

**Health IT Leadership Roundtable:
The New Normal of Virtual Care Delivery
July 9, 2020**

SPEAKER BIOGRAPHIES

KEYNOTE SPEAKERS:

Justine Handelman, Senior Vice President, Office of Policy and Representation, Blue Cross Blue Shield Association



Justine Handelman is Senior Vice President of the Office of Policy and Representation for the Blue Cross Blue Shield Association (BCBSA), a national federation of 36 independent, community-based and locally operated Blue Cross and Blue Shield (BCBS) companies. The BCBS System is the nation's largest health insurer, covering one-in-three of all Americans.

In leading BCBSA lobbying and policy development activities, Handelman represents BCBSA's Washington office and BCBS companies with the Administration, Congress, government agencies and other national associations. This includes development of legislative and regulatory policy positions and legislative strategy on a wide range of issues, including healthcare reform, government programs, healthcare financing, tax legislation and health information technology.

Handelman has more than 25 years of experience in providing strategic analysis, policy development and federal representation on legislative, regulatory and federal policy issues pertaining to public and private healthcare. During her tenure, she has developed key policy positions that were incorporated in legislation enacted by Congress on key healthcare issues, including Medicare Modernization Act, the Affordable Care Act, legislation to prevent opioid abuse and legislation to address mental health parity.

Prior to joining BCBSA in 2001, Handelman was the Director of the Health Care Practice Group in the Government Relations Division of SmithBucklin. In this capacity, she was responsible for the day-to-day government relations activities for several non-profit professional medical specialty societies and healthcare organizations. Prior to joining the Smith, Bucklin team, she served as a senior legislative associate of MARC Associates, Inc.

Handelman received her bachelor's degree in political science from the Catholic University of America and serves on the board of directors for URAC.

The Honorable Ben Cardin, U.S. Senator for Maryland



A third-generation Marylander, Ben Cardin has been a national leader on health care, retirement security, the environment and fiscal issues while representing the people of Maryland in the U.S. Senate, and before that in the House of Representatives. He has worked across party lines to further U.S. national security and to ensure that good governance, transparency and respect for human rights are integrated into American foreign policy efforts.

First elected to the Senate in 2006, Senator Cardin currently serves as Ranking Member of the Small Business & Entrepreneurship Committee. He is a senior

member of the Senate Foreign Relations and Environment & Public Works committees. He also serves on the Senate Finance Committee.

Senator Cardin believes access to quality, affordable health care should be a right and not a privilege. He continues to be a strong supporter of the Affordable Care Act, which brought the United States closer to this goal. He led the fight for the Patients' Bill of Rights and, because of his efforts, the law ensures that individuals in private health insurance plans have the right to choose their primary care provider, women have direct access to an ob/gyn, and patients with medical emergencies are guaranteed coverage for necessary ER visits. He was responsible for the elevation of the National Institute for Minority Health Disparities at the National Institutes of Health and has been a strong supporter of increases in funding for federally qualified health care centers and health information technology. Senator Cardin continues to be a leading champion for increased medical research funding for Maryland's world-class universities, NIH, and our State's cutting edge biotech industry.

One of Senator Cardin's proudest accomplishments was leading the fight to guarantee access to dental care for children in the Children's Health Insurance Program, following the tragic loss of a 12-year-old Prince George's County boy who died after complications that followed an untreated tooth infection.

Serving as a member of the Senate Judiciary Committee during his first four years in the Senate, Senator Cardin also has developed a reputation for defending civil rights at home and has sought to find a balance between protection of civil liberties and national security. He is the lead sponsors of legislation to prohibit racial profiling by all levels of law enforcement, restore voting rights for former felons, and remove the deadline for ratification of the Equal Right Amendment. He has been a proud cosponsor of the Respect for Marriage Act and the Employment Non-Discrimination Act.

From 1987-2006, Ben Cardin represented Maryland's Third Congressional District in the U.S. House of Representatives and served for 17 years on the Ways & Means Committee. He was a member of the Maryland House of Delegates from 1967-1986. During his time as Speaker from 1979-1986, he reformed Maryland's property tax system, the school financing formula and the ethical standards for elected officials.

A 1967 graduate of the University of Maryland School of Law (1st in his class), he earned his B.A. degree in 1964 from the University of Pittsburgh (cum laude). He is a member of the U.S. Naval Academy Board of Visitors, the Johns Hopkins University Institute for Policy Studies' National Advisory Board and the St. Mary's College Advisory Board, Center for Study of Democracy.

The Honorable Seema Verma, Administrator, Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services



President Trump nominated Seema Verma to be the Administrator for the Centers for Medicare and Medicaid Services (CMS) on November 29, 2016, and she was confirmed by the United States Senate on March 13, 2017. As Administrator of CMS, she oversees one of the largest federal agencies that administers vital healthcare programs to over 100 million Americans. Before becoming CMS Administrator, she was the President, CEO and founder of SVC, Inc., a national health policy consulting company. For over 20 years, Ms. Verma has worked extensively on a variety of policy and strategic projects involving Medicaid, insurance, and public health, working with Governor's offices, State Medicaid agencies, State Health Departments, State Departments of Insurance, as well as the federal government, private companies and foundations.

Ms. Verma has extensive experience redesigning Medicaid programs in several states. Ms. Verma is the architect the Healthy Indiana Plan (HIP), the Nation's first consumer-directed Medicaid program under Governor Mitch Daniels of Indiana and Governor Pence's HIP 2.0 waiver proposal. Ms. Verma has supported Indiana through development of the historic program since its inception in 2007, from development of the enabling legislation, negotiating the financing plan with the State's hospital association, developing the federal waiver, supporting federal negotiations and leading the implementation of the program, including the operational design.

Ms. Verma and her SVC team developed many of the recent Medicaid reform programs including waivers for Iowa, Ohio and Kentucky. She helped design Tennessee's coverage expansion proposal and also provided technical assistance to Michigan as that State implemented its 1115 Medicaid waiver. Ms. Verma and SVC also supported Iowa's Medicaid transition to managed care, as well as supporting efforts Medicaid strategy efforts in Maine.

Ms. Verma served as the State of Indiana's health reform lead following the passage of the Affordable Care Act in 2010 and has worked with multiple public health agencies and state insurance agencies as they prepared for implementation of the Affordable Care Act, including interpreting and implementing regulatory changes and understanding the impact of the health exchanges on state insurance markets. Ms. Verma has served as Vice President of Planning for the Health & Hospital Corporation of Marion County, Indiana, and as a Director with the Association of State and Territorial Health Officials (ASTHO) in Washington D.C.

Ms. Verma received her Master's degree in Public Health with concentration in health policy and management from Johns Hopkins University and her Bachelor's degree in Life Sciences from the University of Maryland.

Nicholas Uehlecke, Advisor, Immediate Office of the Secretary, U.S. Department of Health and Human Services



Nicholas Uehlecke is currently an Advisor in the Immediate office of the Secretary at the Department of Health and Human Services. In his role, issues that he works on include Medicare, Medicaid, commercial and general insurance issues, health care reform and a range of other issues under the jurisdiction of CMS and HRSA. Nick also spends time working on issues related to regulatory burden relief, and efforts to make health care more value-based in America. He is also currently the HHS staff-lead on the Advancing American Kidney Health Initiative. Prior to this work, he was at the Committee on Ways and Means at the House of Representatives as Professional Staff for 8 years, working on issues ranging from Medicare's Parts A and B, Medicare Advantage and Part D, and commercial insurance and ACA reforms. Before Nick's time on Capitol Hill he spent nearly three years as an analyst for the Marwood group, working on health care as well as financial services, education, and energy policy. While having lived in many places Nick calls Texas home, and is a graduate of the University of Richmond.

MODERATOR:

Kristen McGovern, Partner, Sirona Strategies



Kristen McGovern has been at the forefront of federal health care policy and politics for more than a decade. As a partner at Sirona Strategies, she works with senior corporate executives to develop integrated business, advocacy and communications strategies that reflect complex health care policies and regulations. She regularly advises clients on a range of topics including commercial insurance markets, Medicare, accountable care organizations, new payment and delivery models, digital health, behavioral health, transparency initiatives and more. Prior to launching

Sirona Strategies, Kristen served as Chief of Staff to the National Coordinator for Health IT at HHS, and also worked at the Office of Management and Budget in the Executive Office of the President. In both roles, she regularly advised officials at HHS and the White House on key issues such as health IT, appropriations and funding, Medicare payment, quality and program integrity. Kristen holds a BA from Creighton University in Omaha, NE, and a JD with an emphasis in health law from Saint Louis University School of Law.

PANEL 1 SPEAKERS:

Juddson Rupp, Patient Advocate



Juddson Rupp is a Patient Advocacy Manager at Milestone Pharmaceuticals. A long-time volunteer lobbyist and advocate for the American Heart Association who was a career sales and marketing executive, Juddson yearned to turn something Bad, his cardiovascular health, into something Good through working in the biopharma industry and helping patients.

Juddson works cross-functionally to develop Milestone's patient engagement strategy including the development and management of initiatives focused on patient education, disease state awareness and advocacy support. He champions the patient perspective in everything Milestone does. A graduate of UVA, father of two, he lives in Charlotte, NC where his Montreal-based company has its US subsidiary.

Gail Guerrero-Tucker, MD, MPH, Gila Valley Clinic, Safford, Arizona



Dr. Gail Guerrero-Tucker, MD, MPH is a board certified family physician in Safford, Arizona. Her special areas of expertise are women's health, obstetrical care, geriatrics and preventative medicine.

Dr. Guerrero was born in Nogales, Arizona and grew up in Tucson. Dr. Guerrero chose to return to rural Arizona so that she could practice Family Medicine the old fashioned way. She went back to school after a career in banking, so was not the typical medical student. Dr. Guerrero feels preventative healthcare is as important as treating diseases and welcomes a collaborative model of personal health. She has always been interested in people and public health issues, leading her to pursue her masters in public health. She also enjoys global health issues and has been on several medical missions to Nigeria and Honduras. She hopes to expand her horizons by traveling to other parts of the world as well.

Peter Antall, MD, Chief Medical Officer, Amwell; President, Amwell Medical Group



Dr. Peter Antall is the Chief Medical Officer at American Well, where he is responsible for clinical direction of the platform as well as guidance and training for all of American Well’s clients. He is also the founder and President of the Online Care Group, the nation’s first national telehealth medical group, where he manages over 700 clinicians in a variety of disciplines, providing telehealth services in all 50 states.

Dr. Antall has developed innovative programs to measure and ensure quality in telehealth, has developed a national telehealth credentialing program, has played an active role in national efforts to modernize telehealth laws and regulations, and has developed tools to train, manage and mentor telehealth clinicians.

Dr. Antall has a track record of disruptive innovation in the areas of care delivery, medical management, business development, technology and telehealth. He has built and managed medical practices, founded a hospitalist company, written software for mobile apps and for phone based triage, and has been actively building telehealth programs since 2009.

Dr. Antall received his M.D. from George Washington University in 1995. He then completed a pediatric residency at Rainbow Babies and Children’s Hospital, in 1998 followed by a year of fellowship in Hematology Oncology at Stanford University in 1999. He is Board Certified by the American Board of Pediatrics and has practiced general pediatrics from 1999 to 2015.

Malaika Stoll, MD, Senior Medical Director, Blue Shield of California



Malaika Stoll is a Senior Medical Director at Blue Shield of California (BSC) where she leads a team of Medical Directors and staff focused on partnering with BSC providers to improve care and outcomes for members. She also leads several BSC priority initiatives including the Access to Care Workgroup. Prior to joining BSC, Dr Stoll was Chief Medical Officer for a self-funded health plan, and she has held numerous clinical leadership positions for provider organizations including Primary Care Chief and Medical Director for a multi-payer Patient Centered Medical Home (PCMH) Program. She is board certified in Family Medicine. Malaika has worked in international health and development for the Peace Corps, USAID and the World Bank. She earned an MD from Stanford and a Masters Degree in Public Affairs (MPA) from Princeton.

Malaika lives in the Bay Area and is married with three teenagers. In any free time she has, she plays tennis.

PANEL 2 SPEAKERS:

Sophia Tripoli, Director of Health Care Innovation, Families USA



Sophia Tripoli is the Director of Health Care Innovation at Families USA where she helps to lead Families USA’s work on value initiatives that focus on addressing the biggest drivers of health care costs and inadequate quality in the health system, and on forwarding consumer-focused policy agendas to improve health care delivery and payment systems. As part of this work, Sophia leads Families USA’s Consumers First initiative that focuses on redesigning the economic incentives of the health care system to deliver high value health care. Sophia also helps leads

Families USA's efforts to protect, expand and improve the Medicaid program at the state level through state legislative action and citizen's initiatives. As part of this work, Sophia generates policy analysis, and works to foster partnerships with national and state health policy experts, state legislators, and consumer health leaders and advocates. In addition, she helps lead Families USA's work to strengthen the dialogue between consumer health leaders and governors' leadership on targeted health policy priority areas. Sophia represents Families USA as Co-Chair of the Public Policy Work Group for the Health Care Transformation Task Force and represents Families USA on the National Advisory Committee for the National Center for Complex Health and Social Needs.

Prior to joining Families, Sophia worked at the Centers for Medicare and Medicaid Services (CMS) in the Center for Medicare and Medicaid Innovation (CMMI), State Innovation Group where she oversaw the implementation of State Innovation Model Awards (SIM) for Round 2 Test States. While working at CMMI, Sophia also worked across multiple divisions to align new CMMI payment and delivery models with state health reform efforts, including Accountable Care Organization models, the Comprehensive Primary Care Plus model, and the Medicaid Innovation Accelerator Program.

Before joining CMMI, she worked as a Senior Health Policy Analyst at the National Governors Association, Center for Best Practices. There, she provided policy analysis, technical assistance, and resource development for governors and their staff across a range of policy issues including Medicaid delivery system reform, Complex Health and Social Needs, high-impact pharmaceutical therapies, and community-based oral health interventions.

Sophia holds an M.P.H from George Washington University and a B.A. in international affairs with a concentration in global public health from George Washington University.

Clara Evans, System Director, Public Policy & California Government Relations, CommonSpirit Health



Clara Evans joined Dignity Health as the Director of Public Policy & Fiscal Advocacy in 2007 and was named System Director of Public Policy and California Government Relations in 2019, when Dignity Health aligned with Catholic Health Initiatives to form CommonSpirit Health. With over two decades of experience in public policy, Clara brings a unique perspective to policy analysis and advocacy. Ms. Evans spent the first half of her career in the legislature, working for two Members of Congress in Washington, DC and three years in the California State Legislature as a Committee Consultant for the Assembly Health

Committee. This multi-level experience, coupled with her practical curiosity to understand policy impact on health system operations, makes her an influential advocate. For CommonSpirit Health, Clara is responsible for developing analysis and advocacy strategies on a variety of public policy issues, with special focus on health information technology, information privacy and security, and the transformation of the health system from volume to value. She also is responsible for leading strategic advocacy efforts in California on behalf of the system.

Clara is a graduate of Loyola Marymount University with a degree in Political Science and Spanish and will receive a Masters in Health Administration in July 2021. Her commitment to public policy and advocacy is grounded on her commitment justice, particularly with regard to access to quality and affordable health care.

CommonSpirit Health ("CommonSpirit") is a nonprofit, Catholic health system dedicated to advancing health for all people. It was created in February 2019 through the alignment of Catholic Health Initiatives and Dignity Health. CommonSpirit operates more than 135 hospitals in 21 states and is committed to

creating healthier communities, delivering exceptional patient care, and ensuring every person has access to quality health care.

Dr. Roberta Capp, MD, MHS, Medical Director of Clinical Innovations and Operations, Blue Cross NC



Dr. Roberta Capp is the medical director of Clinical Innovations and Operations at Blue Cross and Blue Shield of North Carolina (Blue Cross NC). She has been leading the organization’s COVID-19 clinical operations task force at Blue Cross NC since March of 2020. She previously served as associate professor of emergency medicine at the University of Colorado, Denver, where she addressed value-based contracts and care management programs. Dr. Capp received her MD from Harvard Medical School. She then completed an Emergency Medicine residency at Harvard and a clinical research fellowship on health care policy at Yale University.

Chris Johnson, Landmark Health, VP & Head of Corporate Development



Chris leads corporate strategy and development at Landmark where he leads strategic growth initiatives and partnerships. Landmark is the nation’s leading risk bearing medical group focused exclusively on caring for frail patients with complex chronic disease. Founded in 2014, Landmark now has operations in 15 states managing over 114,000 patients that account for over \$2B of medical spend annually. Chris joined Landmark in 2017 as the General Manger of Landmark’s New England Market. He launched Landmark New England’s first partnership with Blue Cross Blue Shield of Massachusetts – building and leading the local medical group and population health operations. Chris also drove Landmark’s growth across New England establishing additional partnerships with Harvard Pilgrim Healthcare and Blue Cross Blue Shield of Rhode Island.

Chris was previously an Associate Partner at Innosight Consulting where he was a leader in the healthcare practice helping payers, providers, and life science clients develop long-term growth strategies. He was a co-founder of Predilytics (acquired by WellTok) a predictive health analytics company and worked with the founding team of Kyruus.

Chris holds an A.B. in economics from Harvard College where he was a member of the varsity crew and an M.B.A. from Harvard Business School. He lives in Newton, MA with his wife and three children.