SPEAKER BIOGRAPHIES

DALE ANDRINGA, MD

Dale Andringa, Chief Medical Officer of Wellmark, Inc., provides leadership to the health management team and works closely with employers, members, and health care practitioners in Iowa and South Dakota in an effort to improve Wellmark's benefit delivery system. Prior to joining Wellmark in 2002, Dr. Andringa was medical director and director of strategic improvement at Vermeer Manufacturing Company in Pella, Iowa. In this position, he managed Vermeer's 7,000-member self-funded health plan and contributed to its occupational health and safety efforts. Dr. Andringa has held a number of physician leadership positions, including president of the medical staff of Iowa Methodist Medical Center and chairman of the board of clinical governors of the Iowa Health System. During this time, he was instrumental in merging and growing his practice to more than 150 primary care physicians in more than 50 clinic sites across Iowa. His experience with the insurance industry began in 1985, when he was a founder of HMO Iowa and served on its board of directors. In 1989, he was named medical director of American Republic Insurance Company. Dr. Andringa is active in the Blue Cross and Blue Shield Association serving on the National Council of Physician Executives, the Business Development Advisory Committee, and the executive committee of the National Medical Management Forum. Dr. Andringa is a graduate of the University of Iowa College of Medicine. He completed a residency in internal medicine at the University of Nebraska Medical Center.

LAURENCE C. BAKER, PhD

Laurence Baker is Professor of Health Research and Policy and Chief of Health Services Research at the Stanford University School of Medicine, Fellow of the Center for Health Policy at Stanford University, and Research Associate in the Health Care, Productivity, and Children’s programs of the National Bureau of Economic Research in Cambridge, MA. Dr. Baker also holds a courtesy appointment in the Stanford University Department of Economics, and directs the Stanford University School of Medicine’s Scholarly Concentrations Program. Dr. Baker received his M.A. and Ph.D. in Economics from Princeton University in 1994, and his B.A. from Calvin College in Grand Rapids, Michigan in 1990. Before coming to Stanford, he was a Research Economist at the Robert Wood Johnson Foundation and, briefly, a volunteer consultant to the White House Task Force on Health Reform. He has been awarded the ASHE Medal by the American Society of Health Economists in 2008, and the Alice S. Hersh Young Investigator Award by the Academy for Health Services Research and Health Policy in 2000. In 1997 and 1999 he received the National Institute for Health Care Management’s research prize for his work on managed care. He serves on the editorial boards of Health Services Research and Medical Care Research and Review.
NANCY CHOCKLEY, MBA

As the founding president of the National Institute for Health Care Management (NIHCM) and NIHCM Foundation, Ms. Chockley has led the organizations since inception in 1993. She has spearheaded NIHCM Foundation’s work in obesity, pharmaceuticals, prevention, children’s health and the uninsured. Ms. Chockley is a national voice in the health care arena, and has been featured on many broadcasts such as ABC World News Tonight with Peter Jennings, NBC News with Tom Brokaw, BBC and CNN, and in numerous print outlets such as The Wall Street Journal, The New York Times, and USA Today. Prior to founding NIHCM, Ms. Chockley was a principal in the Strategy Practice of Mercer Management Consulting, where she had worked with a variety of industries, including health care and pharmaceuticals, since 1985. Her experience spans the areas of business strategy development, best practices benchmarking and strategy implementation. Ms. Chockley received her MBA in 1983 and her BA, with Distinction in Economics, in 1980 from the University of Virginia.

ELLIOT S. FISHER, MD, PhD

Elliot Fisher is Professor of Medicine and Community and Family Medicine at Dartmouth Medical School and Director of the Center for Health Policy Research in the newly established Dartmouth Institute for Health Care Policy and Clinical Practice. He has recently assumed leadership of the Dartmouth Atlas of Health Care, which provides national and regional information on the performance of the U.S. health care system. He is a member of the Institute of Medicine (IOM), served on the IOM committee that recently released reports on performance measurement and pay for performance, and is currently co-chair of the National Quality Forum committee developing recommendations for a national framework for measuring and improving the efficiency of U.S. health care. Dr. Fisher received his AB from Harvard University, his MD from Harvard Medical School and his MPH from University of Washington.

PAUL B. GINSBURG, PhD

Paul Ginsburg is President of the Center for Studying Health System Change (HSC). Founded in 1995 by Dr. Ginsburg, HSC conducts research to inform policymakers and other audiences about changes in organization of financing and delivery of care and their effects on people. HSC is widely known for the objectivity and technical quality of its research and its success in communicating its findings to policy makers and the media as well as to the research community. Ginsburg is particularly known for his understanding of health care markets and health care costs. He has been named six times to Modern Healthcare’s list of the 100 most powerful persons in health care. Before founding HSC, Dr. Ginsburg served as the founding Executive Director of the Physician Payment Review Committee, a predecessor to the Medicare Payment Advisory Commission. The Commission developed the Medicare physician payment reform proposal that was enacted by the Congress in 1989.
JAMES A. HESTER, PhD

James Hester is the Director of the Health Care Reform Commission for the Vermont State Legislature. The commission is charged with overseeing the implementation of the state’s comprehensive package of health reform legislation passed in 2006 and recommending the long-term strategy to ensure that all Vermonters have access to affordable, quality health care. Dr. Hester has 35 years experience in the health care field, and has held senior management positions with MVP Healthcare in Vermont, ChoiceCare in Cincinnati, and Pilgrim Health Care and Tufts-New England Medical Center in Boston. He began his managed care career as Director of Applied Research for the Kaiser Permanente Medical Care Program in Los Angeles, California. Dr. Hester earned his PhD in Urban Studies, and his MS and BS degrees in Aeronautics and Astronautics, all from the Massachusetts Institute of Technology. He also holds a Masters of Education degree from St. Michael’s College. He has a continuing interest in health services research and teaching, and has held faculty appointments at the University of Vermont, University of Cincinnati, Harvard School of Public Health and the University of Massachusetts. He has served on the boards of Vermont Information Technology Leaders, the Vermont Program for Quality Health Care, the Lake Champlain Chamber of Commerce, and the Green Mountain Council of the Boy Scouts of America, and is a former member of the Vermont Business Roundtable.

DENISE LASCAR, MN, MBA, MHA

Denise Lascar is an ambulatory perioperative specialist with demonstrated abilities in practice administration, patient care delivery models, staffing, education, construction and development of Ambulatory Healthcare facilities. With 35-plus years in the healthcare arena, her profile includes: patient care advocate, previous owner of a perioperative operational efficiency consulting firm, healthcare executive, educational development specialist, ASC construction and facility designer, national speaker, and publisher. She holds the following degrees: Registered Nurse, Bachelor of Science in Nursing, Master of Nursing, Master of Business and Master of Healthcare Administration. Her affiliations include American College of Healthcare Executives, American College of Practice Management Executives, Medical Group Management Association and CESO (Center for Excellence in Surgical Outcomes).

THOMAS L. MAHONEY, MD

Thomas Mahoney has been the CEO and Executive Director of the Rochester Individual Practice Association (RIPA), a 3200 member IPA in Rochester NY, since July 2003. He is also a Consulting Medical Director for Focused Medical Analytics. Prior to assuming the CEO position at RIPA, Dr. Mahoney had served as the chair of that organization for 10 years while in full-time medical practice. He received his MD from SUNY at Buffalo School of Medicine, and served his residency and chief residency at the University of Rochester, where he currently serves as a Clinical Assistant Professor of Medicine. He is also currently a Board Member of the Lifetime Healthcare Companies, St. Joseph’s Neighborhood Health Center and Lifetime Home Care. Dr. Mahoney continues to work as a primary care internist on a part-time basis.
JAMES E. MATHEWS, PhD

Jim Mathews is Deputy Director of the Medicare Payment Advisory Commission (MedPAC). He joined MedPAC in the spring of 2007 from the Department of Health and Human Services (HHS), where he served as the Deputy to the Deputy Assistant Secretary for Health Policy in HHS’s Office of the Assistant Secretary for Planning and Evaluation. He has held a variety of management and analytic positions throughout his career in health care, having served at the U.S. Government Accountability Office, the Prospective Payment Assessment Commission (one of MedPAC’s predecessor commissions), the Office of Management and Budget, and the Health Care Financing Administration (now CMS). He holds bachelor’s, masters’ and doctoral degrees in Anthropology from the University of Chicago.

LEN NICHOLS, PhD

Len Nichols, a highly respected healthcare economist, directs the Health Policy Program at the New America Foundation, which aims to expand health insurance coverage to all Americans while reining in costs and improving the efficiency of the overall health care system. Before joining New America, Dr. Nichols was the Vice President of the Center for Studying Health System Change, a Principal Research Associate at the Urban Institute, and the Senior Advisor for Health Policy at the Office of Management and Budget during the Clinton reform efforts of 1993-94. He has testified frequently before Congress and state legislators and has published widely in a variety of health related journals. Previously, Dr. Nichols was Chair of the Economics Department at Wellesley College, where he taught for 10 years. He also served as a member of the Competitive Pricing Advisory Commission (CPAC) and the 2001 Technical Review Panel for the Medicare Trustees Reports. He was on the advisory panel to the Robert Wood Johnson Foundation’s Covering America project and has been a consultant to the World Bank, the InterAmerican Development Bank, and the Pan American Health Organization. Dr. Nichols received his PhD in Economics from the University of Illinois.

PAUL E. PARKER, MPA

Paul Parker is the Chief for Hospital Services Planning & Policy and for Certificate of Need at the Maryland Health Care Commission. Prior to joining the Commission in July 2001, Mr. Parker worked as a consultant to state governments, regional planning agencies, medical facilities, and physicians. From 1991 to 1999, Mr. Parker directed Virginia’s Certificate of Public Need Program at the Virginia Department of Health. He has thirty years of experience in health planning, policy analysis, market feasibility research and corporate development, including work in the private sector for the Marriott Corporation and Basic American Medical Corporation. He is a member of the Board of Directors of the American Health Planning Association. Mr. Parker holds a BA in Political Science and an MPA in Health Systems Administration from Indiana University.
DAVID W. PLOCHER, MD

David Plocher is Chief Medical Officer and Senior Vice President of Health Management and Informatics for Blue Cross and Blue Shield of Minnesota (Blue Cross). He joined Blue Cross in February 2005 to lead the newly created Division of Business Intelligence and Informatics and was promoted to Chief Medical Officer in May 2006. Dr. Plocher has a 25-year career in medicine, teaching, consulting, and corporate leadership, most recently with Deloitte Consulting LLP as the national practice leader for health plan medical management and provider strategy. His recent experiences include payment reform, tiered networks, patient safety indicators, eHealth initiatives, care management, centers of excellence, and population health. He developed the first nationwide Centers of Excellence network for solid organ and allogeneic bone marrow transplants. He is a recognized expert in data analytics in the health care industry, and currently has national responsibilities for Blue Health Intelligence, a new Blue system data warehouse with an 80 million member inventory. Dr. Plocher graduated from the University of Minnesota with honors and practiced internal medicine in affiliation with United Hospitals in St. Paul.

THOMAS M. PRISELAC, MPH

Thomas Priselac is President and Chief Executive Officer of the Cedars-Sinai Health System—a position he has held since January 1994. Mr. Priselac has been associated with Cedars-Sinai since 1979. Prior to being named President and CEO, he was Executive Vice President from 1988 to 1993. Before joining Cedars-Sinai, he was on the executive staff of Montefiore Hospital in Pittsburgh. Mr. Priselac has served the health care field in many ways in addition to his career at Cedars-Sinai. He currently serves as Chair-Elect of the American Hospital Association Board of Trustees, is a past Chair of the Association of American Medical Colleges, and currently serves on the Los Angeles Chamber of Commerce Board, where he previously chaired the Health Care Committee. He formerly chaired the Hospital Association of Southern California, the California Healthcare Association, and the Association of American Medical Colleges Council of Teaching Hospitals. The holder of the Warschaw/Law Endowed Chair in Healthcare Leadership at Cedars-Sinai Medical Center, Mr. Priselac also serves as an adjunct professor at the UCLA School of Public Health and is an author and invited speaker on a variety of contemporary issues in healthcare. Mr. Priselac obtained a bachelor’s degree in Biology from Washington and Jefferson College in Pennsylvania, and a master’s in Public Health, Health Services Administration and Planning, from the University of Pittsburgh.
CLYDE L. REESE, III, JD

Clyde Reese is a healthcare regulatory and administrative law specialist. He has an undergraduate degree in World History from Georgia State University and a Juris Doctor degree from the Walter F. George School of Law at Mercer University in Macon, Georgia. Mr. Reese has previous experience as an Assistant Attorney General for the State of Georgia, General Counsel for the State Health Planning Agency, and Deputy General Counsel and General Counsel of the Georgia Department of Community Health. Mr. Reese practiced health care regulatory law in the private sector from 2003-2007. He returned to state government and the Department of Community Health in late September of 2007 as the Executive Director of the Division of Health Planning. In this role, Mr. Reese was in charge of the administration of the Georgia Certificate of Need program. Mr. Reese began his second tenure as General Counsel of the Department in March of 2008. As a part of his duties as General Counsel, Mr. Reese will retain overall policy oversight of the Georgia CON program.

UWE E. REINHARDT, PhD

Uwe Reinhardt is the James Madison Professor of Political Economy and Professor of Economics at Princeton University. A leading health policy expert, Professor Reinhardt has served on a number of government commissions and advisory boards, among them the congressional Physician Payment Review Commission, the National Council on Health Care Technology of the DHEW (now DHHS), the Special National Advisory Board of the VA, the National Advisory Board of the AHRQ, DHHS, the Kaiser Commission on Medicaid and the Uninsured, and the World Bank External Advisory Panel for Health, Nutrition and Population. In October 2006 he was appointed by Governor John Corzine of New Jersey to chair the health reform commission for the state. Professor Reinhardt is also a trustee of Duke University and the Duke University Health System, and a trustee of the National Bureau of Economic Research. He is the president of the International Health Economics Association, is on the board of the National Institute of Health Care Management, and is chairman of the coordinating committee of the Commonwealth Fund’s International Program in Health Policy. Professor Reinhardt has been or is a member of numerous editorial boards, among them the New England Journal of Medicine, the Journal of the American Medical Association, Health Affairs, The Journal of Health Economics, and the Milbank Memorial Quarterly.
WILLIAM L. RICH III, MD

William Rich has served as the Medical Director of Health Policy with the American Academy of Ophthalmology since 2005 and currently practices as the senior partner in Northern Virginia Ophthalmology Associates. Dr. Rich has had a 25-year involvement in health policy, managed care and practice management. Currently he serves as vice chair of the provider council of the National Quality Forum and representative to the Ambulatory Quality Alliance. He has served on the Academy’s Committee of Secretaries as the Secretary for Federal Affairs since 1996, plus played an active role in numerous other Academy activities since the 1970s. He has also served on several Robert Wood Johnson Foundation and IOM panels dealing with the “Future of Fee-for-Service Medicare,” “Economic Incentives for Promoting Quality” and “Health Outcomes Measures as a Determinant of Patient Choice.” Dr. Rich was a founder and executive committeeman for a local IPA and the nation’s largest national subspecialty PPO. Current responsibilities include serving since 2003 as the chair of the AMA RBRVS (RUC) Committee that determines the work values for all physician services, where he chaired the Resource Subcommittee that investigated new ethnographic and quantitative approaches to physician work. Civic responsibilities include chairman of the United Way, the Board of Governors of Georgetown University, president of the Hoya Hoop Club, past president of the Fairfax County Medical Society and past executive committee member of the Northern Virginia Health Systems Agency. Dr. Rich is a Phi Beta Kappa graduate of Georgetown University and received his medical degree from Georgetown in 1972. He completed a rotating internship at San Francisco General Hospital and completed a residency in ophthalmology at Georgetown, where he is on the clinical faculty.

PETER W. ROBERTS, MHA

Peter Roberts joined Wellmark Blue Cross and Blue Shield in September 1997 and currently serves as group vice president of Provider Relations and Health Management. Previously, he was president of Wellmark Health Plan of Iowa, Inc. and also served as senior vice president, managed health. During his tenure at Wellmark, Mr. Roberts has led the development of the HMO company in partnership with leading physicians and hospitals in Iowa. He brings extensive experience in health care administration, working with both physicians and hospitals. Prior to joining Wellmark, he was the president of M-CARE, Inc., an HMO owned by the University of Michigan Medical Center. Previous to M-CARE, Mr. Roberts served in various executive capacities for the University of Michigan Medical Center. He obtained his master's degree in health administration from the University of Colorado.
DAVID SANDMAN, PhD

David Sandman is the Senior Vice President of NYSHealth, where he acts as a key advisor to the President and CEO and has a central role in developing the foundation's program areas, identifying emerging opportunities and strategic niches, building partnerships with other foundations, ensuring quality and accountability, and evaluating the performance of programs and grantees. Dr. Sandman was previously Managing Director of Manatt Health Solutions where he advised health care providers, foundations, payers, associations, government, and companies regarding development of new health care programs, services and restructuring plans. Before joining Manatt, Dr. Sandman was appointed by the Governor of New York as Executive Director of the Commission on Health Care Facilities in the 21st Century. The Commission was a nonpartisan panel charged with evaluating and reforming the State’s health care delivery and financing systems. The Commission developed binding recommendations to reconfigure the supply of hospitals and nursing homes to best respond to regional and community needs for access to high-quality care. Dr. Sandman has also served as Vice President at Harris Interactive, Assistant Vice President at The Commonwealth Fund, Policy Analyst with the City of New York Department of Health, and a researcher at the Brookings Institution. Dr. Sandman received his BA degree, Phi Beta Kappa, from Haverford College, and his MPA and PhD from New York University's Wagner School of Public Service.

M. EDWARD SELLERS, MBA

M. Edward Sellers is Chairman and CEO of Blue Cross and Blue Shield of South Carolina and was formerly a Senior Vice President with Blue Cross Blue Shield Association. He has also held positions with the Boston Consulting Group and the health care consulting division of Westinghouse Electric Corporation. Mr. Sellers also serves as Chairman of the South Carolina Council on Competitiveness and is a member and former Chairman of the South Carolina State Chamber of Commerce and the Palmetto Business Forum. He was awarded the 2008 United Way of the Midlands Humanitarians of the Year Award with his wife Dr. Suzan D. Boyd, the 2002 South Carolina Business Leader of the Year by the South Carolina State Chamber of Commerce, and the 2002 Juvenile Diabetes Research Foundation’s Living and Giving Award. Mr. Sellers received his BA in Physics from Vanderbilt University and his MBA from Harvard Business School.