

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)

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 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

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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"/> Community-based organization | <input type="checkbox"/> Labor union |
| <input type="checkbox"/> Employer/business (private, nonprofit, etc.) | <input type="checkbox"/> Law |
| <input checked="" 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)

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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 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 Rausser

Date:

11/14/2022

Edmund Rauser, P.E.

Experience	<ul style="list-style-type: none"> 2016-Present Office of Financial Management Forecasting and Research Olympia, WA Current Manager: Mandy Stahre 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.
Experience	<p>2014-Present Health Care Authority, Actuary & Forecasting and Analytics Olympia, WA 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, UltraImage / 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

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):	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 as the FTAC work details risk and denial.

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 are as accessible as we can make them and we avoid unintended consequences.

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

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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)

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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?

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 don't 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

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):	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 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 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 the 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 Diplomat 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
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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* 1, (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 | <i>An application of 30 sessions of EEG biofeedback for ADHD: A mentored research program.</i>
A poster presentation at the Association of Applied Physiology and Biofeedback Annual Conference held in Jacksonville Florida on March 28 th , 2003 |
| 2002 | <i>Survival Tactics for Stress in the Workplace.</i>
A presentation offered at Seattle University as a part of the Changing Directions series on February, 23 rd , 2002. |
| 2002 | <i>Biofeedback Strategies for Managing Health</i> |

- 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

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):	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)

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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?

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 – March 2022

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"/> 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?

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

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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 98026
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 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

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
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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 Transforminal 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

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Submit to: HCAUniversalHCC@hca.wa.gov

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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)

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 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

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- ☒ Attend regular, bi-monthly FTAC meetings.
- ☒ Review all materials prior to FTAC meetings.
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- ☒ 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 (PPGWNl) <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

Quetzaltenango,
Guatemala

- 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

1993 – 1996

Deloitte & Touche

Senior Accountant

Chicago, IL

Performed all roles essential to public accounting, including: supervising and reviewing staff accountants, developing client relations, and drafting and revising financial statements

**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

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):	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 Washingt, 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

- ☐ 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 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 Washingotn 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 Washingotn 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:

Date:

Kathryn A. Lewandowsky

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:	kaiky@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 |

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- ☒ 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
Predoctoral 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)

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

Sept 2013- Present
 Seattle, WA

- 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

Kaiser Permanente Washington Health Research Institute

Nov 2017- July 2018
 Seattle, WA

- Katrina Zywiec (PharmD resident)
- Kayne Mettert (PhD student and Research Support Specialist)

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, Igic 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
Pistoresi 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. The Impact of Geographic Atrophy on Managed Care Organizations. Academy of Managed Care Pharmacy, Educational Conference	April 2009
Yeung K. NP/PA Clinics: Opportunity or Obstacle to the Future of Pharmacy? California Society of Health System Pharmacy, Annual Conference	May 2008

INVITED PRESENTATIONS

Yeung K A Framework for Thinking About Drug Affordability Policies Oregon State Senate Committee on Healthcare - Virtual Senate Committee Hearing	Jan 2022
Yeung K Impact of the Value-based Formulary-Essentials on Spending and Healthcare Use University of Washington CHOICE Institute Seminar – Seattle, WA	Dec 2021
Yeung K 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	Oct 2020
Yeung K Findings from a Patient Shared Savings Simulation University of Washington CHOICE Institute Seminar – Seattle, WA	Dec 2019
Yeung K. Impacts of Specialty Drug Caps on Patient and Health Plan Spending Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services – Washington DC	June 2019
Yeung K 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	Dec 2018
Yeung K. Impact of a Value-Based Formulary in Three Chronic Disease Cohorts American Journal of Managed Care Cost-Sharing Roundtable – Washington DC (PAN Challenge Prize Winner)	Feb 2017
Yeung K. Value-Based Formularies: Considerations for Kaiser Permanente Kaiser Permanente National Pharmacy and Therapeutics Meeting – Oakland CA	Sept 2017
Yeung K. Implications of a Value-Based-Formulary for Healthcare Policy Makers Washington State Prescription Drug Price and Purchasing Summit – Seattle, WA	June 2016

OTHER PRESENTATIONS

Podium Presentations at Professional Meetings

Yeung K, Sullivan SD, Bloudek L. Estimating US National Prescription Drug Savings from Applying Value-Based Price Caps	May 2022
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(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

June 2019

Plan Financial Burden across the Distribution

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.

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- 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)

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- 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

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- 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

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- 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

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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