

Summary of Qualifications

Catalyst for Payment Reform, Inc. www.catalyze.org

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Introduction

<u>Catalyst for Payment Reform</u> (CPR) is an independent, 501c(3) nonprofit corporation with a mission to catalyze employers, public purchasers, and others to implement strategies that produce higher-value health care and improve the functioning of the health care marketplace. CPR is available to assist other organizations with conducting work that aligns with CPR's mission. This document outlines various projects CPR has been hired to conduct by private companies, consulting firms, nonprofit organizations, and federal and state agencies. CPR provided subject matter expertise, applied our research skills, business acumen, and project management experience. The list of projects, from most recent to least, spans the last six years and ranges from one-month to five-year long efforts.

CPR's Areas of Expertise and Skill Sets

CPR's areas of expertise and the skills of CPR staff are vast. The next page features the high-level categories of our expertise and skills. Examples illustrating how CPR has put our know-how into practice can be found in CPR's resources and tools.



Convening

Market Intelligence	Health Care Market Place Reform	Health Care Benefit Design	Education and Tools	Health Care Market Dynamics	Product Evaluations	Contracting	Bioethics & Mediation
Federal/State Policy	Health Care Payment Reform	Renewals	Product Specifications	Market Assessments	Health Benefits Products	Procurement/ Sourcing and RFIs	Bioethical Analysis and Consulting
Health Plan Strategy	Health Care Delivery Reform and Network Strategy	Program Strategy	Online Education Courses				Mediation Services
Vendor Strategy	Price Transparency	Program Evolution	Webinars and Online Events				
Purchaser Strategy							



Experiences as a Contractor and Subcontractor

Deloitte, The Health Care Payment and Learning Action Network, 2015 - Present

Deloitte (contractor to the Centers for Medicare and Medicaid Services) contracted with CPR to serve as the technical subcontractor to the HCP-LAN, beginning in 2021. Prior to this contract and since the inception of the Health Care Payment Learning and Action Network in 2015, CPR has served as the technical subcontractor responsible for the collection and analysis of data from health plans on their implementation of alternative payment methods. CPR also provides strategic counsel to the LAN. Reports resulting from this ongoing measurement effort are available here:

2022 APM - Health Care Payment Learning & Action Network (hcp-lan.org)

Arnold Ventures, 2021 - 2023

With funding from Arnold Ventures, CPR identified and evaluated state policies designed to facilitate transparency, promote competition, and control prices in the commercial health care market. CPR leveraged the expertise of world-renown health care economists, legal scholars, and policy administrators to uncover not only the optimal policies to restore commercial health care markets, but also how these policies can work in tandem to close loopholes and provide supportive infrastructure. CPR published these combinations of state-based policies and the case for state policy intervention in commercial health care markets in a comprehensive report. See the final report here: Combinations of State-Based Health Care Policies to Constrain Commercial Prices and Rebalance Market Power - Catalyst for Payment Reform (catalyze.org)

New York Health Foundation, 2020 - 2022

The New York Health Foundation commissioned CPR to develop the first-ever New York Consumer Empowerment Scorecard. CPR created a framework by which to measure consumer empowerment and convened a multi-stakeholder advisory committee to provide subject matter expertise on specific topics. CPR identified six domains and multiple dimensions of consumer empowerment and used the framework to evaluate New York's regulatory and health care system policies, metrics, and outcomes to measure their impact on consumers. This work establishes a baseline that highlights New York's progress toward creating an environment that empowers consumers and raises awareness on where the system must improve. In November 2022, the New York Health Foundation announced it was transitioning away from its priority area of consumer empowerment and moving toward supporting primary care. As a result, the Foundation does not plan to release the report, but we can share it upon request and plan to use the findings and recommendations in future CPR work.

Patient-Centered Episode System (PACES) Center for Value in Healthcare, Inc., 2021-2022

PACES commissioned CPR to gather market intelligence and identify the voice of the customer to better understand potential customers' needs and the market demand for a standard set of episode definitions and business rules/grouper logic. CPR developed interview guides, identified interviewees, conducted over 20 interviews, and synthesized the findings. CPR translated the findings into value propositions that PACES could use to appeal to the views and use cases of the stakeholders.



Data Stewardship Collaborative, 2021 – 2022

In 2021, CPR uncovered barriers that purchasers and their business associates face with respect to accessing and applying health care data. To address these challenges, CPR convened a multi-stakeholder group of vendors, benefits consultants, and data analytics companies to learn about the barriers third-party administrators (TPAs) and others erect. Separately, CPR convened a group of purchasers to hear directly how they navigate these issues. The resulting output from this research is a set of tools that purchasers can use to break the data gridlock. More information about the tools and how to use them is available here:

<u>Purchaser Tools for Breaking Barriers to Data Ownership, Access, & Use - Catalyst for Payment Reform</u> (catalyze.org)

32BJ Health Fund, 2020-2021

The 32BJ Health Fund developed a high-value maternity network of hospitals and providers that adhere to best practices for maternity care. Following implementation, The Fund sought CPR's expertise to translate their process into tools and resources that other health care purchasers could use to replicate their journey. The resulting toolkit offers the support and guidance needed to develop a network of high-quality, affordable maternity providers who are committed to patient-centered care and health equity. When paired with benefit design strategies and an effective communications campaign, this strategy can reduce a purchaser's costs and improve the quality of care that plan participants receive. Moreover, it can create in-roads between purchaser and providers, paving avenues for continuous collaboration and progress toward greater safety, affordability, and patient satisfaction.

State of New York, 2018-2020

In 2015, the New York State Health Foundation commissioned CPR to create a "payment reform scorecard" examining the penetration of value-based payment within commercial and Medicaid plans in the state. In 2018, the state of New York requested CPR conduct two years of analysis, leading to a total of three years' worth of scorecards and data. CPR paired the payment reform scorecards with a report summarizing interviews CPR conducted with health care leaders in New York to get their perspectives about the future of payment reform in the state. All the scorecards and perspective report can be found at the following links:

2015 Commercial Scorecard: https://www.catalyze.org/product/2015-new-york-commercial-scorecard/
2018-2019 Commercial Scorecards: https://www.catalyze.org/product/2018-2019-new-york-scorecard/
2018-2019 Commercial Scorecards: https://www.catalyze.org/product/2018-2019-new-york-scorecards-commercial-payment-reform/

2015 Medicaid Scorecard: https://www.catalyze.org/product/2015-new-york-medicaid-scorecard/
2018-2019 Medicaid Scorecards: https://www.catalyze.org/product/2018-2019-new-york-scorecard/
2018-2019 Medicaid Scorecards: https://www.catalyze.org/product/2018-2019-new-york-scorecard/
2018-2019 Medicaid Scorecards: https://www.catalyze.org/product/2018-2019-new-york-scorecards-medicaid-payment-reform/

2019 Leader Perspectives: https://www.catalyze.org/product/new-york-state-leader-perspectives-payment-reform/

Employers' Forum of Indiana (EFI), 2019

The Employers' Forum of Indiana hired CPR to create educational web pages for employers about the RAND Hospital Price Transparency Study and provide guidance on how to use the findings in pursuit of higher-value health care. CPR generated content for the website https://employerptp.org/ and developed customizable tools and templates that purchasers and purchaser forums can use to identify high-cost hospitals and explore interventions to improve cost of care and quality outcomes.



Health Management Associates (HMA)/Covered California, 2018-2019

Covered California and HMA requested that CPR support a comprehensive literature review of 21 different strategies that could potentially enhance the quality of care and lower costs for Covered California and its members covered by participating health plans. CPR was responsible for reviewing the evidence on a subset of the strategies such as provider networks based on value, models of effective primary care, accountable care organizations, consumer and patient engagement, care for people with behavioral health care needs and alternative sites of care delivery. CPR also produced podcasts and webinars with leaders from Covered California, discussing these strategies and their potential impacts. The final literature review is here:

https://hbex.coveredca.com/stakeholders/plan-management/library/coveredca_health_purchaser_strategies_07-19.pdf

U.S. Department of Justice, 2018

CPR served as an expert rebuttal witness in the antitrust case brought by the U.S. Department of Justice and the Attorney General of North Carolina against Atrium Health, writing a paper to rebut papers by three expert witnesses hired by Atrium. CPR cannot share the final product as it contains confidential information pertaining to the lawsuit. A redacted version can be shared upon request.

Yale University, 2018

CPR served as a consultant to the Yale-New Haven Hospital Center for Outcomes Research and Evaluation to identify measures that examine variation in payment and out-of-pocket costs across providers in the ambulatory surgery and hospital outpatient department settings. No publicly available deliverable.

Center to Advance Palliative Care, 2017-2018

The Center to Advance Palliative Care (CAPC) partnered with CPR to enhance knowledge and support of palliative care among purchasers. This toolkit contains a how-to guide for serious illness care strategies, as well as evaluation guidance, model contract language, and case studies from employers such as Dow Chemical - all designed to help purchasers develop new palliative care strategies or incorporate palliative care into their existing health plan arrangements. https://www.catalyze.org/product/palliative-care-purchaser-resources/

Commonwealth of Pennsylvania, 2015-2016

CPR was hired by the Commonwealth of Pennsylvania to assess the public availability of health care quality and price information, to track the implementation of payment reform for both the commercial and Medicaid sectors and to help the Commonwealth establish goals for the implementation of payment reform. The studies and goals were never released publicly by the Commonwealth due to political considerations and changes. CPR can share final products confidentially upon request.

Qualcomm Corporation, 2015-2016

Hired by Qualcomm, CPR assessed the unique landscape of the San Diego health care marketplace, including the dynamics among and the capabilities of health care systems and health plans. Utilizing the assessment, Qualcomm selected partners to contract directly for the health care services of an accountable care organization. CPR examined the market's structural characteristics, surveyed and interviewed key stakeholders and informants, made recommendations to Qualcomm, and published a



case study on the arrangement to help other purchasers learn from Qualcomm's experience. https://www.catalyze.org/product/qualcomm-aco-market-dynamics/

National Association of Health Underwriters Education Foundation, 2015

CPR served as a subject-matter expert to educate health insurance brokers about value-based purchasing and payment reform. CPR developed a curriculum for both webinars and in-person presentations and presented during each session in both formats. CPR also provided content for the broker toolkit that accompanied the series of presentations.

https://nahueducationfoundation.org/broker-toolkit

Urban Institute, 2015

With support from the Robert Wood Johnson Foundation, CPR and the Urban Institute worked together to create a series of white papers which serve as a user guide to payment reform and benefit design methods. These papers range from introductory explanations to nuanced analyses of how these strategies interact. The papers are available on the Urban Institute website at these links:

https://www.catalyze.org/product/2016-payment-methods-work/

https://www.catalyze.org/product/2016-benefit-designs-work/ https://www.catalyze.org/product/2016-matching-reforms/ https://www.catalyze.org/product/2016-typology-payment-methods/ https://www.catalyze.org/product/2016-typology-benefit-designs/

KMPG, 2014

KPMG hired CPR to identify the strategies, priorities, and future needs of state health care purchasers, including how states were purchasing health care at that time, and how they hoped to evolve their models going forward. CPR selected seven states to research and provided a summary of findings to KPMG as well as providing feedback on a summary paper KPMG published. The paper is no longer on the KPMG website.

National Academy of Social Insurance (NASI), 2014

NASI contracted with CPR to produce a paper examining laws, regulations, guidance, and other state policies intended to enhance the competitiveness of state health care markets and reduce the ability of providers to exercise anti-competitive practices that contribute to health care cost inflation. The paper catalogues existing state statutes and regulations that address the contracting practices of health plans and providers likely to reduce competition and lead to higher prices. CPR has since updated the paper independently. Links to the original and updated papers follow:

https://www.nasi.org/research/2014/state-policies-provider-market-power https://www.catalyze.org/product/state-policies-market-power/

University of California, San Francisco (UCSF), 2014

CPR served as a subcontractor to UCSF, which had a contract with the California Department of Insurance. UCSF was working to identify insights from the major health care stakeholders in California about the challenges and opportunities they perceive in creating a California all-payer claims database. CPR was tasked with identifying best practices and the experience in other states, with a focus on identifying potential solutions to the challenges identified by stakeholders in California. CPR's work was fed into a larger body of work by UCSF. As a result, there is not a CPR deliverable to share.



Examples of CPR Self- or Grant-Funded Work

Research

- Report card on state transparency laws
- Tampa-Orlando market assessments
- State scorecards on payment reform (Virginia examples):
 https://www.catalyze.org/product/virginia-commercial-payment-reform/,
 https://www.catalyze.org/product/virginia-medicaid-payment-reform/
 https://www.catalyze.org/product/virginia-perspectives-health-care/
- Medicaid managed care contract analysis
- <u>Case studies</u> (CPR can share an example upon request)
- State of the marketplace reports released publicly after evaluating vendor solutions (examples for <u>bundled payment</u> and <u>data warehouse</u>)

Education and Tools

- Purchasing specifications (example for mental health)
- Health plan RFI, renewal questionnaire, contract language (CPR can share upon request)
- Standardized Plan ACO Reporting for Customers (SPARC) (CPR can share upon request)
- Webinar and virtual summits
- <u>Collaboratives</u> (virtual strategy and implementation roundtables where employers and health care purchasers work with peers and experts to solve shared challenges)

CPR Staff Bios (in alphabetical order)

Andréa E. Caballero, MPA

Program Director and Interim Co-Leader starting February 1

Andréa E. Caballero is the program director for Catalyst for Payment Reform and has 20+ years of experience in the health care industry. Andréa has a broad portfolio and specializes in measuring payment reform at the state and national level, identifying appropriate payment reforms based on assessments of local markets, and developing request for information (RFI) and model contract language for purchasers as they procure health care services. Additional skills include evaluating and reporting on price transparency resources for consumers and policymakers, assisting purchasers in direct contracting and pharmacy-related issues, and deep knowledge on a wide range of public policy issues.

Prior to joining CPR, worked in government affairs including as Vice-President, Enterprise and Health Services Policy for UnitedHealth Group, Director of State Government Relations for the Western Region for PacifiCare's Public Affairs team, and as Regional Legislative Manager for Humana. Andréa received her MPA from Brandman University and two Bachelor of Arts degrees from Ripon College. Andréa is certified in professional mediation through The Scheinman Institute on Conflict Resolution at the ILR School at Cornell University. In addition to her duties at CPR, Andréa currently serves as Secretary on the Board of Directors for the Community Hospital of Long Beach Foundation.

Suzanne F. Delbanco, Ph.D.

Executive Director, Senior Advisor starting February 1



Suzanne F. Delbanco is the executive director of Catalyst for Payment Reform, an independent, non-profit corporation working to catalyze employers, public purchasers, and others to implement strategies that produce higher-value health care and improve the functioning of the health care marketplace. Suzanne helps CPR members and employers collectively push for improvements in the quality, affordability, and transparency of health care. In addition to her duties at CPR, Suzanne serves on the advisory board of the Source on Healthcare Price and Competition at UC Hastings. Previously, Suzanne was the founding CEO of The Leapfrog Group. Suzanne holds a Ph.D. in Public Policy from the Goldman School of Public Policy and a M.P.H. from the School of Public Health at the University of California, Berkeley.

Kathy Flock

Director of Operations

Kathy Flock manages operations and accounting for Catalyst for Payment Reform on a part-time basis. Over the last 20 years she has been a small businesses consultant supporting operations, finance, contracts administration, human resources, and insurance and investor relations. For seven years she was director of operations for a boutique commercial real estate firm in San Francisco. Kathy is a graduate of the University of California, Santa Barbara, with a degree in business economics.

Julianne McGarry, MPP

Director of Projects and Research

Julianne McGarry is CPR's project and research director. In this role, she leads CPR research initiatives that help purchasers leverage data and insights to design and optimize their benefits procurement strategies. Examples from her portfolio include a compendium <u>analysis of payment reform programs</u> within Medicaid MCO contracts, <u>data-driven tools</u> to evaluate alternative payment models and benefit design programs, and a roadmap for purchasers to maximize the value of hospital price transparency data. You can find her insights on the promise and perils of narrow network strategies, predictions on the post-pandemic future of payment reform, and the rationale for standardized program evaluation in <u>CPR's blog</u>.

Prior to joining CPR, Julianne was Chief of Staff for the department of Payment Innovation, then the Program Director for National Network Optimization at Anthem Blue Cross Blue Shield. In these roles, she wore many hats including communications director, lead sales engineer, and strategy and operations consultant. From 2008-2013, Julianne worked for Kaiser Permanente – first in Quality and Operations consulting for The Permanente Medical Group, then as Chief of Staff for the department of Delivery System Strategy. Julianne holds a Master's in Public Policy from the Goldman School at UC Berkeley, and a BA in Political Science from the University of Pennsylvania.

Torie Nugent-Peterson

Operations and Marketing Associate

Torie Nugent-Peterson is the operations and marketing associate with Catalyst for Payment Reform where she provides operational support and creates strategic marketing plans to promote CPR's mission and work. Prior to joining CPR she was in the political organizing space, managing the media and messaging for several environmental justice organizations in the Greater New Orleans area. Before that



she was an actor and artist in Chicago, II. Torie is a graduate of the Florida State University with her BFA in Acting.

Ryan Olmstead, MPH

Director of Member Services and Interim Co-Leader starting February 1

Ryan Olmstead is CPR's director of member services. In this role, Ryan's primary responsibility is strategy and planning for the events CPR offers to its 30+ member organizations, including member strategy meetings and supplier user groups. Ryan leads the annual effort to update CPR's Aligned Sourcing & Contracting toolkit and believes that purchasers who align their demands send a louder signal to the marketplace about purchaser expectations. Additionally, Ryan has lead multiple product evaluations as an output of CPR employer-purchaser collaboratives, recently including an evaluation of bundled payment administrators. Prior to joining CPR, Ryan was an assistant vice-president for health and benefits at Aon Hewitt and a senior associate in health and benefits at Mercer. He draws on his 12 years of experience in consulting to better understand and predict employer-purchasers needs. Ryan received his MPH from UCLA's School of Public Health.

Dayne Slay

Project and Research Associate

Dayne Slay is a project and research associate with Catalyst for Payment Reform, where she provides project support and conducts research on health care policy, payment reform, and purchasing strategies. Previously, she was a Senior Associate at Avalere Health, where she provided evidence-based research and analysis and project management assistance to fortune 500 life sciences companies and health plans to support their strategic business initiatives. Dayne received her BS in Healthcare Policy and Management from Indiana University.

Lea Tessitore, MBA, MSB

Assistant Director, Projects and Research

Lea Tessitore is the Assistant Director of Projects and Research at Catalyst for Payment Reform, leading a variety of projects and initiatives on special topic areas. Lea led an employer-purchaser strategic collaborative that revolved around the challenges, opportunities, and solutions available in the mental health space. Her published work includes the 2020 Report Card on State Price Transparency Laws which tracked state efforts to help consumers find health care price information though transparency websites and supportive legislation. Lea worked to educate employers on the nature and value of palliative care and produce the Purchaser Toolkit for Serious Illness Care Strategies, which provides practical tools for implementation.

As a bioethicist, Lea uses her unique perspective and formal principles of health care ethics and equity to <u>inform CPR's work</u>, including work with the NYS Health Foundation to develop the first-ever <u>Consumer Empowerment Scorecard</u>. Lea received her Master of Business Administration in Healthcare Management from Union Graduate College, Master of Science in Bioethics from the Icahn School of Medicine at Mount Sinai and Clarkson University, and Bachelor of Arts from Union College. Lea is certified in professional mediation through The Scheinman Institute on Conflict Resolution at the ILR School at Cornell University.