

Winston Fellowship Weekly Report
Week 5: July 17 – July 21

Monday

Amy Bassano, Deputy Director, and James Sharp, Special Assistant to the Deputies, CMMI:

We made a trip to Baltimore to visit the CMMI office and met with Amy Bassano and James Sharp. We learned details about some of the current payment model demonstrations (e.g. in Medicare Advantage), and learned about the CMMI work environment and organizational structure. CMMI sounds like an exciting albeit challenging place to work. We asked tough questions about their ability to evaluate models, how they handle shifting priorities given the political transition, and the future of CMMI's models. Like many meetings, I enjoyed the frank and transparent discussion with promising answers. Amy and James recommended speaking with people in the CMS quality office, such as Kate Goodrich, as well as Nancy Delew at the HHS ASPE office.

Lauren Trueman, Special Assistant, HHS – Office of Intergovernmental and External Affairs:

We spoke with Laura in the Humphrey building where she has worked since January. I had little previous exposure to the Office of Intergovernmental and External Affairs, so I enjoyed learning about the purpose and practices of her position. Laura has a long-term perspective on federal health reform, from both within and outside the federal government. She explained her role as a coordinator between HHS and State level governments, which was especially interesting, and the offices main priorities (opioids, mental health, and childhood obesity). She expressed that there was a lot still to be done, given Secretary Price's relatively recent confirmation.

Bipartisan Policy Center

- Natalie Weiner, Project Manager
- Anand Parekh, Chief Medical Advisor
- Ashley Ridlon, Senior Manager of BPC Action (501c4)
- Marissa Salemme, Senior Policy Analyst

The meeting with BPC was very informative and I think both Rachel and I left the meeting thinking about BPC as a great place to work. Similar to this fellowship, we appreciated the bipartisan and "practical" focus of their work – they produce politically actionable, evidence-based, and scored recommendations, which makes them somewhat unique as a "think-tank". We learned about their use of expert councils and panels in order to gain diverse professional insight. We also learned about BPC's current policy priorities, including their "future of health reform" project and their recent opioid report. I especially enjoyed meeting Anand Parekh, a University of Michigan alumnus, who oversees a variety of crosscutting policy areas that address public health challenges (e.g. Zika) and social risk factors (e.g. housing for the elderly). We intend to follow up with Katherine Hayes, who was unable to attend our meeting.

Tuesday**Jack Ebeler, Principal, Health Policy Alternatives:**

Jack was extremely helpful. He has an impressively broad view on health reform in his tenure in Washington, and elsewhere, from which we could learn. Specifically, he provided a lot of grounded advice regarding our placement and the future of our careers in health policy – regardless of where we want to end up. He emphasized, like others, the importance of finding strong mentorship and supervision during our placement, to ensure both that we work on substantive issues and to ensure we have someone to support our future careers. I think one important take away from our meeting with Jack was the importance of understanding both your own role in the government policy process, but also the role that other's are playing. It will serve us well to understand and respect (even if we disagree) those roles, which I think the fellowship helps us to do. He also recommended speaking with Nancy Delew in HHS ASPE, among others.

Dean Rosen, Partner, Mehlman Castegnetti Rosen and Thomas:

We received myriad insights from Dean during our meeting. Dean emphasized the importance of having balanced mentorship, both politically and from different realms of the healthcare space. We especially appreciated the unique and reasoned advice Dean provided regarding how to think about our placements. Specifically, he encouraged us to think critically and more holistically about the pros and cons of different placement positions, such as the distinction between House and Senate, for example. Dean advocated that we challenge our biases and maintain an open mind throughout the fellowship.

Dr. Don Rucker, Director, HHS – Office of National Coordinator for Health Information Technology:

Our meeting with Dr. Rucker was different than other meetings; Dr. Rucker was one of the few meetings where it was their first Winston Fellowship meeting. The meeting was, nonetheless, educational, and Dr. Rucker was very welcoming. The central thesis of his agenda was to impress upon us that the country's healthcare problems since 1965 (mainly rising costs) stem primarily from the lack of competition and market features, driven by a lack of price information and layers of government regulation. Fittingly, he stated that one positive way forward would be to encourage better use of technology to increase efficiencies. He suggested some literature for us to explore this conversation further.

Marc Boutin, CEO, National Health Council

The meeting with Marc and NHC was surely one of our most educational meetings, in a variety of ways. Foremost, we learned a great deal about what the NHC does and how they operate. Marc works on a broad scope of important policy, primarily focused on the systemic issues facing patients with disabilities and chronic disease. We asked about how NHC develops consensus and policy given their diverse membership, and how they actually obtain the patient voice that is central to their mission. We both appreciated the pragmatic and actionable priority-setting framework that NHC developed. I think my main take away from this meeting would be to always incorporate the patient perspective, which can easily be lost in lofty health

policy endeavors. I especially enjoyed our conversation about incorporating patient goals as part of the entire continuum of care for all patients, which complemented our conversations with other experts on “healthcare quality” – NHC advocates that patient goals must be central to a truly “volume to value” movement as much as clinical quality. On a more macro level, we discussed the NHC’s priorities to see market stabilization efforts moving forward from the current health reform debates, especially around reinsurance programs. I look forward to connecting again in the future with NHC, if possible.

Wednesday

Kaiser Permanente

- Fish Brown, Director of Federal Relations
- Laird Burnett, Vice President
- Prue Burnett, Legislative Representative
- Jow Williamson, Legislative Representative
- Ann Kempinski, Director, Public Policy and Government Relations

Kaiser Permanente is a well-known system and I think it was fascinating to learn from those “on the inside” about how they advocate for issues important to the organization. We learned about some of the nuanced history of KP and the attributes they see contributing to the success of their iconic system. I appreciated their answers regarding some potential academic criticisms of KP, such as the adverse incentives of capitation and the role of communities in which they operate contributing to their success (rather than any purposeful delivery structure). In addition, we appreciated their perspective on policy fixes to the ACA that would help encourage growth of their business, and similar models that demonstrate high quality.

Robert Canterman and Alpa Davis, Attorneys, Federal Trade Commission Healthcare Division:

I have not previously learned much about the role of the FTC in healthcare, outside of the agency’s general role in enforcing anti-trust regulation. But Robert and Alpa were well prepared for our meeting and provided helpful slides to follow. We discussed the healthcare division’s role in enforcing anti-trust laws and litigating anti-competitive conduct. We also learned that the FTC engages in various educational efforts, such as providing guidance to potential joint ventures. The latter activity is especially important in the world of incentives for providers to form ACOs, a complication I had never considered. Further, we learned about FTC and anti-trust law issues in the pharmaceutical industry as well (e.g. generic entry).

Thursday

Dr. Jean Lambrew, PhD, Senior Fellow, The Century Foundation:

Jean both offered myriad advice on our placements and future careers, discussed her time at the White House, and also gave her impression of current legislation. She advocated that we look broadly at placement opportunities, such as oversight committees or administrative roles

we may not have considered. As someone experienced with fellows from a management perspective, we greatly appreciated her direct advice. In addition, we especially enjoyed her stories about working in the White House and on health reform for Obama as a leader. From these stories, she emphasized the importance of diverse skills when it comes to appropriately designing and executing policy, such as people with policy expertise as well as technological or managerial experience.

Jane Hyatt-Thorpe, Associate Professor and Vice Chair of Academic Affairs, GW Public Health:

Jane offers an important, and new, perspective than the other board members, being an academic somewhat more removed from direct politics, which I think we both appreciated. Jane gave us several important pointers regarding our placement thoughts that both complemented and expanded previous conversations. Jane was gracious to offer her support in the future and connect us with professors and staff at GW in the future.

Dr. Patrick Conway, Deputy Administrator for Innovation and Quality and Director of CMMI, CMS:

We were looking forward to our meeting with Dr. Conway, especially given that CMMI was at one time central to repeal and replace discussions and Dr. Conway's long-term presence at the innovation center. We were able to ask questions central to CMMI and its path forward, to which Dr. Conway responded frankly but optimistically. More specifically, for example, we asked him about CMMI's difficulty isolating the effects of its demonstrations and he gave some examples of ways CMMI hopes to design demonstrations in the future to mitigate this issue. I was especially interested in his discussion about the ways CMMI will work with States to seek innovative reform in Medicaid. One powerful part of this fellowship is the ability to ask multiple people similar questions to get broader (and often candid) perspective on a single issue. In addition, Dr. Conway addressed our questions about the administration transition with optimism; although some directions and nuance will change, CMMI should still be able to improve its methods and do work that Dr. Conway finds exciting.

Friday

Tom Bradley, Unit Chief, Health Systems and Medicare Cost Estimates Unit, CBO:

We met with the group of individuals who work on Medicare issues within CBO. The recent political rhetoric about CBO made this meeting especially important and interesting. This meeting was a unique opportunity to hear about critiques of the CBO, their methods, and results, from the CBO itself. From our perspective, the team with whom we met epitomizes non-partisan, career analysts. We learned more about their process, the CBO calendar, and how the team goes about analyzing legislation in coordination with Hill staff. Some elements of their work remind me of the diligence with which GAO produces reports (although the timeframes are often different). We enjoyed speaking with this team and I think it would be worthwhile to speak with more CBO staff in the future.

Health TechNet:

We attended the Health TechNet session at David Main's firm. The primary discussion revolved around the implications of the 21st Century CURES Act on health information technology. The topics included interoperability, information blocking, certification, open API, and market transparency, among other topics. The panelists, who included Colin Goldfinch, also discussed the current repeal and replace legislation and the user fee reauthorization that passed the House recently. Fittingly, I think most individuals at the meeting were interested in what role technology will play in the future of cost abatement, efficiency, or research.

Dr. Bruce Siegel, CEO, and Dr. Beth Feldpush, Senior Vice President of Policy and Advocacy, America's Essential Hospitals:

Dr. Siegel and Dr. Feldpush were great hosts and we had a solid conversation, despite it being the end of the day on a Friday. We were excited to learn more about how they define "essential hospitals," which played directly into our questions about how they organize priorities and establish opinions on different policy proposals or laws. Simply put, the organization's membership includes only those hospitals that meet certain principles, such as a mission to serve those most vulnerable, that also directly guide their non-partisan policy approach. We also discussed how they engage with similar or overlapping organizations such as the American Hospital Association. The organization has broad influence over policy- and rule-making processes that affect safety-net, public, and mission-oriented non-profit hospitals across the country. I also thought it was interesting how much work the organization does on behalf of improving and diversifying hospital leadership. In the future, I may reach out to discuss their policy and research shop in more detail.