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## WINSTON FELLOWSHIP REPORT: WEEK 2

**June 25-26**

AcademyHealth Annual Research Meeting, New Orleans, Louisiana

Michael and I traveled to New Orleans, Louisiana, for the AcademyHealth Annual Research Meeting. I had submitted abstracts for all three of my dissertation manuscripts and was fortunate that AcademyHealth accepted two for panel presentations and the third for a poster session. Having conducted all three presentations Sunday morning (the first day of the conference), I spent the rest of the event networking and listening to research presentations on other interesting panels. The presentations I attended included:

- **Hospice care.** I presented my two studies, “Do hospice profitability and live discharge rates go hand-in-hand?” and “Do live discharge rates increase as hospices approach their Medicare aggregate payment caps?” on a panel with colleagues from RTI, RAND, and Harvard. The other studies on the panel looked at caregiving quality reporting in for-profit vs. non-profit hospices, short-term mortality prognostication for cancer patients, and implications of the Medicare Advantage hospice carve-out.
- **Poster session: Aging, disability, and end-of-life care.** I presented my third study, “Factors driving live discharge from hospice: Provider perspectives,” at the poster session immediately following the panel session. A number of colleagues stopped by to ask about the study or follow-up on lingering questions from my panel presentation.
- **Late-breaking session: Strategies to increase access and contain costs: How are they working?** This session was broken into two segments: first, the effect of expanded coverage under the ACA on low-income adults and, second, on payment reform strategies supporting efforts to bend the cost curve. Specifically, Stephen Zuckerman from the Urban Institute presented new study results from Urban’s Health Reform Monitoring Survey, noting that any advances he described in insurance uptake were likely to erode under the health care bill currently being debated on Capitol Hill.
- **Long-term services and supports across the continuum.** Studies presented on this panel represented a broad array of issues pertaining to LTSS, including food insecurity in older adults, outcomes for residents of dementia-licensed assisted living facilities, long-term care effects on spousal outcomes, obesity in nursing homes, and the substitute of assisted living facilities for private-pay nursing homes.
- **Health reform impacts on providers and organizations.** This session focused on studies examining the effects of the Medicaid expansion on hospitals, physicians, and delivery system reform. Two studies specifically explored the effect of the Medicaid payment bump (2013-14) on physician participation in Medicaid, concluding that the payment increase had little to no effect on bringing more physicians into the Medicaid market. Case studies conducted by one investigator found that the most important effect of the bump was to keep existing Medicaid providers afloat. Another researcher presented findings from a

Mathematica study looking at the integration of LTSS into Medicaid ACOs across nine states. The study authors concluded that LTSS providers did not share in any savings, and any relationships established with ACOs were informal and longstanding (prior to the formation of the ACO).

- **Solving disparities through payment and delivery system reform.** Chaired by Marshall Chin, a leader in the disparities arena, this panel focused on case studies of programs leveraging payment incentives to encourage the development of programs aimed at reducing health disparities. More specifically, we learned about a managed dental care program across 14 counties in Oregon (many of which are medically underserved), a postpartum care program at Mount Sinai Hospital, and a program aimed at reducing the number of uninsured individuals in Virginia. A big takeaway from the session was the importance of showing disparities data to physicians, who may not be aware that their quality data is lagging for certain population groups.
- **Re-igniting the national quality agenda: Time for a major overhaul.** As we had to leave for the airport, I only heard part of this conversation led by Ashish Jha (Harvard), Elizabeth McGlynn (Kaiser Permanente), and Marshall Chin (University of Chicago). The panel assessed the role of quality measurement in moving toward a more value-based system, noting that while we have made strides in integrating quality measurement into care delivery over the last two decades, we may not always be measuring the right things. Specifically, the panelists noted that measurement is a “tool” – not an end in itself. Panelists made some specific suggestions for re-envisioning and resetting the national quality agenda, including: moving away from claims as the main data source for metrics, providing “safe harbors” for innovators in the field so that they can experiment and take risks, and reimagining quality measurement as part of the care delivery process through a more individualized approach.

## June 27

### Wendell Primus, Office of the House Minority Leader

We spent the majority of our time meeting with Dr. Primus discussing policy issues – specifically the current BCRA Senate bill and his previous work on ACA legislation. Dr. Primus said he does not believe the BCRA will not pass the Senate.. Dr. Primus discussed some of the challenges he and his colleagues experienced working on ACA legislation, including communication issues around “death panels” and suggestions that the ACA would make cuts to Medicare (rather than slowing Medicare costs). Dr. Primus also described his daily tasks, including educating members and writing memos for the Leader, communicating with relevant stakeholder groups, and keeping the committee staff “pulling the same way every day.” He said that working in the Leader’s office gives him a “bird’s eye view” of policy, suggesting that key policy issues coming up in the next year would likely include: CHIP reauthorization, FDA user fees, and some sort of fix to the ACA (assuming the BCRA does not pass).

### Dan Hawkins, National Association of Community Health Centers

Dan Hawkins and his staff – Michaela Keller (Manager, Federal Affairs), Kersten Burns Lausch (Deputy Director, State Affairs), Jennifer Taylor (Deputy Director Federal Affairs), and Oliver Spurgeon III (Deputy Director Federal Affairs) – welcomed us to their office to discuss their work as a voice of community health organizations (CHCs) across the country. While we discussed some of the reimbursement streams for CHCs (e.g., 330 grants, Medicaid, and alternative payment models, such as Medicaid ACOs), the most interesting part of our discussion was learning about Mr. Hawkins’ experience building CHCs in Brownsville, Texas, from the ground-up in the early 1970s. Mr. Hawkins described many of the barriers to providing care to underserved, uninsured, and undocumented populations in border towns with no existing care delivery infrastructure. He emphasized that one of the biggest challenges to developing CHCs in this area during that time involved persuading people that there was a need in the community. He specifically mentioned the importance of exposing skeptics to the target population and their extreme health needs. When asked about the BCRA’s potential effect on the safety net, Mr. Hawkins said it would be a “debacle.”

### Jim Matthews, MedPAC

Dr. Matthews had prepared a set of instructive slides for us, describing the structure and mission of MedPAC. As I had previously been in discussions with Dr. Matthews and Dr. Miller (the executive director) about a job with MedPAC, the discussion reinforced much of my existing knowledge and ultimately focused more on educating Michael about MedPAC’s unique role in the academic and congressional communities. Dr. Matthews reiterated MedPAC’s mission, focused on beneficiary access to care, equitable provider incentives, and appropriate use of taxpayer dollars. When asked about the benefits of working for MedPAC, Dr. Matthews said the staff members are motivated and knowledgeable, making for a positive work environment; he also said he enjoys working at the front and center of policy debates in a less bureaucratic environment, in which MedPAC has fewer federal constraints than executive agencies (including not being subject to Paperwork Reduction Act constraints on qualitative research).

### Jay Khosla, Senate Finance Committee, Republican Staff

Our conversation with Mr. Khosla focused on two distinct topics: 1) the Winston Fellowship and his suggestions for ways to be most successful during our tenure, and 2) his role on the committee and the current BCRA Senate bill. Mr. Khosla emphasized the importance of our paving our own path within the program – he said we should listen to all the advice we get but that we must ultimately write our own stories. In terms of placements, he said that leadership offices are excellent for being exposed to the broad policy process, including working with the White House. Still, he said, his time on the committee has allowed him to dig deeper into policy issues. We also discussed the BCRA legislation:

## **June 28**

### Lauren Jee, Office of Sen. Benjamin L. Cardin

Our meeting with Ms. Lee was our second with a personal office in the Senate. Ms. Lee provided us with her insights working for Sens. Hirono, Blumenthal, and Cardin, noting the steep learning

curve that exists when moving between offices on the Hill. Specifically, she mentioned the different issues areas each Senator is most interested in and explained that those preferences drive much of the content-driven work on health policy in personal offices. In Sen. Cardin's office, Ms. Jee said the key issues she works on are: Medicare, pediatric dental, disparities, and consumer protections. Unlike other offices in the Senate, Sen. Cardin does not employ a legislative director, so Ms. Jee said she spends a lot of time working with him directly on the issues.

#### David Main, Nelson, Mullins, Riley, and Scarborough, and Winston Board Member

Mr. Main was kind enough to show us around his office overlooking the Capitol building on Constitution Ave. We discussed his time working for the Senate during the late 1970s with David Winston and, more specifically, his efforts on the HMO Act and how that type of insurance/care delivery model compares with some of the payment/care delivery innovations currently being tested nationally. Mr. Main emphasized the importance of developing positive relationships with individuals on both sides of the aisle and figuring out peoples' varying needs/interests to more effectively reach compromises on legislation. We also spent a portion of the time learning about Mr. Main's current legal work representing traditional health care providers and emerging companies and working on issues pertaining to government relations (e.g., the star rating system for MA plans).

#### Lauren Aronson, Mehlman, Castagnetti, Rosen, & Thomas

Lauren was kind enough to meet us at the end of her Wednesday to discuss her experiences working for a range of federal entities – on the Hill, at the White House, and at CMS. It was fascinating listening to her stories about the inner-workings of the White House during ACA passage. Although she described the experience as “moving from one crisis to another,” she also looks back on it with professional pride for the effect that work had on the country's trajectory. Ms. Aronson advised us that we should consider the skills we are building at each job we take throughout our careers – and it's important to change positions when we have stopped advancing our skills in a particular job. We also spent part of our time discussing her current position at Mehlman, Castagnetti, Rosen, & Thomas, where she reviews legislative language, writes policy papers, and helps frame issues for clients so they can more effectively communicate with Hill staff.

### **June 29**

#### Association of American Medical Colleges, Health Care team

We met with a large staff at the Association of American Medical Colleges on Thursday morning. Because we had the privilege of meeting with a large group representing diverse responsibilities, we were not able to dig deep into any specific set of policy issues. Instead, we spent most of the time learning about each individual's role at AAMC and the organization's position on a range of issues, including the BCRA, which the AAMC staff said runs counter to the organization's mission of achieving widespread health insurance coverage. We also talked a bit about the challenges of integrating new training into an already packed medical school curriculum.

#### Elizabeth Karan, Feldsman, Tucker, Leifer, Fidell, LLP

Elizabeth welcomed us to her office to answer questions about her time as a fellow on the Senate Finance Committee, provide general advice on the fellowship, and discuss her current role representing community health centers at her law firm. She mentioned that her time on the Senate Finance Committee was a bit abnormal because she did not participate in any markups. As a result, she suggested talking to Kripa about her experience there because she would likely have a better sense of the current environment and efforts to work on bipartisan bills.

### Julie Goon, Anthem and Winston Board Member

We met Ms. Goon and a large number of her staff at Anthem at their office on Pennsylvania Ave. The Anthem staff represented a broad range of experiences and responsibilities within the organization – and we would have loved to have had more time to drill down on some of these areas a bit more (e.g., Anthem’s Public Policy Institute). Broadly, we learned about the difference insurance markets in which Anthem is currently involved (all but VA and DOD contracts, markets Anthem is currently trying to enter) as well as the company’s history beginning in Indiana and rapidly expanding nationally. We also discussed the rationale behind Anthem’s recent decision to pull out of some state marketplaces starting in 2018.

### Katie Mahoney, U.S. Chamber of Commerce

As neither Michael nor I had any previous direct exposure to the U.S. Chamber of Commerce, Ms. Mahoney began our conversation by explaining that the Chamber is a trade association that oversees the interests of over three million businesses, representing numerous industries and a range of perspectives. She explained that the organization looks at health care issues through the lens of its companies and provided examples of its positions on the ACA and recent AHCA/BCRA debates as case studies. We discussed the challenges of representing the interests of companies with such varying perspectives, although she mentioned that the Chamber’s long history and stable member companies makes it easier to point to precedents when developing current policy positions.

## **June 30**

### Darren Webb, Office of Rep. Sam Johnson

We met Mr. Webb at his office in the Rayburn House building before the long weekend when the House was out of session. Mr. Webb offered us some advice about the importance of building strong relationships on Capitol Hill during our placement. He also recommended we continue to keep an open mind about the types of issues we would like to work on during our placements, emphasizing the importance of not being “pigeonholed.” We also learned a bit about Rep. Johnson’s history as a U.S. Air Force Colonel and how those experiences have informed his strong belief in the free market. When asked about Rep. Johnson’s key policy interests, Mr. Webb described the work he and the Congressman are doing in the area of physician-owned hospitals.