



**Cavarocchi ▪ Ruscio ▪ Dennis
Associates, LLC**

CRD Associates Announces Health Care Policy Practice Group

In preparation for what promises to be the largest health reform initiative this decade, Cavarocchi Ruscio Dennis Associates announces the formation of a Health Care Policy Practice Group specifically dedicated to helping clients navigate the complexities of the upcoming health care reform debate.

The Health Care Policy Practice Group is comprised of CRD Associates' partners and vice presidents, many of whom provided advocacy services to clients who had a stake in the health care reform efforts during the Clinton Administration. The firm's three partners – Nick Cavarocchi, Dom Ruscio, and Lyle Dennis – have decades of experience in health policy, legislation and regulatory issues. The core group within the practice will be comprised of the following experienced principals:

- **Mark Vieth, Senior Vice President:** During his tenure with the firm, Mr. Vieth has developed a strong track record of accomplishments representing the interests of patient advocacy groups. He has also worked closely with medical schools, biotechnology companies, and health care consortia.
- **Brent Jaquet, Senior Vice President:** Prior to joining the firm, Mr. Jaquet served as appropriations advisor for Rep. C.W. Bill Young of Florida, former Chairman of the House Appropriations Committee, where he helped develop and advance legislation covering a broad range of issues, including public health and biomedical research. Mr. Jaquet's professional experience also includes the National Institutes of Health, where he worked in communications management, science transfer, and information technology programs. Before joining the agency, he developed health-related communications programs at the Department of Health and Human Services. In 2007, he was appointed to NIH's Council of Public Representatives, an advisory panel that ensures that the general public has a say in setting federal science policy.
- **Jennifer Leib, Senior Vice President:** With a board certification in medical genetics, clinical research experience at the NIH and having worked on health policy in the Senate, Ms. Leib brings expertise in personalized and preventive medicine, biomedical research, biotech innovation, public health preparedness, and patient advocacy.
- **Erika Miller, Vice President and Counsel:** Since joining CRD, Ms. Miller has worked closely with physician groups to navigate the complex physician payment system and quality improvement efforts. She has ensured that key committees understand the concerns of her clients as they have attempted to address physician payment and the inequities in the current system.

- Kathryn G. Schubert, Vice President: Ms. Schubert handled health care policy on Capitol Hill as a legislative assistant and legislative director, advising Members on child health and Medicare. She currently works with patient advocacy and physician groups on issues including funding for biomedical research and Medicare payment and quality.
- Emily Holubowich, Vice President: Ms. Holubowich has ten years of collective experience in health policy, government relations, and coalition building. She specializes in health services research, comparative effectiveness research, and health surveys and data.

Congress is moving quickly on health care reform. The Senate Health, Education, Labor and Pensions (HELP) Committee hopes to complete the drafting of its legislation by the end of June. In the House, the Energy and Commerce Committee is moving forward on hearings. CRD Associates is closely monitoring this process and is poised to represent client interests in this process.

Health care reform will be complex and multi-faceted, and CRD Associates has developed an expertise in the following specialty areas that will likely be addressed in the process:

- **Payment/Delivery System Reform:** With a scheduled 20 percent cut in physician reimbursement set to take effect January 1, 2010, Congress must take action this year to address the physician payment system and has committed to reforming the system, not implementing another fix that will perpetuate the flawed system. CRD has been actively addressing this issue for clients as Congress has passed SGR “fixes” to restore physician payment and understands the difficult choices that will have to be made as a new system that is equitable for physicians and ensures patients receive needed care.
- **Quality:** Congress has recognized that with all the money spent on health care in the United States it has not resulted in higher quality care. Reform efforts are focused on improving quality and producing patient centered care. CRD has worked closely with clients to navigate the existing Physician Quality Reporting Initiative (PQRI) and understands that this program may form the foundation for a future quality programs. Also, CRD is committed to helping its clients ensure that Congress understands that a focus on quality of care, not increased volume of care, will save money in the long term.
- **Comparative Effectiveness Research:** Americans pay more for health care than any other nation, yet we remain in poorer health. In considering health reform, policymakers of all political persuasions agree comparative effectiveness research—where pharmaceuticals, medical devices and medical procedures used to treat the same conditions are evaluated for their relative safety and effectiveness—has great potential to improve health care quality and value. While policymakers and stakeholders may differ on the details—how to finance, prioritize, disseminate, and use this research—the goal of making health care smarter through comparative effectiveness research is shared and will undoubtedly be a central component of any health reform legislation. CRD has extensive expertise in the policy and politics of comparative effectiveness research and is available to help clients navigate the intricacies of the ongoing debate.



- **Coverage/Access:** With an estimated 47 million Americans uninsured, access to care and coverage is at the foundation of any health reform proposal. Expanded coverage will lead to many changes, building on an already expanded Children's Health Insurance Program is a new public health insurance plan likely modeled on Medicare, and the establishment of a National Health Insurance Exchange. For more than two decades corporations, medical societies and non-profit organizations have turned to CRD Associates for their needs in navigating the complicated realm of public health programs at the Congressional and executive branch level. With such an expansion of coverage expected, CRD can help you navigate existing and new governmental health policies and regulations associated with health care reform.
- **Prevention and Wellness:** A cornerstone of any health care reform proposal is the prevention of chronic disease and promotion of wellness. Over the years, public demands for an improved quality of life and better health care challenge established policies and open the way to new solutions. This renewed focus will require large scale campaigns geared toward educating the public and promoting awareness of how to live a better life.
- **Health Information Technology:** Health information technology and how its meaningful use will support improvements in the quality, efficiency, and safety of health care without compromising patient privacy will be at the fore of policy discussions as elected officials grapple with comprehensive health reform this year. The American Recovery and Reinvestment Act of 2009 (ARRA) provided a significant, \$19 billion down payment to promote the adoption of interoperable electronic health records and the development of a national health information network through grants, loans, and payment incentives for the health professional, institutional, academic, and nonprofit sectors. These provisions are complex, and in most cases require the creation of new processes, programs, and entities in the short-term. In the long-term, the finite nature of ARRA funding requires further attention in broader health reform legislation to build a sustainable and interoperable HIT infrastructure. CRD has the necessary expertise and relationships to support clients as they position their policy priorities related to HIT, identify potential funding streams, and develop strategic plans for securing funding.
- **Research:** Innovative biomedical research is where the process for how diseases are diagnosed, treated, and ultimately cured begins. Without sufficient funding for the NIH the U.S. will find itself falling behind in the global scientific community, and most importantly the breakthroughs needed with respect to curative treatment will not be found. With more than two decades experience and expertise, CRD has worked closely with ensure that they are able to benefit from NIH-directed dollars.
- **Workforce:** If Congress succeeds in expanding access to care to all Americans, there will be a demand for physicians, especially in specialties like primary care and general surgery that are already facing shortages. CRD has been working closely with physician and medical education groups to ensure that Congress is aware that without a well trained workforce increased access and coverage will not guarantee all Americans receive the care they need. Workforce programs, like Graduate Medical Education and Title VII,



will need to be reexamined so they meet the demands created by increased and will need adequate funding.

- **Personalized Medicine:** Advances in our understanding of genomics and proteomics has ushered in a new era of medicine with targeted therapeutics and a focus on disease prevention. With the adoption of new diagnostic technologies, the healthcare system is able to identify people at-risk for disease and provide opportunities to intervene early and prevent the illness all together. Drugs and other therapeutics can now be tailored to an individual's unique genetic make-up, leading to improved treatment response and a reduction in adverse events. During his tenure in the Senate, President Obama introduced the first comprehensive genomics bill, the Genomics & Personalized Medicine Act, aimed at accelerating the field of personalized medicine. House and Senate members intend to reintroduce the bill again this year and with an Administration supportive of policy to advance personalized medicine, CRD envisions this to be a significant component of health reform conversations, including playing a role in discussions on comparative effectiveness research.

