

Consumer-Driven Health Benefits: A Continuing Evolution?

*An EBRI-ERF Policy Forum
May 2, 2002
Arnold and Porter Conference Center
Washington, DC
9:00 a.m. to 4:00 p.m.*

Speaker Biographies

John D. Abraham, American Federation of Teachers

John Abraham has been senior associate director, Research Department, of the American Federation of Teachers since 1989. Previously, he served as manager of the Bell Atlantic Account for Blue Cross and Blue Shield, associate director of research for the Communications Workers of America, and as CEBS instructor at George Washington University. He has written numerous articles and papers on health and pension issues, including “A Comparison of Income Replacement Rates in Defined Benefit and Defined Contribution Pension Plans,” “Health Plan Standards for Consumers,” “Planning for Retirement,” “A Union View of Worker Participation and Its Potential for Improving Worker Morale,” and “America’s Health Care Problems.” Mr. Abraham became a certified employee benefits specialist at the Wharton School & International Foundation of Employee Benefits and was the recipient of a national HMO fellowship. In addition, he holds a B.A in finance from Loyola University of Chicago and an M.B.A. in economics from the University of California at Santa Barbara.

Pattie Duca, Pharmacia

Ms. Pattie Duca is Senior Director Global Benefits at Pharmacia Corporation. In her current capacity, Ms. Duca has responsibility for the design, development, implementation and administration of the company Global Benefits Strategy and programs. In addition, she has responsibility for the company’s benefits delivery systems, including outsourcing partners and Web applications.

Prior to joining Pharmacia & Upjohn, Ms. Duca was Director, Global Benefits for Becton Dickinson & Company, where she had responsibility for all benefits programs, organization health, and employee satisfaction. She also led a global team on the Human Resources dimension of a worldwide SAP module launch to design and re-engineer all HR processes. During a hiatus from traditional benefits responsibility, she was the chief architect of the design and implementation and communication of a global stock ownership plan. The plan was offered over a three-year period to all employees in 60 countries. Participation was voluntary and the highly successful program created shareholders among more than 80 percent of the company’s global work force.

Ms. Duca received her B.S. degree in business management with a double major in finance from Fairleigh Dickinson University. She is a past member of and has served on Conference Board committees, the Association of Private Pension and Welfare Plans, Employee Benefit Research Institute, the Society for Stock Plan Professionals, the Council on Employee Benefits, and the Washington Business Group on Health. Ms. Duca has been recognized for excellence in benefits communications, including the prestigious Business Insurance Communications Award for Excellence. She is a frequent speaker on Global Benefits issues.

Paul Fronstin, Employee Benefit Research Institute

Paul Fronstin is a senior research associate with the Employee Benefit Research Institute (EBRI), a private, nonprofit, nonpartisan organization committed to original public policy research and education on economic security and employee benefits. He is also director of the Institute's Health Security and Quality Research Program. He has been with EBRI since 1993. Dr. Fronstin's research interests include trends in employment-based health benefits, the uninsured, retiree health benefits, employee benefits and taxation, and public opinion about health care. Dr. Fronstin earned his Bachelor of Science degree in economics from SUNY Binghamton and his Ph.D. in economics from the University of Miami.

Jon Gabel, Health Research and Educational Trust

Jon Gabel is the Vice President of Health Systems Studies at the Health Research and Educational Trust. Mr. Gabel is responsible for conducting studies and surveys that track changes in health benefits and the health care delivery system. His clients include research foundations, government agencies, health plans and employers. He formerly was Director of the Center for Survey Research for KPMG Peat Marwick LLP. He has served as Director of Research for the American Association of Health Plans and the Health Insurance Association of America, industry trade associations representing HMOs and health insurance companies. He was also an economist at the U.S. Health Care Financing Administration and the National Center for Health Services Research. Mr. Gabel is the author of more than 85 published articles in scholarly journals and serves on the editorial boards of a number of journals. He is a frequent speaker at business and professional meetings, and has appeared on many major national television news networks. He holds degrees in economics from the College of William and Mary and Arizona State University.

Amit Gupta, Caregain

Dr. Gupta is a Founder, President, and COO of CareGain, Inc. He is a physician with over 10 years of health care industry, managed care operations, and information technology experience. He is also an industry expert on HIPAA, health care payment systems, and disease management. Prior to forming CareGain, he served as the Director of Healthcare Practice for NeuVis, Inc., where he worked closely with IBM, CSC, and other partner consulting firms, to implement

health care information technology solutions for health insurance and pharmaceutical companies. He has successfully implemented health care solutions and systems for HIPAA compliance, claims processing, physician practice management, and pharmaceutical marketing.

Dr. Gupta is also the former Founder & President of Boston Medical Center's Community Outreach Health Information System (COHIS). Under his leadership, COHIS became one of the first e-Health organizations in 1994 to promote a model for technology-driven disease management, and was awarded the "Award for Innovations in Health" under the Healthy People 2010 initiative by then Secretary Donna Shalala of the U.S. Department of Health and Human Services. Dr. Gupta has previously spoken on the topic of consumer-centric health care technologies for disease management for the Massachusetts Department of Education, various medical associations and literacy organizations, and for the public television system. He received his Medical and Radiology specialty training from Boston University, Harvard University, and Washington University/Mallinckrodt health care systems.

Daniel B. Holmes, Fidelity Investments

Daniel Holmes is Executive Vice President and Leader of Fidelity's Health and Welfare Consulting Services. In this role, he is responsible for benefits strategy, plan design, vendor management, pricing, compliance and government reporting services pertaining to life, health, disability and other benefits. His group works closely with Fidelity's retirement consultants to assist clients with the development and implementation of their total benefit strategies.

Prior to joining Fidelity, Mr. Holmes was Managing Director of Watson Wyatt, an international employee benefits and human resources consulting firm. In his 14 years with Wyatt, he served on the Company's Board of Directors, managed the firm's Boston office, led the National Health Care Practice, and consulted to large employers on health care, and related employee benefits issues.

Mr. Holmes holds a Bachelor of Arts degree from Colorado College, as well as an M.B.A. from the University of Michigan and a Masters of Science degree in Information Technology from Ohio State University. He is a Certified Financial Planner (CFP), Chartered Life Underwriter (CLU) and Chartered Financial Consultant (ChFC).

Ken Jacobsen, The Segal Company

Mr. Jacobsen is Senior Vice President and Atlanta Office Head of The Segal Company. He joined Segal in 1997 as Senior Vice President and National Health Practice Leader. In 2001, he assumed responsibility for the Southeast Region's operations, based in Atlanta, including actuarial, benefits and human resources consulting services.

Mr. Jacobsen has more than 25 years experience in health care benefits design, purchasing, and plan management. He is the former President of the Georgia Business Forum on Health, a

health care coalition, has run his own health care consulting firm, and has served as Executive Vice President of Confederation Life Insurance Company's group health operation.

Mr. Jacobsen has extensive experience in the structure, administration, management and analysis of managed care group health plans, and is recently involved in the planning and development of Consumer Driven Health Plans. He often speaks at national forums and is quoted on and writes about health care economics and strategy issues in national business and trade publications. Mr. Jacobsen served as a member of a collaborative advisory panel on HEDIS sponsored by the Rand Corporation, Harvard University and the National Committee on Quality Assurance (NCQA). He is a graduate of Merrimack College (Andover, MA) and has completed the Executive Program of the University of Michigan in Ann Arbor.

Charles K. "Chip" Kerby, III. Mercer Human Resource Consulting

Chip Kerby is a Principal with the international benefits consulting firm of William M. Mercer, Incorporated. He is a senior member of the firm's Washington Resource Group, a national support group providing information and analysis on legislative and regulatory developments affecting compensation and benefits. He has more than 20 years of experience with ERISA and other federal and state laws affecting the design and administration of employer-sponsored benefit plans, and specializes in issues affecting health and group benefit plans.

A graduate of the University of Delaware (B.A., magna cum laude), Mr. Kerby holds a law degree from the Washington and Lee University Law School (J.D., cum laude), and a masters in law from the Georgetown University Law Center (L.L.M. in taxation). He is a member of the National Health Lawyers Association and the Employee Benefits Committee of the Tax Section of the American Bar Association, and speaks frequently on federal and state health care developments and other employee benefit issues.

Jason Lee, Academy for Health Services Research and Health Policy

Jason Lee is a Senior Research Manager at the Academy for Health Services Research and Health Policy, where he co-directs the Program in Research Synthesis, helps manage the RWJF-sponsored Changes in Health Care Financing and Organization (HCFO) Program, and is Principle Investigator for the National Library of Medicine-sponsored HSRProj database of ongoing health services research studies.

Prior to joining the Academy, Mr. Lee worked for Congress for nine years. Most recently, he served as health policy counsel for the House Commerce Committee, where he worked on HMO reform legislation, medical errors, Medicare and Medicaid, and various public health service issues. He was lead counsel on six bills that were signed into law. In 1999, he was named a top congressional aide by the *National Journal*, was profiled in *The Almanac of the Unelected*, and served on the board of the National Health Policy Forum. Before this, he worked on a range of health care issues for the Congressional Research Service of the Library of Congress and at the U.S. General Accounting Office.

Mr. Lee has written on a wide range of health care and social psychological topics. His work has been published in books and peer-reviewed journals; as Congressional policy briefs, bill comparisons, and legislative analyses; and as research syntheses, briefs and reports. His doctorate is in sociology from the University of Michigan.

Arnie Milstein, Mercer Human Resource Consulting

Mr. Milstein is the Medical Director of the Pacific Business Group on Health (PBGH) and National Health Care Thought Leader at William M. Mercer. PBGH is the largest health care purchasers coalition in the U.S. His work focuses on improving health care programs for large purchasers, providers and government.

His 30 book chapters and published articles have centered on health care program design. A member of NCQA's national committee to develop HEDIS and a Leapfrog Group co-founder, *Business Insurance* magazine selected him as "one of the 20 people who has made a difference in employee benefits management in the past 20 years." *The New England Journal of Medicine's* series on employer-sponsored health insurance described him as a "pioneer" in efforts to advance quality of care.

Mr. Milstein was educated at Harvard (BA-Economics), Tufts (MD), and UC-Berkeley (MPH-Health Services Planning). He is an associate clinical professor at the University of California-San Francisco Medical Center and a Worldwide Partner at Mercer.

James Murphy, American Academy of Actuaries

Mr. Murphy's career includes executive positions at Northwestern Mutual Life leading both the actuarial and underwriting areas; six years as Executive VP for the American Academy of Actuaries (AAA) in Washington, DC, representing his profession before public policymakers and the news media; and most recently leading a group of Health & Welfare actuaries and benefits consultants creating and providing innovative nationwide services to employers and the insurance industry. Jim has served in numerous volunteer leadership roles at committee, Board and VP level for the actuarial profession, and currently leads the AAA's Defined Contribution Health Plan Work Group.

Lee Newcomer, Vivius

Lee N. Newcomer, MD, MHA, is a board-certified medical oncologist who is currently Executive Vice President of Vivius, Inc., a company focused on new incentive solutions for better medical care coverage. The Vivius health delivery model allows physicians and hospitals to contract directly with consumers for their health care coverage.

From 1991 to 2000, Dr. Newcomer held a number of positions at United Health Group, including Senior Vice President and Chief Medical Officer. Prior to joining UHG, he was Medical Director for CIGNA Health Care of Kansas City.

Dr. Newcomer practiced medical oncology for nine years in Tulsa, Oklahoma, and Minneapolis (Park-Nicollet Clinic). As author of numerous articles on a variety of topics in managed care and cancer, Dr. Newcomer has published in peer-reviewed and industry journals, and regularly comments on health care issues and trends in national and regional media, including *The New York Times* and the *Wall Street Journal*. He has served on numerous boards and national health care leadership groups, including The Institute of Medicine Committee on Managed Care Quality, the American Association of Health Plans board and the board of the Park Nicollet Health System.

Dr. Newcomer earned a Bachelor of Arts degree in biology from Nebraska Wesleyan University, an M.D. degree from the University of Nebraska College of Medicine, and an M.S. degree in health administration from the University of Wisconsin at Madison. He completed his internship and residency in internal medicine from the University of Nebraska Hospital, and fellowships in medical oncology and administrative medicine from the Yale University School of Medicine and the University of Wisconsin at Madison, respectively.

Christine Paige, Kaiser Permanente

Christine Paige is currently Vice President of Marketing for the California Division and Enterprise-wide. In California, she is responsible for leading strategic market planning functions for the Health Plan and is directly accountable for member and marketing communications, market planning, competitive assessment, product development, proposal development, and performance reporting for the California Division. As part of the Enterprise-wide Share Services organization, Christine is responsible for the development of programwide consumer and purchaser Internet functions, including e-commerce capabilities and online clinical features. She is also responsible for national market research, brand management and national member and marketing communications.

Ms. Paige joined Kaiser Permanente in 1988. Since then she has served in a variety of roles, including manager of membership and marketing analysis; business and market planning practice leader; and director of market services.

She received her Bachelor of Arts degree from the University of Southern California, and her M.A. and Ph.D. in political science from University of California, Berkeley. Her primary research interests were in Italian political history and administrative politics. She was a professor of political science from 1982 to 1986, teaching at University of Notre Dame and Southern Methodist University.

Michael D. Parkinson, Lumenos

Michael D. Parkinson, M.D., M.P.H., is Executive Vice President, and Chief Health & Medical Officer at Lumenos. He is responsible for the strategic direction and health care management of Lumenos, a new and innovative consumer-driven health plan. Lumenos combines Web-enabled information, personal support services, and greater consumer control over health care spending decisions. He formerly was Associate Director of Medical Programs and Resources for the U.S. Air Force Surgeon General's Office, where he was responsible for policy, planning, and programming for the Air Force Medical Service with over 2 million beneficiaries, 70 facilities and \$4B budget. A retired Colonel, he also served as the Deputy Director of Medical Operations, overseeing clinical quality improvement initiatives and as Chief of Preventive Medicine with responsibility for public health policy. Dr. Parkinson was also formerly the Deputy Director for the Division of Associated, Dental and Public Health Professions, U.S. Public Health Service, where he was responsible for oversight of federal training programs in public health, preventive medicine, and geriatrics. He has published and lectured frequently on both health care and public health issues. He is a member of the American Board of Preventive Medicine, the Advisory Committee of the Robert Wood Johnson National Health Care Purchasing Institute, the Editorial Board of the *American Journal of Preventive Medicine* and a reviewer for the *American Journal of Managed Care*.

Bill Reindl, Definity Health

Bill Reindl is Senior Vice President for Definity Health. He manages the East Region for Definity Health's Consumer-Driven Health Plan, with responsibility for Sales, Strategy and Client Management.

Before joining Definity Health, Mr. Reindl spent three years with a national HR consulting firm, where he was responsible for both Business Development and Client Management. Prior to that, he spent 16 years with a major insurance company in a variety of roles, including underwriting, marketing flexible benefits, Director of Marketing for Long Term Care and seven years in field sales; most recently he served as Vice President for National Accounts in the Philadelphia area.

Gail Shearer, Consumers Union

Gail Shearer is director of health policy analysis in the Washington, DC, office of Consumers Union, publisher of *Consumer Reports* magazine. She has extensive experience in health-related issues such as health care reform, health care financing, the private Medicare supplement insurance market (Medigap), long-term care insurance and medical savings accounts.

During her 16 years at Consumers Union, Ms. Shearer has been a leading voice on behalf of health care consumers. In 1990, she coordinated the successful campaign that culminated in simplification of the Medigap market with standard benefit packages. In 1993 and 1994, she testified extensively on developing health reform that serves consumers' interests. In 1996, she

was a recognized expert on the controversial issue of Medical Savings Accounts (MSAs), writing two reports that played a significant role in the debate. While MSAs were included in the final health insurance reform bill, Ms. Shearer's efforts ensured significant consumer protections also were part of the legislation. In 1998, her report, "*Hidden from View: The Growing Burden of Health Care Costs*," analyzed consumer health care expenditures with a focus on variation of risk and the growing number of underinsured consumers. In 1999, she wrote "*Blueprint for Fair Share Health Care: Incremental Steps Toward Universal Coverage*," with the goal of guiding incremental reform in the right direction.

Prior to joining Consumers Union in 1985, Ms. Shearer served in various positions at the Federal Trade Commission. She was a program analyst in the Division of Policy and Evaluation, Bureau of Consumer Protection from 1981 to 1985. From 1977 to 1981, she was chief policy analyst in the FTC's Office of Policy Planning.

Ms. Shearer is a cum laude and Phi Beta Kappa graduate of Smith College. She received a master's degree in public policy from the John F. Kennedy School of Government at Harvard University.

Miles Snowden, Delta Airlines

Dr. Snowden is Director, Health Services, for Delta Air Lines. As the senior medical leader for the airline, he is responsible for all health-related matters affecting Delta people, passengers, and policies. He is responsible for the health-related costs of a global business with 72,000 employees and manages the health care benefits for more than 180,000 employees, retirees, and dependents. In addition, he is responsible for all workers compensation programs, disability plans, employee assistance program, a national occupational health clinic system, passenger health issues, and in-flight emergency response programs.

Dr. Snowden joined Delta Air Lines in 1999, following 14 years of work in Louisville, Kentucky, where he was medical director of an occupational health consulting practice, with special emphasis on the airline industry.

He is board certified in the specialties of Internal Medicine and Occupational Medicine.

Michael Thompson, PriceWaterhouseCoopers

Michael Thompson, FSA, MAAA, is a Principal in the Global Human Resource Solutions consulting practice of PricewaterhouseCoopers LLP. He has over 20 years of experience in health care and employee benefits strategy development and implementation, design, financing, pricing, operations and analysis. He currently consults with major employers such as American Standard, Honeywell, the Mellon College Retirement Project, and PricewaterhouseCoopers on a variety of health and welfare issues including consumer focused health care, disease

management, defined contribution retiree health, integrated health and productivity, and process excellence vendor management strategies.

Over the past few years, Mr. Thompson has organized and served as advisor to the National Consortium for Healthcare Process Excellence (NCHPE) – a collaborative health care industry effort based on the principals of Six Sigma. He is currently leading cross industry DMAIC initiatives in claim resolution/balance billing and disease management. He also serves on the recently established NCQA Access and Service Measurement Advisory Panel. He is formerly an executive with Prudential Healthcare, serving in various leadership capacities.

Mr. Thompson is a Fellow of the Society of Actuaries (SOA) and serves on the Healthcare Practice Council and Federal Health Committee of the American Academy of Actuaries (AAA). He has previously chaired the AAA Medicare+Choice committee, participated in the SOA Medical Effectiveness Task Force as well as the original NCQA HEDIS Technical Advisory Committee. In 1997, he testified on behalf of AAA before the Senate Finance committee on “Improving Medicare Choices” and previously chaired the AAA committee on Medicare+Choice.

Mr. Thompson has authored several publications, including “Financing, Budgeting and Rating,” *Managed Care: Integrating the Delivery and Financing of Health Care, Part B*, HIAA, 1996.

Ray Werntz, Consumer Health Education Council

Ray Werntz was named President of the Consumer Health Education Council (CHEC) in May 1999. CHEC's mission is to build a diverse coalition of private and public sector organizations committed to raising public awareness and knowledge of the importance of health insurance coverage to health care access, quality, and personal health.

Previously, Mr. Werntz was Vice President of Compensation and Benefits for Whitman Corporation in Rolling Meadows, Illinois, where he was a strong proponent of health and financial education for employees and their families. In addition to his over 30 years' experience as a human resources executive, he has been active on many Boards and in other private- and public-sector organizations established to address health care delivery, quality, education, and access.

A native of Chicago, he has a B.A. and M.A. in history and philosophy from De Paul University and a J.D. from John Marshall Law School.