

Faculty Biographies

John Benoit, President, Employee Benefits Solutions

John provides consultative services and advice to employers and plan sponsors with health and welfare plans. He has worked in the insurance industry since 1984. In 1994, John co-founded the Maine Health Management Coalition, a mixed model (purchaser and provider) coalition. John has served on numerous healthcare advisory panels for various administrations. He is a board member to the Hanley Center for Health Leadership and graduated from the first leadership class in 2008. He serves on a number of nonprofit boards. He is also on the Broker Advisory Council for numerous health insurance companies. (5/2016)

Mary Jo Condon, Senior Director, Partnerships & Projects, Midwest Health Initiative and the St. Louis Area Business Health Coalition

Mary Jo supports employers, physicians, health systems and health plans in determining shared priorities for action and developing aligned strategies to achieve improvement. Mary Jo currently leads the Midwest Health Initiative's work to better understand and reduce potentially avoidable emergency department utilization and the Total Cost of Care Project to measure total cost of care and resource use at the community and physician practice group levels. At the Business Health Coalition, she supports employers in their efforts to better understand health care value and communicate it through employee communications, benefit design and provider reimbursement. (5/2016)

Patrick H. Conway, MD, MSc, Acting Principal Deputy Administrator, Deputy Administrator for Innovation and Quality, Centers for Medicare and Medicaid Services Chief Medical Officer, Centers for Medicare and Medicaid Services

Dr. Conway is the CMS Acting Principal Deputy Administrator and Deputy Administrator for Innovation and Quality & CMS Chief Medical Officer. As the CMS Acting Principal Deputy Administrator and CMS Chief Medical Officer, Dr. Conway is responsible for overseeing the programs that serve the over 130 million Americans that access health care services through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. He and the CMS team focus on health system transformation by improving quality, affordability, access to care, and health outcomes.

Dr. Conway is also Director of the Center for Medicare and Medicaid Innovation (CMMI) at CMS. The CMS Innovation Center is responsible for testing numerous new payment and service delivery models across the nation that reward quality and value. Models include accountable care organizations, bundled payments, primary care medical homes, state innovation models, and many more. These models involve millions of people and hundreds of thousands of providers across the nation. Successful models can be scaled nationally. The CMS Innovation Center budget is \$10 billion over 10 years.

In 2014, he was elected to the National Academy of Medicine Institute of Medicine (IOM) recognizing individuals who have demonstrated outstanding professional achievement. Election to the IOM is considered one of the highest honors in the fields of health and medicine. He is a practicing pediatric hospitalist and was selected as a Master of Hospital Medicine from the Society of Hospital Medicine. He has received the President's Distinguished Senior Executive Rank and HHS Secretary's Distinguished Service awards. These are the President's and Secretary's highest distinction for executive excellence. He is a former White House Fellow, Robert Wood Johnson Clinical Scholar, and leader of quality improvement, research, and clinical operations at Cincinnati Children's Hospital. He completed pediatrics residency at Harvard Medical School's Children's Hospital Boston, graduated with High Honors from Baylor College of Medicine, and graduated summa cum laude from Texas A&M University. (5/2016)

Michael DeLorenzo, PhD, Interim CEO of Maine Health Management Coalition

Michael currently works as the Interim CEO of the Maine Health Management Coalition. In his previous role as Director of Analytics, Michael had responsibility for developing data based solutions for purchasers and providers of healthcare services, including implementing new data management and reporting systems for the Coalition. Provider reporting includes detailed performance reports to all primary care practices in the state on cost, resource utilization, and quality, as well as public reporting on selected measures. From 2006 to 2010 he worked at Health Dialog where he led domestic US and international predictive modeling activities, developed metrics to measure provider driven variation in the delivery of healthcare services, developed Health Dialog's provider measurement system including metrics for effective care, preference sensitive care, and cost and utilization, and oversaw clinical development staff. Prior to Health Dialog, Michael worked at the Maine Medical Center's Center for Outcomes Research on various research projects including investigations on the relationship between the intensity of diagnostic testing and therapeutic interventions, trauma outcomes, and other provider systems modeling. Before joining the Center for

Outcomes Research he was a tenured Professor at the University of Florida. Michael's graduate degree from Cornell University is in Quantitative Genetics. (7/2016)

Ellen Gagnon, Executive Director TCoC & Project Management Collaboration, Network for Regional Healthcare Improvement (NRHI)

Ellen Gagnon is currently the Executive Director TCoC & Project Management Collaboration and leads NRHI's Getting to Affordability initiative, a multi-region approach to producing and sharing standardized and actionable healthcare cost reporting. Ellen promotes collaboration among regions to share best practices on the technical process of reporting Total Cost of Care (TCoC), and how to engage stakeholders to use the information locally. As a member of the NRHI Leadership Team, she brings her expertise in project leadership and management to help advance NRHI and its members' mission to advance Triple Aim Innovation. She joined the Network for Regional Healthcare Improvement (NRHI) as the Senior Project Director on November 1, 2013, bringing over twenty years of experience in the healthcare industry. Prior to joining NRHI, she held the position of Senior Program Manager at Martin's Point Health Care, developing and leading various cross-functional teams and supporting efforts that included Behavioral Health integration, a Medical Expense Management initiative and Clinical Quality Reporting. She served as the Population Health Nurse Advisor and organized multiple efforts toward achievement of NCQA Patient Center Medical Home standards. She was the Senior Project Manager for Martin's Point Health Plans, leading teams to develop and implement an innovative Primary Care Payment Model with a support web-based provider reporting and medical expense analysis tool. (8/2016)

Dianne Hasselman, Executive Director, Federal and New Programs, Network for Regional Healthcare Improvement

Dianne Hasselman is the Executive Director, Federal and New Programs, for the Network of Regional Healthcare Improvement (NRHI). In this role, she works to develop the strategy and operational capacity of the organization. Her expertise includes working with multi-stakeholder, regional collaboratives on partnering with public purchasers (particularly Medicaid agencies) and payers to advance delivery system, payment reform, and quality improvement. Most recently, she managed a project for the Milbank Memorial Fund on understanding and strengthening partnerships between state agencies and regional health improvement collaboratives. An issue brief resulting from this initiative will be available in late-summer 2015. Dianne leads NRHI's Choosing Wisely technical assistance initiative with the American Board of Internal Medicine Foundation (ABIMF), and she will direct NRHI's work as part of an AHRQ-funded Center of Excellence, under the leadership of the National Bureau for Economic Research and Harvard University. For this AHRQ project, the project team will study health systems' efforts to disseminate patient-centered outcomes research in four states: Colorado, Massachusetts, Oregon, and Utah. In her time at NRHI, Dianne co-authored three

issue briefs for NRHI's payment reform series with support from the Robert Wood Johnson Foundation, including: Moving from Quality to Value: Measuring and Controlling the Cost of Health Care; Advancing Transparency in Payment Reform: The Top Dos and Don'ts from Regional Multi-Stakeholder Collaboratives; and Complementary Roles of States and Regional Health Improvement Collaboratives in Supporting Payment and Delivery System Reform. Dianne has also directed development of a one-of-a-kind tool that captures the key characteristics, signature programs, and skills sets of the more than 35 regional health care collaboratives that are part of NRHI's national network. (8/2016)

Bob Ihrle, JD, Senior Vice President of Compensation and Benefits, Lowe's Companies, Inc.

Bob is responsible for the strategic direction of all compensation, benefits, and leave and accommodation programs for 275,000 employees. From August 2012 through April 2014 Bob served as the Senior Vice President of HR where he was responsible for all of the HR generalists from the Store HR manager on up. Bob's prior jobs at Lowe's were SVP Employee Rewards and Services (2007-2012) and VP, Compensation and Benefits (2000-2007). He also serves as secretary of the Compensation Committee of the Board of Directors. Bob is a Board member of the National Business Group on Health and Lake Norman Regional Hospital plus the chair of NBGH's Strategy Committee. (5/2016)

George J. Isham, MD, MS, Chief Health Officer and Plan Medical Director, Health Partners

In his role as Chief Health Officer, Dr. Isham is responsible for health promotion and disease prevention, research, and health professionals' education. He is also responsible for the health dimension of HealthPartners' strategic plan and is active in state and national health policy issues. As plan Medical Director, he is responsible for quality and utilization management for HealthPartners Health Plan. He is a founding board member of the Institute for Clinical Systems Improvement, a collaborative of Twin Cities medical groups and health plans that is implementing clinical practice guidelines in Minnesota. Dr. Isham has recently co-chaired a legislatively mandated State of Minnesota Health Care Reform Task Force that defined a number of episodes of care for use in Minnesota Payment Reform. Dr. Isham provides leadership to other care delivery systems through service on the board of directors for Presbyterian Health Services in Albuquerque, NM and the External Advisory board of the Marshfield Clinic in Marshfield, WI.

Dr. Isham is active nationally as a member of the board of directors of the American's Health Insurance Plans, the Alliance of Community Health Plans, the Accreditation Association for Ambulatory Care, and Bridges to Excellence. He is past co-chair and current member of the National Committee for Quality Assurance's (NCQA) Committee on Performance Measurement which oversees the Health Plan quality measurement standards and currently chairs the NCQA's committee

on Physician Recognition Programs. He is a member of the National Priority Partners effort convened by the National Quality Forum, chairing the population health workgroup of that effort. He has served on the Center for Disease Control's (CDC) Task Force on Community Preventive Services, on the Agency for Healthcare Research and Quality's (AHRQ) Advisory Board for the National Guideline Clearinghouse and currently is a member of the US Task Force on Clinical Preventive Services. He currently serves on the advisory board for the Institute for Clinical and Economic Review at Harvard.

Dr. Isham has served on the Institute of Medicine's (IOM) Board on Population Health and Public Health Practice and chaired the IOM committees that authored the reports Priority Areas for National Action, Transforming Health Care Quality and The State of the USA Health Indicators. Dr. Isham currently chairs the IOM Roundtable on Health Literacy. He was invited to present the Institute of Medicine's Rosenthal Lecture for 2005 on "Next Steps toward Higher Quality Health Care." In addition, he has served on a number of committees, has presented to a number of workshops, and served as a reviewer of reports and workshop proceedings. In 2003 Dr. Isham was appointed as a lifetime National Associate of the National Academies of Science in recognition of his contributions to the work of the Institute of Medicine.

Epidemic of Care, published in April 2003, with co-author George Halvorson, is Dr. Isham's examination of the impending health care crisis with suggestions on ways to solve it. Dr. Isham is frequently asked to present on topics related to improving quality of care and health and is often quoted in local and national media.

Prior to his current position, Dr. Isham was medical director for MedCenters Health Plan in Minneapolis and executive director for University Health Care, Inc., in Madison, Wisconsin. His practice experience as a primary care physician included eight years at the Freeport Clinic in Freeport, Illinois, and three and one-half years as clinical assistant professor in Medicine at the University of Wisconsin. (date unknown)

Ray Kleeman, PhD, Vice President, Global Talent Management, HRIT, Analytics, and Benefits, Monsanto

Ray Kleeman, vice president, human resources at Monsanto, currently leads the Benefits, Learning & Organizational Effectiveness, and HR Technology teams for Monsanto. Most recently Ray led HR for Monsanto's Global Research and Development organization as well as Monsanto's International Row Crops business providing support to over 13,000 employees in over 50 countries. Previously Ray served as Global HR Lead for Monsanto's Crop Protection Division.

Prior to rejoining Monsanto in October 2005, Ray held HR leadership roles at Express Scripts and Amgen. Ray began his HR career in Monsanto as a generalist supporting the agriculture business. He then moved into various HR roles in Searle and progressed within Pharmacia and Pfizer.

Ray holds a PhD in Organizational Psychology from Saint Louis University and a BA from the University of Cincinnati. Outside of work, Ray and his wife Cori stay busy with their four children. Ray and his family reside in Chesterfield, Missouri. (2013)

Sue Knudson, Vice President of Informatics, HealthPartners

Sue Knudson is vice president of health informatics for HealthPartners, the largest consumer-governed nonprofit health care organization in the nation. She has more than 20 years of health care experience, including informatics and operational leadership roles.

For more than 10 years Ms. Knudson has lead an informatics team that has developed population-based total cost of care and resource use measures and downstream analytics and consulting services to help medical groups improve performance in resource use and total cost while at the same time improving quality and experience. In addition, her team has embedded and used data and information in daily operations to support practice efficiencies and improved patient outcomes.

In 2011, Ms. Knudson was appointed to the Minnesota Community Measurement's Measurement and Reporting Committee charged with reviewing and making recommendations on measures and reporting policies, as well as testing ideas and strategies related to data collection.

Since 2006, Ms. Knudson has been responsible for HealthPartners strategic information and decision support capabilities to ensure HealthPartners' status as an innovative leader in consumer health information, provider payment, product design, employer reporting, health improvement, medical management and care delivery.

In addition, her HealthPartners experience includes serving as the senior director of the HealthPartners Medical Group Hospital Medicine Division and as the director of provider relations & network management with emphasis in hospital contracting. Prior to these leadership roles, she served as a manager in Health Services Analysis and Reporting (now Health Informatics) for HealthPartners.

Ms. Knudson holds a Master of Arts Degree in Health and Human Services Administration from St. Mary's University in Minnesota and a Bachelors of Business Administration Degree from the University of North Dakota. (8/2016)

David Lansky, PhD, President and CEO, Pacific Business Group on Health (PBGH)

David is the President and Chief Executive Officer of the Pacific Business Group on Health and directs its efforts to improve the affordability and availability of high quality health care. Since 2008, David has led the coalition of 50 large employers and health care purchasers representing over three million Californians, including CalPERS, Wells Fargo, Intel, Safeway, Chevron, and the University of California. PBGH also collaborates with diverse stakeholders on national health care policy issues through the Consumer-Purchaser Disclosure Project. David has served as a board member or advisor to numerous health care programs, including the National Quality Forum, National Priorities Partnership, the Joint Commission, the National Patient Safety Foundation, the Leapfrog Group, the Medicare Beneficiary Education Advisory Panel, and the American Health Information Community (AHIC). He is now the purchaser representative on the federal HIT Policy Committee, serves on its Meaningful Use Workgroup and chairs its Quality Measures and Information Exchange Workgroups. He is also co-chair of Cal eConnect, California's state designated entity for governance of health information exchange. (5/2016)

Judy Loren, Senior Data Scientist, Compass Analytics

Judy has over 30 years of experience in the rigorous analysis of data in a wide range of contexts and in computer programming to support that analysis. Her work with research centers and national firms – in education policy, direct marketing, and health care – includes statistical analysis and modeling, report development, and decision support system design and maintenance. She has designed, built, and managed systems to report provider quality and efficiency, implemented a complex algorithm for assigning standard prices to medical claims, and assessed market position for a large health care insurer. Over the years she has developed deep expertise in all-payer claims databases, risk adjusters, and measures such as Health Partners' Total Cost of Care and Resource Use.

A nationally-recognized expert in SAS and frequent speaker and section chair for SAS User Group conferences at the local, regional, and national levels, Judy has authored numerous papers on clear and efficient techniques for harvesting and integrating data from disparate sources. Over her career she has led a wide range of analytical projects, focusing on using information to drive good business decisions. She has a particular interest in determining the analytic approach and interpretation of results based on a clear understanding of the sources of data.

Judy holds an A.B. in psychology, with a concentration in statistics, from Dartmouth College. She graduated summa cum laude with high distinction in her major and was elected to Phi Beta Kappa. (8/2016)

Lorrie Marquis, Director of Performance Measurement and Transparency, Maine Health Management Coalition

Lorrie is the Director of Performance Measurement and Transparency for the Pathways to Excellence (PTE) Program. PTE publicly reports on the quality, safety, patient experience and cost of healthcare delivered in Maine. It is the premiere initiative of the Maine Health Management Coalition and is used by large employers, health plan sponsors, health plans and the public to understand and evaluate their healthcare services.

Lorrie is responsible for all aspects of the PTE program including the overall strategic planning and operational management of PTE Clinicians, Hospitals and Systems programs; facilitation of the Multi-Stakeholder Steering Committees that include physicians, employers, consumers, hospitals, and health plans; measure identification, selection and evaluation; and tracking key national measurement and public reporting initiatives to ensure alignment. As part of the senior leadership team, she coordinates with all leadership team members for measure identification and selection based on national best practice, local market conditions, and data availability. (8/2016)

Jonathan D. Mathieu, PhD, Vice President of Research & Compliance and Chief Economist, Center for Improving Value in Health Care (CIVHC)

Jonathan Mathieu is Vice President of Research & Compliance and Chief Economist and is responsible for providing quantitative and analytical support for CIVHC's strategic initiatives. Prior to joining CIVHC, Jonathan was employed as an economist at The Nature Conservancy, as well as the U.S. Food and Drug Administration where he provided support for policy initiatives affecting prescription drug, biological product and medical device manufacturers. He also served as an Assistant Professor of Public Policy at Georgetown University in Washington, D.C. Dr. Mathieu holds Master of Arts and doctor of philosophy degrees in economics from the University of Colorado, Boulder, and a Bachelor of Science degree in applied mathematical economics from Oswego State University. (8/2016)

Arnold Milstein, MD, MPH

Dr. Milstein is Professor of Medicine and the Director of the Clinical Excellence Research Center at Stanford University. The Center designs and demonstrates in multi-state locations scalable health care delivery innovations that provide better care with less healthcare spending. His research spans positive value outlier assessment, human-centered healthcare design, and in partnership with Stanford's AI Lab the development of technology-based cognitive aids to boost the yield from healthcare spending.

Before joining Stanford's faculty, he founded a national healthcare performance improvement firm that he expanded globally after its acquisition by Mercer. He subsequently co-founded three

nationally influential public benefit initiatives, including the Leapfrog Group and the Pacific Business Group on Health. As a Congressional MedPAC Commissioner, he originated two legislative changes to align healthcare provider revenue with value to patients. He was elected to the Institute of Medicine (IOM) of the National Academy of Sciences and co-chaired its analysis of opportunities to safely slow national health spending growth. (8/2016)

Elizabeth Mitchell, President and CEO, Network for Regional Healthcare Improvement (NRHI)

Elizabeth serves as President and CEO of the Network for Regional Healthcare Improvement, a national network of multi-stakeholder regional health improvement collaboratives with over 35 members across the US. She is the Vice Chair of the Physician Focused Payment Technical Advisory Committee, a Guiding Committee Member of the Health Care Payment Learning and Action Network (LAN), and on the Coordinating Committee of NQF's Measure Application Partnership.

Prior to leading NRHI, Elizabeth was the CEO of the Maine Health Management Coalition, an employer-led, multi-stakeholder regional collaborative working to improve the value of healthcare in Maine. Elizabeth led the Coalition's performance measurement and public reporting program, and its strategy for engaging the public in the use of cost and quality information. While at the Coalition, she led many multi-stakeholder payment reform and healthcare system redesign efforts, established the Coalition's Data and Analytics program with a multi-payer claims database and was the nation's 4th designee in CMS' Qualified Entity Certification Program. Elizabeth was integral to the development of Maine's successful State Innovation Model (SIM) grant in which the Coalition was named as the State's 'Implementation Partner'.

Elizabeth served on the Board and Executive Committee of the National Quality Forum (NQF). She was a member of the Institute of Medicine's Consensus Committee on Core Metrics for Better Care and Lower Costs, and chaired this committee's Implementation Task Force. She served for several years on the Board of the National Business Coalition on Health and was the Chair of its Government Affairs Committee, and Vice-Chair and Chair of the Board of NRHI. (2015)

Gunnar Nelson, Health Economist, Minnesota Community Measurement (MNCM)

Gunnar Nelson is the Health Economist for Minnesota Community Measurement. He has 28 years of experience in health care cost analysis and public reporting of provider evaluations. He created the Definity Health Buyers Guide, the first nationwide hospital quality and commercial cost transparency website. Gunnar also has developed Total Cost of Care program analyses for local health plans. At MNCM, he has worked on risk adjustment processes and guided the development and publication of

the Total Cost of Care measure. Gunnar holds a Bachelor's of Science in Economics from the University of Minnesota. (8/2016)

Tara Oakman, PhD, Senior Program Officer, Robert Wood Johnson Foundation

Tara Oakman, PhD, is a senior program officer at the Robert Wood Johnson Foundation working to improve the value of our investments in health and health care and also to help ensure that all young children—supported by their families and communities—have the building blocks for lifelong health and well-being.

Prior to joining the Foundation in 2013, Oakman served as director of the Quality Team in the Exchange Policy and Operations Group at the Center for Consumer Information and Insurance Oversight (CCIIO) in the Centers for Medicare and Medicaid Services (CMS). In this role, she oversaw implementation of the sections of the Affordable Care Act (ACA) that set the quality-related requirements for the new Health Insurance Marketplaces and participating issuers. She also helped to write some of the first market reform regulations under the ACA. Earlier, she was an international health officer with the U.S. Department of Health and Human Services (HHS) Office of Global Health Affairs implementing the President's Emergency Plan for AIDS Relief. She also served as a program analyst in the HHS Budget Office with responsibility for evaluating the Centers for Disease Control and Prevention (CDC) budget.

Oakman received a BA in Political Science from Brown University, a Masters of Public Policy from Harvard University's John F. Kennedy School of Government, and a PhD in Health Care Policy from Harvard University. She has written and lectured on the uninsured, Medicare, health care reform, and a host of other issues.

A Princeton, N.J. native, she is happy to be living there once again—this time with her husband, Jeffrey, and their young twins. She enjoys spending her free time with family and friends, and a good magazine or two. (8/2016)

Michelle Probert, Manager of Integrated Health Services, General Dynamics Bath Iron Works (BIW)

Michelle is responsible for the oversight and strategic management of employee health and welfare related benefits for over 12,000 employees and dependents. Michelle joined BIW in August 2014 after working for state government for 10 years in Massachusetts and Maine, reforming payment and provider relations for Medicaid and other health and social service programs. Michelle is Vice Chair for the multi-stakeholder Maine Health Management Coalition, advocating for public reporting of quality and cost information and value-based payment reform. She is a 2016 Bruce Bradley Fellow for

The LeapFrog Group, focused on steering employees and their families to safer, higher-quality hospitals and health systems. (5/2016)

Meredith Roberts Tomasi, Senior Director of Analytic Programs and Operations, Oregon Health Care Quality Corporation (Q Corp)

Meredith Roberts Tomasi is Q Corp's Senior Director of Analytic Programs and Operations. Starting at Q Corp in 2013, she has served as a Program Manager and a Program Director, overseeing Q Corp's affordability initiatives. Prior to joining Q Corp, Meredith was an administrative fellow and manager of clinical planning at the Dana-Farber Cancer Institute in Boston. Earlier in her career, she worked in the employee benefits arena for six years as a benefits manager for a large self-insured employer and as a Consultant. Meredith holds a Bachelor's Degree in Psychology from Wesleyan University and a Master's Degree in Health Policy and Management from the Harvard School of Public Health. She is an active volunteer with Kaiser Permanente's hospice program, serves on various alumni committees, and is learning Spanish. (8/2016)

Doug Rupp, Senior Health Care Analyst, Oregon Health Care Quality Corporation (Q Corp)

Doug Rupp is a senior health care analyst at Q Corp. He is focused on Total Cost of Care and Payment Reform projects in advance of the Triple Aim. Before beginning at Q Corp in 2013, Doug worked for over 10 years in health insurance finance and product management positions. Other roles in manufacturing and publishing focused on process analysis and quality improvement. Doug is an Industrial and Systems Engineering graduate of Ohio State. In his free time, Doug can often be found with his little dog, Costello, hiking, camping or drinking beer. (8/2016)

Michael van Duren, M.D., MBA, Vice President, Clinical Transformation, Sutter Medical Network

Michael van Duren, M.D., MBA, serves as Vice President, Clinical Transformation for the Sutter Medical Network (SMN), a network of nearly 5,000 foundation and independent practice association primary care and specialty physicians affiliated with Sutter Health, a Northern California not-for-profit health system. Dr. van Duren uses a grassroots approach to engage physicians in analyzing practice patterns to reduce variation, increase quality and lower costs. Under his leadership, the SMN's clinical variation reduction program has grown to more than 300 projects and \$50 million in savings. He also trains clinicians in leadership, change management and the art of communicating with patients.

With more than 15 years of experience as a managed care executive, Dr. van Duren has held leadership roles in hospitals, health plans and physician groups. His previous leadership roles include: Chief Medical Officer for Sutter Physician Services, Vice President of Clinical Services for Hill

Physicians Medical Group, Chief Medical Officer for the San Francisco Health Plan, Regional Medical Director for PacifiCare and Medical Director for the Contra Costa Health Plan.

Dr. van Duren serves on the California Association of Physician Group's (CAPG) Quality Performance Committee and serves as co-chair for CAPG's Clinical Leadership Committee. He represents physician organizations on the Integrated Healthcare Association (IHA) Technical Measurement Committee. In addition, he is a member of the Symmetry Medical Advisory Board for OptumInsight. Dr. van Duren is regularly invited to present on the SMN's variation reduction program at national conferences focused on sharing innovative ways to use visual analytics to improve quality and affordability.

Dr. van Duren practiced family medicine and obstetrics for 10 years. He received his medical degree from the University of Pittsburgh School of Medicine and earned his MBA from the Paul Merage School of Business at the University of California at Irvine. He is a six sigma black belt with advanced training in group process facilitation. (8/2016)

Jay Want, MD, Chief Medical Officer, Center for Improving Value in Health Care

Jay Want is the owner and principal of Want Healthcare LLC, and he serves as a Payment and Delivery Reform Consultant for the Network for Regional Healthcare Improvement. He also consults for a wide variety of clients, including the Colorado Foundation for Medical Care, the Center for Medicare and Medicaid Services, and the Robert Wood Johnson Foundation. He served as founding chairman of the board of the nonprofit Center for Improving Value in Health Care (CIVHC), one of NRHI's member Regional Health Improvement Collaboratives, and he currently serves as the Chief Medical Officer for CIVHC. (8/2016)

Jill Yegian, PhD, Senior Vice President, Programs & Policy, Integrated Healthcare Association

Jill Yegian leads IHA's program staff, with oversight for health care integration, performance measurement and reporting, and payment innovation. Responsibilities include program development and implementation, knowledge translation and dissemination to share key findings from IHA's decade of experience working on delivery system alignment and payment reform, and policy analysis to guide organizational strategy.

Prior to IHA, she co-directed the American Institutes for Research's (AIR) Health Policy and Research Group, a team of over 70 health services research professionals. Dr. Yegian's areas of expertise include health insurance and the uninsured, health care cost and financing, and consumer use of quality and cost information for decision-making. She recently completed a study funded by the California HealthCare Foundation on consumer priorities for cost and quality information, as well as a study on Hawaii's health care market in the context of long-term mandated coverage.

Prior to joining AIR, Dr. Yegian spent 13 years with the California HealthCare Foundation (CHCF), where she worked to improve the State's financing and delivery systems for health care. At CHCF, she led the foundation's efforts to increase coverage among California's uninsured, and served as its first director of research and evaluation. She has published widely in peer-reviewed journals, authored a book, and presents to research, policy, and industry audiences regularly.

She received a bachelor's degree in human biology from Stanford University and a Ph.D. in health services and policy analysis from the University of California at Berkeley. (8/2016)