

## WINSTON FELLOWSHIP REPORT: WEEK 6

### July 24

#### Chelsea Frakes, National Academies of Science

Having spent many hours of my professional life reading IOM's landmark reports, I found it fascinating to meet with Ms. Frakes and learn more about the Health and Medicine Division (formerly the IOM) at the National Academies. Ms. Frakes described the different products her organization releases: 1) consensus reports and 2) roundtables/forums. Ms. Frakes emphasized that, in all such work, the National Academies are committed to sound and objective science, and, so the organization ensures that all individuals serving on committees producing reports have no conflicts of interest with the work. Federal agencies and Congress sponsor most of the work her group tackles, and reports take 18 months on average, she said.

#### Blue Cross Blue Shield Association Health Team

It was a great opportunity to speak with representatives of the BCBS Association DC policy team, representing a range of interests – congressional relations, legislative and regulatory policy, value-based policy, communications and planning, and state affairs. Broadly, I learned about the way the BCBS Association acts on behalf of its 36 plans nationwide to build consensus and develop strategy. Because the Senate is on the brink of voting on a motion to proceed on ACA “repeal and replace” (or perhaps just “replace”), I enjoyed learning from the BCBS team about how the organization is lobbying lawmakers on the Hill right now and how it is preparing for the potential cessation of cost-sharing reduction payments in the individual marketplace. The association's senior vice president said the organization must be incredibly public about what cuts might mean to the insurance industry while continuing to plan for every possible scenario.

#### Jill Dowell and Kyle Hill, National Association of Accountable Care Organizations

I met with Ms. Dowell and Mr. Hill on Monday afternoon to learn more about the NAACOs, which was developed as an advocacy organization to represent the interests of ACOs after their establishment under the ACA. Ms. Dowell described the uncertainty around the ACO model immediately following the 2016 election but said that it quickly became clear that coverage – rather than payment – would be the focal point of “repeal” efforts and that ACOs were here to stay as a result. When lobbying Congress, she said that her message focuses on the quality and cost benefits of ACOs and, particularly, their advantages in rural and medically underserved areas. She and Mr. Hill described a bill on ACOs being co-sponsored by Diane Black and Peter Welch in the House to ensure more flexibility in the ACO model (e.g., allowing for ACOs with fewer than 5000 beneficiaries and integration of the telehealth waiver into the Track 1 ACO model). After working on an evaluation of Medicare ACOs through CMMI for several years, I found it interesting to talk to Ms. Dowell and Mr. Hill about advocating on behalf of ACOs.

### July 25

#### Kelly Whitener, Georgetown University and Former Fellow

I had lunch with Kelly and also Olivia, who recently starting working for Kelly at Georgetown's Center for Children and Families. I asked Kelly about her experience on the Senate Finance Committee – both as a fellow and for several years afterward – and for CMS. She expressed enthusiasm for her work on the Hill, reiterating that it is a great place to do a placement through the fellowship; by comparison, she said her CMS experience was more challenging, possibly the result of a difficult commute to Baltimore, coupled with days filled with internal meetings. Naturally, the conversation turned to the current Senate legislation and its ramifications for the Medicaid program.

## **July 26**

### John O'Brien and Nancy De Lew, ASPE

Dr. O'Brien and Ms. De Lew welcomed us to their office at HHS to provide advice on how to effectively begin our health policy careers in DC as well as to discuss the role of ASPE within HHS. Ms. De Lew explained that ASPE has a seamless relationship with the other agencies – particularly, CMS, HRSA, and IHS and serves as the place where “research and policy” come together. They explained that quantitative and qualitative analysis forms the basis of the work conducted in their office and that they must be prepared with research once the “policy window” opens – because it often shuts quickly. Ms. De Lew used the example of the hospice payment system, which ASPE had done work on for years but was not able to make a substantive change until the policy winds changed (the payment rate update went into effect on Jan. 1, 2016). Dr. O'Brien discussed his academic background and work in the pharmacy industry, emphasizing that he would never have achieved the same success he has in his career without the help of contacts along the way. Both Dr. O'Brien and Ms. De Lew said that we should take advantage of this time to make connections with a broad range of accomplished professionals in DC, and they offered to continue to be resources as we move forward in our careers.

### Melanie Egorin, House Ways and Means Subcommittee on Health

The last time we met with Dr. Egorin was the first day of our fellowship, so it was helpful to have the opportunity to sit down with her again and ask more specific questions about the committee and a potential placement there. Dr. Egorin described her path from her doctoral program to GAO to the Hill, where she began as a detailee. She said that the moment she started on the Hill, she knew it was the right place for her – it feeds her intellectual curiosity, has quick turnarounds, and requires constant interactions with individuals on both sides of the aisle and beyond the Hill. Dr. Egorin emphasized that fellows with the committee are treated like staff members rather than interns; she said fellows are encouraged to take on their own side projects and to learn how to take meetings on their own. At the end, she said she and her colleagues feel responsible for helping fellows find their next “home” after the fellowship. When asked about the benefits of working for the House compared to the Senate, Dr. Egorin said the House often moves quicker than the Senate, so fellows frequently have greater exposure to the entire legislative process, including mark-ups and hearings.

### Matt Fiedler, Brookings Institution

It was fascinating talking to Dr. Fiedler about his time working on the Council of Economic Advisors at the White House during the latter part of the Obama administration. Dr. Fiedler said his time at the CEA was composed of about 60 percent policymaking, 20 percent briefing the president, and 20 percent public-facing. When asked how he used his academic analytic training in this role, Dr. Fiedler said he relied on the theoretical tools he had cultivated during his doctoral training as well as his ability to engage with the empirical literature. We discussed his work on fixing the MSSP ACO benchmarking algorithm as well as the federally facilitated marketplaces. He suggested that if the individual marketplaces were left alone next year, insurers may be set to earn money, but if there is progress to “repeal and replace,” the marketplaces may be “ugly.” In the long-term, though, he suggested that the tax credits protect part of the market. In fact, he said, if the administration chooses not to pay the CSRs, consumers might experience even more generous tax credits, which are based on the premium of the second-lowest-cost silver plan (which would inherently increase if CSRs are not paid out). To fix the marketplaces – independent of political realities – Dr. Fiedler said he would: 1) start with larger subsidies, 2) make premium tax credits more generous to increase uptake at lower incomes levels, and 3) create a permanent reinsurance program.

#### Rita Habib and Patricia Ordaz, Office of Sen. Michael Bennet

Due to the timing of our meeting with Dr. Habib and Ms. Ordaz (right before the Senate was voting on the ACA “repeal” bill), our meeting was brief. We learned about Sen. Bennet’s policy priorities, including the FDA drug approval process and scale-up of alternative payment models. Ms. Habib described working with FDA representatives on both sides of the aisle on the Senate HELP committee and explained how such work has aligned nicely with her clinical Pharm-D degree and background working as a pharmacist for a large health system.

#### **July 27**

#### Tom Koutsoumpas and Mollie Gurian, Healthspirien

It was an incredible honor to meet with Mr. Koutsoumpas and Ms. Gurian to learn about their work in the area of aging and end-of-life care. Having written my dissertation on hospice care, I could not have been more excited to talk to Mr. Koutsoumpas about his experience creating the Medicare hospice benefit more than 30 years ago. He mentioned that the intent of the benefit was to be patient-centered, team-based, comprehensive, and capitated – without a time-limited cap. Unfortunately, he said, CBO found that lack of a time limit to be too expensive, which yielded the six-month limit that exists – and continues to be problematic – today. When asked what he would fix now in the benefit if he had the opportunity, Mr. Koutsoumpas said there are two main issues: 1) the time limitations, and 2) the lack of concurrent care (Medicare beneficiaries have to waive their curative services under Medicare when they enroll in the hospice program). Ultimately, he said, we need to find a way to expand the services/skills used in hospice beyond the very end of life to treat people with serious advanced illness who are outside the six-month hospice prognostication criterion. Ms. Gurian and Mr. Koutsoumpas also briefly discussed Healthspirien’s work on alternative payment/value-based models and MLTSS, as well as their work through the National Partnership for Hospice Innovation and the Coalition to Transform Advanced Care.

### John Barkett and Devon Trolley, Former Fellows

John and Devon generously treated us to lunch at Redwood in Bethesda, where we talked about their exciting time as fellows during ACA passage. Both said they had exceptional experiences in their respective positions – John on Ways and Means and Devon in Sen. Rockefeller’s office. Both agreed with the advice that we’ve received about finding an office where we “fit” interpersonally. We also talked a bit about Devon’s position at CCIIO and the changes that she has experienced there under the new administration – specifically, she mentioned the marketplace stabilization rule that her office published in record time during the early weeks of the Trump administration. She said that workload in her office has shifted away from implementation and toward policy, similar to her experiences in the early years of the Obama administration after ACA passage.

### Kim Corbin, Joint Economic Committee

It was great to have the opportunity to meet with Ms. Corbin, who has held an extremely diverse set of positions on the Hill – in a personal office in the House, a personal office in the Senate, at the Senate Finance Committee, and, now, on the Joint Economic Committee. Through these experiences, she said that the most important thing to look for in a fellowship is an individual that is willing to invest in us. Unlike others, she made a strong pitch for taking positions in personal offices, noting that committees are often shielded from the “people” and, therefore, less tied to the on-the-ground implications of the policies they are enacting. She suggested that a worthwhile fellowship experience in a personal would hinge on finding an experienced LA, willing to share the workload and give us ownership of particular areas. On the other hand, she said the committees could be good if we are interested in developing expertise in an issue area and can find someone on one of the committees to mentor us in that area.

## **July 28**

### Kate Mevis and Carole Johnson, Senate Special Committee on Aging

With Congress working late the previous night to vote on the health care “skinny repeal” bill, we were glad Ms. Mevis and Ms. Johnson had time to talk to us. Given my interests in aging/end-of-life care, I’ve been eager to meet with Aging committee staff for a long time. As others have alluded to in prior conversations, the Aging committee functions differently from other committees because it does not have jurisdiction. Instead, staff members spend a significant portion of their time holding hearings (one every two weeks) on a range of issues from the workforce, to frauds/scams, to senior nutrition. Ms. Mevis described hearings as akin to “putting on a play,” noting that they can often be grueling, so she tries to schedule in such a way that people have breaks to do other work, including fact sheet development and report writing, among other analytic work. With Sen. Susan Collins as the chairman, the committee’s work is often quite bipartisan in nature, they said. In closing, I asked whether they were interested in having a fellow and what kind of role a fellow would have: Ms. Mevis and Ms. Johnson said that, given my background, and the fact that they do not have anyone on the committee with that expertise, I would likely have an opportunity to own the hospice space on the committee.

