

Council on the Economic Impact of Health System Change

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Speaker Biographies

Harold S. Luft, PhD, is Caldwell B. Esselstyn Professor of Health Policy and Health Economics and Director of the Institute for Health Policy Studies at the University of California, San Francisco. His research and teaching have covered a wide range of areas, including medical care utilization, health maintenance organizations, hospital market competition, quality and outcomes of hospital care, risk assessment and risk adjustment, and health care market reforms in various states and communities. He is a member of the Institute of Medicine of the National Academy of Sciences and served six years on the IOM Council. He chaired and was a member of the National Advisory Council of the Agency for Health Care Policy and Research (now Agency for Healthcare Research and Quality). He also served on the board of the Association for Health Services Research and is now a member of the Strategic Planning Committee of the newly formed Academy for Health Services Research and Health Policy. In addition to numerous articles in scientific journals, he has authored or co-authored *Poverty and Health: Economic Causes and Consequences of Health Problems* (Ballinger, 1978), *Health Maintenance Organizations: Dimensions of Performance* (Wiley-Interscience, 1981; Transaction Books, 1987), *Hospital Volume, Physician Volume, and Patient Outcomes: Assessing the Evidence* (Health Administration Press, 1990), and *HMOs and the Elderly* (Health Administration Press, 1994).

Robert H. Miller, Ph.D. is Associate Professor of Health Economics in Residence at the Institute for Health & Aging, the Institute for Health Policy Studies, and the Department of Social & Behavioral Sciences, University of California, San Francisco (UCSF). He received his doctorate in economics from the University of Michigan in 1987, and has been a UCSF faculty member since 1989.

Dr. Miller has published a series of articles (with Dr. Harold Luft) comparing various dimensions of HMO versus non-HMO plan performance.

Dr. Miller also has published articles on the effects of risk-bearing on physician organizational change, on the impact of managed care on overall health system change in local market areas, on health care utilization by the chronically impaired (including on the effects of the Medicare Alzheimer's Disease Demonstration Project on persons with dementia) as well as on other topics.

Dr. Miller's research currently focuses on organizational and clinical process innovation in physician practices and potential private/public policies that can promote innovations that improve quality of care. Dr. Miller recently concluded a study that described efforts by large, capitated medical groups to reduce medical injuries/improve patient safety. The project created a conceptual model for understanding the wide variation in injury reduction efforts as well as the relative importance of liability versus other incentives in promoting patient safety efforts.

Currently, Dr. Miller is engaged in two qualitative, case-study projects funded by the Robert Wood Johnson Foundation (RWJF) that examine emerging developments in health information technology use in physician organizations. He is Principal Investigator (PI) of a project examining the economics of electronic medical records (EMRs) in large and small physician practices. This project describes and creates a conceptual model of EMR functionality, costs, and benefits in physician practices, and the effect of organizational and other factors on these costs and benefits. Dr. Miller is co-investigator (with Dr. Helene Lipton, PI) on a project examining e-prescribing in physician practices, including barriers and facilitators of e-prescribing in those practices, and the evolving web of e-prescribing-related contractual relationships among various stakeholders.

Dr. Miller also is PI on another RWJF-funded project examining the effects of transfer of financial risk and delegation of clinical management responsibilities on physician organizational change in four communities outside of California, including effects on clinical management and physician payment methods as well as on relationships between physician organizations and other entities.

Paul Ginsburg is President of the Center for Studying Health System Change. Founded in 1995, the Center conducts a wide range of research focused on changes in health care financing and delivery in the United States. Its most significant project, the Community Tracking Study, gathers and analyzes a wide range of data on a sample of 60 communities that

represents the nation. The study focuses on changes in the organization of financing and delivery of care and how these changes affect people. It gathers data through large surveys of households, physicians, and employers and through community site visits. The Center, which is affiliated with Mathematica Policy Research, Inc., is funded entirely by The Robert Wood Johnson Foundation. To learn more about the Center, please visit its web site: www.hschange.org.

Dr. Ginsburg served as the founding Executive Director of the Physician Payment Review Commission (now the Medicare Payment Advisory Commission). Widely regarded as highly influential, the Commission developed the Medicare physician payment reform proposal that was enacted by the Congress in 1989 and has since been implemented. Dr. Ginsburg was a Senior Economist at RAND and served as Deputy Assistant Director at the Congressional Budget Office. Before that, he served on the faculties of Duke and Michigan State Universities. He earned his doctorate in economics from Harvard University.

Dr. Ginsburg is a noted speaker and consultant on the changes taking place in the health care system. He served for two terms on the board of directors of the Association for Health Services Research and is a founding member of the National Academy of Social Insurance, where he chaired a panel on reforming the Medicare program.

Tom Scully, 43, is President and Chief Executive Officer of the Federation of American Hospitals, the trade association representing the nation's 1700 privately-owned and managed community hospitals and health systems.

Prior to joining the Federation in January 1995, Mr. Scully was a partner in the Washington, D.C. firm of Patton Boggs, LLP. His practice focused on regulatory and legislative work in health care. Before joining the law firm, Mr. Scully worked at the White House as Deputy Assistant to the President and Counselor to the Director of the Office of Management and Budget (OMB) from 1992-93, and as Associate Director of OMB for Human Resources, Veterans and Labor from 1989-92. In these positions, he oversaw the fiscal policy and regulatory review of the Departments of Health and Human Services, Education, Labor and Veterans Affairs. He also advised President Bush on health care policy, Medicare and Medicaid payment reform.

In 1988, Mr. Scully served on the communications staff of the Bush-Quayle campaign and as Deputy Director of Congressional Affairs for the President-Elect's transition team. From 1986-88, he was an attorney with Akin, Gump, Strauss, Hauer & Feld, LLP. He also worked on Capitol Hill from 1981-85 as staff assistant to U.S. Senator Slade Gorton (R-WA), and from 1979-81 at the Federal Election Commission. Mr. Scully serves on the Board of Directors of Oxford Health Plans and of DaVita Corporation, two of the nation's largest healthcare service providers.

Mr. Scully holds a Juris Doctor degree from Catholic University and a Bachelor's degree from the University of Virginia.

Karen Ignagni: As President and Chief Executive Officer of the American Association of Health Plans, Karen Ignagni is the nation's leading authority on the public policy, legislative, and public affairs issues challenging the managed care industry today.

At the helm of AAHP since 1993, Ms. Ignagni's accolades are as numerous and varied as the association's 1,000 member health plans. In March 2001, with the advent of a new Administration, *George* magazine placed Ms. Ignagni at #21 on a new list of the 50 Most Powerful People in Politics. In 1999, *Washingtonian* magazine named her one of the Top Three "Top Guns" of all industry trade association heads, noting that Ms. Ignagni is "widely considered one of the best and most influential in town." At the height of the patient protection debate in the United States Senate in 1999, *The New York Times* profiled Ms. Ignagni, writing, "In a city teeming with health care lobbyists, Ms. Ignagni is widely considered one of the most effective. She blends a detailed knowledge of health policy with an intuitive feel for politics." For its part, *National Journal* has called the association "a force to be reckoned with" on Capitol Hill and *Fortune* magazine has noted that the political program Ms. Ignagni spearheaded at AAHP is one "worthy of a presidential election bid."

In its September/October edition, *Regardies* magazine named Ms. Ignagni to its exclusive Power 100 list of the most powerful people in all sectors of private-industry in Washington. This past summer, Ms. Ignagni was honored by the New Leaders, a non-profit, non-partisan organization committed to empowering the African-American community, for "her efforts

to improve the lives of women through activism and advocacy and for supporting the important healthcare needs of women of color.”

Ms. Ignagni has a long and distinguished involvement in health care issues. Prior to coming to AAHP (formerly Group Health Association of America), Ms. Ignagni directed the AFL-CIO Department of Employee Benefits. In the 1980's she was a professional Staff Member of the US Senate Labor and Human Resources Committee, preceded by work at the Committee for National Health Insurance and the US Department of Health and Human Services.

Ms. Ignagni holds an M.B.A. from Loyola University and an undergraduate degree from Providence College.

Leonard D. Schaeffer is chairman and chief executive officer of WellPoint, one of the nation's largest publicly traded health care companies.

Schaeffer was selected by *Business Week* magazine as one of the “Top 25 Managers of the Year” and by *Worth* magazine as one of the “50 Best CEOs in America.”

Schaeffer managed the turnaround of Blue Cross of California, which lost \$153 million in 1987, and the transition to WellPoint, which has been profitable since it went public in 1993. He also led the recapitalization of WellPoint in 1996, resulting in the creation of America's sixth largest philanthropy with a current endowment of over \$4 billion. Wellpoint operates in California as Blue Cross of California, in Georgia as Blue Cross and Blue Shield of Georgia and throughout the rest of the country as UNICARE.

Previously, Schaeffer served as president of Group Health, Inc., the organization that introduced the concept of comprehensive, prepaid health care to the Twin Cities area and provided services in 29 medical centers.

Schaeffer was the administrator of the Health Care Financing Administration (HCFA) in the U.S. Department of Health, Education and Welfare (now known as the Department of Health and Human Services).

As Health, Education and Welfare's (HEW) assistant secretary for Management and Budget, Schaeffer was responsible for the department's budget (\$194 billion in 1980) financial management, organizational control, automated systems and facilities management.

Schaeffer is active on the boards of numerous business, philanthropic, and professional organizations. A native of Evanston, Illinois, he is a graduate of Princeton University. Schaeffer and his wife, the former Pamela Sidford, have two children.

John W. Rowe is Chairman, President and CEO of Aetna Inc., the nation's largest healthcare insurer. Prior to joining Aetna, Dr. Rowe served as President and Chief Executive Officer of Mount Sinai NYU Health. With an annual budget of \$1.8 billion, a staff of 4,000 physicians and total employees of approximately 14,000, Mount Sinai NYU Health is one of the nation's largest health care organizations. Prior to the Mount Sinai NYU Health merger, Dr. Rowe was President of The Mount Sinai Hospital and the Mount Sinai School of Medicine in New York City. He serves as a Professor of Medicine and Geriatrics at the Mount Sinai School of Medicine.

Before joining Mount Sinai in 1988, Dr. Rowe was a Professor of Medicine and the founding Director of the Division on Aging at Harvard Medical School and Chief of Gerontology at Boston's Beth Israel Hospital. He has authored over 200 scientific publications, mostly in the physiology of the aging process, and a leading textbook of geriatric medicine. Dr. Rowe has received many honors and awards for his research and health policy efforts regarding care of the elderly. Dr. Rowe was Director of the MacArthur Foundation Research Network on Successful Aging and is co-author, with Robert Kahn, Ph.D., of *Successful Aging* (Pantheon, 1998). He served on the Board of Governors of the American Board of Internal Medicine and as President of the Gerontological Society of America, and is a member of the Institute of Medicine of the National Academy of Sciences and the Medicare Payment Advisory Commission.

Charles D. Baker is President and Chief Executive Officer of Harvard Pilgrim Health Care, one of New England's largest non-profit managed health care organizations. Harvard Pilgrim and its affiliates provide care and coverage to approximately 900,000 people throughout Massachusetts, Maine, and New Hampshire. Harvard Pilgrim's provider network includes more than 20,000 physicians and 125 hospitals. Harvard Pilgrim is nationally recognized for outstanding performance in clinical quality and patient satisfaction, and is fully accredited by the National Committee for Quality Assurance (NCQA). Before becoming Harvard Pilgrim's CEO, Baker was President and CEO of Harvard Vanguard Medical Associates, a non-profit, multi-specialty group practice whose over 800 physicians and other clinicians provide care to nearly 300,000 Greater Boston residents, and is a major teaching affiliate of Harvard Medical School.

Before becoming Harvard Vanguard's CEO, Baker had a distinguished career in Massachusetts state government where he was Secretary of Administration and Finance, Secretary of Health and Human Services and Under Secretary for Health during the Weld and Cellucci Administrations, from 1991-1998. At these posts, Baker planned and implemented major changes in public policy and practices that reaped hundreds of millions in taxpayer savings while expanding health care coverage and services.

Among dozens of achievements, Baker is credited with reforming the Massachusetts Medicaid program and overseeing a major overhaul of the Commonwealth's regulatory and purchasing functions.

Before joining the Weld Administration, Baker founded and co-directed the Pioneer Institute, a non-profit public policy research organization which during his tenure became a major voice on public policy issues facing the Commonwealth. Today, Baker serves on the Massachusetts Board of Education, and on the boards of The Kenneth B. Schwartz Center, the Pioneer Institute, and the Big Brother Association.

Baker received a Master's in Management, concentrating in Public Administration and Finance, from Northwestern's Kellogg School and a BA in English from Harvard College.

Baker was raised in Needham, Massachusetts. He lives with his wife, Lauren, and three children in Swampscott.

Richard Pettingill is the Executive Vice President and Chief Operating Officer, Kaiser Foundation Health Plan and Hospitals and the President and Chief Executive Officer, California Division. In his primary role, he leads the overall performance of the 5.8 million-member health plan throughout California. He is responsible for overseeing the performance of a 28 hospital delivery system located in major communities throughout California. In his role he works closely with the leadership of The Permanente Medical Group in Northern California and the Southern California Permanente Medical Group which collectively have over 7000 practicing physicians. Kaiser Permanente provides over 25 million outpatient visits, 60,000 births, 600,000 hospital admissions and an operating budget of over \$12 billion. He is also responsible for the national human resource activities for Kaiser Permanente, which has over 100,000 employees. In his current role he successfully led the turnaround of KP operating

performance in California. Before his appointment to his current role, he served as the Chief Operating Officer of the California Division and was the Service Area Manger in the Golden Gate Service Area when he joined KP in early 1996.

Prior to joining Kaiser Permanente, Mr. Pettingill was President and Chief Executive Officer of Camino Healthcare; a community based integrated delivery system. Camino Healthcare resulted from a merger of El Camino Hospital, Sunnyvale Medical Center and Shoreline Medical Group. As the founding CEO, Mr. Pettingill led the development of new managed care and clinical effectiveness programs, launched a comprehensive clinical information and decision support system and instituted a new strategic planning process for Camino Healthcare. Mr. Pettingill's extensive healthcare experience started at Stanford University Medical Center, where he served on the executive staff for ten years.

Mr. Pettingill serves on a number of community and professional Boards. He serves on the Board of Directors of the California Healthcare Association, California Association of Health Plans, California State Chamber of Commerce and the California Business Roundtable. He is a Fellow in the American College of Healthcare Executives. Mr. Pettingill has a master's degree in Healthcare Administration, San Jose State University, where he was recognized as a distinguished alumni in 1995. Mr. Pettingill is married and has two college age sons and resides in Marin County.