

## CURRICULUM VITAE

**Melinda B. Buntin, Ph.D.**

### PROFESSIONAL DATA

Johns Hopkins University  
Bloomberg School of Public Health and Carey Business School  
555 Pennsylvania Avenue NW,  
Washington, District of Columbia 20001

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### EDUCATION AND TRAINING

PhD/2000	Harvard University, Health Policy, concentration in Economics 1997 – 2000, Sloan Foundation, Dissertation Fellowship 1998, Harvard University Graduate School of Arts and Sciences, Dissertation Fellowship 1995 – 1997, Agency for Health Care Policy and Research, Training Grant
AB/1993	Princeton University, Public and International Affairs, <i>magna cum laude</i>

### PROFESSIONAL EXPERIENCE

#### **Johns Hopkins University**

Bloomberg Distinguished Professor, Bloomberg School of Public Health and Carey Business School, Johns Hopkins University, July 2023–Present

Director for Policy, Hopkins Business of Health Initiative, Johns Hopkins University, July 2023–Present

#### ***Other Non-JHU Professional Experience***

##### **Vanderbilt University**

University Distinguished Professor, Departments of Health Policy and of Medicine, Health, & Society, Vanderbilt University, August 2022–June 2023

Professor of Leadership, Policy, and Organizations, Peabody College, Vanderbilt University, August 2019–June 2023

Mike Curb Chair for Health Policy, Vanderbilt University, March 2018–June 2023

Professor and Chair, Department of Health Policy, Vanderbilt University, August 2013–June 2023

- Founding chair of a new multidisciplinary department of health policy within a medical school.
- Responsible for strategic planning, faculty recruitment, retention, and promotion, department administration and staffing, and development of research and educational programs.
- Scholar - Center for Health Services Research
- Affiliated Faculty - Center for Biomedical Ethics and Society
- Department grew from 9 to 22 faculty, started a Health Policy track in the MPH program and a Ph.D. Program in Health Policy, grant portfolio of \$26M in FY22.

### **JAMA Health Forum**

Deputy Editor, 2019–Present

- Founding deputy editor of health policy journal that is 13<sup>th</sup> journal in the JAMA Network. First impact factor --in 2023-- is 11.5.
- Responsible for: setting policies; recruiting editorial board, associate editors, and JAMA Forum authors; decisions on manuscripts throughout the review process; soliciting and writing commentaries - all in partnership with the Editor-in-Chief and JAMA Network leadership team.

### **Congressional Budget Office, Washington, DC**

Deputy Director of Health, Retirement and Long-Term Analysis, July 2011–July 2013

- Managed and directed analyses of health and health care financing issues within the Health, Retirement, and Long-Term Analysis Division. Health topics covered included Medicare, Medicaid, subsidies for the purchase of private insurance, public health, and private health insurance markets. Research portfolio included more than 25 separate projects.
- Collaborated with agency leaders to formulate and implement a strategic research agenda involving 35-40 staff and CBO's external Panel of Health Advisors.
- Other key responsibilities included working with Congressional committees to identify important issues for CBO's analysis; ensuring the timely preparation of high-quality, clearly written studies and reports; and developing testimony for Congressional committees.

**U.S. Department of Health and Human Services, Washington, DC**

Director, Office of Economic Analysis, Evaluation and Modeling, Office of the National Coordinator for Health Information Technology, 2009–2011

- Founded the Office to provide economic analysis and modeling expertise. Created a research agenda and data collection strategy around predicting and understand the factors driving the adoption, meaningful use, interoperability, and return on investment of electronic health records.
- Developed ONC’s strategy for performance measurement and feedback. Generated reports, data, and strategies to measure ONC’s progress towards its goals and to help ONC achieve those goals.
- Managed staff of 12 and portfolio of over \$20 million in grants and contracts. Oversaw the execution of independent evaluations of ONC programs. Provided consultation on methodologies and metrics for the design and evaluation of ONC grants, contracts, and programs.
- Supported ONC’s regulatory processes and policy-development activities involving the analysis of costs, benefits, market forces, and other economic issues.
- Represented ONC in departmental discussions and on committees involving health reform, health policy, economics, and data analysis and policies/reforms that would leverage Health IT, and in the broader health economics and health services research community.
- Chaired HHS workgroup developing policy and strategy for implementing the reinsurance, risk adjustment, and risk corridor provisions of the Affordable Care Act (part-time detail).

**RAND Health, Santa Monica, CA and Washington, DC**

Senior Economist, 2007–2011

Economist, 2003–2006

Associate Economist, 2000–2003

Associate Director, Program in Economics, Finance, and Organization, 2007–2009

Director, Public Sector Initiatives, RAND Health, 2006–2009

Co-Director, Bing Center for Health Economics, 2006–2007

Co-Director, RAND Center for Health Care Organization, Economics, and Financing,  
2004–2006

- Built national reputation as an expert in Medicare financing, provider payment, health insurance benefit design, and the functioning of health insurance markets.
- Managed and grew \$10M/year program research portfolio involving 30 researchers.
- Developed successful relationships with and secured project funding from a diverse set of federal agencies (e.g., CMS, ASPE, MedPAC, AHRQ, NIH), foundations (e.g., RWJF, CHCF, Commonwealth Fund), and private organizations (e.g., AARP, Wellpoint).

**Harvard Medical School**, Cambridge, MA

Research Assistant, Department of Health Care Policy, 1996–2000

**Lewin-VHI (now The Lewin Group)**, Fairfax, VA

Research Assistant, 1993–1994

Analyst, 1995

## **PROFESSIONAL ACTIVITIES**

### **Society Membership and Leadership**

Society for Health Services Administrators, 2020–Present

National Academy of Medicine, Elected Member, 2017–Present

National Academy of Social Insurance, Elected Member, 2007–Present

American Society of Health Economists, 2005–Present

International Health Economics Association, 2001–Present

AcademyHealth, 1995–Present

### **Participation on Advisory Panels and Boards**

Peterson Health Technology Institute, Advisory Board member, December 2023–Present

AAMC Research and Action Institute External Advisory Committee, July 2021–Present  
(terms ends July 2024)

Meharry-Vanderbilt Alliance Internal Advisory Board, April 2021–June 2023

Health Policy COVID-19 Advisory Committee, Vanderbilt School of Medicine, March 2020–September 2021

Vanderbilt MPH Program Advisory Committee, August 2019–June 2023

Robert Wood Johnson Foundation, Policies for Action National Advisory Committee, Member, 2019–2021

AcademyHealth, Research Insights Project Advisory Committee, Chair, 2018

Commonwealth Fund, Cost Control Economic Advisory Committee, Chair, September 2014–2022

FTI Consulting, Inc., Center for Healthcare Economics and Policy, Advisory Board member, July 2014–November 2020

Tennessee Men’s Health Advisory Board Member, 2014–2015

Vanderbilt Center for Health Services Research Advisory Board, 2013–Present

AcademyHealth, Research Insights Project: Disseminating Research on Health Care Costs, Organizations, Markets and Productivity, Project Advisory Committee, September 2010–2017

Advisory Committee to the Director of CDC, Surveillance and Epidemiology Workgroup, July–December 2010

National Rehabilitation Center, JOINTS I and II Studies Policy Advisory Panel, 2005–2008

John A. Hartford Foundation National Advisory Panel, “Building Interdisciplinary Geriatric Health Care Research Centers” Initiative, 2004–2009

## **EDITORIAL AND OTHER PEER REVIEW ACTIVITIES**

### **Journal Peer Review Activities**

JAMA (2023)

JAMA Health Forum (2021, 2022, 2023)

National Academy of Medicine (2023)

Journal of Health Economics (2000, 2002, 2005, 2007, 2009, 2014–2016, 2022)

Learning Health Systems Journal (2015, 2016, 2019, 2020, 2023)

Journal of the American Medical Informatics Association (2018, 2019)

The New England Journal of Medicine (2014–2017, 2019, 2023)

Health Affairs (2001, 2004–2018, 2023)  
Health Services Research (2002–2018)  
Journal of the American Medical Association (2006, 2007, 2008, 2009, 2013–2017)  
BMC Health Services Research (2017)  
Commonwealth Fund (2007, 2016, 2023)  
Journal of Public Economics (2016)  
HealthCare: The Journal of Delivery Science and Innovation (2013–2016)  
Medicare and Medicaid Review (2014)  
Robert Wood Johnson Foundation, Health Care Financing and Organization Program (2008, 2012)  
Journal of General Internal Medicine (2011)  
The American Journal of Managed Care (2008, 2010)  
The Milbank Quarterly (2001, 2009)  
Archives of Physical Medicine and Rehabilitation (2009)  
Inquiry (2000–2002, 2004, 2008)  
Medical Care (2005–2008)  
The Gerontologist (2002, 2003, 2007)  
Congressional Budget Office (2007)  
Forum for Health Economics and Policy (2006)  
Health Care Financing Review (2006)  
Journal of Psychosomatic Research (2006)  
Health Economics (2002, 2005)  
International Journal of Health Care Finance and Economics (2004)

**Journal or Other Editorial Board Membership**

JAMA Health Forum, Deputy Editor, 2019–Present  
Learning Health Systems. Editorial Board Member. 2021–Present  
Health Care: The Journal of Delivery Science and Innovation, Section Editor for Payment Reform, Editorial Board Member. July 2012–2015

Health Services Research, Editorial Board Member, December 2008–2020

### **Proposal Reviews**

Commonwealth Fund, Proposal Reviewer, 2022–Present

Robert Wood Johnson Foundation, Policies for Action (P4A), Proposal Reviewer, 2019–2021

National Institutes of Health, Special Section for Diffusion of Medical Technology and Effects on Outcomes and Expenditures (U01), Study Reviewer, May 2013

National Institutes of Health, Health Services Organization and Delivery (HSOD) study section, Study Reviewer, June 2009

## **HONORS AND AWARDS**

### **Honors**

Woman of Influence, Nashville Business Journal, 2020

AcademyHealth 2009 Annual Research Meeting Most Outstanding Medicare Abstract, June 2009

AcademyHealth 2009 Annual Research Meeting Most Outstanding Abstract in Health Care Markets & Competition, June 2009

### **Awards**

John M. Eisenberg Article-of-the-Year, *Health Services Research*, 2021

CBO merit and time off awards, 2012

Secretary's Commendation, U.S. Department of Health and Human Services, June 23, 2010

RAND Silver Merit Bonus, July 2009

Ollie Randall Symposium, Gerontological Society of America Conference, November 2008

RAND President's Award, January 2006

RAND Silver Merit Bonus, July 2003

## **PUBLICATIONS**

\* indicates a mentored student or post-doctoral fellow

**Journal Articles (peer reviewed; do not include submitted manuscripts)**

1. Christopher J.D. Wallis, Khatereh Aminoltejari, Kirusanthy Kaneshwaran, Arghavan Salles, **Melinda B. Buntin**, Natalie G. Coburn, Frances Wright, Lesley Gotlib Conn, Amy Nicole Luckenbaugh, Sanjana Ranganathan, Carlos Riveros, Colin John McCartney, Kathleen A. Armstrong, Barbara L. Bass, Allan S. Detsky, Raj Satkunasivam, Angela Jerath, Kiyam Heybati. "Surgeon Sex and Health Care Costs for Patients Undergoing Common Surgical Procedures." *JAMA Surgery* (November 2023).
2. \*Robert J. Dambrino IV, Henry J. Domenico, John A. Graves, **Melinda B. Buntin**, William Martinez, S. Trent Rosenbloom, William O. Cooper. "Unsolicited Patient Complaints Following the 21st Century Cures Act Information-Blocking Rule." *JAMA Health Forum* (September 2023).
3. Peter Buerhaus, Erin Fraher, Bianca Frogner, **Melinda B. Buntin**, Monica O'Reilly-Jacob, Sean Clarke. "Toward a Stronger Post-Pandemic Nursing Workforce." *NEJM Perspective* (July 2023).
4. John A. Graves, \*Dennis Lee, Lena Leszinsky, Leonce Nshuti, Sayeh Nikpay, Michael Richards, **Melinda B. Buntin**, Daniel Polsky. "Physician Patient Sharing Relationships within Insurance Plan Networks." *Health Services Research* (February 2023).
5. Laura M. Keohane, Sayeh Nikpay, Kyle Braun, Audrey Cheng, David Stevenson, **Melinda B. Buntin**, Danxia Yu, Bill Blot, Loren Lipworth-Elliott. "Association of race and income with incident diagnosis of Alzheimer's disease and related dementias among Black and White older adults." *Journal of Applied Gerontology* (December 2022).
6. **Melinda B. Buntin**, \*Salama Freed, Pikki Lai, \*Klara Lou, Laura M. Keohane. "Trends in and Factors Contributing to the Slowdown in Medicare Spending Growth, 2007-2018." *JAMA Health Forum* (December 2022).
7. **Melinda B. Buntin**, \*Jennifer Connell, Peter Buerhaus. "Projecting the Health Care Workforce Needed in the US." *JAMA Health Forum* (August 2022).
8. Laura M. Keohane, Sunil Kripalani, **Melinda B. Buntin**. "Traditional Medicare episode-related spending on post-acute care for dual-eligible and Medicare-only beneficiaries, 2009-2017." *Medical Care Research and Review* (April 2022).
9. \*Laura E. Henkhaus, Gilbert Gonzales, **Melinda B. Buntin**. "An Algorithm Using Administrative Data to Measure Adverse Childhood Experiences (ADM-ACE)." *Health Services Research* (March 2022).
10. John A. Graves, \*Khrysta A. Baig, **Melinda B. Buntin**. "Access to In-Network Hospital Services During the COVID-19 Pandemic." *JAMA Health Forum* (March 2022).



11. Michael R. Richards, Ashley Leech, Bradley D. Stein, **Melinda B. Buntin**, Stephen W. Patrick. "Medicaid Prevalence and Opioid Use Disorder Treatment Access Disparities." *Health Services Research* (December 2021).
12. \*Sabrina J. Poon, \*Christopher J.D. Wallis, Pikki Lai, Liliana Podczerwinski, **Melinda B. Buntin**. "Medicare Two-Midnight Rule Accelerated Shift to Observation Stays." *Health Affairs* (November 2021).
13. Laura M. Keohane, **Melinda B. Buntin**, Sunil Kripalani. "Traditional Medicare Spending on Inpatient Episodes as Hospitalizations Decline." *Journal of Hospital Medicine* (November 2021).
14. John A. Graves, \*Khrysta Baig, **Melinda B. Buntin**. "The Financial Effects and Consequences of COVID-19: A Gathering Storm." *JAMA* (October 2021).
15. \*Laura E. Henkhaus, **Melinda B. Buntin**, Sarah Clark Henderson, Pikki Lai, Stephen W. Patrick. "Disparities in receipt of medications for opioid use disorder among pregnant women." *Substance Abuse* (July 2021).
16. \*Christopher Wallis, \*Sabrina Poon, Pikki Lai, Liliana Podczerwinski, **Melinda B. Buntin**. "Trends in Medicare spending across strata of resource utilization among older individuals in the United States." *EclinicalMedicine* (May 2021).
17. Stephen W. Patrick, Michael R. Richards, William D. Dupont, Elizabeth McNeer, **Melinda B. Buntin**, et al. "Association of Pregnancy and Insurance Status With Treatment Access for Opioid Use Disorder." *JAMA Network Open* (August 2020).
18. Laura Keohane, David Stevenson, Lucas Stewart, Sunita Thapa, \*Salama Freed, **Melinda B. Buntin**. "Risk Adjusting for Medicaid Participation in Medicare Advantage." *AJMC* (August 2020).
19. **Melinda B. Buntin**, John A. Graves. "How The ACA Dented The Cost Curve." *Health Affairs* (March 2020).
20. Sayeh Nikpay, **Melinda B. Buntin**, Rena Conti. "Relationship Between Initiation of 340B Participation and Hospital Safety-Net Engagement." *Health Services Research* (March 2020).
21. Laura Keohane, Lucas Stewart, **Melinda B. Buntin**. "The Slowdown in Medicare Spending Growth for Baby Boomers and Older Beneficiaries: Changes in Medicare Spending Levels and Growth by Age Group, 2007-2015." *Commonwealth Fund* (December 2019).
22. **Melinda B. Buntin**. "Tennessee's Opening Bid for a Medicaid Block Grant." *NEJM Perspective* (October 2019).

23. Rena Conti, Sayeh Nikpay, **Melinda B. Buntin**. “Revenues and Profits From Medicare Patients in Hospitals Participating in the 340B Drug Discount Program, 2013-2016.” *JAMA Network Open* (October 2019).
24. Andrew Olson, Nikki Viverette, Hilary Campbell, Aaron McKethan, **Melinda B. Buntin**. “Value-based Payment Reform in a Managed Care Environment: Innovator States’ Experiences with Episodes of Care.” *North Carolina Medical Journal* (Sept-Oct 2019).
25. **Melinda B. Buntin**, \*Jackie Yenerall. “Prescriber Responses to a Pain Clinic Law: Cease or Modify?” *Drug and Alcohol Dependence* (ePub ahead of print, Sep 27, 2019).
26. \*Carrie E. Fry, Hilary A. Tindle, April M. Shaffer, **Melinda B. Buntin**. “Developing a Tobacco Control Prescription in a Southern US city.” *Progress in Community Health Partnerships: Research, Education, and Action* (September 2019).
27. Jordan Everson, Michael Richards, **Melinda B. Buntin**. “Horizontal and Vertical Integration’s Role in Meaningful Use Attestation Over Time.” *Health Services Research* (July 2019).
28. John Romley, Erin Trish, Dana Goldman, **Melinda B. Buntin**, Yulei He, Paul Ginsburg. “Geographic Variation in the Delivery of High-Value Inpatient Care.” *PLOS ONE* (March 2019).
29. Christine C. Whitmore, Mary N. White, **Melinda B. Buntin**, \*Carrie E. Fry, Kevin Calamari, \*Stephen W. Patrick. “State laws and policies to reduce opioid-related harm: A qualitative assessment of PDMPs and naloxone programs in ten U.S. States.” *Preventive Medicine* (December 2018).
30. \*Matthew J. Resnick, Amy J. Graves, Robert J. Gambel, Sunita Thapa, **Melinda B. Buntin**, David F. Penson. “The Association Between Medicare Accountable Care Organization Enrollment and Breast, Colorectal, and Prostate Cancer Screening.” *Cancer*. (November 2018).
31. Olena Mazurenko, **Melinda B. Buntin**, Nir Menachemi. “High-Deductible Health Plans and Prevention.” *Annual Review of Public Health*. (2018).
32. Laura Keohane, David Stevenson, \*Salama Freed, Sunita Thapa, Lucas Stewart, **Melinda B. Buntin**. “Trends in Medicare Fee-For-Service Spending Growth for Dual-Eligible Beneficiaries, 2007-15.” *Health Affairs* (August 2018).
33. \*Adam J. Kingeter, Matthew S. Shotwell, Lee C. Parmley, Pratik P. Pandharipande, **Melinda B. Buntin**. A Survey of Charge Sensitivity and Charge Awareness Among Intensive Care Unit Providers in a Large Academic Medical Center. *Anesthesia & Analgesia*. (ePub ahead of print, July 21, 2018).

34. \*Erika T.A. Leslie, **Melinda B. Buntin**. “A Systemic Approach to Translating Evidence into Practice to Reduce Infant Mortality.” *Maternal and Child Health Journal*. (July 20, 2018).
35. Stephen Patrick, **Melinda B. Buntin**, Peter Martin, Theresa Scott, William Dupont, Michael Richards, William Cooper. “Barriers to Accessing Treatment for Pregnant Women with Opioid Use Disorder in Appalachian States.” *Substance Abuse*. (June 27, 2018).
36. Sayeh Nikpay, **Melinda B. Buntin**, Rena Conti. “Diversity of Participants in the 340B Drug Pricing Program for US Hospitals.” *JAMA Internal Medicine*. (May 21, 2018).
37. \*Matthew Resnick, Amy Graves, Robert Gambrel, Sunita Thapa, **Melinda B. Buntin**, David Penson. “Medicare Accountable Care Organization Enrollment and Appropriateness of Cancer Screening.” *JAMA Internal Medicine*. (March 19, 2018).
38. Laura Keohane, David Stevenson, **Melinda B. Buntin**, Robert Gambrel, \*Salama Freed. “Understanding Trends in Medicare Spending, 2007-2014.” *Health Services Research*. (March 6, 2018).
39. \*Matthew Resnick, Amy Graves, **Melinda B. Buntin**, Michael Richards, David Penson. “Surgeon Engagement in Early Accountable Care Organizations,” *Annals of Surgery*. (March 1, 2018).
40. \*Adam J. Kingeter, C. Lee Parmley, Matthew S. Shotwell, **Melinda B. Buntin**, Pratik Pandharipande. Physician Awareness of ICU Charge Environment and Effects on Cost of Care: the ICU PRICE study. *Critical Care Medicine*. 46(1):570. (January 2018).
41. \*Carrie Fry, Sayeh Nikpay, \*Erika Leslie, **Melinda B. Buntin**. “Evaluating Community-Based Health Improvement Programs.” *Health Affairs*. (January 2018).
42. Michael Richards, Catherine Smith, Amy Graves, **Melinda B. Buntin**, \*Matthew Resnick. “Physician Competition in the Era of Accountable Care Organizations,” *Health Services Research*. (March 2017).
43. \*Matthew Resnick, **Melinda B. Buntin**, Amy Graves. “Surgeon Participation in Early Accountable Care Organizations.” *Annals of Surgery*. (March 2017).
44. **Melinda B. Buntin**, John Ayanian. “Social Risk Factors and Equity in Medicare Payment” *NEJM*. (February 2017).
45. Stephen Patrick, **Melinda B. Buntin**, Timothy F. Jones, and \*Carrie Fry. “Implementation of Prescription Drug Monitoring Programs Associated with Reductions in Opioid-Related Death Rates.” *Health Affairs*. (June 2016).

46. \*Matthew Resnick, Amy Graves, Shenghua Ni, W. Stewart Reynolds, Daniel Baracas, Ayumi Shintani, **Melinda B. Buntin** and David Penson. “Anticipating the unintended consequences of closing the door on physician self-referral: the case of urinary stone disease.” *The Journal of Urology*. (February 2016).
47. Tamara Hayford and **Melinda B. Buntin**. “Evidence of Inefficiencies in Practice Patterns: Regional Variation in Medicare Medical and Drug Spending”. *Forum for Health Economics & Policy*. (March 2016).
48. Teryl K. Nukols, Steven M. Asch, Vaspaan Patel, Emmett Keeler, Laura Anderson and **Melinda B. Buntin**. Implementing Computerized Provider Order Entry in U.S. Acute Care Hospitals Could Generate Substantial Savings to Society. *The Joint Commission Journal on Quality and Patient Safety*. 41(8):341-1. (2015).
49. Paul Jacobs and **Melinda B. Buntin**. “Determinants of Medicare Plan Choices: Are Beneficiaries More Influenced by Premiums or Benefits?” *American Journal of Managed Care*. (July 2015).
50. Jeffrey Brown, **Melinda B. Buntin**, Milton Corn, Lynn Etheredge, Charles Friedman, Carl Gunter, Mark Musen, Richard Platt, Joshua Rubin William Stead, Kevin Sullivan, Douglas Van Houweling. “Toward a Science of Learning Systems: A Research Agenda for the High-Functioning Learning Health System.” *Journal of the American Medical Informatics Association*. (October 2014).
51. Jennifer King, Michael Furukawa, and **Melinda B. Buntin**. “Geographic Variation in Ambulatory Electronic Health Record Adoption: Implications for Underserved Communities.” *Health Services Research*, 48(6part1): 2037–2059 (December 2013).
52. \*Aaron Schwartz, **Melinda B. Buntin**, and Roger Magoulas. “Tracking Labor Demand with Online Job Postings: The Case of Health IT Workers and the HITECH Act.” *Industrial Relations*, 52(10): 941-968 (2013).
53. Fred Blavin and **Melinda B. Buntin**. “Forecasting the Use of Electronic Health Records: An Expert Opinion Approach.” *Medicare and Medicaid Research Review*, 3(2): (2013).
54. Vaishali Patel, Eric Jamoom, Chun-Ju Hsiao, Michael F. Furukawa, and **Melinda B. Buntin**. “Variation in Electronic Health Record Adoption and Readiness for Meaningful Use: 2008-2011.” *Journal of General Internal Medicine*. (February 2013).
55. Shaline Rao, Craig Brammer, Aaron McKethan, & **Melinda B. Buntin**. “Health Information Technology: Transforming Chronic Disease Management and Care Transitions.” *Primary Care: Clinics in Office Practice*, 39(2): 327-344 (2012).
56. Ashish Jha, Matthew Burke, Catherine DesRoches, Maulik Joshi, Peter Kralovec, Eric Campbell, and **Melinda B. Buntin**. “Progress Towards Meaningful Use:

- Hospitals' Adoption of Electronic Health Records." *American Journal of Managed Care*. 17(12Special Issue): SP117-SP124; (2011).
57. **Melinda B. Buntin**, Amelia M. Haviland, Roland McDevitt, and Neeraj Sood. "Healthcare Spending and Preventive Care in High-Deductible and Consumer-Directed Health Plans." *American Journal of Managed Care*, - 2011; 17(3):222-230. (March 2011).
  58. Brian K. Bruen, Leighton Ku, Matthew F. Burke, and **Melinda B. Buntin**. "More than Four in Five Office Based Physicians Could Qualify for Federal Electronic Health Record Incentives." *Health Affairs*, 30(3): 472-479 (March 2011).
  59. **Melinda B. Buntin**, Matthew F. Burke, Michael C. Hoaglin, and David Blumenthal. "The Benefits of Health Information Technology: A Review of the Recent Literature Shows Predominantly Positive Results." *Health Affairs*, 30(3): 464-471 (March 2011).
  60. Emily Maxson, **Melinda B. Buntin**, and Farzad Mostashari. "Using Electronic Prescribing Transaction Data to Estimate Electronic Health Record Adoption?" *American Journal of Managed Care*, 2010-08-0207.R1. (December 2010).
  61. Fredric Blavin, **Melinda B. Buntin**, and Charles Friedman. "Alternative Measures of Electronic Health Record Adoption among Hospitals." *American Journal of Managed Care*, 2010-08-0207.R1. (December 2010).
  62. \*Carrie Hoverman Colla, José J. Escarce, **Melinda B. Buntin**, and \*Neeraj Sood. "Effects of Competition on the Cost and Quality of Inpatient Rehabilitation Care Under Prospective Payment." *Health Services Research*, 45(6p2): 1981–2006 (December 2010).
  63. Emily Maxson, Sachin Jain, Aaron McKethan, Craig Brammer, **Melinda B. Buntin**, Kelly Cronin, Farzad Mostashari, and David Blumenthal. "Beacon Communities Aim to Use Health Information Technology to Transform the Delivery of Care." *Health Affairs*, 29(9): 1671-1677 (September 2010).
  64. **Melinda B. Buntin**, \*Carrie Hoverman Colla, Partha Deb, \*Neeraj Sood, and José J. Escarce. "Medicare Spending and Outcomes after Post-Acute Care for Stroke and Hip Fracture." *Medical Care*, 48(9): 776-784 (September 2010).
  65. **Melinda B. Buntin**, Sachin Jain, and David Blumenthal. "Health IT: A Foundation for Health Reform." *Health Affairs*, 29(6): 1214-1219 (June 2010).
  66. Nancy Nicosia, Elaine Reardon, Karl Lorenz, Joanne Lynn, and **Melinda B. Buntin**. "The Medicare Hospice Payment System: A Consideration of Potential Refinements." *Health Care Financing Review*, 30(4): 47-60 (June 2009).

67. **Melinda B. Buntin**, \*Carrie Hoverman Colla, José J. Escarce. “Effects of Payment Changes on Trends in Post-Acute Care.” *Health Services Research*, 44(4): 1188-1210 (August 2009).
68. **Melinda B. Buntin**, Arvind Jain, Soeren Mattke, Nicole Lurie. “Who Gets Disease Management?” *Journal of General Internal Medicine*, 24(5): 649-655 (May 2009).
69. \*Carrie Hoverman, Lisa R. Shugarman, Debra Saliba, and **Melinda B. Buntin**. “Use of Post-Acute Care by Nursing Home Residents Hospitalized for Stroke or Hip Fracture: How Prevalent and to What End?” *Journal of American Geriatrics Society*, 56(8): 1490-1496(7) (August 2008).
70. \*Neeraj Sood, **Melinda B. Buntin**, and José J. Escarce. “Does How Much and How You Pay Matter? Evidence from the Inpatient Rehabilitation Facility Prospective Payment System.” *Journal of Health Economics*, 27(4): 1046-1059 (July 2008).
71. M. Susan Marquis, **Melinda B. Buntin**, and José J. Escarce. “The Role of Product Design in Consumers’ Choices in the Individual Insurance Market.” *Health Services Research*, 42 (6) 2194-2223 (December 2007).
72. M. Susan Marquis, **Melinda B. Buntin**, José J. Escarce, and Kanika Kapur. “What is the Right Price of Health Insurance: A Rejoinder.” *Health Services Research*, 42(6): 2230-2232 (December 2007).
73. Susan M. Paddock, José J. Escarce, Orla Hayden, and **Melinda B. Buntin**. “Did the Medicare Inpatient Rehabilitation Facility Prospective Payment System Result in Changes in Relative Patient Severity and Relative Resource Use?” *Medical Care* 45(2): 123-129 (February 2007).
74. **Melinda B. Buntin**, Cheryl Damberg, Amelia Haviland, Kanika Kapur, Nicole Lurie, Roland D. McDevitt, and M. Susan Marquis. “Consumer-Directed Health Care: Early Evidence About Effects on Cost and Quality.” *Health Affairs Web Exclusive* (24 October 2006).
75. M. Susan Marquis and **Melinda B. Buntin**. “How Much Risk Pooling Is There in the Individual Insurance Market?” *Health Services Research* 41 (5): 1782-1800 (October 2006).
76. M. Susan Marquis, **Melinda B. Buntin**, José J. Escarce, Kanika Kapur, Thomas A. Louis, and Jill M. Yegian. “Consumer Decision Making in the Individual Health Insurance Market,” *Health Affairs Web Exclusive* (2 May 2006).
77. **Melinda B. Buntin**, Grace Carter, Orla Hayden, \*Carrie Hoverman, Susan Paddock, and Barbara Wynn. “IRF Care Use Before and After Implementation of the IRF PPS.” *RAND TR-257-CMS*. (February 2006).

78. Susan Paddock, Jose Escarce, Orla Hayden, and **Melinda B. Buntin**. “Changes in IRF Patient Severity Following Implementation of the IRF PPS.” RAND TR-258-CMS. (February 2006).
79. M. Susan Marquis, **Melinda B. Buntin**, José J. Escarce, Kanika Kapur, Thomas A. Louis. “Is the Individual Market More than a Bridge Market?” An Analysis of Disenrollment Decisions.” *Inquiry* 42 (4): 381-96 (Winter 2005/2006).
80. M. Susan Marquis, **Melinda B. Buntin**, Kanika Kapur, and Jill M. Yegian. “Using Contingent Choice Methods to Assess Consumer Preferences About Health Plan Design.” *Applied Health Economics and Health Policy* 4 (2): 77-86 (2005).
81. **Melinda B. Buntin**, José J. Escarce, \*Carrie Hoverman, Susan M. Paddock, Mark Totten, and Barbara O. Wynn. “Effects of Payment Changes on Trends in Access to Post-Acute Care.” RAND TR-259-CMS. (October 2005).
82. **Melinda B. Buntin**, Anita Datar Garten, Susan Paddock, Debra Saliba, Mark Totten and José Escarce. “How Much is Post-Acute Care Use Affected by Its Availability?” *Health Services Research* 40(2): 413-434 (April 2005).
83. Susan M. Paddock, Barbara O. Wynn, Grace M. Carter, and **Melinda B. Buntin**. “Identifying and Accommodating Statistical Outliers When Setting Prospective Payment Rates for Inpatient Rehabilitation Facilities.” *Health Services Research* 39(6p1):1859-1879 (December 2004).
84. **Melinda B. Buntin**, M. Susan Marquis, and Jill M. Yegian. “The Role of the Individual Health Insurance Market and Prospects for Change.” *Health Affairs* 23(6): 79-90 (November/December 2004).
85. M. Susan Marquis, **Melinda B. Buntin**, Jose J. Escarce, Kanika Kapur, and Jill M. Yegian. “Subsidies and the Demand for Individual Health Insurance in California.” *Health Services Research* 39(5): 1547-1570 (October 2004).
86. Daniel A. Relles, Gregory K. Ridgeway, Grace M. Carter, and **Melinda B. Buntin**. “Possible Refinements to the Construction of Function-Related Groups for the Inpatient Rehabilitation Facility Prospective Payment System.” RAND TR-207-CMS. (August 2005).
87. **Melinda B. Buntin** and Alan Zaslavsky. “Too Much Ado about Two-Part Models and Transformation: Comparing Methods of Modeling Medicare Expenditures.” *Journal of Health Economics* 23(3): 525-542 (May 2004).
88. **Melinda B. Buntin**, Alan M. Garber, Mark McClellan, and Joseph P. Newhouse. “The Costs of Decedents In The Medicare Program: Implications for Payments to Medicare+Choice Plans?” *Health Services Research* 39(1): 111-130 (February 2004).

89. Melinda B. Buntin, José J. Escarce, Dana Goldman, Hongjun Kan, Miriam J. Laugesen, and Paul Shekelle. "Increased Medicare Expenditures for Physicians' Services: What are the causes?" *Inquiry* 41(1): 83-94 (Spring 2004).
90. **Melinda B. Buntin**, José J. Escarce, Kanika Kapur, Jill M. Yegian, and M. Susan Marquis. "Trends and Variability in Individual Insurance Products in California." *Health Affairs (Web Exclusive)* 3, 449-459 (September 2003).
91. **Melinda B. Buntin** and Haiden Huskamp. "What Is Known About the Economics of End-of-Life Care for Medicare Beneficiaries?" *The Gerontologist* 42 (Special Issue III), 40-8 (October 2002).
92. Joseph P. Newhouse, Howard Bailit, **Melinda B. Buntin**, et al, "Managed Care: An Industry Snapshot," *Inquiry* 39(3): 207-220 (Fall 2002).
93. Alan Zaslavsky and **Melinda B. Buntin**, "Using Survey Measures to Assess Risk Selection Among Medicare Managed Care Plans." *Inquiry* 39(2): 138-151 (2002).
94. Grace M. Carter, **Melinda B. Buntin**, Orla Hayden, Susan M. Paddock, Daniel A. Relles, Greg Ridgeway, Mark E. Totten, and Barbara O. Wynn. "Analyses for the Initial Implementation of the Inpatient Rehabilitation Facility Prospective Payment System." Santa Monica, CA: RAND, MR-1500-CMS. (2002).
95. Patricia Keenan, **Melinda B. Buntin**, Thomas McGuire, and Joseph P. Newhouse. "The Prevalence of Formal Risk Adjustment in Health Plan Purchasing." *Inquiry* 38(3): 245-259 (Fall 2001).
96. Haiden Huskamp, **Melinda B. Buntin**, Virginia Wang, and Joseph P. Newhouse. "Providing Care at the End of Life: Do Medicare Rules Impede Good Care?" *Health Affairs* 20(3): 204-211 (May/June 2001).
97. **Melinda B. Buntin** and Joseph P. Newhouse. "Paying Medicare Managed Care Plans." *Generations* 22(2): 37-42 (1998).
98. David Blumenthal and **Melinda B. Buntin**. "Carve-Outs: Definition, Experience, and Choice Among Candidate Conditions." *The American Journal of Managed Care* 4(SP): SP45-SP58 (1998).
99. Joseph P. Newhouse, **Melinda B. Buntin**, and John D. Chapman. "Risk Adjustment and Medicare: Taking a Closer Look." *Health Affairs* 16 (5): 26-43 (September/October 1997).

### **Books or Monographs**

1. Joanne Yoong, Alison Cuellar, Erin Murphy, and **Melinda B. Buntin**. "HSAs: Understanding Their Value for Older Adults." PM-3324-AARP. Manuscript. (December 2008).



## Chapters

1. **Melinda B. Buntin** “Consumer-Directed Health Plans: What are they, what do we know about their effects, and can they enhance value?” Institute of Medicine of the National Academies, Chapter in *Value in Health Care: Accounting for Cost, Quality, Safety, Outcomes, and Innovation*. (2010).
2. **Melinda B. Buntin** and David Blumenthal. “Carve-Outs for Medicare: Possible Benefits and Risks” in Robert Reischauer, Stuart Butler, and Judith Lave, eds., Chapter in *Medicare: Preparing for the Challenges of the 21st Century*, Brookings Institution Press, pp. 152-184 (1998).

## Articles, Editorials and Other Publications Not Peer Reviewed

1. Melinda B. Buntin. “Confronting Challenges in the US Health Care System: Potential Opportunity in a Time of Crisis.” *JAMA* (April 2021).
2. Melinda B. Buntin. “A Brief Window to Rethink Emergency Care.” *JAMA Health Forum* (October 2020).
3. Melinda B. Buntin, Kyle A. Gavulic. “Safely Reopening Schools- Learning Amid a Pandemic.” *JAMA Health Forum* (August 2020).
4. Melinda B. Buntin. “The Affordable Care Act at 10 Years.” *JAMA Health Forum* (July 2020).
5. Melinda B. Buntin. “Cancer, Coverage, and COVID-19.” *JAMA Health Forum* (June 2020).
6. John Z. Ayanian, Melinda B. Buntin. “In Pursuit of a Deeper Understanding of Racial Justice and Health Equity.” *JAMA Health Forum* (June 2020).
7. John Z. Ayanian, Melinda B. Buntin. “Coronavirus and Health Policy: A JAMA Network Interview.” *JAMA Health Forum* (April 2020).
8. Melinda B. Buntin, John Z. Ayanian. “COVID-19 Comes to the United States.” *JAMA Health Forum* (April 2020).
9. Melinda B. Buntin. “Social Distancing – What Would It Mean for It to Work?” *JAMA Health Forum* (April 2020).
10. Melinda B. Buntin. “The Blitzkrieg Acquisition of Medical Practices by Private Equity.” *JAMA Health Forum* (March 2020).
11. Melinda Buntin. “Administrative Simplification – The Holy Grail of Reducing Waste?” *JAMA Health Forum* (February 2020).

12. Melinda B. Buntin. “Surprise Billing Prevalent Even for Elective Surgeries – Congress, Take Note.” JAMA Health Forum (February 2020).
13. Melinda B. Buntin. “Hospital Readmissions of Nursing Home Residents Are Down.” JAMA Health Forum (February 2020).
14. John Ayanian, Melinda B. Buntin. “Welcome to JAMA Health Forum.” JAMA Health Forum (January 2020).
15. Jordan Everson, Melinda B. Buntin. Health Information Technology. In the Oxford Encyclopedia of Health Economics. Oxford University Press. (March 2019).
16. Xiaotong Niu, Melinda B. Buntin and Joyce Manchester. “Changes in Medicare Spending per Beneficiary by Age: CBO Working paper 2015-08.” (November 2015).
17. Andrew Stocking, James Baumgardner, Melinda B. Buntin, and Anna Cook. “Assessing the Design of the Low-Income Subsidy Program in Medicare Part D: CBO Working Paper.” (October 2014).
18. Andrew Stocking, James Baumgardner, Melinda B. Buntin, and Anna Cook. “Examining the Number of Competitors and the Cost of Medicare Part D”. Working paper (July 2014).
19. Manish K. Sethi and Melinda B. Buntin. “Geographic Variation in Orthopedic Trauma Billing and Reimbursements for Pelvis, Acetabular and Hip Fractures in the Medicare Population. Abstract *Submitted* (February 2014).
20. Michael Levine and Melinda B. Buntin. “Why Has Growth in Spending for Fee-for-Service Medicare Slowed?” Congressional Budget Office. (August 2013).
21. Tamara Hayford and Melinda B. Buntin. “Offsetting Effects of Prescription Drug Use on Medicare’s Spending for Medical Services.” Congressional Budget Office. (November 2012).
22. Melinda B. Buntin, Steven Zuckerman, Robert Berenson, Anant Patel, and Teryl Nuckols. “Volume Growth in Medicare: An Investigation of Ten Physicians’ Services.” RAND WR-6310-ASPE, (March 2009).
23. Melinda B. Buntin and David Cutler. “The Two Trillion Dollar Solution: Saving Money by Modernizing the Health Care System.” Center for American Progress. Available at: [http://www.americanprogress.org/issues/2009/06/2trillion\\_solution.html](http://www.americanprogress.org/issues/2009/06/2trillion_solution.html) (June 2009).
24. Joanne Yoong, Alison Cuellar, Erin Murphy, and Melinda B. Buntin. “HSAs: Understanding Their Value for Older Adults.” PM-3324-AARP. Manuscript. (December 2008).
25. Melinda B. Buntin. “Access to Post-Acute Rehabilitation.” Archives of Physical Medicine and Rehabilitation, Volume 88, Number 11 (November 2007).

26. Geoffrey Joyce, Lindsay Sabik, Melinda B. Buntin. “Redesigning Insurance Benefits to Promote Healthy Behaviors.” COMPARE Working Paper. (January 2007).
27. Melinda B. Buntin, José J. Escarce, and Dana Goldman. Letter to Editor regarding “Use of Physicians' Services for Medicare Beneficiaries.” *New England Journal of Medicine*, Volume 357: 617-619 (August 9, 2007).
28. Melinda B. Buntin and Jeannette A. Rogowski, “Discussants’ remarks: Gathering critical information about the health coverage of the elderly.” In Potter, D.E.B., and Vistnes, Jessica (editors). *Health Insurance for the Elderly - Issues in Measurement Workshop, April 2003: Meeting Summary, Commissioned Papers and Discussant’s Remarks*. Agency for Healthcare Research and Quality Working Paper No. 06003, (March 2006).
29. Melinda B. Buntin. “Commentary: Rigorous Disease Management Evaluation”. *Journal of Evaluation in Clinical Practice* 12(2): 121-123 (2006).
30. Melinda B. Buntin, Partha Deb, José Escarce, Carrie Hoverman, Susan Paddock, Neeraj Sood. “Comparison of Medicare Spending and Outcomes for Beneficiaries with Lower Extremity Joint Replacements.” RAND Working Paper. (June 2005).
31. Melinda B. Buntin, Partha Deb, José Escarce, Carrie Hoverman, Susan Paddock, Neeraj Sood. “Comparison of Medicare Spending and Outcomes for Beneficiaries with Lower Extremity Joint Replacements.” RAND Working Paper. (June 2005).
32. Melinda B. Buntin, Cheryl Damberg, Amelia Haviland, Nicole Lurie, Kanika Kapur, and M. Susan Marquis. “Consumer-Directed” Health Plans: Implications for Health Care Quality and Cost” California Health Care Foundation. (June 2005).
33. Nicole Lurie and Melinda B. Buntin. “Health Disparities and The Quality of Ambulatory Care.” *New England Journal of Medicine* (Editorial) 347(21):1709-1710 (2002).
34. Joseph P. Newhouse, Melinda B. Buntin, and John D. Chapman. “Risk Adjustment and Medicare [Revised and Updated Version].” The Commonwealth Fund (1999).
35. Melinda B. Buntin and Joseph P. Newhouse. “Employer Purchasing Coalitions and State Experiences with Risk Adjustment.” The Commonwealth Fund (1998).

**PRACTICE ACTIVITIES** [List relevant past and present activities to inform public health policy and practice, beginning with most current first under each subheading. List reports that you authored or co-authored, including reports with corporate authorship. Annotate with your specific role and impacts on local, state, federal, regional, or international policy or the practice of public health, as appropriate]

### **Practice-Related Reports**

**Melinda B. Buntin**, Carter Price, Alice Beckman, Amado Cordova, Christine Eibner, and Federico Girosi. “Creating Affordable Choices within a National Insurance Exchange.” Report for the Commonwealth Fund, (July 2009).

**Melinda B. Buntin**, Jose Escarce, Dana Goldman, Hongjun Kan, Miriam Laugesen, and Paul Shekelle. “Determinants of Increases in Medicare Expenditures for Physicians’ Services.” EPC Report to the Agency for Health Care Research and Quality. (July 2002).

### **Testimony**

Invited testimony, “All-Payer Claims Databases,” Tennessee State House Insurance Committee. April 15, 2019

Invited testimony, “How to Reduce Health Care Costs: Understanding the Cost of Health Care in America,” United States Senate Committee on Health Education Labor and Pensions, Washington, DC, June 27, 2018

Invited testimony, “Implications of Governor Bill Haslam’s “Insure Tennessee” proposal,” Tennessee State Senate Health and Welfare Committee. February 4, 2015

Invited testimony, “Explaining the Slowdown in Medicare Expenditure Growth.” CBO Panel of Health Advisors, Washington, DC, September 20, 2013

Invited testimony, “The Medicare Hospice Payment System: A Preliminary Consideration of Potential Refinements” Testimony before the Medicare Payment Advisory Commission, Washington DC, March 10, 2006

Invited testimony, “Comparing Outcomes for Hip or Knee Replacements Across Settings.” Testimony before the Medicare Payment Advisory Commission, Washington DC, April 21, 2005

Invited testimony, “Medicare Payments for Physicians’ Services: Determinants of Increases 1993-1998.” Testimony before the Medicare Payment Advisory Commission, Washington DC, September 12, 2003

### **Presentations to Policymakers, Communities, and Other Stakeholders & Consultations or Collaborations with Policymakers, Community Groups, and Other Stakeholders**

Throughout my work at RAND, the Department of Health and Human Services, the Congressional Budget Office, and Vanderbilt almost all my work has been presented directly to policymakers. In addition to the testimony, government advisory panels, and official government reports I authored that are listed elsewhere on this CV, the following are highlights of my work that has affected policymaking:

Led team that designed, evaluated, and evaluated the Inpatient Rehabilitation Prospective Payment System, under contract to CMS (2000–2009).

Conducted research used by OMB, CBO, and other policy modelers to assess the effects of ACA subsidies on the take-up of individual health insurance policies (2006–2009).

At the request of the Speaker of the Tennessee House of Representatives, supported the “Three Star Health” Task Force of legislators seeking options to improve health and access to insurance in Tennessee (2014).

Presented to the Bipartisan Congressional Health Policy Retreat for Members of Congress, Middleburg, VA, March 11-13, 2016.

Modeled hospital capacity and undertook other analyses of the spread of COVID-19 at the request of Tennessee’s COVID-19 Task Force, presented findings to the legislature, media, and state agencies (2020–2021). Presented multiple times during the Mayor of Nashville’s briefings on COVID-19.

Partnered with the Tennessee Department of Health, TennCare Bureau, and Tennessee Department of Education on a Robert Wood Johnson Foundation funded effort to pool data across agencies and answer high-priority questions for those agencies (2019–Present).

Presented options to address the insolvency of the Medicare Trust Fund to staff of all three Congressional committees of jurisdiction (2022).

## **Media Dissemination**

### **Traditional Media (e.g., newspaper, broadcast networks, magazine, etc.)**

#### **Television**

WKRN: Life expectancy in Tennessee is far below the national average; what can be done to change that? Featuring Melinda B. Buntin (Video). October 5, 2023 ([link](#))

News4 Nashville: Vanderbilt study finds TN counties without mask requirements have higher COVID-19 death toll per capita. (Quoted). November 10, 2020 ([link](#))

WKRN: 3 reasons why Tennessee is seeing lower COVID-19 death rates than other states, featuring Melinda B. Buntin (Video). July 16, 2020 ([link](#))

Fox 17 News: Vanderbilt model shows Tennesseans, policy makers will decide length of COVID-19 outbreak (Quoted). April 10, 2020 ([link](#))

Nashville NewsChannel 5: Inside Politics: How A Block Grant Will Impact Tennessee, featuring Melinda B. Buntin (Video). October 23, 2019 ([link](#))

Nashville NewsChannel 5: Concerns linger over Tennessee's block grant proposal, featuring Melinda B. Buntin (Video). October 17, 2019 ([link](#))

WSMV, Tennessee proposes Medicaid block grant funding, TennCare recipients fear cuts to care, featuring Melinda B. Buntin. (Video). September 24, 2019 ([link](#))

Nashville NewsChannel 5: "Crushing" Medical Debt Leaves Tennesseans with Few Options, featuring Melinda B. Buntin. (Video). April 9, 2019 ([link](#))

Nashville WZTV, Channel 17: Newscast featuring Melinda B. Buntin on Policies for Action Research Hub, November 2018 ([link](#))

WSMV, Women concerned for healthcare as Trump administration approaches. January 18, 2017 ([link](#))

Fox 17 News: The future of Obamacare under a Trump presidency (Video). November 11, 2016 ([link](#))

## **Radio**

NPR Marketplace, April 2007 ([link](#)), July 2015 ([link](#)), September 2015 ([link](#)), December 2021 ([link](#))

Nashville NPR, Newscast featuring Melinda B. Buntin on Are the Risks of Reopening Schools Exaggerated? October 2020 ([link](#) and [link](#))

WGBH News, Nearly Two-Thirds of U.S. Households Struck by COVID-19 Face Financial Trouble, Quoted, September 2020 ([link](#))

Nashville NPR, Newscast featuring Melinda B. Buntin on Policies for Action Research Hub at Vanderbilt, November 2018 ([link](#))

Phoenix NPR, KJZZ News: Rate of Medicare Cost Increases Slowing Down, September 14, 2018 ([link](#))

Nashville NPR: Newscast featuring Melinda B. Buntin HELP Testimony on Value Based Care, June 2018 ([link](#))

Innovation Hub, How the New Health Care Bill Could Affect Your Uber Ride. March 17, 2017 ([link](#))

Urban Journal Radio, Interview with Kevin Murphy, June 2009

NPR New Day to Day, Interview, July 2007

Washington Post Radio, Interview, October 2006

Washington Post Radio, Interview, October 2006

### **Newspaper/Magazine**

The New York Times, Quoted, September 2023 ([link](#))

The Washington Post, Quoted, November 2020 ([link](#))

Chattanooga Times Free Press, Quoted, August 2020 ([link](#))

The Daily Herald, Quoted, April 2020 ([link](#))

Johnson City Press, Quoted, April 2020 ([link](#))

Daily Memphian, Quoted, April 2020 ([link](#))

The Tennessee Tribune, Quoted, October 2019 ([link](#))

The Tennessean, Interviewed, October 2019 ([link](#))

The New York Times, Quoted, November 2006, April 2019 ([link](#))

The Tennessean, Quoted, January, March, May and October 2015, January and November 2016, February, March, and May 2017, December 2018, April 2020 ([link 1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#))

U.S. News and World Report, Quoted, September 2014, November 2018 ([link 1](#), [2](#))

Nashville Scene, Quoted, September 2018, April 2020 ([link 1](#), [2](#))

POLITICO, Quoted, July 2016, September 2018 ([link 1](#), [2](#))

Chattanooga Times Free Press, Quoted, February 2017, July 2018 ([link 1](#), [2](#))

Forbes, Quoted, June 2018 ([link](#))

USA Today, Quoted, June 2018 ([link](#))

Milwaukee Journal Sentinel, Quoted, February 2017, June 2018 ([link 1](#), [2](#))

Modern Healthcare, Quoted, December 2017 ([link](#))

Vanderbilt Magazine, May 2016 ([link](#))

Employee Benefit News, Quoted, August 2007

San Jose Mercury News, Quoted, February 2007

SHRM Magazine, Quoted, December 2006  
Milwaukee Journal Sentinel, Quoted, November 2006  
Investor's Business Daily, Quoted, November 2006  
Time Magazine, Quoted, November 2006  
The Post Standard, Syracuse, NY, Quoted, October 2006  
Inside Consumer-Directed Care, Quoted, October 2006  
Business Insurance, Quoted, October 2006  
HealthDay.com, Quoted, October 2006  
The Washington Post, Quoted, October 2006

### **Internet/Blog/Podcast**

Health Affairs Lunch and Learn, National Health Care Spending In 2022: Growth Similar To Prepandemic Rates, January 10, 2024 ([link 1](#), [2](#))  
PolitiFact, Quoted, November 2023 ([link](#))  
JAMA Health Forum Editors' Summary, Factors Contributing to the Slowdown in Medicare Spending Growth, December 2, 2022 ([link](#))  
PolitiFact, Quoted, December 2013, January, April and May 2014, March and June 2017, December 2021 ([link 1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#))  
StoryCorp, November 2021 ([link](#))  
Nashville Scene, Online Discussion, The Journey to a COVID Vaccine and How It's Impacting the Pandemic. April 15, 2021 ([link](#)).  
PEW, Quoted, March 2021 ([link](#))  
STAT, The pandemic slingshot: propelling from national crisis to a resilient health care system. February 22, 2021 ([link](#))  
JAMA, Coronavirus and Health Policy. April 20, 2020 ([link](#))  
Roll Call, Ten years into Obamacare, cost and access issues abound. March 10, 2020 ([link](#))  
HealthLeaders, Surprise Billing Prevalent in Elective Surgeries. February 11, 2020 ([link](#))  
Roll Call, Obamacare: A big issue voters might be missing. February 5, 2020 ([link](#))



Nashville Post, What does the CMS block grant plan mean for the state? January 31<sup>st</sup>, 2020 ([link](#))

Modern Healthcare, Tennessee proposes first-of-its-kind plan to cap Medicaid funding. September 17, 2019 ([link](#))

Axios, Health Care Vitals: Nashville. August 26, 2019 ([link](#))

Kaiser Health News, ‘If You Like Your Plan, You Can Keep It.’ Biden’s Invokes Obama’s Troubled Claim. July 30, 2019 ([link](#))

Politico, Obamacare fight obscures America’s real health care crisis: Money. April 3, 2019 ([link](#))

Managed Care Cast of the American Journal of Managed Care, Overheard at AcademyHealth: Health Policy, Social Determinants, and Data. February 5, 2019 ([link](#))

NEJM Catalyst, Signal or Noise? Navigating Health Care Policy – Part I. July 3, 2018 ([link](#))

BirdDog, Competition shakes up Tennessee ACA exchange: Highlights urban-rural divide, ups interest in cost impact, June 24, 2018 ([link](#))

Modern Healthcare, Industry battles Medicare for All traction. April 27, 2019 ([links](#))

JAMA, How Value-Based Medicare Payments Exacerbate Health Care Disparities. March 18, 2018 ([link](#))

Health Affairs Blog, Proposed Reforms To The 340B Drug Discount Program. March 7, 2018 ([link](#))

NEJM Catalyst, MedPAC’s Role in Curtailing Drug Prices. Interview Part 2, February 14, 2018 ([link](#))

NEJM Catalyst, Why Does MedPAC Matter? Interview Part 1, February 5, 2018 ([link](#))

Health Affairs Blog, Three Things About Health Spending Growth To Be Grateful For This Holiday Season. December 6, 2017 ([link](#))

California Health Care Foundation, HSAs, Cost Sharing, Payment Enforcement, and Healthy Behavior Programs in Medicaid: Lessons from Pioneering States. June 8, 2017 ([link](#))

Nashville Medical News, Accounting for Social Risk Factors in Value-Based Payment. April 2017 ([link](#))

NEJM Catalyst, Medical Schools and Health Policy: Adapting to the Changing Health Care System. February 1, 2017 ([link](#))

NEJM Catalyst, How to Engage Specialists in Accountable Care Organizations. January 18, 2017 ([link](#))

Terry, Nicholas, and Pasquale, Frank. *The Week in Health Law Podcast*. "70. Get on the Value Bandwagon." Buntin, Melinda. September 23, 2016 ([link](#))

Health Affairs Blog, Spending Growth Trends: Keeping An Eye On Spending Per Person. August 2015 ([link](#))

CNNMoney, Quoted July 2015 ([link](#))

Health IT Buzz Blog, ONC's Connection to the Nobel Prize, October 2010

## **PART II**

### **TEACHING**

#### **Academic Advisees**

##### **PhD**

Emma Achola, PhD, 2021 – Present  
Hannah Crook, PhD, 2021 – Present  
Laura Henkhaus, PhD, 2019 – 2022  
Jackie Yenerall, PhD, 2017 – 2019  
Erika Leslie, PhD, 2016 – 2018  
Carrie Fry, PhD, 2014 – 2017  
Amol Karmarkar, PhD, 2015 – 2019  
Neeraj Sood, PhD, 2005 – 2009  
Carrie Colla, PhD, 2004 – 2008

##### **MD**

Jason Singer, MD, 2015 – 2016  
Justin Bachmann, MD, MPH, 2014 – 2019  
Matthew Resnick, MD, 2013 – 2018  
James Lee, MD, 2013 – 2016  
Rick Abramson, MD, 2013 – 2015  
Brett Norman, MD, 2013 – 2015

##### **MPH**

Caroline Morkel, MPH, 2021 – 2022  
Rachael Jameson, MPH, 2020 – 2022  
Savannah Collier, MPH, 2019 – 2021  
Augustine Chung, MPH, 2020 – 2021  
Morgan Batey, MPH, 2017 – 2019

Sarah Greenberg, MPH, 2015–2017

Sahar Kohanim, MPH, 2013–2015

### **Doctoral Thesis Committee**

Khrysta Baig, PhD, Health Policy, 2020–Present

Salama Freed, PhD, 2014–2018. Economics

Elissa Phillip, PhD, 2014–2016, Law & Economics; *Safety and Effectiveness: The FDA's Approach to Risk in Prescription Medication*

### **Classroom Instruction**

Co-Instructor, Health Care Valuation Lab, Fall Semester, joint with the Owen School of Business, 2022

Instructor, MPH Health Economics, 2 credits, Spring Semester, Vanderbilt MPH Program, 2016–Present

### **Other Teaching (e.g., guest lectures, MOOCS, continuing education)**

Lecture, “Provider Payment and Healthcare Costs,” Vanderbilt University School of Medicine, 2013–2020

Lecture, “Health Care Costs and Cost Growth,” Vanderbilt University, 2017

Lecture, “Health Information Technology,” Vanderbilt University, 2016, 2017

Lecture, “Spending Growth and Bending the Cost Curve,” Vanderbilt University, 2016

Organizer and lecturer, “Value-based Healthcare Delivery Seminar,” Vanderbilt University, 2015–2019

Lecture, “American Health Policy,” Vanderbilt University Political Science Department, 2014

Seminar for Duke Fuqua School MBA students, 2013

Seminar for Commonwealth Fund Harkness Fellows, 2013

Seminar for Medical Industry Leadership Institute Fellows, University of Minnesota Carlson School of Management, 2013

Q&A with UNC in Washington program, 2011

Aging Policy Orientation for Atlantic Health and Aging Policy Fellows, 2011–2012

Career Panel at the Woodrow Wilson School of Public and International Affairs,  
Princeton, 2010

Lecture and discussion with Stanford-in-Washington program, 2010

Seminar for National Academy of Social Insurance summer interns, 2010 and  
2012

Guest lecturer on Health Economics, RAND Graduate School, 2009

Mentor, Princeton AlumniCorps Public Interest Fellowship, 2009–2012

## RESEARCH GRANT PARTICIPATION

### **Evaluating Medicare Policy Options**

The Commonwealth Fund  
Principal Investigator

8/1/2023 – Present  
\$494,823

The goals of this project are to develop: 1) a model capturing the effects of Medicare savings policy proposals on overall spending and spending by type of care and setting; 2) a beneficiary impact tool that shows the effects of policy changes on different beneficiary demographic groups, especially socially vulnerable populations; and 3) a Hospital Insurance Trust Fund forecast that projects effects of policy changes on future Medicare spending and trust fund balances. The products of this project include more detailed and disaggregated estimates of costs and savings of policy change proposals that are currently being discussed by experts and policymakers, with attention to the effects of policy on different types of health care providers and different groups of beneficiaries. Effects of at least three policy reform proposals will be estimated by the end of Project Phase I.

### **Policies for Advancing Child and Family Well-Being**

National Institute of Mental Health R01  
Co-Principal Investigator (Multi-PI grant)  
Co-Principal Investigator: Carolyn Heinrich

3/1/2023 – Present  
\$3,260,000

The goal of this project is to advance our understanding of the mechanisms by which SBHCs may improve children's mental health and education outcomes by: 1) elaborating and testing a child-centered conceptual framework for examining in-depth the organization and implementation of SBHCs and factors that constrain or enable their effectiveness; 2) undertaking a comprehensive documentation of the operations and services of traditional on-campus, school-linked, mobile, and telehealth SBHCs and filling gaps in our understanding of how they are operating in rural areas and through mobile/telehealth options, and 3) generating timely new information on how SBHCs adapted their service delivery approaches during the COVID-19 pandemic and the extent to which disruptions in children's access to mental and behavioral health services disproportionately affected disadvantaged or underserved subgroups of children.

**Implications of Provider Network Design for Access, Affordability and Competition in Health Insurance**

Agency for Health Care Research and Quality R01

9/30/2018 - 7/31/2022

Investigator

\$1,443,189

Principal Investigator: John Graves

The goals for this project are to: 1) quantify the breadth of private plan networks across markets (nongroup, employer, Medicaid and Medicare Advantage) and to examine the relationship between measures of network breadth and insurance and provider market structure and concentration [Network Breadth]; 2) quantify the degree to which provider networks overlap among private insurance plans and between those plans and public programs (Medicaid and Medicare Advantage); 2.b.) quantify the degree to which “naturally” occurring physician referral networks overlap with negotiated private insurer networks [Network Connectivity]; 3) examine differences in the quality and characteristics of in-network providers by measures of overall network breadth and design (i.e., narrow vs. broad, tiered vs. nontiered) [Quality and Characteristics]; and 4) investigate longitudinal changes in provider networks, and to test for evidence of strategic network changes in response to enrollee risk selection incentives [Network Dynamics].

**Improving Access to Treatment for Women with Opioid Use Disorder**

National Institute on Drug Abuse, National Institutes of Health R01 4/15/2018 – 1/31/2023

Investigator

\$1,404,586

Principal Investigator: Stephen Patrick

Over the past two decades, there has been substantial growth in opioid consumption during pregnancy, diagnoses of opioid use disorder among pregnant women, and neonatal complications from in utero opioid exposure. Untreated opioid use disorder among pregnant women leads to poor outcomes for the mother and infant; however, opioid agonist treatment (OAT) for opioid use disorder is highly effective. Despite evidence that treatment is effective in mitigating adverse outcomes from opioid use disorder, evidence suggests that the vast majority of patients in need of treatment do not receive it. We will conduct a rigorous and reproducible field experiment of randomly-selected outpatient buprenorphine providers and opioid treatment programs in 10 states with a range of state policies. The study will include simulated female patients of reproductive age with randomly-selected characteristics, including pregnancy status. We aim to determine whether: 1a) pregnant women with opioid use disorder are more likely to experience difficulty accessing OAT when compared with non-pregnant women, 1b) insurance type modifies ability to access OAT, and 2) state policies promote or hinder access to treatment. Results from this work will have immediate applicability to state policymakers tasked with using finite resources to combat the opioid epidemic and improve outcomes for this vulnerable population.

**Health and Educational Outcomes of Low-Income, Vulnerable Children in Tennessee**

Robert Wood Johnson Foundation

11/1/18 – 1/30/2022

Co-Principal Investigator

\$1,250,000

Co-Principal Investigator: Carolyn Heinrich

To understand the challenges faced by some of the most vulnerable children in our communities today, the Vanderbilt research hub aims to bring together a rich and novel set of health and education data to help children living in low-resource households. We will connect data sources within the state of Tennessee that may provide essential information to better serve vulnerable children. Our work will bring together robust data as well as researchers from the health and education domains to understand and will break new ground as these data have not previously been merged for research or analysis.

**Changes in Medicare Beneficiaries' Utilization of Health Services**

The Commonwealth Fund 09/25/2019 – 01/30/2021  
Principal Investigator \$148,379

To inform policymakers of utilization trends during a time of slow growth in Medicare spending per beneficiary, we propose a series of analyses that will examine levels and growth in the use of health services across care settings, beneficiary characteristics, and diagnostic groups, and provide targets for future interventions aimed at improving care coordination and reducing expenditures.

**Barbershops as Hubs for Community-Partnered Research Across the CTSA Network**

NIH/UNKWN 08/03/2018 – 05/31/2020  
Investigator \$245,000  
Principal Investigator: David Harrison

Cut Your Pressure Too: Nashville Implementation of the LA Barbershop study is a multistakeholder collaborative initiative to establish a network of investigators, barbers, and Nashville community leaders to test innovative strategies to improve hypertension and reduce its health complications. This study will pilot test in a one-arm clinical trial a pharmacist-led hypertension care plan in collaboration with barbers and barbershops to reduce systolic blood pressure over a six-month period.

**Reform of Hospital Safety-Net Subsidies to Enhance Care to Uninsured and Low-Income Populations**

Robert Wood Johnson Foundation 7/20/2018 – 7/14/2019  
Subcontract from Altarum \$89,000  
Co-Investigator  
Principal Investigator: Sayeh Nikpay

This project described the characteristics of non-profit hospitals receiving three major safety-net subsidies (Medicare and Medicaid disproportionate share hospital payments, and 340B drug discounts) and their association with measures of safety-net care provision.

**Alzheimer’s Disease and Cognitive Impairment in the Southern Community Cohort Study**

National Cancer Institute  
Co-Investigator

7/1/2018 – 6/30/2019  
\$394,548

This project will provide an innovative study into Alzheimer’s disease and related dementias (ADRD) by studying ADRD as a health outcome among the Southern Community Cohort Study (SCCS). The SCCS provides a unique opportunity for us to examine disparities in ADRD through longitudinal study of a cohort that is commonly understudied. The goal of this research is to better understand disparities in health outcomes and care access for older adults at risk of developing ADRD.

**Chronic Conditions and Acute Episode-Based Spending in Medicare**

The Commonwealth Fund  
Co-Principal Investigator

8/1/17 – 10/31/18  
\$274,366

To inform ongoing debates about Medicare’s capacity to meet the needs of beneficiaries with chronic conditions, we conducted a series of analyses that will examine Medicare spending on acute episodes for chronic conditions. Based on our prior work, we identified chronic conditions that have emerged as key contributors to overall cost-growth, including diabetes, chronic kidney disease, and congestive heart failure. We also focused on chronic conditions that are disproportionately common among the dual-eligible population. This work will inform current policy debates about value-based payments and opportunities to tailor Medicare services to individuals with chronic conditions.

**Measuring the Size of the 340B Drug Discount Program**

The Commonwealth Fund  
Subcontract from University of Chicago  
Principal Investigator

5/1/17 – 10/31/18  
\$115,499

This work created a dataset that links information from the Health Resources and Services Administration (HRSA) on hospital system participation in the 340B program to hospital community benefit spending, safety-net engagement and prescription drug claims. We pursued a number of in-depth cross-sectional analyses to characterize the impact of 340B qualification on hospital systems compared to non-340B qualified hospital systems and to estimate the size of the program.

**Health Policy Modeling and Simulation Tools**

Robert Wood Johnson Foundation  
Co-Principal Investigator

12/15/17 – 7/14/18  
\$173,740

Models simulating the effects of policy changes on health insurance coverage and costs have proven critical to recent debates about reforms to the Affordable Care Act. While it is hard to imagine how the debates of the past year would have unfolded without such models of the



implications of Congressional actions, modelers struggled to estimate the implications of proposed changes for the stability of health insurance markets. In addition, little has been invested in developing models in other areas, including models of how providers will respond to payment reform, how healthy behavior changes might shape longer-term costs and outcomes, and how community contexts shape health. We proposed to develop a research and model development agenda with input from a forum of nationally recognized experts. Issuing a report that motivates researchers, policy analysts, modelers, and funders to begin the research and methods development needed to guide policy at the local, regional, and national level.

**Slowing Medicare Spending: Dual-Eligible Beneficiaries**

The Commonwealth Fund

5/1/16 – 1/30/18

Principal Investigator

\$163,636

To inform policy decisions regarding appropriate payment methodologies for dual-eligible beneficiaries, we examined what factors, including use of institutional long-term care, drive Medicare per beneficiary spending trends for dual-eligible beneficiaries in the years 2007-2014. To determine how variation in the composition of dual-eligible populations across states influences spending trends, we explored whether spending trends change when states see disproportionate growth in the size of their dual-eligible populations relative to the growth of their low-income elderly populations.

**Providing Timely Data and Support to NashvilleHealth**

Robert Wood Johnson Foundation

1/15/16 – 12/31/17

Principal Investigator

\$226,607

This project seeks to provide technical assistance and support to, as well as develop an evaluation strategy for, the efforts of NashvilleHealth in its first three pilot priorities. NashvilleHealth is a collective impact initiative of the Community Foundation of Middle Tennessee whose goal is to improve the health and wellbeing of all Nashvillians.

**Educating Policymakers on State Medicaid Experiments**

California HealthCare Foundation

3/15/17 – 6/30/17

Investigator

\$40,000

We developed and disseminated two short educational pieces on states' experiments with the types of Medicaid policies most likely to be included in emerging federal policy. The first brief covered implementing enrollee cost-sharing, wellness incentives, and enforcement mechanisms, and include a survey of how cost-sharing requirements, wellness incentives, and enforcement mechanisms are working in other states, and what may be gleaned as best practices for states considering implementing these waiver provisions. The second brief covered developing and implementing HSAs, and focus on the unique challenges of implementing HSAs for lower-income populations, and how states have attempted to implement HSAs in a way that helps to assuage common enrollee barriers and state administrative burden.

**Using Local Data and Resources to Reduce Infant Mortality Rates in Nashville, Tennessee**

Academy Health

2/1/16 – 6/30/17

Principal Investigator

\$130,000

The goal of this project is to develop a series of risk prediction algorithms for infant mortality which can be used target interventions towards families and pregnant women most at risk for infant loss in Davidson county, TN. The project uses several sources of data including, vital records and Medicaid claims data and expands the work of the Welcome Baby program (Tennessee Department of Health). The end goal of this project is to identify distal predictors of infant mortality and provide pregnant women and their families relevant services and resources to avoid infant loss. This project is an essential step in understanding the predictors of infant mortality and supporting systematic interventions.

**The Prescription Opioid Epidemic: Understanding its Complications and the Effectiveness of State Policies**

National Institute for Health Care Management

1/1/16 – 12/31/16

Co-Investigator

\$57,072

Over the last decade, the number of prescriptions written for opioid pain relievers (OPR) grew substantially across the US. As the number of OPR prescriptions increased, so did complications from their use and misuse, including neonatal opioid withdrawal, treatment facility admissions, opioid-related hospital and emergency department utilization and overdose deaths. Using a mixed methods approach, this project seeks to characterize and evaluate state-level policies aimed at reducing OPR misuse and its associated complications. We will collect and validate information on state-level policies to control opioids, including prescription drug monitoring programs. Next, we will assess state-level policies' effectiveness in preventing opioid-related admissions and reducing length of hospital stay for opioid related complications. Findings will be disseminated through the peer-reviewed literature, presentations at national meetings, and social media and webinars aimed at key stakeholders.

**Slowing Medicare Spending: Data Analysis Support**

The Commonwealth Fund

5/1/15 – 6/30/16

Principal Investigator

\$220,084

This project will provide Medicare data analysis necessary to complement Vanderbilt's research efforts under Commonwealth Fund grant #20140698. It will build on earlier work to examine the role of demographic changes, changes in coverage, growth in the use of prescription drugs, and other factors shaping the recent slowdown in the growth of Medicare expenses. By examining Medicare post-acute care spending trends and market variations at the hospital referral region level, the team should be able to determine the extent to which spending variations are associated with area-level market factors.

**Slowing Medicare Spending: Analysis of Trends and Their Policy Implications**

The Commonwealth Fund

4/1/14 – 6/30/15

Principal Investigator

\$231,547

In recent years, Medicare spending per beneficiary has grown at historically low rates and significantly slower than private insurance spending per person. To inform policies aimed at sustaining slower Medicare growth for the long term, we will assess recent Medicare spending trends and examine geographic areas and health service sectors where spending is high or growth more rapid. The analyses will focus on markets where payment reforms have taken hold as well as those where post-acute care costs appear to be significantly higher than expected.

### **Patient-Centered Outcomes Research Institute (PCORI)**

The Mid-South Clinical Data Research Network (CDRN) 1/1/14 – 6/30/15  
Investigator \$7,000,000

This funding will help to grow a clinical data research network across the Vanderbilt Health Affiliated Network. In addition, the network will reach practices across the nation in collaboration with Greenway Medical Technologies. In the initial phase, the network will recruit 3 cohorts related to obesity (10,000 patients), coronary heart disease (10,000 patients) and sickle cell disease (~500 families). Creation of the network will focus on data integration and interoperability, clinical decision support, and patient-facing informatics tools.

### **Competition Among Post-Acute Care Providers**

Agency for Health Care Research and Quality (AHRQ) R01 9/30/09 – 7/31/13  
Principal Investigator (transferred to Neeraj Sood due to move to HHS) \$1,500,000

The goal of the project was to enhance our understanding of the causes and effects of competition in PAC markets, with a particular focus on how changes in PAC payment policies have both influenced competition in these markets and modified the effects of competition on resource use and clinical outcomes. It examined Medicare patients with three "tracer" conditions: stroke, hip fracture, and lower extremity joint replacement.

### **Post-Acute Costs and Outcomes after Medicare's Reimbursement Changes**

National Institute on Aging R01. 3/1/08 – 2/28/11  
Principal Investigator (transferred to Neeraj Sood due to move to HHS) \$1,396,451

Our objectives for this project included examining the following: How changes in payment systems affected overall payments for, costs of, and outcomes of episodes of post-acute care for Medicare patients discharged alive from an acute care stay in a hospital; the determinants of choice of PAC setting, and how they are affected by patient characteristics, discharging hospital characteristics, PAC facility characteristics and payment policy changes; the extent to which payment policy changes affected clinical and financial outcomes of interest through changes in the sites where patients received care versus changes in outcomes conditional on care sites.

### **Health Care Use and Quality in High-Deductible and "Consumer-Directed" Health Plans**

California HealthCare Foundation and Robert Wood Johnson Foundation 3/8/06 – 2/28/10  
Principal Investigator (transferred to Amelia Haviland due to move to HHS) \$4,069,475

This project investigated how new health insurance benefit designs incorporating financial incentives and information intended to help patients make more cost-conscious health care decisions influence the amount, type, and quality of care used, and how responses differ across population groups, particularly the sick and the poor.

### **Implementing a National Insurance Connector**

The Commonwealth Fund 8/1/08 – 12/31/09  
Principal Investigator \$214,066

This project explored the potential designs for and effects of, implementing a national health insurance pooling system, or “Connector,” in the United States to offer businesses and individuals a structured choice of health insurance plans.

### **Comprehensive Assessment of Reform Efforts (COMPARE)**

RAND Corporation internal funding and donations 9/26/05 – 4/30/09  
Team Co-Leader

RAND’s COMPARE project evaluated the outlook for the U.S. health care system, comparing the relative effects of reform proposals along dimensions including spending, coverage, health, affordability, reliability, and patient-centeredness.

### **Health Savings Accounts: Understanding and Improving their Value for Older Americans**

American Association of Retired Persons 10/28/08 – 12/31/08  
Principal Investigator \$75,000

This project examined the use of health savings accounts (HSAs) as a way of allowing individuals to save money toward health care costs. Often coupled with a high-deductible health plan (HDHP), HSAs are one element of consumer-directed health care designed to make consumers more aware of the costs associated with health care, and encourage them to be more value-conscious when they do use health care services.

### **Sustainable Growth Rate: What Areas of Physician Spending are Growing Rapidly and Why?**

Assistant Secretary for Planning and Evaluation (ASPE) 9/15/07 – 12/12/08  
Principal Investigator \$298,551

Rapid growth in the use of physicians’ services paid for by Medicare has generated concern about the methods used to update payment rates for those services and about Medicare’s ability to finance the health care needs of the country’s growing elderly and disabled population. The primary goal of this research project was to analyze the physicians’ services that have seen the most rapid increases in volume in recent years.

### **Rising Medicare Expenditures for the Oldest Medicare Beneficiaries**

National Institute on Aging 8/1/05 – 9/30/08  
Investigator \$24,942

This research project documented and attempted to explain the dynamic interactions between declining disability, increased treated prevalence of disease, technological change and Medicare expenditures for the oldest Medicare beneficiaries.

**Randomized Trial of Care Management to Improve End of Life Care**

Veterans Administration IIR 02-294-1  
Health Economist  
Principal Investigator: Ken Rosenfeld

1/01/04 – 2/31/08  
\$280,000

This RCT evaluated the effectiveness of a nurse case manager-based palliative care program in improving quality of care for patients with less than one-year life expectancy.

**Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) Monitoring, Access, and Refinements**

CMS  
Principal Investigator

9/30/04 – 12/30/06  
\$1,192,356

This project sought to analyze access to, costs of, and outcomes of post-acute care following the implementation of prospective payment; it also provided CMS with specific recommendations for refining the IRF PPS.

**Evaluation of Corporate Disease Management Program**

Wellpoint Health Systems  
Health Economist  
Principal Investigator: Nicole Lurie

10/1/02 – 6/30/06  
\$300,000

We evaluated a randomized controlled trial of disease management for diabetes, asthma, and congestive heart failure.

**Hospice Cost Functions**

Medicare Payment Advisory Commission  
Principal Investigator

9/23/05 – 4/19/06  
\$149,000

This project explored potential changes to the Medicare hospice payment system, with a particular focus on case-mix adjustment.

**Consumer-Directed Health Plans and Health Care Use and Quality: Planning Study**

California Health Care Foundation  
Co-Principal Investigator  
Co-PI: Susan Marquis

11/15/04 – 1/31/06  
\$215,133

The goal of this project was to develop a detailed design with which to study the effect of consumer-directed health benefit plans on health care use, the quality and appropriateness of care received, and on disparities in access to care. Our final product was a detailed proposal and budget for a complete study of the effects of consumer-directed health plan features on health care use and quality.

**Pilot Test of Linking the Health and Retirement Survey to Long Term Care Minimum Data Set**

University of Michigan  
Principal Investigator

7/01/04 – 12/31/05  
\$99,996

This study pilot-tested linking the Health and Retirement Survey (HRS) to the Long Term Care Minimum Data Set (MDS), an administrative data source on nursing home patients collected by the Centers for Medicare and Medicaid services.

### **Comparison of Medicare Spending For Beneficiaries with Lower Extremity Joint Replacement**

Medicare Payment Advisory Commission 9/24/04 – 4/30/05  
Principal Investigator \$151,604

We compared the costs and outcomes of Medicare patients undergoing lower extremity joint replacement surgery who receive post-acute care in different settings, including inpatient rehabilitation facilities and skilled nursing facilities.

### **Reaching the Uninsured through the Individual Market for Health Insurance**

California Healthcare Foundation 11/1/01 – 10/01/05  
Investigator \$2,899,817

Principal Investigator: Susan Marquis

This project studied the role the individual insurance market in California plays in covering the non-poor population; investigated the factors that influence consumer decisions to participate in the individual market; and assessed how changes in price, benefits design, and public policies might affect that role and the number of uninsured.

### **Design, Development, Implementation, Monitoring and Refinement of Prospective Payment System for Inpatient Rehabilitation, Phase II**

Centers for Medicare and Medicaid Services 9/1/01 – 9/30/04  
Principal Investigator as of 9/30/02 \$5,908,651  
Co-PI: Grace Carter

The purpose of this project was to help the Centers for Medicare and Medicaid Services to design, develop, implement, monitor, and refine a case-based prospective payment system for rehabilitation facilities providing services to Medicare beneficiaries.

### **Utilization of Physicians' Services**

Agency for Health Care Research and Quality (AHRQ) 10/23/00 – 06/01/02  
Investigator and Project Director \$299,486  
Principal Investigator: Paul Shekelle

The primary objective of this study was to identify the determinants of changes in the use of physicians' services by Medicare beneficiaries during the mid-1990s.

### **Assessing Variations in Managed Care Plan Performance and Selective Enrollment of Medicare Beneficiaries**

Harvard University/Commonwealth Fund 11/2/00 – 6/30/01  
Principal Investigator \$25,000

We analyzed the extent to which managed care plans select healthier Medicare enrollees, either by the way they define their service area or by selection of beneficiaries within areas.

### **Risk Adjustment under Medicare**

The Commonwealth Fund 6/1/96 – 6/1/00

Investigator

Principal Investigator: Joseph Newhouse

This project tracked the development and implementation of risk adjusters for the Medicare + Choice program and evaluated their ability to predict the costs of the terminally ill.

**The Impact of Medicare Financing Methods on End-of-Life Care**

Robert Wood Johnson Foundation

4/1/99 – 3/30/00

Investigator

\$76,619

Principal Investigator: Haiden Huskamp

This project assessed the role of Medicare financing and coverage policies in facilitating and creating barriers to effective end of life care.

**ACADEMIC SERVICE** [list past and present, include your role and dates]

**Intramural**

Johns Hopkins Carey Business School Health Economist Search Committee, November 2023–Present

Johns Hopkins Carey Business of Health Education Task Force, November 2023–Present

Johns Hopkins Faculty Development Committee, November 2023–Present

**Past Intramural**

Vanderbilt Roe v. Wade Task Force, Co-Chair, subcommittee on effects on research and teaching. June 2022–November 2022

VUMC Chairs' Committee on Workforce Identification, Recruitment, and Development, Co-Chair, June 2022

Vanderbilt Public Policy Institute Committee, December 2021–May 2022

Vanderbilt Institute for Global Health Director Search Committee, 2021–2022

Vanderbilt Public Policy Committee, September 2019–March 2020

Cancer Health Outcome and Control Program of the Vanderbilt-Ingram Cancer Center, June 2019–Present

VUSM Executive Committee of the Executive Faculty, June 2019–June 2021

Public Policy Studies Faculty Search Committee, August 2018–March 2019

Biostatistics Chair Search Committee, July 2016–June 2017

VUMC Strategic Plan Integration Group, July 2016–July 2017

Medicine, Health and Society Faculty Search Committee, 2014–2015

Faculty Search Committee Chair, Department of Health Policy, 2013–Present

Vanderbilt Leadership Academy, August 2016–April 2017

Executive Committee of the Executive Faculty, 2014–2016

Trans-Institutional Programs (TIPs) Council, 2014–2016

Radiation Oncology Chair Search Committee, 2014–2015

Vanderbilt University Strategic Planning Sub-Committee on Healthcare Solutions, 2013

### **Extramural**

Committee on Developing a Framework to Address Legal, Ethical, Regulatory, and Policy Issues for Research Specific to Pregnant and Lactating Persons report section, External Reviewer, 2023-Present

Institute for Health Metrics and Evaluation (IHME), University of Washington: Tracking Healthcare Spending in the US Research Project Advisory Committee, 2021–Present

AcademyHealth Student Poster Review Committee, Co-Chair for the 2022 Annual Research Meeting, 2021–2022

The Aspen Institute: Health, Medicine, and Society Program; Budgeting for Prevention and Health Promotion; Member; October 2020–2021

National Academies of Sciences, Engineering, and Medicine (NASEM) Planning Committee, Innovation in Drug R&D for Prevalent Chronic Diseases, October 2020–May 2021

Agency for Healthcare Research and Quality (AHRQ) National Advisory Committee, January 2020-November 2022

NashvilleHealth, Strategic Planning Task Force, Member, 2019–2020

Academy Health, Planning Committee for the 2021 Health Datapalooza (HDP) and National Health Policy Conference (NHPC), 2021

AcademyHealth, National Health Policy Conference Steering Committee, Co-Chair, 2020

NEJM Catalyst, Thought Leader-Marketplace Section, October 2017–Present

State of Tennessee Legislature, 3 Star Health Project Task Force, Policy Advisor, 2016

National Academy of Medicine, Models of Care for High-Need Patients, Taxonomy Workgroup, Member, 2016

Sharing Knowledge to Build a Culture of Health Research, Robert Wood Johnson Foundation Steering Committee, Member, September 2016–February 2017

NashvilleHealth, Steering Committee, Member, August 2016–Present



Department of Health & Human Services, Technical Review Panel on the Medicare Trustees Reports, Member, 2016–2018

Tennessee Department of Health, Health Economics Consortium, Member, 2015–2018

Institute of Medicine/National Academy of Sciences, Board on Health Care Services, Member, 2015–2021

Institute of Medicine/National Academy of Sciences, Committee on Accounting for Socioeconomic Status in Medicare Payment Programs, Member, 2015–2017

The Institute for Operations Research and the Management Sciences, Technical Co-Sponsor Chair for the INFORMS Healthcare Conference, July 2015

AcademyHealth, 2014 Annual Research Committee, Abstract Selection Committee, Chair, Medicare Theme

RTI International, ASPE/CMS Technical Expert Panel, September 2014

Agency for Healthcare Research and Quality, Effective Health Care Program, Technical Expert Panel, Member, April 2014

National Science Foundation, Workshop on “The Learning Healthcare System,” Planning Committee, 2013

National Institutes of Health, Special Section for Diffusion of Medical Technology and Effects on Outcomes and Expenditures (U01), Study Reviewer, May 2013

President’s Council of Advisors on Science and Technology, Systems Engineering for Healthcare, Working Group, September 2013

Multi-Payer Claims Database Initiative, Board Member, May 2011-2013

AcademyHealth, 2009 Annual Research Conference, Abstract Selection Committee, Medicare Theme

AcademyHealth, 2009 Annual Research Conference, Abstract Selection Committee, Best Abstract Award

National Institutes of Health, Health Services Organization and Delivery (HSOD) study section, Study Reviewer, June 2009

AcademyHealth, 2008 Annual Research Conference, Conference Theme Leader, “Consumer Choice and Decision Making.”

California Health Benefits Review Program (CHBRP), Policy Considerations Relevant to Senate Bill 1522 Coverage Choice Categories, Content Expert, June 2008

Association for Public Policy Analysis and Management, Program Committee, March 2008

AcademyHealth, 2007 Annual Research Conference, Abstract Selection Committee, Private Health Insurance Theme

California Health Benefits Review Program (CHBRP), Analysis of Assembly Bill 12134, “Waiver of Benefits,” Content Expert, November 2007

Medicare Payment Advisory Commission, SGR Technical Panel, June 12, 2006

AcademyHealth, Health Economics Interest Group, Steering Committee, 2005–2007

## PRESENTATIONS

### Scientific Meetings

Invited speaker, “The Slowdown in Health Care Spending Growth,” Congressional Budget Office, March 6, 2024.

Invited panelist, “Driving Lower Costs for Medicare Beneficiaries,” Congressional Briefing hosted by Leavitt Partners and Arnold Ventures, Washington, DC, January 11, 2024.

Invited speaker, “Long COVID: Estimating Prevalence, Morbidity, and Impact on Federal Programs,” ASPE Visiting Scholars Series, January 17, 2023.

Invited speaker, “What We Pay For,” National Advisory Committee of the Agency for Healthcare Research and Quality, November 16, 2022.

Invited speaker, “The Health Policy Pandemic: What’s Next?,” Learn Serve Lead 2022 of the Association of American Medical Colleges, November 12, 2022.

Invited speaker, “The future of healthcare’s price transparency is here. Now what?” Consumer & Digital Experience Forum of America’s Health Insurance Plans, September 13, 2022.

Invited panelist, “Health Care Agenda under the Biden Administration,” 10<sup>th</sup> Annual Conference of the American Society of Health Economists, June 21, 2021.

Invited speaker, “The Impact of the Affordable Care Act on Cancer Prevention and Care,” National Academies of Sciences, Engineering, and Medicine Virtual Workshop, March 1, 2021.

Invited panelist, “Panel #1: Are U.S. health care prices too high, too low, or some mix of the two?” USC-Brookings Schaeffer Initiative for Health Policy, September 9, 2020.

Moderator, “Capitol Hill Staffers: Perspectives from the Inside.” AcademyHealth National Health Policy Conference, Washington, DC, February 11, 2020.

Invited discussant, “Effects of Medicare Payment and Delivery System Changes,” AcademyHealth Annual Research Meeting, Washington, DC, June 3, 2019.

Invited speaker, “Sustainable U.S. Health Spending: Serious Issues – Sound Policy Solutions,” Altarum Center for Value in Health Care, Washington, DC, July 12, 2018.

Invited speaker, “Sustainability of Medicare,” The Conference of Consulting Actuaries (CCA) Audio/Webcast, July 11, 2018.

Invited discussant, “The Increasing Progressivity of Healthcare Financing in the United States: 2004 to 2015,” American Society of Health Economists (ASHEcon), Atlanta, GA, June 12, 2018.

Invited panelist, “Multi-Payer Episodes of Care Models: Early Lessons from Innovator States,” 2018 AcademyHealth National Health Policy Conference, Washington, DC, February 6, 2018.

Invited speaker, “Health Spending: Tackling The Big Issues,” Health Affairs/National Pharmaceutical Council (NPC) Conference, Washington, DC, February 1, 2018.

Invited panelist, “Signal or Noise? Navigating Health Care Policy in 2018,” Institute for Healthcare Improvement National Forum, Orlando, FL, December 12, 2017.

Invited presenter, “Accessing Treatment for Opioid Use Disorder,” Tennessee Department of Health, Health Economics Consortium, Nashville, TN, November 3, 2017.

Invited presenter, “Cost Pressures and Strategies for Addressing Them,” Israel-U.S. Meeting on Caring for Patients with Complex Health and Social Needs, The Commonwealth Fund, Haifa, Israel, July 20, 2017.

Invited presenter, “Accounting for Social Risk Factors in Medicare Payment,” SES and Medicare Dissemination Workshop, National Academy of Medicine, Washington, DC, June 13, 2017.

Invited presenter, “What Federal Changes Could Bring at the State and Local Level,” The Health Collaborative, Cincinnati, OH, May 22, 2017.

Discussant, “Supply Side Policies for Reducing Opioid Abuse,” APPAM, Washington, DC, November 4, 2016.

Presenter, “The Role of Chronic Conditions in the Medicare Fee-for-Service Spending Growth Slowdown,” APPAM, Washington, DC, November 3, 2016.

Moderator and Speaker, “Sustainable U.S. Health Spending in the Next Administration,” Altarum, Washington, DC, July 12, 2016.

Invited member, NIH Corporate Healthcare Leaders’ Think Tank Meeting, Bethesda, MD, June 28-29, 2016.

Discussant, “Medicaid Managed Care” and “Eligibility and Coverage: Recent Assessments of Medicaid and Marketplace Insurance,” ASHEcon, Philadelphia, PA, June 13-15, 2016.

Invited speaker, Health Affairs Forum: “Envisioning The Future of Value Based Payment,” Washington, DC, May 12, 2016.

Presenter, Bipartisan Congressional Health Policy Retreat for Members of Congress, Middleburg, VA, March 11-13, 2016.

Invited speaker, INFORMS Healthcare Conference 2015, Nashville, TN, July 29-31, 2015.

Presenter, Altarum, New Dimensions on Sustainable U.S. Health Spending, Washington, DC, July 21, 2015.

Session chair, Diffusion and Exnovation of Medical Technologies: A Spectrum of High-Value, Mixed-Value and Low-Value,” iHEA, Milan, Italy, July 13-15, 2015.

Moderator, “Health Spending and Special Cost Factors, Altarum Center for Sustainable Health Spending/New Dimensions on Sustainable U.S. Health Spending,” Washington, DC, July 21, 2015.

Invited Panelist, “The \$2 Trillion Question: Will the Slowdown in Health Care Cost Growth Continue?” AcademyHealth Annual Research Meeting, Minneapolis, MN, June 14-16, 2015.

Invited panel speaker, “Covering the Uninsured in Tennessee,” Nashville Community Health Forum, January 14, 2015.

Invited workshop participant, “The Role of Post-Acute Care in Slowing Health Care Cost Growth” Center for Rehabilitation Research using Large Datasets (CRRLD), Galveston, TX, December 5th, 2014.

Invited panel speaker, “Slowing Medicare Spending Growth: Analysis of Trends and Policy Implications,” Commonwealth Fund Advisory Board of Directors, June 30, 2014.

Panel convener and chair “Medicare Advantage: New methods, new models, new policy implications,” ASHEcon, June 26, 2014.

Invited keynote speaker, “The Healthcare Spending Slowdown” Health Economics Interest Group AcademyHealth, June 7, 2014.

Invited panelist, “The Medicare Cost Growth Slowdown: Will it Persist?” AIR Conference on Aging, May 5, 2014.

Invited panelist, “Health Policy Roundtable.” NIA Resource Center for Minority Aging Research Annual Investigators Meeting, Los Angeles, CA, March 31, 2014.

Discussant, “Health Services Utilization of Residents in Assisted Living Communities,” Southeastern Health Economics Study Group, Baltimore, MD, October 26, 2013.

Discussant, “Leveraging Electronic Health Records to Improve Hospital Performance: The Role of Management,” Hospital Organization and Productivity Conference, National Bureau of Economic Research, Washington DC, October 4, 2013.

Panel convener and chair, “Lessons from Medicare Part D.” AcademyHealth Annual Research Meeting, Baltimore, MD, June 23, 2013.

Panelist, “Affordable Health Care: The Next Chapter.” Princeton University Reunions, Princeton, NJ, May 31, 2013.

Moderator, “Innovations in Healthcare Organization and Delivery.” Workshop on Health IT and Economics, Arlington, VA, October 5, 2012.

Chair, “Behavioral Economics of Medicare Part D Decisions: How Information Influences Consumers’ Choices.” American Society of Health Economists Conference (ASHEcon), Minneapolis, MN, June 11, 2012.

Chair and Discussant, “Health Policy Reforms: Effects on Employers, Workers and Health Insurance” APPAM Annual Conference, Washington, DC, November 4, 2011.

Moderator, “Health Data Frontiers.” Workshop on Health IT and Economics, Washington, DC, October 21, 2011.

Faculty/Speaker, “Consumer-Directed Health Care: Early Evidence about Effects on Quality and Cost.” Bipartisan Policy Center/Aspen Institute’s National Congress on Healthcare Clinical Innovations, Quality Improvement and Cost Containment, Washington, DC, October 26, 2011.

Chair, “Implementing Electronic Health Records.” AcademyHealth 2011 Annual Research Meeting, Seattle, WA, June 12-14, 2011.

Invited speaker, “Meaningful Use of Electronic Health Records: Implications for Rehabilitation Facilities.” American Medical Rehabilitation Providers Association Spring Executive Forum, Washington, DC, March 22, 2011.

Invited speaker, “The Benefits of Health Information Technology: A Review of Recent Literature Shows Predominantly Positive Results.” Health Affairs Conference on Innovation and Health Care Delivery, Washington, DC, March 8, 2011.

Presenter, “Recent Trends in EHR Adoption.” All ONC Grantees Meeting, Washington, DC, December 14, 2010.

Panelist, “Supporting Providers in Achieving Meaningful Use.” All ONC Grantees Meeting, Washington, DC, December 14, 2010.

Panelist, “Implementing Health Reform at the Federal, State and Local Levels: Policy Challenges and Career Opportunities.” The Center for Health and Wellbeing and the WWS Office of Graduate Career Services at Princeton University, Princeton, NJ, November 29, 2010.

Session Chair, “EHR Adoption Modeling.” Office of the National Coordinator Conference on Adoption Modeling, Washington, DC, November 8-9, 2010.

Panelist, “Turning Ideas into Policy.” AcademyHealth 2010 Health Policy Orientation, Washington, DC, October 25-28, 2010.

Invited speaker, “Health Reform and What It Means for the Startup Economy.” DC to VC: Investing in Healthcare IT Summit, San Francisco, CA, October 6, 2010.

Invited Panelist, “Risk-Sharing Provisions in the ACA: Overview of Key Issues.” The Commonwealth Fund Meeting on Risk Adjustment, Washington, DC, October 1, 2010.

Peer reviewed, presenter, “Realizing the Potential of Electronic Health Records.” National Conference on Health Statistics, Washington, DC, August 16-18, 2010.

Peer reviewed, presenter, “ONC’s Programs and Policies to Achieve Widespread and Meaningful Use of Health Information Technology.” National Conference on Health Statistics, Washington, DC, August 16-18, 2010.

Peer reviewed, presenter, “The Benefits of HIT – An update on the state of the literature.” AcademyHealth 2008 Annual Research Meeting, Boston, MA, June 27-29, 2010.

Peer reviewed, presenter, “Federal Panel-Major New Initiatives.” Long-Term and Post-Acute Care (LTPAC) Health Information Technology (HIT) Summit, Baltimore, MD, June 7-8, 2010.

Session Chair, “The Costs and Benefits of Health IT.” Healthcare Information and Management Systems Society 2010 Conference and Exhibition, Atlanta, GA, March 1-4, 2010.

Discussant, “Evidence Based Policy Making in the Post-Bush/Clinton Era” Thirty-First Annual APPAM Research Conference, Washington, DC, November 5-7, 2009.

Session Chair, “Medicare Advantage Resurgent.” AcademyHealth Annual Research Conference, Chicago, IL, June 28-20, 2009.

Session Chair, “Investigating the Causes of Medicare Spending Growth.” AcademyHealth Annual Research Conference, Chicago, IL, June 28-20, 2009.

Peer reviewed, presenter, “Coverage and Cost Implications of Health Insurance Reforms.” 2009 Annual Conference Allied Social Sciences Association/American Economic Association (AEA/HERO), San Francisco, CA, January 2-4, 2009.

Peer reviewed, session chair and presenter, “Ollie Randall Symposium: “Perspectives on Nursing Home Quality,” (Award Winner.) GSA 61st Annual Scientific Meeting, National Harbor, MD, November 22, 2008.

Invited speaker, "Value in Health Care: Accounting for Cost, Quality, Safety, Outcomes and Innovation." Institutes of Medicine Workshop (IOM), Washington, DC, November 17-18, 2008.

Panel Leader, "The Next Decade - What Are the Big Policy Challenges?" Thirtieth Annual Research Conference, Association for Public Policy Analysis and Management, Los Angeles, CA, November 6-8, 2008.

Session Chair, "Consumer Choices in Health Care." AcademyHealth 2008 Annual Research Meeting, Washington, DC, June 8-10, 2008.

Invited speaker, "The Evolution of Consumer-Driven Health Plans: What are they and what we know about their effects?" Roundtable, AARP, Washington, DC, March 31, 2008.

Peer reviewed, speaker, "Statistical and Economic Perspectives on Utilization, Costs, and Cost-effectiveness." 2008 International Conference on Health Policy Statistics, Philadelphia, PA, January 17-18, 2008.

Peer reviewed, presenter, "Alternative Estimators for Cost Data." 2008 International Conference on Health Policy Statistics, Philadelphia, PA, January 17-18, 2008.

Chair, "Who Pays for Health Care? Burdens and Choices." Twenty-Ninth Annual Research Conference, Association for Public Policy Analysis and Management, Washington, DC, November 8, 2007.

Featured Faculty Member, "Policy and Research Track: RAND Research on Consumer Directed Health Plans." Second National Consumer Drive Healthcare Summit, Washington, DC, September 26, 2007.

Peer reviewed, presented in absentia, "Costs and Outcomes of Stroke and Hip Fracture Across Post-Acute Care Sites." International Health Economics Association Conference. Copenhagen, Denmark, July 9, 2007.

Discussant in absentia, "Assets, Wealth, and Health Care." International Health Economics Association Conference. Copenhagen, Denmark, July 9, 2007.

Peer reviewed, presenter, "Demand for High-Deductible and Consumer-Directed Health Plans," AcademyHealth Annual Research Meeting, Orlando, FL, June 3-5, 2007.

Invited Panel Chair, "Hospice & the Challenge of Improving End-of-Life Care." AcademyHealth Annual Research Conference, Seattle, WA, June 25-27, 2006.

Invited Panelist, "Major Changes in Benefit Design: A Plausible Way to Control Health Care Costs?" Robert Wood Johnson Foundation Invitational Conference, Washington DC, May 17, 2006.

Invited speaker, "Should Healthcare be Conditional on Prudent Behavior? West Virginia Medicaid's Personal Responsibility Contract." Conference sponsored by the Harvard University Program in Ethics and Health, Boston, MA, April 26-28, 2007.

Discussant, "Health Savings Accounts and Tax Subsidies: How Effective Can They Be?" American Enterprise Institute for Public Policy Research, Health Policy Discussion, Washington DC, November 18, 2005.

Session Chair, "The Market for Individual Health Insurance." 6th World Congress of the International Health Economics Association Conference, Barcelona, Spain, July 10-13, 2005.

Peer reviewed, presenter, "Does the Individual Market Provide More than Bridge Coverage and How Much Risk Pooling is There Within It?" 6th World Congress of the International Health Economics Association Conference, Barcelona, Spain, July 10-13, 2005.

Peer reviewed, session chair and presenter, "Medicare's Prospective Payment Systems for Post-Acute Care." 6th World Congress of the International Health Economics Association Conference, Barcelona, Spain, July 10-13, 2005.

Peer reviewed, presenter, "Cost and Outcomes of Joint Replacement Across Post-Acute Care Sites." 6th World Congress of the International Health Economics Association Conference, Barcelona, Spain, July 10-13, 2005.

Peer reviewed, presenter, "How Much Pooling is There in the Individual Insurance Market?" 2004 Academy Health Annual Research Meeting, Boston, MA, June 25, 2005.

Peer reviewed, presenter, "Issues in Care Decisions for Frail Elders." The Gerontological Society of America 57th Annual Scientific Meeting, Washington, DC, November 21, 2004.

Peer reviewed, presenter, "How Much is Post-Acute Care Use Affected by Its Availability + Accessibility?" The Gerontological Society of America 57th Annual Scientific Meeting, Washington, DC, November 21, 2004.

Discussant, "Medical Expenses and Health in Older Age." The Gerontological Society of America 57th Annual Scientific Meeting, Washington, DC, November 20, 2004.

Invited speaker, "Health Care Costs." National Press Foundation Program Making Sense of Health Care Policy. Washington, DC, September 13, 2004.

Discussant, "Health Economics: Quality, Cost, and Labor Supply." American Economic Association Meeting, San Diego, CA, January 5, 2004.

Peer reviewed, presenter, "Paying for Medicare: The Impact of Medicare's Old & New Prospective Payment Systems." 2003 AcademyHealth Annual Research Meeting, Nashville, TN, June 29, 2003.



Peer reviewed, presenter, “Who Goes Where for Post-Acute Care?” 4th World Congress of the International Health Economics Association Conference, San Francisco, CA, June 15-18, 2003.

Discussant, “Incentive-Compatible Guaranteed Renewable Health Insurance Premiums.” VA-RAND Health Economics Conference, Santa Monica, CA, April 2003.

Presenter, “Gathering critical information about the health coverage of the elderly.” Health Insurance for the Elderly - Issues in Measurement Workshop sponsored by The Federal Interagency Forum on Aging Related Statistics and the Agency for Healthcare Research and Quality, Washington, DC, April 2003.

Presenter, “What Is Known About the Economics of End-of-Life Care for Medicare Beneficiaries?” NIH Integrative Conference on End of Life Research, Rockville, MD, October 22-23, 2001.

Peer reviewed, presenter, “Risk Selection and Product Differentiation Among Medicare HMOs.” The American Economics Association Annual Meeting, New Orleans, LA, January 6, 2001.

### **Invited Seminars**

Invited speaker, “Major Trends in Health Care Spending,” American Dermatological Association, October 27, 2023

Invited speaker. NEJM Catalyst, Value-Based Care: The Critical Path for Patients, Providers & Payers, September 13, 2023 ([link](#))

Invited speaker, “What We Pay For,” Department of Obstetrics and Gynecology Grand Rounds at Beth Israel Deaconess Medical Center Grand Rounds, December 14, 2022

Invited speaker, “What We Pay For,” Department of Population Health Sciences Grand Rounds, Weill Cornell Medicine, October 19, 2022

Invited panelist, “Affordable Care Act + Supreme Court,” Vanderbilt Alumni Office and Vanderbilt Development & Alumni Relations Virtual Panel, April 27, 2021

Invited moderator, “The Journey to a COVID Vaccine and Its Impact,” Community Arts of Bellevue’s Live from the Vue Series, April 15, 2021

Invited speaker, “COVID-era Health Policy and Beyond,” Council of University Chairs of Obstetrics and Gynecology (CUCOG) Webinar, January 26, 2021

Grand Rounds, Department of Emergency Medicine, Vanderbilt University School of Medicine, September 18, 2018

Invited speaker, “Medicaid and Personal Responsibility,” AcademyHealth Research Insights Meeting, Washington, DC, September 7, 2018

Invited speaker, “Health Care Costs and Delivery System Reforms,” Center for Effective Lawmaking, Washington, DC, July 13, 2018

Invited speaker, “Slowing Health Care Cost Growth,” Vanderbilt University School of Medicine Medical Grand Rounds, May 21, 2015

Invited speaker, “Slowing Health Care Cost Growth,” Vanderbilt University School of Medicine Otolaryngology Grand Rounds, March 6, 2015

Invited speaker, “Slowing Health Care Cost Growth,” Vanderbilt University School of Medicine Pediatrics Grand Rounds, January 20, 2015

Invited speaker, “New Developments in Health Policy,” Vanderbilt University Peabody Department of Human and Organizational Development, October 1, 2014

Invited speaker, “New Developments in Health Policy,” Meharry Medical College, September 3, 2014

Invited speaker, “New Developments in Health Policy,” Vanderbilt University Flexner Dean’s Lecture, June 3, 2014

Invited seminar speaker, “Beneficiaries' choice of Medicare Advantage Plans: Implications for premium support proposals.” Leonard Davis Institute Research Seminar Series, Philadelphia, PA, April 25, 2014

Invited speaker, “New Developments in Health Policy” Vanderbilt University School of Medicine Cardiology Grand Rounds, February 19, 2014

Invited seminar speaker, “Why Has Growth in Spending for Fee-for-Service Medicare Slowed?” Association for Public Policy Analysis and Management (APPAM) 2013 Fall Research Conference, Washington DC, November 6-9, 2013

Invited speaker, “Why Has Growth in Spending for Fee-for-Service Medicare Slowed?” RAND Health Economics Seminar Series, Santa Monica, CA, November 6, 2013

Invited seminar speaker, “Offsetting Effects of Prescription Drug Use on Medicare’s Spending for Medical Services.” General Accountability Office, Washington, DC, April 29, 2013

Invited seminar speaker, “The Health IT Policy Landscape.” Harvard Medical School, Department of Health Care Policy. March 14, 2013

Invited seminar speaker, “The Health IT Policy Landscape.” Johns Hopkins University. Interdepartmental Health Economics Seminar Series, Baltimore, MD, February 28, 2013

Invited seminar speaker, “The Health IT Policy Landscape.” Vanderbilt University Medical School, Nashville, TN, February 11, 2013

Invited seminar speaker, “The Health IT Policy Landscape.” Virginia Commonwealth University, Department of Healthcare Policy and Research, Richmond, VA, January 28, 2013

Invited seminar speaker, “The Health IT Landscape.” The Dartmouth Institute for Health Policy and Clinical Practice. Hanover, NH, October 7, 2011

Invited Speaker, “Effects of ‘Consumer-Directed’ Plan Designs on Health Care Costs, Utilization, and Quality.” Yale University School of Public Health, New Haven, CT, April 20, 2009

Plenary Speaker, “Access to Post-Acute Rehabilitation.” Symposium on Post-Acute Rehabilitation: State of the Science, Arlington, VA, February 12, 2007

Invited speaker, “Financing Care at the End-of-Life.” Project on Death in America Meeting on the Economics and Financing of End-of-Life Care, Washington DC, October 21, 1998

## **ADDITIONAL INFORMATION**

### *Personal statement*

My work has focused on health care delivery and costs, with an emphasis on improving the value created by the health care system. At each stage of my career, I have chosen the path I thought would lead to the most substantial contributions to addressing important health policy issues. I began my career at RAND, where I was able to do work on insurance benefit design, health insurance markets, provider payment, and the care use and needs of the elderly in an environment that emphasized policy impact and gave me the opportunity to be part of talented multi-disciplinary teams. I then served as chief economist and founding director of the Office of Economics, Evaluation, and Modeling within the Office of the National Coordinator for Health IT during the implementation of the HITECH Act, which ultimately disbursed over \$30 billion in subsidies for the adoption and meaningful use of electronic health records. From there I moved to a position as a director in the Health, Retirement and Long-Term Analysis Division at the Congressional Budget Office where I evaluated legislative proposals and directed studies related to health care financing, including reports on prescription drugs under Part D, beneficiaries dually eligible for Medicare and Medicaid, and care coordination demonstrations. I joined Vanderbilt’s School of Medicine in 2013 as professor and founding chair of the Department of Health Policy. In this role I was able to continue my own research while creating an environment that allowed faculty and students to excel. One of the features of the department that I am most proud of is our commitment to policy impact: each year we assess ourselves individually and as a group on a policy impact metric we created to measure how well we communicate and translate our work to the academic community and to policymakers.

### *Keywords*

Health economics; Health services research; Health policy; Social Insurance; Medicare; Medicaid; Aging; Health expenditures; Health care financing and organization; Provider payment; Value-based care.