◆ Established an HR department focused on equity
- ◆ Strengthened balance sheet and financial systems, increasing reserves to sustainable levels
- ◆ Culture of diversity, equity, and inclusion in the organization; diversified governing board
- ◆ Transformed electronic medical records and digital health services

Senior Partner, Business Owner, and Public Health Management Consultant

Akeso Associates, 2011-present

Responsibilities:

- ◆ Strengthening health systems by partnering to build and evaluate governance and programs
- ◆ Assisting global organizations in strategy development and relationship landscaping, including senior-level facilitation and leadership coaching to improving results
- ◆ Providing technical guidance in prevention, treatment, and care programs and policies

- ♦ Managing global teams working on public health projects addressing chronic and infectious diseases and health disparities
- ♦ Monitoring and communicating strategies and impacts

Key accomplishments:

- ♦ Returning clients including UNICEF, WHO, CDC, USAID, University of Washington, and the Bill & Melinda Gates Foundation

Director of Country Health Training Programs

International Training & Education Center for Health (I-TECH), Department of Global Health, University of Washington, 2005-2011

Responsibilities:

- ♦ Advocating for and representing global programs and leaders to the Department of Global Health and University administration
- ♦ Managing a division with 600 staff and \$60m budget conducting capacity development and social change in 12 developing countries
- ♦ Designing and implementing local- and national-level medical training programs in Botswana, Namibia, South Africa, India, Tanzania, Guyana, Ethiopia, Uganda, Mozambique, Malawi, Caribbean Region, Kenya, and other countries to strengthen government health agencies, nonprofits, and universities

Key accomplishments:

- ♦ Strategic plans across multiple countries
- ♦ A well-functioning leadership team of senior directors working on three continents
- ♦ A new leadership/management training initiative within the organization
- ♦ Legal and financial risks mitigated in complex settings

Technical and Management Consultant, global locations

Consultant to the National Alliance of State and Territorial AIDS Directors, 2003-2006

Provided public health technical assistance to several governments and nonprofit organizations in Africa and the Caribbean Region

State Program Director, HIV Care Services

Washington State Department of Health, 1991-2003

Responsibilities:

- ♦ Administering Washington State's public health and treatment programs for HIV care: pharmaceutical support, medical payments to community health centers and private providers, case management, long term care, community development
- ♦ Overseeing an \$18 million budget including 340B pharmacy program and federal grants

Key Accomplishments:

- ♦ Rapid expansion of lifesaving HIV antiretroviral treatment services statewide
- ♦ Inclusive and participatory community planning statewide
- ♦ New policies and legislation to expand insurance options for persons with HIV
- ♦ Electronic pharmacy benefits management system for HIV antiretroviral billing

Other Related Experience

- ♦ Diversity, Equity and Inclusion front line leadership (UW Foster School of Business DEI Certificate, People's Institute, Enneagram IDEA Certificate Program [underway], caucusing, peacemaking circles)
- ♦ Country Doctor Community Health Centers, Seattle: Past board chair and finance committee and capital campaign committee member (1994-2017)
- ♦ Founding board chair and first director of a community organization that provided home-based care to patients with HIV infection and related illnesses in King County
- ♦ Past board member: Seattle Human Services Coalition, Washington Association for Community Health, Healthier Here, Community Health Plan of Washington, National Alliance of State and Territorial AIDS Directors, King County Community Health Centers

- ◆ Multiple community impact and civic planning projects in the Central Area of Seattle: LGBTQIA+ organizations, Black community organizations, Swedish Hospital Cherry Hill, neighborhood planning, City of Seattle transportation policy
- ◆ Certified *Conflict Dynamics Profile* consultant with Eckerd College Mediation Institute

Education

Master of Arts, Anthropology (LGBTQI+ and Women's Studies), University of Washington

Certificate in Public Health, University of Washington

Bachelor of Arts, Sociology and Anthropology, Swarthmore College

Universal Health Care Commission

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Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|-----------------------------------|
| Name (first and last): | Shannon Fernandez |
| Preferred pronouns (e.g., she/her, he/his, they/their): | she/her |
| Organization (if applicable): | Yakima Valley Farm Workers Clinic |
| Title or position (if applicable): | Vice President of Billing |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | Yakima |
| Email: | Shannonf@YVFWC.org |
| Phone: | 206-604-7752 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|---|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input checked="" type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

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these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

Our current healthcare model is not sustainable and requires a new approach. I support universal health care, and my experience can provide perspective from a healthcare provider lens.

2. Please describe your relevant experience and how it would benefit FTAC.

I have over 25 years of healthcare finance experience from cost report preparation, payor contract negotiations, capitation finance, financial forecasting, and revenue cycle. Working in a capitated model, I learned the good and bad in cost containment. I also bring experience in modeling the employer side of delivering health care.

3. Please describe any other experience serving on a committee, board, or workgroup.

Currently I am a board member of the WA/AK Chapter of HFMA. Previously I have served on the Dolores Huerta Foundation Board as Treasurer, YMCA of Salem, Diversity, Equity & Inclusion Committee for SCCA and staff support to the Board Finance Committee of Salem Health and Seattle Cancer Care Alliance.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I began my career as a volunteer for the United Farm Workers Union in California and saw firsthand the impact on workers who do not have access to healthcare. In my years in healthcare finance, I have seen how broken the system is, and until the incentives around FFS change, we will need help to create an equitable healthcare model. I want to be part of the solution. +

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:

Board member for Washington / Alaska Healthcare Finance Management Association

11. Community service/volunteer activities:

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

As the VP of Billing at YVFWC, an FQHC, I see how a Safety Net provider can make a difference in the community's health, breaking down care to access barriers. In my previous healthcare finance roles, I saw how the uninsured or underinsured did not have access to receive the same care as the fully insured. I have also seen healthcare disparities between Washington, Oregon, and California. I observed that those who live in communities with more competition for health insurance tend to

14. Please describe why health equity is important to you.

Health care is a right. I have seen untold abuses in the non-profit healthcare sector, and I want to be part of the solution to create an environment where your income does not predict your ability to receive healthcare. As a teenager, my family was without health insurance. I was fortunate to have saved money from my after-school job to pay for my doctor's visit when I had bronchitis. Over the years, I have seen family and friends suffer while I assisted in navigating through burdensome charity

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

The FTAC can design a model that will increase access while simultaneously reducing costs. Providing incentives for prevention and quality care is a step in the right direction. Increasing system efficiencies and reducing waste will offset the expansion cost. The solutions are complex, and developing an effective solution will take time and require hard work, but the future of healthcare depends on it.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am a Mexican/American. My father worked for the papermill in Camas Washington and was a member of the AWPPW union.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input checked="" type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Shannon Fernandez

Date:

11/29/2022

SHANNON FERNANDEZ

Renton, WA | 206.604.7752 | shannonfernandez7@gmail.com

FINANCE / OPERATIONS / HEALTHCARE

Transformational financial executive with a demonstrated history in leading change. Experienced in healthcare operations specializing in finance, accounting, reimbursement, managed care, supply chain, and revenue cycle. Skilled strategist who transforms strategic plans into workable solutions and benchmarks performance against key operational targets and goals. Possesses the ability to engage operations in collaborative efforts to improve processes and efficiencies. Outstanding communication skills, leadership ability, and business acumen.

PROFESSIONAL EXPERIENCE

Yakima Valley Farm Workers Clinic Yakima, WA 2022-Present

VP of Billing Services

Plans, directs, and manages corporate billing and accounts receivable processing for medical, dental, and case management for YVFWC.

- Implemented cash application process improvements generating a 2.5 FTE reduction
- Restructured staffing to create payor expertise in coding, billing and follow-up
- Overhauled cash application process ensuring cash is posted daily to improve bank reconciliations
- Redesigned staffing schedules to improve engagement and reduce turnover

Fred Hutch Cancer Center Seattle, WA 2019 - 2022

Director Finance Operations & Revenue Cycle

Serves as a key leader in creating financial stability and economic advantage for SCCA and its partner organizations (Seattle Children's Hospital, UW Medicine and Fred Hutchinson Cancer Research Center) and leads overall strategy, optimization and implementation guidance of the revenue cycle operations.

Oversees all aspects of Financial Reporting and Accounting including General Ledger, GAAP Compliance, Tax and Regulatory Reporting, Purchasing, Payroll, Third Party Agreements (TPA Accounting) and Financial Systems Group (FSG).

Oversees all aspects of Revenue Cycle and Patient Accounting including Registration, Financial Counseling and Clearance, Charge Capture, Coding, HIM, Epic Systems, Clinical Research Billing and Monitoring, Denials

- Successfully transitioned over 100 employees to work from home while maintaining productivity and process improvement initiative
- Reorganized Revenue Cycle structure to streamline process resulting in a 9.7 reduction in Net Days in AR
- Revenue Cycle improvements have resulted in \$37M cash collections in excess of cash goals from March '20 – Feb '21 and \$20M increase of the same period in the prior year
- Reduction in AR greater than 180 by \$8M (22%)
- Implemented best practices in Finance Operations including zero balance account-based AR reserves leading to alignment of Revenue Cycle cash goals around net revenue recognition
- Developed a Procure to Pay function aligning Purchasing and Accounts Payable while implementing PeopleSoft Contracts and Cash Management modules, streamlining contract approval workflows and migrating from paper checks to electronic vendor payments
- Support Investment Sub-Committee established in April 2020

Providence Health and Services, Renton, WA 2012 - 2019

Executive Director Productivity and Benchmarking (2017 -2019)

Responsible for establishing the System level Productivity and Benchmarking Analytics group and providing organizational leadership in the development, implementation and adoption of common data definitions, processes,

methodologies and technology solution for productivity and benchmarking across Providence St. Joseph Health ministries.

- Standardized and implemented a labor benchmarking system for 50 hospitals resulting in efficiency improvements of over 3,000 FTEs and labor cost savings of \$273 M
- Established systemwide productivity dashboard measuring productivity and premium labor spend across 50 hospitals
- Generated a systemwide financial and clinical agreement on common (standardized) productivity/budget statistics for all hospital departments across 50 hospitals

Senior Director Profitability and Cost Management (2014 - 2016)

- Transformed shared services functions supporting over 30 acute care hospitals
- Led development of an Oracle based decision support tool with executive dashboards including service line profitability
- Developed a pharmacy analytics team measuring cost savings for drug exchanges resulting in a \$5 M reduction in pharmacy spend

Contracted Consultant (2012 - 2014)

Finance liaison assigned to Epic Implementations, standardization of KPIs for financial performance and expected reimbursement development in Epic

- Created Testing and Go Live model for Expected Reimb accounting
- Establish process for reconciling Epic AR to Lawson
- Participant in Expected Reimb contract modeling project
- Member of Reimbursement and Administrative Transformation Teams
- Developed Executive AR and Net Revenue Dashboard for monthly close process
- Finance Liaison with ORC and Epic managing Epic training, leading monthly Knowledge Share
- Lead for standardizing KPI statistics through a system wide collaborative process

Nonprofit Organizations

2009 - 2012

Contracted Consultant

Partnered with non-profit organizations developing financial statement analysis, finance committee reporting packages, cash projections, and operations recommendations

- Established monthly close processes for several non-profit organizations
- Developed board packages with KPI to monitor organizational performance
- Created cash forecasting model and standard budgeting processes with managerial reporting to assist with budget accountability
- Created procedural manual for administrative staff

Embassy of the United States, The Hague

2008 – 2009

Contracted Consultant

Created financial statements, field reports, fuel program reporting for VAT reimbursement, and presented financial results to AEG diplomats

- Prepared Financial Statements
- Prepared Statements for American Embassy Group Fuel Program
- Filed Reports for Value Added Tax Refunds
- Managed Financial Reports for Embassy Gift Shop
- Completed Bank Reconciliations with Currency Conversions – Euro to US Dollar
- Presented Financial Status Reports to AEG Diplomats

- Key leader in \$40 M bond offering including meeting with rating agencies
- Negotiated managed care contracts, developed cash management and investment strategies
- Led implementation of Decision Support System
- Established reimbursement strategies including improved contractual methodology

Catholic Healthcare West Bakersfield Market, Bakersfield, CA

1993 - 2004

Regional Controller (2001 - 2004)

- Led cost efficiency efforts and revenue enhancement strategies for a \$36 M financial turnaround
- Oversaw medical records, materials management and managed care contract improvements
- Facilitated all finance/accounting functions for 5 hospitals
- Shaped utilization improvements with length of stay reductions and supply usage through utilization management committee

Regional Finance Manager (1999 - 2001)

- Headed all aspects of the Finance and General Accounting Activities for 5 Hospitals and Foundation
- Led merger of community-based hospital finance functions into established finance teams
- Established reconciliation process reducing audit adjustments by 100%

Finance Supervisor (1993 - 1998)

- Managed finance functions integrating cost accounting analytics
- Created managed care profitability analysis utilized in negotiations, resulting in \$15M in improved reimbursement
- Developed physician profiles for utilization review and care pathways with care management team improving length of stay

ACADEMIC PREPARATION

University of Providence

Master of Healthcare Administration

- Graduated with distinction

California State University, Bakersfield

Bachelor of Science, Business Administration, Accounting

- Cum Laude
- Studied Abroad, Economics, Madrid, Spain

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Scott Hippe |
| Preferred pronouns (e.g., she/her, he/his, they/their): | He/him |
| Organization (if applicable): | Columbia Valley Community Health |
| Title or position (if applicable): | Physician |
| Work address (if applicable): | 105 E Appleblossom Rd, Chelan, WA |
| County of organization/employer (if applicable): | Chelan |
| Email: | scott.hippe@gmail.com |
| Phone: | 3603481067 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|---|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input checked="" type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am interested in serving on the FTAC because I want to see universal healthcare implemented in Washington state, and have it be successful. In my job as a rural family physician I see the negative impacts that uninsurance/underinsurance has on one's health on a daily basis. A universal health plan would lead to a more equitable health system and be a tremendous benefit to the citizens in our state--especially those most vulnerable.

2. Please describe your relevant experience and how it would benefit FTAC.

I work as a family physician at a rural federally qualified health center. I have a ground-level perspective on how one's access to health insurance affects the type of care that an individual receives. I am familiar with many of the challenges that underinsurance imposes on our residents. I would be able to provide perspective on working with various types of insurances (e.g. private, medicaid, medicare, etc). As a primary care physician I have a generally holistic view of care of the person, and

3. Please describe any other experience serving on a committee, board, or workgroup.

I currently work with the population health team at my organization, which focuses on improving our patients' preventive care measures, meeting quality metrics required by insurance groups, and implementing value-based care interventions. I am active on my local hospital's medical executive committee, which focuses on physician credentialing and review.

I have previously held leadership positions while a medical student on the Washington Academy of Family Physicians Board of Trustees and Washington State

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I am relatively early in my career as a physician and am excited to be involved in something outside of my day-to-day interactions in the clinic and hospital. I'd like to work to help change the health system for the better while I continue working to improve the health of the individuals to whom I provide care personally.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

I work as a physician, so implementing a universal health plan could impact my compensation and that of my physician colleagues. As a primary care physician my earnings are relatively low compared to other physicians. Large scale overhaul of reimbursement systems could positively or negatively impact me financially.

9. Professional licenses held:

Washington State Medical License (MD 61033655)

10. Memberships in professional, civic organizations, or government boards or commissions:

Washington Academy of Family Physicians/American Academy of Family Physicians
Physicians for a National Health Plan

11. Community service/volunteer activities:

Currently, being a newer parent of a 1.5 year old and a demanding job as a rural family physician have made volunteer engagements challenging. I have participated in Lake Chelan Trails Alliance on trailbuilding activities. During medical training I coordinated a free weekend clinic staffed by medical students and volunteer physicians. I also have volunteer-taught English as Second Language courses. I have been active volunteering my time in professional organizations advocating for

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

In a typical day in clinic or the hospital I have to navigate matters of health equity regularly. I work collaboratively with nurses, home health, social workers, and community service groups to help decrease barriers to my patients accessing health care and living as healthy as possible. As one example, in my area there is a need for substance use treatment services and no local specialty centers due to the rural location. In addition to providing medication-assisted therapy, I try to identify

14. Please describe why health equity is important to you.

I have devoted my working life to improving the health of those around me. I believe that we all deserve a fair and equitable chance to live the healthiest and most fulfilling life possible. The way our current health system is set up, there are the "haves" and "have-nots" and a very inequitable distribution of access to health care services. I want every individual who comes to my clinic seeking care to not have to worry about how they are going to pay for their services.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

By ensuring that all residents are covered under a universal health system, this makes huge advances in improving health equity. It doesn't end with simply covering every resident under a health care financing system. By adopting a unified financing system, the FTAC (or WA health care authority) should use that unified focus to target resources and efforts at high-yield impact interventions to improve our statewide health in an equitable fashion with special attention to the currently more

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White, born/raised in Washington State

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

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- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Scott Hippe

Date:

11/30/2022

Scott Hippe

105 E Raymond St, Chelan, WA 98816

(360) 348-1067

scott.hippe@gmail.com

Employment

Columbia Valley Community Health (2020-present)

105 S Appleblossom Dr, Chelan, WA 98816

Family Physician

Provide bilingual care for patients of all ages in a busy rural community health center

Cover inpatient and obstetric call responsibilities at nearby critical access hospital

Physician representative on Population Health team

Hippe Physician Services (2021-present)

Physician independent contractor

Staff rural emergency department, on average one 24 hour shift per 1-2 months

Lead rural-focused clinical teaching sessions to Nurse Practitioner graduates

Education and Residency Training

Family Medicine Residency of Idaho (2016-2020)

777 N Raymond St, Boise, ID 83702

Entering class of 2016, graduated June 2019

Obstetrics Fellow, 2019-2020

University of Washington School of Medicine (2012-2016)

1959 NE Pacific St. A-300 Health Sciences Center, Box 356340

Seattle, WA 98195-634

Gonzaga University (2007-2011)

502 E. Boone Ave, Spokane, WA 99258

Summa Cum Laude

B.S. Biology, B.A. Spanish

Leadership, Service, and Advocacy

Chief Resident (2018-2019)

- Shared administrative, clinical, and educational responsibilities for our 38-member residency with two other co-chief residents

Contributor, "Insights on Residency Training" Blog (2018-2019)

- Monthly contributor to a blog featuring chief residents in family and internal medicine programs
- Published online by the *New England Journal of Medicine*

OB Journal Club Coordinator (2017-2019)

- Work with community OBGYN and Maternal-Fetal-Medicine colleagues to host a quarterly resident-directed review of new primary literature in obstetrics

Graduate, Advocacy 101 Course (2017-2018)

- Extracurricular completion of evening course exploring various aspects of advocacy in the medical field
- Participated in meetings with state legislators addressing access to health care issues

- Wrote opinion pieces urging Idaho to expand health insurance coverage to uninsured vulnerable populations

Student Co-Trustee, Washington Academy of Family Physicians (2014-2015)

- Represented medical student perspective on the WAFP Board of Trustees
- Planned annual WAFP Student and Resident Retreat to raise interest in family medicine

President, Associated Students of Washington State University Spokane (2013-2014)

- managed staff responsible for campus programs, events, and communications at an interdisciplinary regional health sciences campus
- advocated for students to WSU administration and state legislators
- organized campus-wide community health screening project

Scholarships and Awards**Leadership and Community Service Award** (2019)

- Presented by the Family Medicine Residency of Idaho's Board of Directors to one graduating third year resident exemplifying service to the community and leadership within the organization

Theodore J. Phillips Award (2016)

- Presented by the King County Academy of Family Physicians to one graduating student member of the Washington Academy of Family Physicians for commitment to excellence in Family Medicine

Family Medicine Leads Scholarship (2015)

- Awarded based on academic and leadership merits, providing funding to travel to and attend AAFP National Conference for students and residents

Service Award (2014)

- Awarded to UWSOM students with demonstrated commitment and hours in service learning and other volunteer activities.

Related Work Experience**Certified Nursing Assistant** (2011-2012)

- worked at skilled nursing facility in WA State specializing in caring for individuals with traumatic brain injuries
- also worked in the Activities Department

Professional Memberships and Certifications

- American Academy of Family Physicians
- Washington Academy of Family Physicians
- Gold Humanism Honor Society
- Advanced Cardiac Life Support Certification
- Advanced Life Support in Obstetrics Certification
- Advanced Trauma Life Support Course Certification
- Pediatric Advanced Life Support Course Certification
- Spanish Language Fluency

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Stephen Kemble |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/him |
| Organization (if applicable): | One Payer States, PNHP |
| Title or position (if applicable): | Chair of Policy Committees for OPS and PNHP |
| Work address (if applicable): | Honolulu, HI |
| County of organization/employer (if applicable): | |
| Email: | stephenbkemble@gmail.com |
| Phone: | 808-497-6521 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input checked="" type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

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these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I have written or co-authored papers on "Principles for Designing a Cost-Effective Single-payer System," "Hospital Payment under Single-Payer Proposals: Payment to Risk-Bearing Entities vs Budgets for Hospitals," "Optimizing Physician Payment for a Single-payer Healthcare System," "Insurance Industry 'Trojan Horses' in 'Single-Payer' Proposals," and "Capitation payment of ACO REACH plans will sabotage 'Realizing Equity, Access, and Community Health.'" ✚

<https://onepayerstates.org/one-policy-working-group-page/>

2. Please describe your relevant experience and how it would benefit FTAC.

I am a physician trained in both internal medicine and psychiatry and I have been a psychiatrist in private practice and in a hospital-based clinic serving mostly Medicaid patients. In 2011 I was appointed to the Hawaii Health Authority, charged with overall health policy for Hawaii and with designing a universal healthcare system covering all residents of Hawaii. We met for 3 years working on this goal, but we were pushed aside by Hawaii's efforts to implement the ACA, which is not a universal system.

3. Please describe any other experience serving on a committee, board, or workgroup.

I served on the Board of Mountain Pacific Quality Health, the Medicare Quality Improvement Organization for Montana, Wyoming, Hawaii, and Alaska, for 15 years. I was elected President of Hawaii Medical Association in 2012 on a single-payer platform. I have been active with Healthcare for All Hawaii and the Democratic Party of Hawaii Health Committee. I am currently chair of the Policy Working Group for One Payer States and the Policy Committee for PNHP.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I was asked by members of Healthcare for All Washington, who are also members of One Payer States and PMHP, if I would be interested in contributing to the Washington effort to achieve a more cost-effective universal healthcare system. This is my major interest for over 20 years, so I agreed to submit an application to contribute to the FTAC.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

M.D. in Hawaii (active) and Massachusetts (inactive)

10. Memberships in professional, civic organizations, or government boards or commissions:

I am currently a member of the Hawaii Medical Association, the Hawaii Psychiatric Medical Association, Physicians for a National Health Program, and One Payer States. In the past I served on the Hawaii Advisory Council for Drug Abuse and Controlled Substances and the Hawaii Health Authority.

11. Community service/volunteer activities:

Since retiring from private practice in 2017 I have been active with the Democratic Party of Hawaii and in particular the DPH Health Committee.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have been an advocate for Medicaid beneficiaries for a long time, including extensive documentation of problems with Hawaii's implementation of Medicaid Managed Care. I am familiar with various models for implementation of Medicaid, including Primary Care Case Management and the successful reforms achieved by Connecticut since they eliminated Managed Care Organizations and moved to Primary Care Case Management with a non-risk Administrative Services Only contract

14. Please describe why health equity is important to you.

I have always believed each and every individual is important and deserves equal quality of care in healthcare settings, and I have always been distressed throughout my career by discrimination against patients with Medicaid.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

I have thought through in detail how a universal healthcare financing system might drastically reduce health inequities, and I would be happy to share my thoughts with the FTAC.

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am caucasian, primarily of English and Welsh origin, and my family has been in America since the 1720s.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

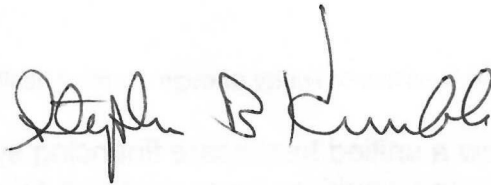
- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

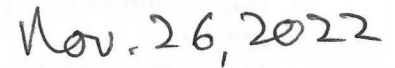
As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:



Date:



STEPHEN B. KEMBLE, M.D.
PSYCHIATRIC ASSOCIATES, LTD.

ONE KAPIOLANI BUILDING, SUITE 402
600 KAPIOLANI BOULEVARD
HONOLULU, HI 96813
TELEPHONE (808) 537-2665
FAX (808) 524-3747

CURRICULUM VITAE

STEPHEN BROOKS KEMBLE, M.D.
November 2022

Address:

Home: 1950 Mott-Smith Drive
Honolulu, HI 96822
Phone: (808) 538-7498
Mobile: (808) 497-6521
e-mail: sbkemblemd@gmail.com

Date and Place of Birth:

May 19, 1947
Boston, Massachusetts
(Family moved to Hawaii at age 9)

Pre-Medical Education:

1965-69: Reed College
Portland, Oregon
B.A. in Biology, May, 1969

Medical Education:

1969-71: University of Hawaii School of Medicine
Honolulu, Hawaii
(2-year curriculum)
1971-73: Harvard Medical School
Boston, MA
M.D. degree (Harvard): June, 1973

Internship:

1973-74: Rotating 1 Internship (9 mo. internal medicine, 1 1/2 mo. emergency
room, 1 1/2 mo. pediatrics)
The Queen's Hospital Medical Center
Honolulu, Hawaii

STEPHEN B. KEMBLE, M.D.

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Page Two

Residency:

- 1974-75: Resident in Internal Medicine
The Queen's Hospital Medical Center
Honolulu, Hawaii
- 1975-76: Resident in Internal Medicine
University of Hawaii Integrated Medical Residency
Honolulu, Hawaii
- 1976-79 Resident in Psychiatry
The Cambridge Hospital (Harvard Medical School)
Cambridge, MA

Fellowship:

- 1979-80: Fellowship in Consultation-Liaison Psychiatry
The Cambridge Hospital (Harvard)
Cambridge, MA

Professional Positions Held (most recent first):

- 1989 to Present:
Psychiatric patient care and teaching at Queen Emma Clinics
(primary care internal medicine clinic) at The Queen's Medical Center
Honolulu, HI
- January 1998 to August 2017:
Private Group Practice of Adult Psychiatry
(Incorporated as Psychiatric Associates, Ltd.)
600 Kapiolani Blvd., #402
Honolulu, HI 96813
- 1997:
Private Practice of Adult Psychiatry
(Incorporated as Honolulu Psychiatric Associates, Ltd.)
600 Kapiolani Blvd., #403
Honolulu, HI 96813
- Nov. 1995-Dec. 1996:
Medical Director
Hawaii Psychiatric Associates, Ltd.
(Group Private Practice)
600 Kapiolani Blvd., #402
Honolulu, HI 96813

STEPHEN B. KEMBLE, M.D.

CURRICULUM VITAE

Page Three

- 1994-1996: Medical Director
FPM Hawaii, Inc.
Managing Mental Health and Substance Abuse Services for
AlohaCare (MedQUEST)
Honolulu, HI
- 1985-95: Solo Private Practice of Adult Psychiatry
600 Kapiolani Blvd., #211
Honolulu, HI 96813
- 1980-85: Adult Psychiatrist in Group Practice
Comprehensive Mental Health Services, Inc.
Acton, MA
- 1979-85: Private Practice of Adult Psychiatry
Cambridge, MA
- 1984-85: Staff Psychiatrist, Consultation-Liaison Service
Department of Psychiatry
The Cambridge Hospital
Cambridge, MA
- 1982-84: Acting Director, Consultation-Liaison Service
Department of Psychiatry
The Cambridge Hospital
Cambridge, MA
- 1980-82: Associate Director, Consultation-Liaison Service
Department of Psychiatry
The Cambridge Hospital
Cambridge, MA
- 1977-80: Emergency Room Physician
Central Hospital
Somerville, MA

Licensure in Medicine:

- Hawaii: #02485 (July 30, 1974)
Massachusetts: #40201 (Oct. 10, 1976) (inactive)

Board Certification:

American Board of Internal Medicine, June, 1976
American Board of Psychiatry and Neurology (Psychiatry),
November, 1983
American Society of Addiction Medicine, December, 1990

Hospital Appointments:

1985-Present: The Queen's Hospital Medical Center
Honolulu, HI
(Active Staff: Psychiatry)

1985-2000: Kahi Mohala
Ewa Beach, HI
(Active, then Courtesy Staff: Adult Psychiatry)

1990-94: St. Francis Medical Center
(Courtesy Staff: Psychiatry)

1988-94: Kapiolani Medical Center
(Consulting Staff: Psychiatry)

1982-85: Somerville Hospital
Somerville, MA
(Courtesy Staff: Psychiatry)

1981-85: Emerson Hospital
Concord, MA
(Courtesy Staff: Psychiatry)

1980-85: The Cambridge Hospital
Cambridge, MA
(Active Staff: Psychiatry)

1977-80: Central Hospital
Somerville, MA
(Emergency Physician)

Teaching Appointments:

2012-present: Assistant Clinical Professor of Medicine and Psychiatry
(John A. Burns School of Medicine)

1989-2012: Assistant Professor of Medicine
(John A. Burns School of Medicine)

1985-89: Assistant Clinical Professor of Medicine
(John A. Burns School of Medicine)

1983-85: Instructor in Psychiatry
(Harvard University)

STEPHEN B. KEMBLE, M.D.

CURRICULUM VITAE

Page Five

1980-83: Clinical Instructor in Psychiatry
(Harvard University)
1976-80: Clinical Fellow in Psychiatry
(Harvard University)
1976: Clinical Teaching Assistant
(University of Hawaii School of Medicine)

Membership in Professional Societies:

1976: American College of Physicians (Member)
1981: American Medical Association
1981: Massachusetts Medical Society
1984: American Psychiatric Association (Distinguished Fellow, 1997)
1985: Hawaii Medical Association (Honolulu County Medical Society)
1985: Hawaii Psychiatric Medical Association
1989: American Society of Addiction Medicine
1990: Physicians for a National Health Program
2010: One Payer States (national group working toward single-payer health care at the state level)

Offices and Committees in Professional Societies and Public Service Organizations:

Hawaii Medical Association:

HMA President (2012-2013)
HMA President-Elect (2011-12)
HMA Treasurer (2010-2011)
Delegate to HMA from HCMS (1993-97)
HMA Committee on Health Care and Economics (1991-93)
HMA Mental Health Committee (Chairman, 1989-91)
HMA Committee on Medical Ethical, Legal, and Moral Issues (1989-91)
HMA Committee on Physicians' Health (1985-2002)

Hawaii Psychiatric Medical Association:

HPMA President (1993-94)
HPMA President-Elect (1992-93)
HPMA Secretary (1991-92)
HPMA Treasurer (1989-91)
HPMA Committee on Health Care Reform (1993-2000)
HPMA Continuing Medical Education Committee (1992-93)
HPMA Committee on Managed Care (1989-2000)

Member of the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (1991-97)
Member, Board of Directors of Pacific Medical Administrative Group (PMAG) (1994-1996)
Chair, Pacific Health Care Quality Assurance Committee, 1990-1996
Member, Board of Directors of Mountain Pacific Quality Health (Medicare Quality Improvement Organization for Montana, Wyoming, Hawaii, and Alaska) (1996 to 2010, including terms as Secretary-Treasurer, President-Elect, and President)
Member, Hawaii Dept. of Health Opioid Use Task Force (October 2017)
University Health Alliance (physician directed health insurance company)
Member, Physician Advisory Panel, University Health Alliance (2003 – present)
Member, Board of Directors, University Health Alliance (2008 – 2011)
Member, Hawaii Health Authority (responsible for overall health planning for the state, and for development of a comprehensive health plan for all individuals in Hawaii) (Appointed 2011, active 2011-2013)
Member, Hawaii Health Transformation Initiative, Executive Committee, representing the Hawaii Health Authority (2011-2013)
Advisory Board, Physicians for a National Health Program (2014 to 2019)
Board of Directors, Physicians for a National Health Program (2019 to present)

Publications:

Brown, H.N. and Kemble, S.B., “Episodic Anxiety and Cardiac Arrhythmias.” Psychosomatics 22, No. 10: 907-915, October, 1981

Kemble, S.B., “For Healthcare, Single-Payer System is Best,” The Honolulu Advertiser, January 23, 2009

Kemble, S.B., “Competition in Health Care Problematic,” The Honolulu Advertiser, Nov. 15, 2009

Kemble, S.B., “A Better Idea for United States Health Care – The Balanced Choice Proposal.” Hawaii Medical Journal 69: 294-297, Dec. 2010

Kemble, S.B., “Consolidating All Medicaid Plans Would Save Money and Expand Access,” “Island Voices,” The Honolulu Star-Advertiser, July 27, 2011

Kemble, S.B., “U.S. Healthcare Spending: Where is the Waste?” OpEdNews.com, Nov. 16, 2011. <http://www.opednews.com/articles/U-S-Health-Care-Spending-by-Stephen-Kemble-111116-331.html>

Kemble, S.B. “Why Competition Among Health Plans Can’t Help Us.” OpEdNews.com, Nov. 17, 2011. <http://www.opednews.com/articles/Why-Competition-Among-Health-Plans-Can-t-Help-Us-by-Stephen-Kemble-111117-858.html>

Kemble, S.B. “Universal Publicly Funded Health Care: Establishing Accountability Without Competition.” OpEdNews.com, Nov. 24, 2011. <http://www.opednews.com/articles/Universal-Publicly-Funded-Health-Care-Establishing-Accountability-Without-Competition-by-Stephen-Kemble-111123-777.html>

Kemble, S.B. “Principles for Cost-Effective, Sustainable Health Care Reform.” OpEdNews.com, Dec. 5, 2011. <http://www.opednews.com/articles/Principles-for-Cost-Effective-Sustainable-Health-Care-Reform-by-Stephen-Kemble-111203-878.html>

Kemble, S.B. “Fee-For-Service Is Not the Problem.” OpEdNews.com, July 14, 2012. <http://www.opednews.com/articles/Fee-For-Service-Is-Not-the-Problem-by-Stephen-Kemble-120706-547.html>

Kemble, S.B. “State should end Medicaid managed-care model.” “Island Voices,” The Honolulu Star-Advertiser, April 21, 2013

Kemble, S.B. “More health care regulations mean more middlemen, fewer doctors.” “Island Voices,” The Honolulu Star-Advertiser, Nov 27, 2013

Verhoef P, Kemble S. “Universal Coverage Remains a Big Deal.” KevinMD. March 18, 2014. <http://www.kevinmd.com/blog/2014/03/universal-coverage-remains-big-deal.html>

Kemble, S.B. “Medicaid Red Tape Crippling Good Health Care.” The Honolulu Star-Advertiser, April 6, 2014

Kemble, S.B. “Healthcare Pay-For-Performance Folly” The Honolulu Star-Advertiser, July 7, 2014

Kemble, S.B. “Support reforms to cut administrative burdens on doctors.” The Honolulu Star-Advertiser, November 6, 2014

Kemble, S.B. “Hawaii Health Authority could reduce health costs, if empowered to do so” The Honolulu Star-Advertiser, March 8, 2015

Kemble, S.B. “Payment reforms in federal bill will add burdens to doctors.” The Honolulu Star-Advertiser, April 16, 2015

Kemble, S.B. “‘Value-Based’ Payment a Threat to Hawaii Health Care.” The Honolulu Star-Advertiser, September 6, 2015

Kemble, S.B. “Policymakers Should Be Listening to Doctors.” The Honolulu Star-Advertiser, February 3, 2016

Kemble, S.B. “Lawmakers Ignore Better Health-care Reform Plan.” The Honolulu Star-Advertiser, February 20, 2017

Kemble, S.B. “Health care reform driven by health plans, not physicians.” The Honolulu Star-Advertiser, January 24, 2018

Kemble, S.B. “Administrative costs of ‘value-based’ health care too high.” The Honolulu Star-Advertiser, January 24, 2019

Kemble, S.B. “How to reverse the loss of Hawaii’s Primary Care Doctors.” The Honolulu Star-Advertiser, October 8, 2019

Kemble SB, Flanders C, Mitchell MA. “Population-Based Primary Care Payment System in Hawaii.” JAMA 2019;322(21):2136. <https://doi.org/10.1001/jama.2019.16200>

Kemble, SB. “HMSA’s Capitation System Isn’t Working.” The Honolulu Star-Advertiser, June 3, 2020 <https://www.staradvertiser.com/2020/06/03/editorial/island-voices/column-hmsas-capitation-system-isnt-working/>

Kemble SB. “Hawaii Was Creating A Plan For Universal Health Care. It’s Time To Return To It.” Honolulu Civil Beat, October 4, 2020 <https://www.civilbeat.org/2020/10/hawaii-was-creating-a-plan-for-universal-health-care-its-time-to-return-to-it/>

Kemble, SB, Aduja M. “State should self-insure health plans for employees, retirees.” The Honolulu Star-Advertiser. October 29, 2020 <https://www.staradvertiser.com/2020/10/29/editorial/island-voices/column-state-should-self-insure-health-plans-for-employees-retirees/>

Kemble SB. “Save millions by cutting administrative waste in health care.” The Honolulu Star-Advertiser. February 4, 2021. <https://www.staradvertiser.com/2021/02/04/editorial/island-voices/column-save-millions-by-cutting-administrative-waste-in-health-care/>

Kemble, SB. “Medicaid managed care turns into a taxpayer boondoggle.” The Honolulu Star-Advertiser. June 21, 2021. <https://www.staradvertiser.com/2021/06/21/editorial/island-voices/column-medicaid-managed-care-turns-into-a-taxpayer-boondoggle/>

Kemble, SB. “Inside the Medicare Advantage plans, many now being probed.” The Honolulu Star-Advertiser. November 21, 2021. <https://www.staradvertiser.com/2021/11/21/editorial/insight/inside-the-medicare-advantage-plans-many-now-being-probed/>

Papers written with One Payer States Policy Working Group:

Kemble, SB and OPS Policy Working Group. “Principles for Designing a Cost-Effective Single-Payer System.” July 22, 2020. <https://onepayerstates.org/ops-policy-work-group-page/>

Kemble, SB and Sullivan K. “Hospital Payment Under Single-Payer Proposals: Payments to Risk-Bearing Entities Versus Budgets for Hospitals.” June 20, 2020. <https://onepayerstates.org/ops-policy-work-group-page/>

Kemble, SB and OPS Policy Working Group. “Optimizing payment of physicians for a single-payer healthcare system.” November 29, 2020. <https://onepayerstates.org/ops-policy-work-group-page/>

Kemble, SB and OPS Policy Working Group. “Insurance Industry ‘Trojan Horses’ in ‘Single-Payer’ Proposals.” March 17, 2021. <https://onepayerstates.org/ops-policy-work-group-page/>

Kemble, SB and OPS Policy Working Group. “Capitation payment of ACO REACH plans will sabotage ‘Realizing Equity, Access, and Community Health.’” October 18, 2022. <https://onepayerstates.org/ops-policy-work-group-page/>

Lectures/Presentations:

Psychodynamic Formulations in Psychotherapy, Psychiatric Grand Rounds, John A. Burns School of Medicine, 1986.

On “The Use of Force” (from William Carlos Williams’ *The Doctor Stories*), American College of Physicians, Hawaii Chapter, Fall Meeting, 1987.

Adaptation to Physicianhood: Toward Healthy Fulfillment of the Physicians' Vocation, American College of Physicians, Hawaii Chapter, Fall Meeting, 1988.

The Deprofessionalization of Medicine, American College of Physicians, Hawaii Chapter, Fall Meeting, 1993

Private Out-Patient Mental Health Care and Managed Care in Hawaii, Hawaii Medical Association Annual Meeting, October, 2000.

Psychological Coping Strategies and Physical Health, Dept. of Medicine Grand Rounds, John A. Burns School of Medicine, October 17, 2007.

The McCain and Obama Health Plans, Dept. of Medicine Grand Rounds, John A Burns School of Medicine, October 14, 2008.

Single-Payer Health Care Financing: What It Is, What It Isn't, and What It Could Be, Ololo Public Television, September 8, 2009

Health Care Reform, American College of Physicians, Hawaii Chapter, January 9, 2010

Health Care Reform – What You Need to Understand, Dept. of Medicine Grand Rounds, John A. Burns School of Medicine, January 26, 2010

The New Health Care Reform Law: Treasure Chest or Pandora's Box?, Dept. of Medicine Grand Rounds, John A. Burns School of Medicine, April 6, 2010

Health Care Reform – What You Need to Understand, Church of the Crossroads, April 11, 2010

The New Healthcare: Ethics and Economics, Panelist, 2010 International Bioethics Conference, The St. Francis International Center for Healthcare Ethics, August 13, 2010

Single-Payer Healthcare Financing – Prospects for Hawai'i, Dept. of Medicine Grand Rounds, John A. Burns School of Medicine, January 18, 2011

Health Care Reform for Hawai'i – Single-Payer Pathways and Options, William S. Richardson School of Law, Feb. 23, 2011

Health Care Reform – What You Need to Understand, Taking Care of Your Diabetes Conference, Honolulu, March 5, 2011

Medicaid and Single-Payer for Hawaii, (with Salim Hasham, MSysEng, MHA)
Presentation to Gov. Neil Abercrombie, March 23, 2011

Balanced Choice – A Physician Payment Option within Single-Payer. William S.
Richardson School of Law, March 30, 2011

The PPACA – Implications for Hawaii, Dept. of Medicine Grand Rounds, John A. Burns
School of Medicine, May 24, 2011

The PPACA – Implications for Hawaii, Hawaii Medical Center East Grand Rounds, Sept.
22, 2011

The Hawaii Health Authority and Health Reform for Hawaii, Queen’s Dept. of Medicine
Grand Rounds, October 14, 2011

Update on State of Hawaii Health Care Reform, Dept. of Medicine Grand Rounds, John
A. Burns School of Medicine, January 17, 2012

Health Care Reform – National Trends and the Hawaii Health Authority Plan,
Gastroenterology, Hepatology and Nutrition Updates in Hawaii 2012, February 5,
2012

Health Care Reform for Hawaii: Single-Payer Pathways and Options, Dept. of Medicine
Grand Rounds, John A. Burns School of Medicine, February 23, 2012

Resolved: Hawaii should lead the nation with universal health care funded by the single
payer model. Yes or no? Affirmative Presentation, Town Hall Debate at Democratic
Party Hawaii Convention, May 25, 2012

Health Care Reform and Legislation in Hawaii, Lecture for UH Transitional Residency
Program, September 4, 2012.

Health Reform and Professional Ethics. Hawaii Medical Association Presidential
Inaugural Address, Ola Pono Ike, October 8, 2012.

U.S. Health Compared - Present, Obama Care and Single-Payer. The Body Show, KIPO
Radio, April 29, 2013

Hawaii’s Health Insurance Connector (Exchange). Olelo Public Access TV, October 12,
2013

Hawaii – Transitioning and Moving Beyond the Affordable Care Act. American Public Health Association Annual Meeting. October 29, 2014.

Obamacare vs. Single-Payer. Think Tech Hawaii. Interview with Dr. Josh Green, November 5, 2013

Single-Payer Healthcare. Olelo Public Access TV, November 9, 2013

The Affordable Care Act vs. Single-Payer. Dept. of Psychiatry Grand Rounds, January 10, 2014

The Affordable Care Act: Payment and Delivery System Reforms and Mental Health. American Medical Student Association: Race, Ethnicity and Culture in Health Action Committee. Webinar Presentation, February 20, 2014

The Business Case for Single-Payer Health Care. The Rotary Club, Honolulu, March 11, 2014

ACA Reforms, Mental Health & Single-Payer. Physicians for a National Health Program, Webinar Presentation, May 13, 2014

The Business Case for Single-Payer Health Care. One Payer States/Healthcare-NOW! Conference in Oakland, CA, August 22, 2014

ACA Payment & Delivery Reforms vs. Single-Payer. Lecture for UH Transitional Residency Program, September 30, 2014

Healthcare Reform and Developments in Hawaii. Lecture for UH Transitional Residency Program, October 1, 2014.

Health Care Reform: Truth or Dare. Think Tech Hawaii, Interview with Dr. Josh Green, October 14, 2014

Single-Payer and the Crisis in Mental Health Care. Physicians for a National Health Program Annual Meeting, New Orleans, November 15, 2014

Administrative Simplification – Let Doctors be Doctors Again! Honolulu County Medical Association Annual Meeting, keynote address, November 22, 2014

ACA Reforms, Mental Health, and Single-Payer. John A. Burns School of Medicine, Department of Psychiatry Grand Rounds, October 16, 2015

How Obamacare Fails the Mentally Ill: A Call for Single-Payer Mental Health Coverage.
(with J. Wesley Boyd, MD) Physicians for a National Health Program Annual Meeting, Chicago, November 1, 2015

From the Prepaid Health Care Act to Managed Care to the ACA: 30 Years of Health Policy in Hawaii. Hawaii Sociology Association Conference, Hilo, HI, February 20, 2016

Responding to Political Attacks on Single-Payer. Physicians for a National Health Program Webinar, March 10, 2016

The Business Case for Single-Payer Health Care. Aiea Rotary Club, April 14, 2016

Why Capitation and “Value-Based” Payment Can’t Work, Especially in Hawaii.
Interview on Olelo, Hawaii Public Access Television, May 7, 2016

The Hawaii Health Authority Proposal for Much More Cost-Effective Healthcare Reform. Kupuna Caucus, Democratic Party of Hawaii, January 6, 2017

Why We Need Single-Payer Healthcare Reform, or Something Close to It. American Association of Nurse Practitioners Conference, Queen’s Conference Center, Honolulu. January 17, 2017

How Can We Push for a More Just and Cost-Effective Health Care System? Health is a Human Right Forum on Healthcare, John A. Burns School of Medicine Student Alliance for Health, Honolulu. February 15, 2017

The Status of Health Care Reform in the United States and for Hawaii. Lecture for UH Transitional Residency Program, Honolulu. April 18, 2017

How Can We Push for a More Just and Cost-Effective Health Care System? Honolulu Friends Meeting, April 30, 2017

Honolulu County Medical Association Forum on HMSA Payment Reform Initiative,
Kapiolani Medical Center Auditorium, Honolulu. June 22, 2017

Panel on “Why Single-Payer?” 6th Annual Laborfest Conference, Musicians’ Association Studio, Honolulu. September 29, 2017

Reducing Healthcare Administrative Cost is the Key to Affording Health Care for All.
Democratic Party of Hawaii Headquarters, Honolulu. November 30, 2017

How to Get to Universal Health Care in Hawaii and the U.S. J-20 Hawaii. University of Hawaii ART Building, Honolulu. January 16, 2018

Healthcare in Hawaii - what happens after GOP TAX SCAM? Democratic Party of Hawaii, Hawaii State Capitol, January 19, 2018

Doctors Create Local Solutions: All-payer system with incentive-neutral payment. John A. Burns School of Medicine, Honolulu. January 20, 2019

Healthcare Options for Hawaii - How to Improve Access and Quality While Reducing Cost. Indivisible Kihei, Kihei Community Association, & Organizing for Action Maui. Kihei, Maui, Hawaii. March 1, 2018

Collaborative care model for managing mental health problems in primary care. Project ECHO Clinic, John A. Burns School of Medicine, Honolulu. March 27, 2018

Healthcare Reform Today – April 2018. Transitional Residency Program, John A. Burns School of Medicine, Honolulu. April 17, 2018

How Value-Based Payment Reforms Can Undermine Care of the Seriously Mentally Ill. American Psychiatric Association Annual Meeting, San Francisco. May 7, 2018

Creating an All-Payer, Incentive Neutral Payment System. Workshop at Hawaii Health Workforce Summit 2018, Honolulu. September 8, 2018

Update on Collaborative Care and Access to Psychiatric Services in Hawaii. Project ECHO Program, Honolulu. January 22, 2019

Healthcare for All Hawaii Barnstorm Events: Hawaii State Capitol, Keaau (Hawaii Island), and ILWU Hall, Honolulu. February 9-12, 2019.

What's Wrong with ACA Payment and Care Delivery Reforms, and What Would Work Better? JABSOM Partnership for Social Justice, John A. Burns School of Medicine, Honolulu. May 5, 2019.

Single-Payer for Psychiatry and Care of the Seriously Mentally Ill. Workshop on How Private Insurance Fails Those with Mental Illness. American Psychiatric Association Annual Meeting, San Francisco. May 20, 2019.

Interdisciplinary Teams in Health Care: The Collaborative Care Model for Psychiatric Care. Workshop Panelist, Hawaii Health Workforce Summit 2019, Honolulu. September 7, 2019.

STEPHEN B. KEMBLE, M.D.

CURRICULUM VITAE

Page Fifteen

Update on Collaborative Care And Access to Psychiatric Services in Hawaii. Project ECHO. January 21, 2020.

Single-Payer Healthcare – Implications for Psychiatry. Grand Rounds, Dept. of Psychiatry, John A. Burns School of Medicine. Honolulu. February 7, 2020.

Unnecessary Administrative Burdens in Physician Practice. American College of Physicians Hawaii Chapter. February 22, 2020.

All-Payer Health Care with Global Budgeting of Hospitals – The Hawaii Health Authority Proposal. Hawaii Nurses Association. March 21, 2020

Single-Payer Healthcare – Implications for Psychiatry and Treatment of Substance Abuse. Hawaii Addictions Conference. April 17, 2020

Health Care Town Hall – Health Policy Implications of COVID-19 Pandemic. Democratic Party of Hawaii Health Committee. June 5, 2020

Medicaid – Structure, Evolution, and Medicaid Managed Care. Northern New England Health Policy Summer Internship. June 24, 2020

Insurance Risk, ACOs, and All-Payer - Implications for Vermont. Vermont Chapter, Physicians for a National Health program. September 2, 202

Fixing Health Insurance in Hawaii. Democratic Party of Hawaii Health Committee Town Hall. September 13, 2020

How Could We Design an Optimal Single-Payer System for the U.S.? JABSOM Partnership for Social Justice Symposium. November 10, 2020

Healthcare with Seiji Yamada and Stephen Kemble. Civil Beat IDEAS Live. December 9, 2020. <https://www.facebook.com/civilbeat/videos/388623942393480>

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Samuel Wilcoxson |
| Preferred pronouns (e.g., she/her, he/his, they/their): | He/Him |
| Organization (if applicable): | Premera Blue Cross |
| Title or position (if applicable): | Sr. Reg. Compliance & Ethics Program Admin. |
| Work address (if applicable): | 7001 220th St SW, Mountlake Terrace, WA 98043 |
| County of organization/employer (if applicable): | Snohomish County |
| Email: | Samuel.Wilcoxson@premera.com |
| Phone: | 1 425-918-4418 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input checked="" type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.


² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I am interested in taking part in the larger conversation on how to improve health care, especially as it relates to problem-solving the barriers to universal health care.

Professionally, I have had the privilege of working on the issue of universal health care coverage and related topics surrounding federal and state health care and public health programs. If given the opportunity, I believe my technical expertise, ~~most experience, and willingness to engage~~ would bring value to the Committee. 

2. Please describe your relevant experience and how it would benefit FTAC.

I previously worked as a legislative staffer for U.S. Rep. Rick Larsen, specifically covering health care policy and related federal issues. I held this role for 2.5 years. During this time, I also acted as the primary point of contact for the health care sector stakeholders for his office.

Additionally, I was employed by the Department of Health and Human Services, 

3. Please describe any other experience serving on a committee, board, or workgroup.

During my time with the Office of Assistant Secretary of Health, I was assigned as the Deputy Assistant Secretary for Health Policy's point of contact for the Long COVID workgroup which was assigned with publishing two reports called for in presidential memorandum, including a report covering all Long COVID related services and supports, and a second report establishing a national action plan for researching and continuing to respond to Long COVID.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

N/A

10. Memberships in professional, civic organizations, or government boards or commissions:

N/A

11. Community service/volunteer activities:

N/A

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Professionally, I've spent the last 3.5 years working on health care policy and public health. Specifically, as a legislative staffer for U.S. Rep. Rick Larsen, I worked on researching, evaluating, and making vote or cosponsorship recommendations on a wide variety of legislative proposals relating to health equity. In particular, I evaluated these proposals within the context of the second congressional district's diverse communities.

14. Please describe why health equity is important to you.

As a personal matter, I grew up in a big family who depended on my parent's union membership to maintain access to health insurance. Unfortunately, there were times in my life, as a kid and as a young adult, that I had limited to no health care coverage or access to health care.

Professionally, I find the topic difficult. It requires a nuanced understanding of public

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Regardless of the population, access to health care is typically only accessed after navigating several hurdles some of which can include cost, transportation, or insurance coverage.

I believe the FTAC is uniquely positioned to grapple with the practical effects of reforms aimed at expanding access to health care and to engage intellectually with

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am Latino, specifically Mexican-American.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input checked="" type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Samuel Wilcoxson

Date:

11/30/2022

Samuel J. Wilcoxson

3741 Mark Drive, Alexandria, VA 22305 • Samuel.Wilcoxson@Gmail.com • (214)504-8319

EXPERIENCE

Department of Health and Human Services

Washington, D.C.

Legislative Analyst & Special Assistant, Office of Assistant Secretary of Health

December 2021- Present

- Assisted with establishing the Office of Policy and Legislation for the Office of the Assistant Secretary of Health
- Collaborated with senior leadership on drafting legislative feedback and developing budget justifications
- Managed large-scale data calls for government-wide and department-wide requests for data including drafting data calls, instructions, compiling responses, and resolving contradictory input

House of Representatives

Washington, D.C.

Legislative Assistant, Office of Representative Rick Larsen

July 2019- December 2021

- Managed a diverse portfolio including health care, education, agriculture, judiciary, hunger, social security, seniors, housing, immigration, civil rights, United State Postal Services, social safety net programs, and COVID-19 response
- Organized and led high-level stakeholder meetings to elicit feedback on legislation, and appropriations
- Developed COVID-19 priorities and legislative strategy to advocate to leadership, committees, and member offices
- Collaborated with committees and engaged outside groups to develop, and introduce legislation
- Drafted talking points, social media, floor speeches, testimony, and press releases

American Bar Association

Washington, D.C.

Legal Extern, Center on Children and the Law

January 2019 – May 2019

- Tracked state-specific compliance for federal regulations; performed 50-state surveys
- Summarized policy positions and evaluated data to understand national trends
- Created distribution-ready materials to be used as resources by child welfare professionals, judges, and attorneys
- Coordinated with stakeholders, developed positions for legislative strategies, tracked legislations and regulations

Washington State Attorney General's Office

Olympia, WA

Rule 9 Law Clerk, Division of Social & Health Services

May - August 2018

- Managed, prepared, and presented a weekly caseload of 5-10 families in Dependency Proceedings
- Collaborated with senior attorneys on drafting appellate briefs, trial briefs, and dispositive motions
- Engaged with social workers to develop permanent plans, address safety concerns, and prepare for litigation

Law Clerk, Division of Children, Youths, & Families

May - August 2017

- Drafted answers, complaints, policy research memoranda, and client-advice letters
- Assisted senior attorneys with estate recovery cases to evaluate the need for legal action, including investigating individuals, relevant probate proceedings, and potential value of creditor's claims

Dripping Springs Elementary School

Dripping Springs, TX

Special Education Teaching Asst.

October 2015 - April 2016

- Collaborated with other educators, specialists, and families on behavioral and academic intervention plans
- Authored and organized individualized education plans to address diagnosed learning disabilities and academic needs
- Supported and oversaw students with exceptionally difficult behavior disorders and special needs

EDUCATION

Seattle University School of Law

Seattle, WA

J.D. Candidate

May 2019

Scholarship: Recipient, Dean's Diversity Scholarship; Recipient, Public Interest Law Foundation Grant

Activities: Vice-President, Student Bar Association

The Catholic University of America

Washington, D.C.

B.A., Philosophy

May 2015

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--------------------|
| Name (first and last): | Wendy Conway |
| Preferred pronouns (e.g., she/her, he/his, they/their): | she/her/hers |
| Organization (if applicable): | |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | wenwenwr@gmail.com |
| Phone: | 36-528-1394 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|---|--|
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input checked="" type="checkbox"/> Community member or advocate | <input checked="" type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
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- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

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these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

As a working class community member I feel it is important that those of us who are impacted the most financially should be at the table where a possible solution is discussed on the rising costs of healthcare and access to services.


2. Please describe your relevant experience and how it would benefit FTAC.

I have been a WFSE member activist for 20+ years and employed with a state agency that regulates health insurers for 26 years. I am familiar with how cost share works and how it impacts those who are not financially stable and how access to services such as mental health and substance use have negatively affected my community.

3. Please describe any other experience serving on a committee, board, or workgroup.

I have served on workgroups through my employer that consisted of other state agencies and stakeholders such as insurers and healthcare providers. I have served on several boards via my WFSE union membership as well.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

As a single mother of 5 children I know what it is like to go without proper healthcare because you can't afford a copay. I also know what it is like to go into medical debt. In my current position I am very aware of the cost share amounts incurred by private healthcare purchasers, those purchased through the Washington Health Benefit Exchange and large employer plans. Very few plans being sold in Washington are 

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

9. Professional licenses held:

10. Memberships in professional, civic organizations, or government boards or commissions:
WFSE member for 20+ years.

11. Community service/volunteer activities:
WFSE union activist. Registered voter and occasional GOTV volunteer.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

As a single mother of 5 children I know what it is like to go without proper healthcare because you can't afford a copay. I also know what it is like to go into medical debt and not receive appropriate or adequate coverage for mental health or substance use services, which can and do result in death. In my current position I am very aware of the cost share amounts incurred by private healthcare purchasers, those purchased through the Washington Health Benefit Exchange and large employer

14. Please describe why health equity is important to you.

Very few plans being sold in Washington are affordable to working class families, unless you qualify for Apple Health. The access to needed services is another issue, dependent on ability to pay, or access to the type of professional needed can and do result in death of some of our most vulnerable population. Access also means different things, such as appointment, health plan network requirements and even transportation to services. We need to find a solution, I would prefer nationally but

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

I am hoping for solutions to eliminate the roadblocks currently in place that prevent citizens from receiving the care they need in a timely manner. The ability to not have to think about whether or not they have the copay/coinsurance or if they have met their deductible before they make an appointment AND that making an appointment doesn't result in a 2, 3 4 week or longer wait to receive care. Ideally also mitigating the access and care issues for mental health and substance use services

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Wendy Conway

Date:

11/30/2022

Wendy Conway

PO BOX 3023
Yelm, Washington 98597

Work (360) 725-7142
Cell (360) 528-1394

Skills

Strong analytical and research skills. Extensive regulatory compliance experience, policy contract review, provider agreement review, including development of rules and agency bill tracking. Provide detailed consultation to management, industry professionals, other analysts and actuaries regarding best practices and next steps involving contract review, non compliance referrals for legal review, administration of laws and regulations, bill analysis and fiscal note writing. Very proficient with all MS Office programs, including Microsoft Teams, Adobe and agency designed database (State Insurance Management and Business Application – SIMBA), National Association of Insurance Commissioners (NAIC) insurance filing database SERFF, document management system (Application Extender Document Management - AX), LobbyGov bill tracking portal. Exceptional working knowledge of WAC title 284 and RCW title 48 and RCW 34.05 (Administrative Procedures Act), and RCW title 18. Strong people skills, including four plus years of facilitating meetings involving large scale event/project planning for a non profit organization. Detail oriented, strong problem solving skills, excellent oral and written communication, able to work independently and within a team environment cohesively and productively.

Work Experience

September 2017 to Present

State of Washington – Office of the Insurance Commissioner, Rates and Forms – Forms Analyst - Functional Program Analyst 4

Review and evaluate contracts for compliance with Washington insurance laws and regulations, Federal law, including the Affordable Care Act (ACA), as well as case law. Perform additional regulatory oversight responsibility brought about by ACA and the interrelationship with state requirements, including the development and promulgation of rules. Provide consultation to management, industry professionals, other analysts and actuaries regarding best practices and next steps involving contract review and administration. Maintain current and accurate knowledge of state and federal laws and regulations governing health & disability insurance as it relates to health form requirements; Function as a recognized substantive expert and unit resource responsible for substantive issues arising from newly enacted laws and rules, regulatory guidance, and other requirements. Serve as team lead for health forms unit analysts and provide consult on any substantive issue applicable to the review of health forms to ensure accurate and consistent application of legal requirements across carriers; Participate in all Health Forms Compliance Unit trainings to enhance and share knowledge of laws and processes affecting health care forms review; Collaborate with other members of the health forms unit as necessary to ensure consistent review processes across insurance markets (individual and group lines), product-types, and carriers; Actively participate in rule team assignments, including internal and external workgroups, or committees;

Provide legislative bill analysis and fiscal notes when requested; Conduct planning, auditing, and/or investigation of health care contractors, health care maintenance organizations, insurers, insurance licensees, and/or other regulated entities. Coordinate and review the work of health forms unit and monitor the quality and quantity of work performed and conduct quality assurance reviews to identify knowledge gaps, process errors, and/or patterns of inconsistency; Identify unfair, inequitable or unlawful insurance practices; recommend or refer such practices or individual cases/files for enforcement action; Request corrective action as necessary, based upon the analysis and interpretation of trends and rules. Review, research and investigate the most complex contracts, filings, or inquiries that involve compliance issues related to laws, regulations or departures in industry practices. identify and address training needs for the health forms unit and individual analysts, including substantive training plans for new analysts; Develop training plans and resources in the most effective and appropriate format; Maintain and update analyst checklists, objection bank, issues index and unit deskbook; and consult with and advise unit manager regarding the balance of workload among analysts and assisting with workflow balancing as requested by unit manager.

April 2013 to Present

State of Washington – Office of the Insurance Commissioner, Rates and Forms – Forms Analyst - Functional Program Analyst 3

Provide timely and accurate, independent analysis, evaluation and approval or disapproval of healthcare insurance forms, including provider agreements, provider compensation agreements that include Medicaid and Medicare, and issuer compliance plans. Review and evaluate contracts for compliance with Washington insurance regulations, Federal law, including the Affordable Care Act (ACA), as well as case law. Perform additional regulatory oversight responsibility brought about by ACA and the interrelationship with state requirements, including the development and promulgation of rules. Provide consultation to management, industry professionals and coworkers regarding best practices and next steps involving contract review and administration. Communicate issues that may arise to management and industry. Coordinate, track and review issuer binder package submissions for compliance with ACA and ensure completion of health plan package of over 200 healthcare contracts for submission to the Washington Health Benefit Exchange for inclusion as a qualified health plan. Research, interpret and analyze healthcare contracts and provider agreements, including Medicaid and Medicare. Assist the industry in solving problems regarding healthcare contract filing, administration compliance and provider agreement compliance. Educate the industry regarding healthcare and provider agreement issues. Advise insurance industry professionals based on analysis or interpretation of contracts and agreements; Request corrective action as necessary, based upon the analysis and interpretation of trends and rules. Participate in formal and informal hearings. Prepare healthcare product files for referral for enforcement action for unlawful contract administration, unfair or inequitable insurance practices. Evaluate administrative law as applied in individual cases and suggest changes when warranted. Participate in meetings with

company representatives to resolve enforcement and contract administration compliance issues. Proficient in all MS Office programs, Adobe, Adobe Contribute for agency website management, agency designed database (State Insurance Management and Business Application – SIMBA), including agency document management system (Application Extender Document Management - AX) and the industry filing database System for Electronic Form Filing (Serff) through the National Association of Insurance Commissioners (NAIC).

July 2001 to Present

State of Washington – Office of the Insurance Commissioner, Consumer Protection – Insurance Compliance Analyst - Functional Program Analyst 3

Research, interpret and analyze health, life , annuity, long term care, medicare supplement and disability income insurance policy contracts, practices and other materials for compliance with federal and state laws and regulations. Assists the public or the industry in solving problems regarding health, life , annuity, long term care, medicare supplement and disability income insurance. Educate the public or industry regarding health, life , annuity, long term care, medicare supplement and disability income insurance issues. Research and investigate health, life , annuity, long term care, medicare supplement and disability income insurance consumer complaints resulting from disputes between the consumer and the insurer. Mediate disagreements between the consumer and the insurer; Analyze and interpret health, life , annuity, long term care, medicare supplement and disability income insurance practices, contracts, and rules to ascertain if they are in compliance with Washington laws and regulations, request corrective action as necessary, based upon the analysis and interpretation; Analyze and interpret health, life , annuity, long term care, medicare supplement and disability income insurance practices, trends and rules. Advise insurance industry professionals and/or the public and their representatives based on the analysis or interpretation; Participate in formal and informal hearings; Prepare and assist with health, life , annuity, long term care, medicare supplement and disability income insurance complaint files and product files, for referral for enforcement action, for unlawful, unfair or inequitable insurance practices; Evaluate administrative law as applied in individual cases and suggest changes when applicable; Prepare and speak at presentations given during community meetings or forums regarding health, life , annuity and disability income insurance issues; Educate the public, their representatives, and insurance industry professionals on health, life , annuity, long term care, medicare supplement and disability income insurance related issues; including attendance at numerous outreach events at the Puyallup Fair, the Renton Small Business Fair, local schools and the Senior Citizens Foundation, advising participants of their rights under state law as well as federal law, including the protections and benefits under the ACA, tailored to meet the needs of the audience – such as the tax credit for small employers who provide health insurance benefits to their employees. Participate in meetings with company representatives to resolve enforcement and consumer issues; Develop and maintain Consumer Advocacy Life and Health Intranet site. As an agency subject matter expert, develop, revise and update Internet site pages

relating to health, life , annuity, long term care, medicare supplement and disability income insurance..

July 1999 to July 2001

State of Washington – Office of the Insurance Commissioner, Consumer Protection – Insurance Analyst in Training

While in a training capacity, within the Office of Insurance Commissioner, assisted in researching, reviewing and analyzing health, life , annuity, long term care, medicare supplement and disability income insurance industry compliance with the Washington State Administrative Code and the Revised Code of Washington; assisted in conducting investigations of health, life , annuity, long term care, medicare supplement and disability income insurance complaints made against insurance carriers; assisted in responding to consumer inquiries, providing information and/or investigating complaints related to health, life , annuity, long term care, medicare supplement and disability income insurance; assisted in the research and investigation of health, life , annuity, long term care, medicare supplement and disability income insurance consumer complaints resulting from disputes and disagreements between consumers and insurers; assisted in the investigation of complaints from consumers and sellers of health, life , annuity, long term care, medicare supplement and disability income insurance products; assisted in gathering of documenting evidence; and assisted in the preparation of case files of completed investigations for referral for enforcement action.

August 1997 to July 1999

State of Washington – Office of the Insurance Commissioner, Consumer Protection – Secretary Lead

Implemented the volunteer program for the Consumer Advocacy Division which consisted of the recruitment, hiring and training and supervision of 3 volunteers. Tracked all incoming and outgoing referrals using two types of software programs. Received incoming referrals, referred to appropriate supervisors for handling or referred consumer to proper authority outside of OIC for possible resolution. Provided technical assistance to other Agencies, Insurance Carriers and Agents. Responsible for Consumer Advocacy Public Disclosure Request's which included the initial screening and redacting of potentially confidential/medical information. Received internet complaint forms and queries, letters and telephone calls regarding P&C and L&D issues, either referred to appropriate staff or answer inquiries myself. Research database for complaints using various coding criteria for both P&C and L&D insurance matters when requested by outside entities. Responsible for the creation and maintenance of two monthly report items using Excel and survey software. In charge of minutes for staff meetings. Ordered supplies for building. Division Attendance Keeper. Backup for the Consumer Hotline receptionist.

EDUCATION

Yelm High School, Yelm WA – 1985

REFERENCES

Kim Tocco (360) 459-1633
Manager – HealthCare
Rates, Forms and Provider Networks
State of WA Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255
Kim.Tocco@oic.wa.gov

Julia Hinrichs (360) 725-7138
Functional Program Analyst 4
Rates, Forms and Provider Networks
State of WA Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255
Julia.Hinrichs@oic.wa.gov

Carmyn Shute (360) 902-6081
Administrative Regulations Analyst 4
DOSH
Labor and Industries
7273 Linderson Way SW
Tumwater, WA 98501
shod235@LNI.WA.GOV

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|------------------|
| Name (first and last): | Warren George |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/his |
| Organization (if applicable): | |
| Title or position (if applicable): | |
| Work address (if applicable): | |
| County of organization/employer (if applicable): | |
| Email: | george@peak.org |
| Phone: | 541-224-1456 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|--|
| <input checked="" type="checkbox"/> Academic/research | <input type="checkbox"/> Health care association (please describe): |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input checked="" type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
- Taxation and other public revenue models
- The Employee Retirement Income Security Act (ERISA)

¹ The Universal Health Care Commission is seeking an individual to represent the consumer perspective on issues and actions before FTAC and facilitate dialogue on issues that affect consumers. The consumer representative may bring expertise with specific communities or groups, including but not limited to: race/ethnicity, language, individuals who are differently abled, age, gender, gender identity, sexual orientation, social class, insurance status, and intersections among

these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

I believe in universal care, and I believe that national action is unlikely until one or more states have demonstrated pilot programs. Having served on the Oregon Joint Task Force on Universal Health Care, and having done much research specific to universal care, I believe my knowledge and experience could be helpful. More specifically, I am keenly aware of the need and benefit to coordinate universal care design between Oregon and Washington.

2. Please describe your relevant experience and how it would benefit FTAC.

As a career manager in titanium production facilities I developed skills in fiscal management and change management. Then as a business consultant I helped work with a variety of businesses on management and technical problems requiring intense analysis of information. About 10 years ago I realized that universal care advocacy was short of expertise in finance and revenue and I have made that my specialty.

3. Please describe any other experience serving on a committee, board, or workgroup.

Governor appointed and Senate ratified voting member of the Oregon Joint Task Force on Universal Health Care. 2021-2022.
Subcommittee Assignments: Expenditures and Revenue Analysis Workgroup
Special Interest Engagement Workgroup
Communications Workgroup

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

As a career business manager and registered republican I bring a vocabulary that allows me to be conversant with a range of stakeholders, improving design considerations, and reaching a wider group of potential supporters. Commissioned a poll of Oregon voters on the subject of financing universal care - using Elway Research of Seattle, Washington

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

Everyone could be potentially affect by decisions involving premiums or taxation. I believe that the key to making good recommendations under such circumstances is 1) Anchor all recommendations in sound principles.
2) Be diligent in protecting any one group from targeted harm.

9. Professional licenses held:

None

10. Memberships in professional, civic organizations, or government boards or commissions:

Oregon Joint Task Force on Universal Health Care
Various civil and structural engineering professional organizations (related to my development of titanium reinforcement bars for extending the life of bridges)
I have been a guest speaker to many civic organizations on the subject of universal care financing.

11. Community service/volunteer activities:

Past board president for a large children's choir in Oregon
Started a musical group at Oregon State Correctional Institution
From 2008 to 2020, developed and facilitated Unlike Minds groups of 8 members each to meet in each others homes once a month to promote mutual respect and constructive dialogue.

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

Although being raised as a Quaker with automatic draft exemption, I was angry that the Vietnam war was being disproportionately fought by minorities and by those without financial means to extend college deferments. Because I could not fix that injustice at that time, I enlisted in the Army so I could serve beside them.

14. Please describe why health equity is important to you.

As a relatively isolated Quaker child in a small white town, I believed that stories of inequity were exaggerated or from a long time ago. Then when I lived for years in a racially mixed neighborhood as a young adult, and particularly when I served in the military in the South, what I saw disgusted me.

As a researcher of health care information it hurts me that minorities and poor experience worse medical outcomes. There are many causes, all of which need to

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Selecting just one: the Oregon Joint Task Force on Universal Health Care conducted 16 public listening session and round tables. I attended every session and was moved to tears several times. I hadn't previously realized the extent to which consolidation of medical services into huge buildings in the suburbs intimidates and discourages care to populations who have never been more than 20 blocks from home. Delivering care where needed instead of where most profitable

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

I am of a white rural background.

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

Attestation

As part of the application process, we're asking applicants to attest to their commitment of being an FTAC member, if selected. Please check all that you're able to do.

- Attend regular, bi-monthly FTAC meetings.
- Review all materials prior to FTAC meetings.
- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Warren H George

Date:

11/29/22

RESUME

Warren George
7402 NE Haugen Road
Corvallis, OR 97330

November 28, 2022
541-745-6914
541-224-1456 (cell)

Universal Care History:

- Oregon Joint Task Force on Universal Health Care 2021-2022
- Have given over 40 presentations on universal care finance, including to states and to national organizations.
- Commissioned 2019 Elway poll of Oregon voters on funding of universal care.
- Have presented many papers and research reports on medical financing.

Management and Technical Consultant: 2002 to 2021

- Provided consulting for economic evaluations, new facility startups, risk management, organizational design, and technical solutions.
- Unique specialties include evaluation of large data sets.

Plant Manager: International Hearth Melting, Richland, Washington (Division of Oregon Metallurgical Corp and Allegheny Technologies): 2000 to 2002

- Managed \$60 million division to impressive turn around:
 - 80% reduction in rejects and out of specification product.
 - 58% productivity increase.
 - Facility became profitable, avoiding closure.
- Responsible for all operational and administrative functions including employee health benefit programs.

Oregon Metallurgical Corporation, Albany, Oregon. 1981-2000

- Increasingly responsible positions of Industrial Engineer, Production Manager, and Director of Primary Operations for \$100 million dollar production facility.
- Elected by employees to lead governance of employee buyout of majority stock ownership.

Previous Education and Experience

- Oregon State University - Industrial Engineering 1978 to 1982
- Manager/co-owner of wood products company, Tillamook OR 1973-1978
- Oregon National Guard – 1972-1973
- US Army – 1970-1972

Family:

- Wife Peggy, married 1974
- Two sons, two daughters, five grandchildren

Universal Health Care Commission

Finance Technical Advisory Committee (FTAC) application

The Washington State Universal Health Care Commission (commission) is seeking members for its new Finance Technical Advisory Committee.

Due: Wednesday, November 30, 2022
Submit to: HCAUniversalHCC@hca.wa.gov

To apply, please complete this application and submit to HCAUniversalHCC@hca.wa.gov **by end of day on Wednesday, November 30, 2022**. Please note that application materials are public information and subject to disclosure.

Please note that boxes outlined in red are required.

Contact information

| Information requested | Your information |
|--|--|
| Name (first and last): | Wayne Zack |
| Preferred pronouns (e.g., she/her, he/his, they/their): | he/his |
| Organization (if applicable): | MultiCare Health System |
| Title or position (if applicable): | Manager, Financial Data Systems |
| Work address (if applicable): | work from home |
| County of organization/employer (if applicable): | Pierce |
| Email: | wayne.zack@multicare.org |
| Phone: | 253.677.6617 |

Sectors and experience

Please indicate the sectors and/or experience you'll bring to FTAC (check all that apply):

Sector

- | | |
|--|--|
| <input type="checkbox"/> Academic/research | <input checked="" type="checkbox"/> Health care association (please describe): Accountant for small business |
| <input type="checkbox"/> Community member or advocate | <input type="checkbox"/> Labor union |
| <input checked="" type="checkbox"/> Community-based organization | <input type="checkbox"/> Law |
| <input checked="" type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Payer: private |
| <input checked="" type="checkbox"/> Finance | <input type="checkbox"/> Payer: public |
| | <input type="checkbox"/> Provider: federally qualified health center |

- Provider: hospital and/or health system
- Provider: other
- Provider: Tribal health clinic or center
- Provider/clinic: behavioral health
- Provider/clinic: oral health
- Provider/clinic: physical health
- Public health department
- Social services
- State agency staff
- Tribal representative

Areas of experience/expertise

- Children's health financing
- Health care advocate¹
- Coverage and benefits and/or cost sharing and premiums
- Development or measurement of health-related metrics
- Employer health benefits/costs
- Experience with communities of color, and/or immigrant or refugee communities (either as a community member or working with communities)
- Experience with differently abled communities (either as a community member or working with community)
- Experience with LGBTQ+ community (either as a community member or working with community)
- Experience with Tribal and indigenous communities (either as a Tribal member or working with Tribes and Tribal communities)
- Federal financing for health care programs and systems
- Financing health-related social needs and social determinants of health
- Health care administration
- Health care delivery system
- Health care financing²
- Health economics
- Health information technology and/or electronic medical records
- Health-care costs, value-based payments, alternative payment methodologies
- Improving health equity and eliminating health disparities
- Provider reimbursement
- Public health financing
- Recruiting, educating, and retaining the health care workforce
- Revenue goals and projections
- State financing for health care programs and systems
- Tax structures, including the impact of tax structures on equity
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these communities or identities. Health care industry professionals, including but not limited to clinicians and administrators are not considered consumer representatives for the purposes of FTAC.

² Health care financing expertise may include but is not limited to: actuarial expertise, federal health care financing, unified health care financing, health care cost expertise, understanding how dollars flow through the health system, and/or understanding payer/provider contracting.

Questions

Please answer the following questions regarding your interest and experience.

1. Why are you interested in serving on FTAC?

As a country, we provide high cost services, with marginally acceptable outcomes. I know we can do better, much better. I would like to contribute to the conversation on how that occurs. I believe I have an industry perspective and a fair consumer perspective to offer.

2. Please describe your relevant experience and how it would benefit FTAC.

I have worked with healthcare finance in several capacities, all of which contribute a slightly different outlook on the industry. I have worked for a payer, a major, national nursing home provider, and a community provider. I've seen first hand some of the complications with reimbursement strategies. My current work also allows me to deeply understand our costs, and apply those to our services.

3. Please describe any other experience serving on a committee, board, or workgroup.

I have served on many workgroups, informally organized to address specific problems. Typically bringing a financial perspective to the challenge. I only have limited experience with formal committees, I again have provided a financial perspective. And no experience with any governmental organization like the one I am applying to here.

4. Is there anything else you would like us to know that may be relevant to serving on FTAC?

I am open, honest, and as a manager, skilled at exploring options to problems. I am fair minded and willing to evaluate alternate views from my own. I am a critical thinker. I analyze data on daily basis.

5. Are you/have you been a registered lobbyist, or do you currently employ a lobbyist, or have you employed a lobbyist during the past five years?

Yes

No

6. If yes, did you receive any compensation?

Yes

No

7. Could you or your family be affected financially by FTAC recommendations or commission decisions?

Yes

No

8. If yes, please explain.

I assume decisions would be expected to impact the cost of services and/or the premiums of providing those services. I would hope that we would be financially impacted either with lower premiums or better outcomes. That is, better value healthcare. But I would not be directly impacted by working on the FTAC.

9. Professional licenses held:

None

10. Memberships in professional, civic organizations, or government boards or commissions:

None

11. Community service/volunteer activities:

None

12. Have you ever served in the U.S. Armed Forces?

Yes

No

Health equity questions

Please answer the following questions regarding health equity.

For reference, the Health Care Authority (HCA) defines health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.


13. Please describe any knowledge or expertise you have with health equity. (You can use your own definition of health equity as you answer this question, or you may use HCA's above.)

I have been under-employed and my family without health insurance. My adult sons have been without insurance - including my substance abuse disorder son. I have seen first hand some of the help that is available and that which is not. I have also seen how that help makes a difference. I have been fortunate to be able to get out of that situation. I would like to see everyone have the same access.

14. Please describe why health equity is important to you.

It is heart breaking to see so many good people wanting to do go work and be responsible citizens, unable to do so. I would like to see a state where people in need are able to get the help they need. The cost should be shared by those that are able afford it. I also believe that people should have a responsibility for maintaining their health. And access to resources to help them do that.

15. What opportunities do you see for FTAC to address health equity through a unified health care financing system?

Access to health care would be a very important key to health equity. Strategies that move away from a strictly volume driven reimbursement system to one centered on quality and population health is very important. Also key are aspects of education and a living wage. The FTAC would need to consider all these complicated and intricate connections to make access to health care the right that it is rather than a privilege for those able to make all the connections. 

Demographic information

As part of our commitment to identifying and eliminating health inequities, we're asking all FTAC applicants to answer these demographic questions. This will help the commission to select committee members who represent the many communities and populations within Washington State.

16. How do you identify your race, ethnicity, Tribal affiliation, or country/land of origin?

White

17. Which of the following describes your racial or ethnic identity? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other category/categories (please list) |
| <input type="checkbox"/> Hispanic or Latino/a/x/e | |
| <input type="checkbox"/> Middle Eastern or Northern African | <input type="checkbox"/> Don't want to answer/decline |

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- Participate to the best of my ability.
- Participate in good faith in the best interest of FTAC and its charge.
- Accept the responsibilities to collaborate in developing potential recommendations.
- Respectfully engage at all times with other FTAC members.

Applicant signature:

Wayne Zack

Date:

11/28/2022

Wayne Zack

3506 169th Street Ct. E., Tacoma WA 98446

253-301-3423

flyguy44@comcast.net

PROFESSIONAL PROFILE

30 Years of healthcare finance related experience, primarily in decision support for hospitals. In addition to decision support, contributed to accounting, managed care analysis, payer contracting, and process improvement. Cheerfully provide thoughtful insights and patience to the problem solving process.

- Knowledge of healthcare finance and budgeting
 - Ability to tell the story represented by the people, based on data
 - Collaboratively work on developing and implementing business strategy
-

PROFESSIONAL EXPERIENCE

MultiCare Health System, Tacoma WA

Manager, Financial Data Systems

2019 – current

Responsibilities:

Maintain relationships with current and dormant clients
Seek process and system solutions to complex problems
Advise clients on implementation best practices
Provide expertise in health system cost accounting processes to keep clients current
Integrate and reconcile patient data
Document work to support hours billed to clients
Managed multiple projects simultaneously

IDEA Consulting Group, Tacoma WA

Senior Consultant

2010 – 2019

Responsibilities:

Maintain relationships with current and dormant clients
Seek process and system solutions to complex problems
Advise clients on implementation best practices
Provide expertise in health system cost accounting processes to keep clients current
Integrate and reconcile patient data
Document work to support hours billed to clients
Managed multiple projects simultaneously

MultiCare Health System, Tacoma WA
Manager, Financial Data Systems
2005 – 2010

Responsibilities:

- Managed staff of five data and financial analysts
- Maintain availability of accurate data for analytics team
- Monthly, Quarterly, and Annual financial reporting
- Manage relationships with service providers and user community

MultiCare Health System, Tacoma WA
Financial Analyst(Managed Care, Operations Improvement, Decision Support)
1996 – 2005

Responsibilities:

- Collect data, synthesize results, report clearly and concisely
 - Maintain clear communications between team, management, and users
 - Identify opportunities for improved operations and persuade decision makers of merit
 - Manage projects to make appropriate use of resources within stated timelines
-

Hillhaven Corporation, Tacoma WA *Senior Accountant* 1991 - 1996

Washington Health Services, Bellevue WA *Accountant* 1987 - 1991

EDUCATION

Troy University, Troy AL
Master of Science Management – Healthcare Management

The Evergreen State College, Olympia WA
Bachelors of Arts – Liberal Studies focused on Business Management
1985

2023 Meeting schedules

Tab 8



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

The following is the schedule of regular meetings for the Washington State Health Care Authority's Universal Health Care Commission for 2023:

| Date | Time | Location |
|-------------------|----------------|------------------|
| February 9, 2023 | 2:00-4:00p.m. | Zoom |
| April 11, 2023 | 2:00-4:00 p.m. | To be determined |
| June 13, 2023 | 2:00-4:00 p.m. | To be determined |
| August 10, 2023 | 2:00-4:00 p.m. | To be determined |
| October 12, 2023 | 2:00-4:00 p.m. | To be determined |
| December 14, 2023 | 2:00-4:00 p.m. | To be determined |

Unless indicated otherwise, meetings will be held at the Health Care Authority, Sue Crystal conference rooms A/B, 626 8th Avenue SE, Olympia, WA 98501.

See the Health Care Authority's Universal Health Care Commission [web page](#) to learn more about the Commission, meeting materials, and Zoom information.

If you need further information or are a person with a disability and need a special accommodation, please contact Serena Grimes, by telephone at 360-725-2030 or via email at serena.grimes@hca.wa.gov.

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: December 02, 2022

TIME: 1:40 PM

WSR 22-24-064



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

The following is the schedule of regular meetings for the Washington State Health Care Authority's Universal Health Care Commission's Finance Technical Advisory Committee for 2023:

| Date | Time | Location |
|--------------------|----------------|------------------|
| January 12, 2023 | 2:00-4:00p.m. | Zoom |
| March 9, 2023 | 3:00-5:00 p.m. | To be determined |
| May 11, 2023 | 3:00-5:00 p.m. | To be determined |
| July 13, 2023 | 2:00-4:00 p.m. | To be determined |
| September 14, 2023 | 2:00-4:00 p.m. | To be determined |
| November 9, 2023 | 2:00-4:00 p.m. | To be determined |

Unless indicated otherwise, meetings will be held at the Health Care Authority, Sue Crystal conference rooms A/B, 626 8th Avenue SE, Olympia, WA 98501.

See the Health Care Authority's Universal Health Care Commission's Finance Technical Advisory Committee [web page](#) to learn more about the Committee, meeting materials, and Zoom information.

If you need further information or are a person with a disability and need a special accommodation, please contact Serena Grimes, by telephone at 360-725-2030 or via email at serena.grimes@hca.wa.gov.

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: December 02, 2022

TIME: 1:45 PM

WSR 22-24-065