
WINSTON FELLOWSHIP REPORT: WEEK 8

August 7

Devon Seibert-Bailey and Audrey Smith, Strategic Health Care

Ms. Seibert-Bailey and Ms. Smith discussed their respective stints on Capitol Hill on the House side and their current work with safety net providers at Strategic Health Care. Ms. Seibert-Bailey said she frequently leverages the expertise she developed writing regulations at the Department of Veteran Affairs during the Bush Administration, translating new regulations for clients as they emerge. In particular, she discussed the recent IPPS Final Rule and its language on the 340b drug pricing program. Ms. Smith described her role as executive director of the newly developed Critical Access Hospital coalition, which seeks to advocate on behalf of its 100 members and – more broadly – the 1300 Critical Access Hospitals nationwide.

John Fleming, Office of the National Coordinator

Newly appointed as the Deputy Assistant Secretary for Health Technology Reform at the Office of the National Coordinator, Dr. Fleming discussed his vision for the future of health IT in an environment in which interoperability continues to be a challenge and many physicians feel burdened by the EMR software and federal reporting requirements. Dr. Fleming emphasized that there is a future for electronic health records, but that the federal government needs to work to de-link the use of EMRs from reimbursement. Instead, he suggested that the incentive to use such technology ought to come from the provider level. For example, he said he sees a future where a private practice hoping to join an ACO would then have to adopt the ACO-specified technology in order to participate. We also broadly discussed the misaligned incentives in the health care system and its contribution to overuse. Dr. Fleming argued that there are two ways to control utilization (without having price sensitivity in the market): 1) through rationing or 2) by incorporating patient contributions (e.g., through high-deductible health plans with HSAs). Ultimately, he suggested that as we move into the policymaking world, we consider the micro-level – the patient-physician relationship in a clinical setting – which is often ignored in favor of the macro view, he said.

David Schwartz, Cigna

We finished our Monday by meeting with David Schwartz at Cigna. A former Senate Finance staffer, Mr. Schwartz discussed his positive interactions with fellows on the Hill and provided words of wisdom on how best to make the most of our placements. He said that the model of assigning one fellow to one staffer worked well in his office, and he suggested we seek out that kind of arrangement. Committees – particularly Senate Finance – would be rewarding experiences, allowing us to delve into the nuances of policymaking. During his time on the Hill, Mr. Schwartz said he acquired four key professional skills: 1) the ability to explain complicated policies quickly, 2) the ability to retain and synthesize a lot of information at once, 3) the ability to talk to stakeholder groups for an hour, and 4) the ability to understand the opposition. We also briefly discussed his work at Cigna, which has its biggest book of business in the large employer group market. Still, he said, Cigna is concerned about the individual market, where it operates in seven

states. Broadly, Cigna's model is to partner with providers (e.g., through financial incentives or by providing data) to deliver high-value care.

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Jane Horvath, NASHP

Ms. Horvath described her unpredictable career trajectory, which yielded time in HHS, on the Hill (for the Senate Finance Committee during the Clinton health care reform debates), in the pharmaceutical industry (at Merck), as a research consultant, and, finally, at NASHP. Broadly, her work at NASHP has focused on the pharmaceutical industry and rate setting. She described the assistance she is currently providing the state of California on its pharmaceutical bills as well as the state of Colorado on a proposal to import drugs from Canada. Ms. Horvath also discussed her longer term work encouraging states and pharmaceutical manufacturers to negotiate the linking of payment or price to ROI over 10 years or so. She said this approach would reward innovation among pharmaceutical companies, while allowing states to negotiate a price that reflects the value of the drug to its population.

Kim Zimmerman, American Health Care Association

It was great to have the opportunity to meet Ms. Zimmerman, who works on behalf of post-acute and long-term care providers (i.e., SNFs and ALFs). We discussed some of the challenges of advocating on behalf of these providers when few people understand that Medicaid is the number one long-term care payer. She said this fact was particularly troubling during the most recent "repeal and replace" debate, through which Medicaid cuts could result in the majority of member nursing homes closing their doors. Even without cuts to the Medicaid program, AHCA's member organizations continue to struggle, experiencing Medicaid underfunding equaling about \$22 per day on average, Ms. Zimmerman said. Recent health care reform challenges aside, Ms. Zimmerman discussed the challenges facing the long-term care industry moving forward with an increasingly aging population: She said she expects the industry to change a lot in the coming years, likely driven by alternative payment models and moving away from the current siloed approach to care delivery.

Danielle Janowski, Office of Sen. John Thune

Ms. Janowski welcomed us to her office in the Dirksen Senate building at the end of her work day on Tuesday. We discussed her career trajectory – from member offices on the House side to member offices on the Senate side. In her current role for Sen. Thune, Ms. Janowski is responsible for the senator's entire health care portfolio, which is hefty, given his role on the Senate Finance Committee and in Senate Leadership. Apart from the most recent efforts to "repeal and replace," Sen. Thune is specifically concerned with rural health issues, given that his constituency – the state of South Dakota – includes many rural areas. In particular, Ms. Janowski discussed workforce issues (i.e., shortages in direct care workers), challenges befalling Critical Access Hospitals (i.e., the requirement to have a physician on site at all times, which is impossible in many rural areas), and the importance of promoting telehealth. Finally, we discussed Ms. Janowski's interactions

with staff of the Senate Finance Committee, with whom she interacts on a weekly basis at a minimum.

Dinner with Anne Dwyer and Colin Goldfinch, Former Fellows

We had the opportunity to catch up with Anne and Colin for a second time in a more relaxed setting off the Hill – for dinner at Indigo, a local Indian restaurant in the NoMa neighborhood. We talked to them more about potential placements in their respective offices and the type of work that might be available should we decide we are interested in those committees. Anne suggested that I follow-up with her via email so she can connect me with her Medicare-focused colleagues on the Finance Committee.

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Paul Dioguardi, Confluence Strategies

We spent the majority of our hour with Mr. Dioguardi hearing about the six years (2009-2015) he spent at HHS as Director of Intergovernmental and External Affairs. During the early months of his stint at HHS, Mr. Dioguardi said he and his colleagues could not do much from the executive side to support the legislative debate, but once the bill became law, they were initially focused on regulating the insurance industry. During this time, his office primarily served as a liaison with governors, Medicaid directors, and many other state stakeholders, holding weekly Thursday meetings to address questions and concerns and explain changes. Once the Supreme Court ruled on Medicaid expansion, he said his office shifted focus to working on the state and federal exchanges and persuading states to build their own exchanges. Mr. Dioguardi emphasized the importance of building cadres of advocates on the ground to spread the word about the marketplaces and encourage people to sign up. In retrospect, he said the Democrats relied too much on “we have this great policy” during the legislative and implementation processes, and they lost the message as a result. As we progress in our careers, Mr. Dioguardi recommended we learn from the lessons of the ACA about the importance of being open and transparent – even when that transparency can create roadblocks along the way.

Milton Corn, National Library of Medicine

It was great to have the opportunity to meet with Dr. Corn, who had a wealth of information to share about the National Library of Medicine (NLM) – and the National Institutes of Health more broadly – from his nearly three decades of employment there. Dr. Corn provided us with a history of the NLM, which was established in 1836 as a health library for the army, moving locations from place to place (including Ford’s Theater after President Lincoln was assassinated there), until it reached the current NIH campus in the 20th century. Dr. Corn explained that, broadly, the NIH is composed of 27 institutes, including the NLM. Apart from the library component of the NLM – which I was intimately familiar with from my doctoral training – the NLM houses a biotechnology division, an informatics division, and a fourth data science division that is just emerging.

Catherine Oakar and Elizabeth Lee, Former Fellows

Cat and Elizabeth took us to lunch at The Hamilton around the corner from the Winston office, where we discussed some of our interviews to date, our placement “thinking,” and their experiences working as fellows. Both emphasized the importance of choosing a placement office where we “click” with at least one staff member. Elizabeth provided the example of her time in Sen. Hillary Clinton’s office – she said she never expected to land there, but when she met the health legislative assistant, she knew she wanted to work in that office. Cat said she initially hoped to work on the Hill, but after conversations with individuals in the administration, she decided to do her placement in an executive office.

Veronica Jackson, BCBS Association

As Michael missed our initial appointment with the BCBS Association, I had the opportunity to meet with Ms. Jackson for a second time. She brought Michael up to speed on the general structure of the Association and its relationship with the 36 Blues plans nationwide. We also discussed the future of the individual marketplace; Ms. Jackson expressed her concerns for the coming Open Enrollment period, which she said could be “rocky” due to the fact that payers are filing their rates in such an uncertain environment. She said that BCBS is continuing to work on some of its population health management initiatives (e.g., partnering with Lyft in transportation deserts and the “Blue Health Index,” which uses data from 55 million members to document the county-by-county disease impact on quality of life) – but that work has been publicly sidelined. Ms. Jackson also described her work in the Office of the Assistant Secretary for Public Affairs during the ACA rollout, and the many communications challenges she faced while there.

August 10

House Ways and Means, Majority Staff

We rounded out our meetings with the committees of health-related jurisdictions on the House side by talking to members of the majority staff of the Ways and Means Committee. Lisa Grabert, Stephanie Parks, and Alyssa Palisi described some of their priorities for the fall, including Medicare extenders. They also discussed a “Rep Tape” project they are working on with Sec. Tom Price to alleviate the provider burden on some of the quality reporting programs. Ms. Grabert provided the example of hospitals that are required to report quality measures across three different programs – with many of the same measures. Not only is this burdensome for hospitals, but if they do poorly on a measure in one program, they will feel the effects across all of them, Ms. Grabert said. Thus, she is working limit the measures used to those of the highest “value” to beneficiaries and the Medicare Trust Fund. Ms. Parks also described a workgroup she is just getting off the ground to discuss new approaches to price transparency.

Lee Goldberg and Katy Barnett, The Pew Charitable Trusts

Mr. Goldberg and Ms. Barnett welcomed us to their offices to discuss their “Improving End-of-Life Care” project. The project director, Mr. Goldberg explained that the work focuses on five related projects: 1) establishing Medicare reimbursement for advanced care planning (achieved in January 2016), 2) fostering innovative models of care, 3) supporting state efforts to improve Physician Orders for Life-Sustaining Treatment (POLST) programs, 4) designing quality metrics,

and 5) integrating advance care plans into EHRs. Mr. Goldberg and Ms. Barnett said Pew developed the project a few years ago to reignite a dialogue on the Hill – in a bipartisan manner – on issues related to aging and end-of-life care. Recently, they said their work has focused on more research-oriented projects, as Congress has been focused on ACA “Repeal and Replace.” Soon, though, they hope to continue their bipartisan advocacy work.

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Rodney Whitlock, ML Strategies

Given that Dr. Whitlock spent many years working on health issues on the Hill, we took advantage of the opportunity to ask him for placement advice and to hear his thoughts on the Republican agenda this fall. Like many others, he said the key to a good experience is to find a good mentor who is willing to give us substantive work. For me, he recommended Ways and Means, due to my focus on Medicare policy and the seasoned staff that work on that committee. Moving forward, he said that work on the Hill will fall into three buckets: 1) provisions left over from MACRA, 2) individual market stabilization, and 3) anything else. He said that it will be interesting to see whether these three goals come together in the fall, and “Repeal and Replace” may be – finally – behind us.

Meghan Taira, Winston Board Member and Former Fellow

Meghan showed us around her office, where we had lunch and talked about our experiences with the fellowship over the last few weeks and discussed our placement options. We talked about the importance of finding a niche within an office, and she encouraged us to communicate with her throughout our placements to ensure we are having positive experiences. After lunch, she took us on a quick tour of the Capitol building; I had been on a few previous tours, but it never gets old!

Cybele Bjorklund, Sanofi, Winston Board Member

Cybele met me near her office for coffee on Friday afternoon to discuss my current thinking on placement options. It was extremely helpful to articulate my preferences and test out my preferences on a Hill veteran and trusted mentor like Cybele.