

Value Based Insurance Design Consortium

Consumer Advisory Board

Recommendations for Membership

Name: Michelle Viskosky

Organization: Caradigm

Qualifications and Background: I have a holistic view of the healthcare system and am passionate about making a difference. I am a West Point graduate with an MBA in Healthcare Administration. In my career, I have worked for a pharmaceutical company, 4 hospitals - a military hospital in Germany, a pediatric hospital in PA, a teaching hospital in CT, and a community hospital in NY. I set up and ran one of the first NY State Managed Long Term Care Plans for a senior health system in NY for dual eligible. I was a National Accounts Senior Executive with Empire and Anthem BCBS for ten years working with self-insured Fortune 500 employers. I worked for GE Healthcare in hospital consulting sales. I now work for Caradigm, a GE Healthcare and Microsoft joint venture focused on population health. I am the Zone Sales Executive for the East Coast, so work with a number of health systems. I am also the Co-Chair for the HIMSS Clinical & Business Intelligence Task Force for Population Health. I am a Fellow in the ACHE and a member of the CT ACHE Membership Committee. I have also been the care giver for a number of my family members and friends given my understanding of how to navigate the healthcare system. I understand the gaps in the healthcare system and the value each stakeholder can bring to the solution. In summary, I think that I can be a solid Consumer Advocate.

Health Coverage Experience: I have not been covered by either Medicaid or Access Health CT. However, having set-up and run a NYS MLTC plan for dual eligible under the PACE model, I have a good understanding of Medicaid plans and the social determinants of health. I did grow up poor in Kansas City, Missouri. I know what it is like to balance medical care versus paying the mortgage and buying food. I also was a volunteer for Habitat for Humanity in Newburgh, NY for a number of years.

Work and Role: I am responsible for Caradigm's Population Health solutions and DSRIP/DSTI sales for the Eastern Zone - the U.S. states of CT, DE, IN, KY, OH, MA, MD, ME, MI, NC, NH, NJ, NY, PA, RI, SC, VT, VA, Washington, D.C., and WV; and the Canadian provinces of Ontario, New Brunswick, Newfoundland and Labrador, Nova Scotia, Prince Edward Island, and Quebec. Caradigm is a new kind of health IT company formed and owned by GE Healthcare and Microsoft Corporation in June 2012. Together, we intend to transform care by empowering health systems and providers with the real-time, system-wide population health data and intelligence needed to deliver a new level of care quality - improving the patient experience, outcomes, and the economics of health and wellness. Through Caradigm, our companies combine the power of an open technology platform and collaborative clinical applications to bring together disparate patient data and transform it into intelligence. We enable others in the industry to take advantage of the platform to innovate - rapidly generating a new era of applications to improve population management. Our goal is to make it easy for caregivers across the entire healthcare continuum to readily see the big picture down to the smallest detail, gaining the insight they need to collaborate with ease and provide the best patient care possible.

Name: Nancy Metcalf

Qualifications and Background: I worked for 24 years as a health writer and editor at Consumer Reports, retiring a year ago. For the last 10 years of my tenure there, I devoted the vast majority of my time to writing about the US health care system, including health care prices, health insurance, health reform, and health care safety. A five-part series on the US health insurance system won several major journalism prizes and ultimately resulted in invitations to testify before a major U.S. Senate committee and travel to the White House to conduct one-on-one video interview with President Obama. In the years before and after the passage of the Affordable Care Act, one of my major duties was to maintain a blog, "Ask Nancy," that invited and answered reader questions about health insurance and health reform. Thousands of questions poured in, which gave me close-up insight into how consumers understand, interact with, and use health insurance. Throughout this time, I worked closely with Consumers Union, Consumer Reports' advocacy arm, which was deeply involved in shaping and supporting the ACA and doing everything

possible to ensure that its implementation was as consumer-friendly as possible. These experiences taught me that the US health insurance system is by and large an impenetrable mystery to even the sharpest, best-informed consumers. Wildly disparate benefit designs make it nearly impossible to compare one policy to another. High deductibles and narrow networks create daunting barriers to care. In retirement I am interested in doing what I can to help rationalize our private insurance system and make it work better for consumers, especially those with chronic or serious illnesses. My perspective would be that of a well-informed consumer expert and advocate. As for my personal experience with the health system, I have had the good fortune to enjoy excellent health thus far. Apart from maternity-related care, I have asked very little of the health care system and the same can be said for my immediate family.

Health Coverage Experience: Throughout my working life (which included 13 years at the Hartford Courant from 1973 to 1986) I enjoyed extremely generous employer health benefits. I am now on Original Medicare with a Medigap supplement. Two of our three adult daughters, however, have purchased coverage through state exchanges in California and New York so I have personal as well as extensive professional experience with this process.

Work and Role: Since retirement I have taken on two freelance assignments, one a research project for Consumers Union examining state approaches to the problem of surprise out-of-network medical bills, and the other an informational article on health insurance for an online health journalism site. I anticipate continuing to take occasional similar assignments in the future.

Name: Robert Kryzs

Organization: Attorney at Law

Qualifications and Background: As a negotiator for labor organizations, I have bargained scores of agreements on behalf of union members that have included provisions over health care benefits. That work involved bargaining over plan design, access, financing, and consumer engagement. I served for over 30 years as the union spokesperson for all Connecticut State employee unions on the statewide health care cost containment committee which monitors the performance of the state employee health plan. I bargained over all the provisions of that plan during that time and most notably, proposed and drafted the VBID plan that was instituted in 2011 for all Connecticut state employees which is currently in effect and is known as the Health Enhancement Plan. HEP is the largest VBID program in the nation. I presented at the 2011 Summit of the University of Michigan VBID Center about the CTHEP plan. I continue to seriously study the evolution of VBID plans nationwide in the commercial and government sectors. I am a member of the Board of Directors of the Connecticut Health Foundation which is committed to ending health care disparities for people of color in Connecticut. I am also a member of the Consumer Advisory Board.

Health Coverage Experience: The most important experience I can bring to the work group process is not only my deep familiarity with the concept of VBID as it applies to consumer engagement and payment reform but also my involvement in the initial enrollment of persons within the offerings of Access Health CT. I was the supervisor of two assisters for an organization that partnered with a foundation and the Service Employees International Union to enroll over 1200 people in Qualified Health Plans and under Medicaid expansion. The two assisters and I headed up a twelve person effort over six months with a budget of \$130,000 that reached approximately 7,000 people through office visits, group enrollment visits, town hall meetings and meetings at their homes. It was an invaluable insight as to the needs of people who were without healthcare. Our healthcare team became familiar with the type of healthcare services people really wanted and gave us a basis to understand the importance of getting people to the most valuable services in a timely and connected way.

Work and Role: I am self-employed doing business as an attorney at law. I am also a principal of an LLC in Connecticut entitled Strategic Health Solutions.

Name: Tekisha Everette

Organization: Health Equity Solutions, Inc.

Qualifications and Background: I have been working in the field of health care policy and advocacy for the last 15 years. My experience spans a variety of areas - Medicaid, Medicare, SCHIP, health disparities issues, the Affordable Care Act, and private insurance issues, particularly focused on individuals with chronic diseases. For the last 10 years my focus has been on efforts on behalf of union workers and nonprofit organizations serving people with chronic conditions. Personally, as an individual with asthma

and someone who has been on Medicaid as a youth and uninsured as an adult, I have learned a lot about the costs related to health care. It has personally made me a more conscious health care consumer.

Health Coverage Experience: I have been a Medicaid beneficiary but not on HUSKY. I am currently on an individual plan sold to me outside of the Access Health CT exchange. I have previously had coverage through group employer coverage and have worked on negotiating health plans.

Work and Role: I am the Executive Director of Health Equity Solutions, Inc., an organization focused on supporting and advancing policy solutions that promote greater health equity in Connecticut.

Name: Lesley Bennett

Qualifications and Background: I am a consumer and advocate for patients with rare and chronic diseases. My perspective is looking for reasonable, patient-centered ways to reduce healthcare costs and improve quality of care. For the last 20+ years, I have worked on a local, state, and national level. On a local level I help to bring awareness to rare medical condition while helping patients/families with access to healthcare coverage, payment assistance programs, or finding needed services/medical care. On a state and national level work with members of the state legislature or members of Congress on legislation, regulations, and reforms to help reduce healthcare costs for rare and chronically ill patients by looking at ways to reduce unnecessary hospitalizations and the high burden placed on this population – especially the high out-of-pocket costs for specialty tier medications that many rare and chronically ill patients need to sustain life.

Health Coverage Experience: I have a great deal of experience helping rare disease patients with private, Medicare, and Medicaid issues. Our family also lives through many of these issues since our daughter Kelly (rare disease patient) is a TRI – she has private, Medicare, and Medicaid coverage – so I personally understand the challenges faced by many families dealing with Medicaid issues.

Work and Role: I am a volunteer advocate with the National Organization for Rare Disorders (NORD – headquartered in Danbury) and the National Patient Advocate Foundation.