

## Biographies

**Jill Canino** is the head of Humana Inc.'s Washington, D.C. office and is the director of Federal Affairs. She is responsible for coordinating and executing the lobbying strategy for the diversified portfolio of health insurance products and related services, including Medicare, Commercial and Tricare. Ms. Canino also is Humana's Political Action Committee (PAC) Treasurer and is responsible for growing and executing Humana PAC dollars. Under Ms. Canino's leadership, the PAC has grown by its largest percentage in 2011, nearly 50 percent. Ms. Canino also works to build relationships and alliances with outside organizations that align with Humana's health and wellness care strategy for its members. Ms. Canino began working with Humana in January 2009 as a federal lobbyist and was promoted in April 2011 to head their Washington, D.C. office. Prior to Humana, Ms. Canino worked on Capitol Hill for two United States Senators, U.S. Senator Arlen Specter of Pennsylvania and U.S. Senator Gordon Smith of Oregon. She handled the health care portfolio for both Senators, focusing specifically on Medicare and Medicaid, commercial insurance, global and public health issues. Ms. Canino received a bachelor's degree from The George Washington University with an emphasis on International Affairs and Spanish. She has also served on the board of the Women's Congressional Golf Association.

**Ashok Chennuru** is a staff vice president within the office of the chief technology officer, where he leads Enterprise Information Architecture and Health Information Technology areas in WellPoint. He has been with WellPoint for six years. Mr. Chennuru is also the IT lead for the Clinical Strategy working with Comprehensive Health Solutions group. He has over 20 years experience in IT systems development and implementation with focus on enterprise architecture, information management, health information technologies (HIT), data architecture, business intelligence, healthcare analytics, program management and systems engineering disciplines. Prior to WellPoint, Mr. Chennuru managed the Enterprise Information Management group at Liberty Mutual Insurance. He also worked as software product development engineer, consultant, and manager at the Oracle and SAP corporations. He has deep domain expertise in the healthcare (payer and provider), property and casualty, and financial services industries. Mr. Chennuru has a master's degree in computer science from the University of Missouri.

**Jay Crowley** is senior advisor for patient safety in the U.S. Food and Drug Administration's (FDA) Center for Devices and Radiological Health. He is interested in developing and implementing new methods and techniques for identifying and resolving problems with the use of medical devices. Mr. Crowley has held variety of positions over his 25 years at FDA. Currently, Mr. Crowley has responsibility for implementing the Unique Device Identification requirements of the 2007 FDA Amendments Act and 2012 FDA Safety and Innovation Act. He holds a master's degree in risk analysis and a bachelor's degree in mechanical engineering.

**Gregory Daniel, PhD, MPH, RPh**, is a Fellow in Economic Studies and managing director for evidence development and innovation in the Engelberg Center for Health Care Reform at The Brookings Institution. In this position, Dr. Daniel oversees and provides strategic direction regarding the Engelberg Center for Health Care Reform's evidence development and biomedical innovation portfolio, including medical product safety surveillance, regulatory science and U.S. Food and Drug Administration policy issues, comparative effectiveness research, and other biomedical innovation policies. Dr. Daniel was previously vice president, Government and Academic Research at HealthCore (subsidiary of WellPoint, Inc) where he led a division responsible for providing research services in the areas of pharmacoepidemiology, drug, vaccine, and biologic safety evaluations, comparative effectiveness research, and health economics and outcomes research. His research has utilized electronic health insurance claims data integrated with clinical data including laboratory results, electronic hospital data, paper-based and electronic medical record data, and registries. Dr. Daniel is a registered pharmacist and holds a PhD in pharmaceutical economics, policy, and outcomes research with a minor in epidemiology from the University of Arizona; a master of public health specializing in biostatistics, a master's degree in pharmaceutical administration, and a bachelor's of science degree in pharmacy, all from The Ohio State University.

**Benjamin C. Eloff, PhD**, is currently on staff in the Division of Epidemiology, Office of Surveillance and Biometrics, Center for Devices and Radiological Health (CDRH), U.S. Food and Drug Administration (FDA), where he serves as senior scientific program manager. In this capacity, Dr. Eloff facilitates the development and implementation of public-private partnerships (PPP) designed to address critical scientific and public health issues. Dr. Eloff also manages the implementation and tracking of intramural and extramural research projects within the Division. Dr. Eloff has facilitated the development of numerous scientific projects and partnerships dedicated to advancing FDA's public health mission. Since 2006, he has served on the Executive and Scientific Operating Committees of the Cardiac Safety Research Consortium. Dr. Eloff served as the founding chairman of FDA's internal Cardiovascular Research Interest Group, a multidisciplinary group dedicated to advancing scientific knowledge and collaboration on cardiovascular issues within FDA. Dr. Eloff attended Case Western Reserve University, where he received a bachelor's of science in electrical engineering (1998) and master's of science (2001) and PhD (2005) degrees in biomedical engineering. Previously, he served as senior consultant for strategic partnerships in the Office of the Chief Scientist, FDA. Dr. Eloff has also served as a lead reviewer of premarket submissions in the Cardiac Electrophysiology and Monitoring Branch in the Office of Device Evaluation, CDRH, focusing on review of cardiac ablation devices and electrocardiographs (ECG), among others.

**Thomas P. Gross, MD, MPH**, is currently the director of the Office of Surveillance and Biometrics at the Center for Devices and Radiological Health of the U.S. Food and Drug Administration (FDA). Prior to coming to FDA in the late 1980s, Dr. Gross worked as an epidemic intelligence service officer with the Centers for Disease Control and Prevention and earned a master of public health degree from the Johns Hopkins School of Hygiene and Public Health. He also served in the Commissioned Corps of the U.S. Public Health Service (captain, retired) and is board certified in pediatrics, general preventive medicine, and clinical pharmacology.

**Cynthia Hake** is the director of the Centers for Medicare & Medicaid Services' (CMS) National Healthcare Common Procedure Coding System (HCPCS) Level II Coding Program. Ms. Hake left a health care corporate management position in private industry to join CMS' staff. She has a master's degree in health care systems administration, a bachelor's degree in nursing, and over 30 years experience in the public and private sectors of the health care industry.

**Thomas James III, MD**, is corporate medical director for Humana. In this capacity, he is responsible for providing the clinical input into the quality and efficiency measurements and display of health care providers within the Humana network. Dr. James was previously Humana's chief medical officer for Kentucky, Indiana and Tennessee and the medical advisor to the Strategic Advisory Group of Humana Sales. He has nearly thirty years of experience in health benefits having served as medical director for such health companies as HealthAmerica, Maxicare, Sentara, Traveler's Health Network, and Anthem in the Mid-Atlantic, Midwest and South. Dr. James is board-certified in internal medicine and in pediatrics. He received his undergraduate degree from Duke University and his medical degree from the University of Kentucky. Dr. James served his residencies at Temple University Hospital, Pennsylvania Hospital, and Children's Hospital of Philadelphia. He is currently the chairman of the Patient Safety Task Force for the Greater Louisville Medical Society. He is on the board of such organizations as Kentucky Opera, Hospice of Louisville Foundation, and Kentucky Pediatrics Foundation. He chairs the Health Plan Council for the National Quality Forum (NQF), and is on work groups for the Measures Applications Partnership, the AQA Alliance and the American Medical Association's Physician Consortium for Performance Improvement (AMA PCPI). Dr. James remains in part-time clinical practice of internal medicine-pediatrics.

**Laurel Junk, MBA**, is vice president of Procurement & Supply's Supply Chain team at Kaiser Permanente. In this role, Ms. Junk is directly responsible for the continuity of supply chain for the northern and southern regions of California as well as developing a supply chain strategy across all Kaiser Permanente regions in alignment with the needs of the organization. Other areas of focus include supporting the implementation of OneLink, a program wide enterprise resource planning initiative,

establishing a common set of performance measures for the supply chain function, and driving for continuous process and cost improvement. Prior to joining Kaiser Permanente, Ms. Junk held the position of vice president of supply chain and contract manufacturing for Amgen. Previously, she was the worldwide vice president of supply chain for Johnson & Johnson's Medical Devices and Diagnostic Group. She has also held various leadership positions for a range of companies including IVAC, Unisys, and Eli Lilly. Additionally, Ms. Junk is a certified Six-Sigma black belt. She has a bachelor's of science degree in computer science from the University of Minnesota-Institute of Technology and a master of business administration from Duke University.

**Larry Kocot, JD, LL.M., MPA**, is deputy director of the Engelberg Center for Health Care Reform and a visiting fellow in the Economic Studies program at the Brookings Institution. He is examining the challenges of access, quality and financing that face the U.S. health care system. He is also Senior Counsel at SNR Denton, U.S., LLP. Mr. Kocot previously served as a senior advisor to the administrator of the Centers for Medicare & Medicaid Services (CMS) at the U.S. Department of Health and Human Services. In this capacity, he was involved in a wide range of health care policy issues and operations related to Medicare and Medicaid. Notably, he was a key member of the management and operations team responsible for the national launch and operation of the Medicare Prescription Drug Benefit (Part D). Mr. Kocot has served as a member of Virginia's Commonwealth Health Research Board (CHRB) from 2002-2012 and was chairman from 2005-2008. Prior to his government service, Mr. Kocot was senior vice president and general counsel of a national pharmacy trade association. He has also served as a fellow at the Center for Strategic and International Studies (CSIS) where he participated in a wide range of policy studies. Mr. Kocot has been active in the start-up and management of a number of small businesses, including a management and legal consulting company, a pharmacy data and technology company and a pharmacy benefits management company. Mr. Kocot was interim CEO and is currently a member of the Board of Directors of the Partnership for a Healthier America. He also serves on the Board of Directors of ICF International, Inc. (NASDAQ:ICFI). Mr. Kocot received his bachelor's degree and master of public administration degrees from the University of Massachusetts at Amherst. He earned his juris doctorate and master of laws degrees at the Georgetown University Law Center.

**Ercelle Mayner, RN, MSA, CPHM**, is a nurse consultant with the Federal Employees Health Benefit Plan (FEHBP) at the Office of Personnel Management (OPM). She is responsible for contract administration of policy and medical disputed claims for the FEHBP Health Plans, and for contract negotiations with the Blue Cross Blue Shield, Service Benefit Plan which provides health insurance benefits to approximately 5.2 million enrollees. The FEHBP contracts with 95 Health Plans to provide approximately 230 health benefit plan options worldwide for 8.2 million active duty federal employees, annuitants, and their families. Previously, she worked for UnitedHealth Care as a senior clinical administrative nurse reviewing commercial, federal, state, and local medical claim appeals in the mid-Atlantic region. She has additional experience in home health administration, worker's compensation case management and claims administration, rehabilitation case management, and intensive care nursing. She is a graduate of Central Michigan University with a master's degree in health services administration, a graduate of Keuka College with a bachelor's degree in nursing, and she is certified in Professional Healthcare Management (CPHM).

**Mark McClellan, MD, PhD**, is director of the Engelberg Center for Health Care Reform and Leonard D. Schaeffer Chair in Health Policy Studies at the Brookings Institution. At the Center, his work focuses on promoting high-quality, innovative and affordable health care. A doctor and economist by training, he also has a highly distinguished record in public service and in academic research. Dr. McClellan is a former administrator of the Centers for Medicare & Medicaid Services (CMS) and former commissioner of the U.S. Food and Drug Administration (FDA), where he developed and implemented major reforms in health policy. These include the Medicare prescription drug benefit, the FDA's Critical Path Initiative, and public-private initiatives to develop better information on the quality and cost of care. Dr. McClellan chairs the FDA's Reagan-Udall Foundation, is co-chair of the Quality Alliance Steering Committee, sits on the National Quality Forum's Board of Directors, is a member of the Institute of Medicine, and is a research associate at the National Bureau of Economic Research. He previously served as a member of

the President's Council of Economic Advisers and senior director for health care policy at the White House, and was an associate professor of economics and medicine at Stanford University.

**Douglas J. Moeller, MD**, has been a medical director with McKesson Health Solutions in the Claims Performance Group for the past nine years. His primary accountability involves the clinical integrity of KnowledgeBase development for McKesson claims auditing, advanced diagnostics management solutions, and Episode of Care/Bundled Payment. In addition, Dr. Moeller has major responsibilities in customer support, special projects, and new product development. He has been actively involved in the coding and reimbursement challenges for molecular diagnostic testing for more than four years – in particular, the need for unique identifiers for each and every unique test. Dr. Moeller is a board-certified general internist; he was active in private medical practice before transitioning to full-time duties in medical group management, managed care administration and, now, medical informatics.

**Vance Moore** is senior vice president of operations of Mercy Health System. Mr. Moore is responsible for corporate oversight of Resource Optimization & Innovation (ROI), Mercy's supply chain division, and the Mercy Technology Services (MTS) business unit. Mr. Moore is leading a new initiative to enhance the delivery of care and services across Mercy while reducing the health system's cost structure by \$250 million in 2016. The effort includes a complete redesign and optimization of fragmented business and clinical service lines. Through direct work with physicians, the initiative aims to reduce variation across the system by aligning patient care with evidence-based protocols. These care protocols are supported with automation tools that assist in repeatable and sustainable performance, improving margins while enabling Mercy co-workers to focus more time on evaluating patient needs and providing quality care and services. Mr. Moore joined Mercy Health in April 2002 after 17 years in health care with Baxter/Allegiance, Cardinal Health and the health care division of the UPS Logistics Group. His career has included operational and sales roles in health care consulting, distribution, manufacturing, third party logistics and provider operations. In his prior role with Mercy, Mr. Moore served as president and chief executive officer of ROI, a recognized leader in health care supply chain management. He has a bachelor's degree in industrial management from the University of Arkansas.

**David Muntz, MBA**, is the principal deputy national coordinator at the Office of the National Coordinator for Health Information Technology (ONC), U.S. Department of Health and Human Services in Washington, D.C. In this role, he works directly with the National Coordinator, Dr. Farzad Mostashari, and oversees the activities of the four offices within ONC: Office of the Deputy National Coordinator for Programs and Policy; Office of the Deputy National Coordinator for Operations; Office of Economic Analysis, Evaluation, and Modeling; and the Office of the Chief Scientist. Prior to joining ONC, Mr. Muntz was the senior vice president and chief information officer for the Baylor Health Care System, and was responsible for more than 730 information services employees who cared for a delivery system with more than 280 points of entry. For the first 18 years of his career, David worked at the Wadley Research Institute and Blood Bank in Dallas, Texas, an organization whose entities included a hospital, outpatient facilities, research institute, computer institute, and the blood bank for Dallas County, starting as a biostatistician and ultimately assuming the role of chief executive officer. He returned to health care information technology (IT) at Texas Health Resources, where he functioned as senior vice president and chief information officer for 15 years. Mr. Muntz received a master of business administration from Southern Methodist University in Dallas, Texas and a bachelor of arts degree in pre-medicine with a concentration in English from Columbia College in New York City.

**Richard Platt, MD, MSc**, is a professor and chair of the Department of Population Medicine at Harvard Medical School and executive director of the Harvard Pilgrim Health Care Institute. He is principal investigator of the U.S. Food and Drug Administration (FDA) Mini-Sentinel program, and contracts with FDA's Center for Drugs Evaluation and Research and Center for Biologics Evaluation and Research to conduct post-marketing studies of drugs' and biologics' safety and effectiveness. He chaired the FDA's Drug Safety and Risk Management Advisory Committee, is a member of the Association of American Medical Colleges' Advisory Panel on Research and the Institute of Medicine Roundtable on Value & Science-Driven Health Care. Dr. Platt was co-chair of the Board of Scientific Counselors of the Centers for Disease Control and Prevention's (CDC) Center for Infectious Diseases. Additionally, he chaired the

National Institutes of Health study section, Epidemiology and Disease Control 2, and the CDC Office of Health Care Partnerships steering committee. Dr. Platt is also principal investigator of a CDC Center of Excellence in Public Health Informatics, the Agency for Healthcare Research and Quality HMO Research Network DEClDE Center, and a CDC Prevention Epicenter.

**Robert D. Poiesz** is currently in his second term as vice chair of ASC X12's Insurance Subcommittee, and is a senior business analyst with WPC-Services. He has over 28 years of expertise in health care information processing, working with both health care providers and health plans. This includes extensive hands-on experience with electronic commerce, project management, Health Insurance Portability and Accountability Act (HIPAA) transactions and medical practice management systems. Mr. Poiesz has managed electronic data interchange (EDI) projects including electronic enrollment, bank reporting, and HIPAA transaction implementation. He has interfaced with the Center for Medicare and Medicaid Services (CMS) central office as an EDI consultant. In addition to providing EDI training to internal staff and external organizations, he has represented companies at ASC X12 meetings for 22 years. Past accomplishments include ten years as co-chair of the ASC X12 Health Care Claim Payment workgroup; two years as co-chair of the Workgroup for Electronic Data Interchange (WEDI) 835 Implementation Guide work group; and ten years as vice-chair of the Blue Cross and Blue Shield Association's Joint Claim Adjustment/Claim Status Reason Code Maintenance Committee.

**Monica Rayburn** is vice president of community and state and provider optimization within the Benefit Operations organization of UnitedHealthcare. Her work is focused on optimizing operational processes to enhance the health care experience for physicians and hospitals. She oversees the day-to-day provider global operations. She also has responsibility for provider operational readiness for new business, migrations, and change readiness. Before joining UnitedHealthcare, Ms. Rayburn was credit card officer for JP Morgan Chase. She is a graduate of University of Phoenix, where she majored in business management.

**Terrie Reed, MS**, is associate director of informatics at the U.S. Food and Drug Administration (FDA), Center for Devices and Radiological Health (CDRH), Office of Surveillance and Biometrics (OSB). Ms. Reed leads an informatics staff dedicated to improving CDRH data quality including the FDA implementation of Unique Device Identification Database as a master source of device information. She has led several data management initiatives including a joint project between the National Cancer Institute (NCI) and FDA CDRH focused on improving and simplifying the device and patient problem codes used to code medical device adverse event reports. Prior to working in government, she worked for 13 years at a healthcare facility in Indianapolis in various positions as a process engineer, quality analyst, and medical information specialist.

**Sara Rivera, PMP**, is a senior manager with Hubbert Systems Consulting, Inc. based out of Sacramento, California. Ms. Rivera is a Project Management Institute (PMI) certified Project Management Professional (PMP) with extensive experience in the design, development and implementation of complex health care initiatives. As the project manager for the California Universal Product Number (UPN) Pilot Project, she helped lead the project to a successful conclusion which includes significant cost-savings to the state, improved operational efficiencies in the payment and reporting of medical supplies and enhanced patient safety capabilities. Ms. Rivera is currently providing project management consulting services for the Medicare and Medicaid Financial Alignment Demonstration program authorized by the U.S. Department of Health and Human Services.

**Mark A. Smithson** is service vice president for Humana's Provider Process & Network Operations, a position he has held since 2006. Mr. Smithson was hired by Humana in 1989 as an accounting manager. He subsequently accepted roles as manager of managed care administration, director of support services, operations consultant director of acquisition/integration, and director of provider affairs. Prior to Humana, he served as vice president and chief financial officer of Kentucky Telco Federal Credit Union. Mr. Smithson started his career as an accountant with Coopers & Lybrand (now Price Waterhouse Coopers). He holds a bachelor of science degree in accounting from the University of Kentucky and is a certified public accountant (CPA).

**Walter Suarez, MD, MPH**, is a physician and a public health and medical information systems specialist, and is the director of health IT strategy for Kaiser Permanente. Before joining Kaiser, Dr. Suarez was the president and chief executive officer of the Institute for HIPAA/HIT Education and Research. Prior to this he was the chief executive officer of the Midwest Center for HIPAA Education and before that the executive director and chief executive officer of the Minnesota Health Data Institute. He also worked for the Minnesota Department of Health in various senior policy positions. Dr. Suarez has provided project management, technical and policy consulting services and project/program evaluation services to health care provider organizations, health plans, Medicaid and Medicare programs, public health agencies and vendors in the areas of health IT and health information exchange (HIE), public health data standards, health disparities, quality measurement, health information privacy and security standards, and Health Insurance Portability and Accountability Act (HIPAA) standards including Transactions and Code Sets (TCS) and the National Provider Identifier (NPI). In the past ten years Dr. Suarez delivered over 200 one-day and two-day educational programs and training seminars for health care providers, public health professionals, and other health care organizations. He has also developed and published nationally recognized toolkits for planning and implementing HIPAA Privacy and Security across an enterprise and authored a number of industry papers on a variety of HIPAA, Health IT and HIE topics. He is a member of the National Committee on Vital and Health Statistics (NCVHS), where he co-chairs the Sub-Committee on Standards. He is also a member of HIT Standards Committee of the Office of the National Coordinator for Health Information Technology, where he co-chairs the Privacy and Security Workgroup. Dr. Suarez is an active member of several national organizations, including Founding President and Member of the Board of Directors of the Public Health Data Standards Consortium (PHDSC); Member of the Executive Board of the Joint Public Health Informatics Task Force (JPHITF); and Member of HL7, X12, ISO, and other standard development organizations.

**Tamara Syrek Jensen, JD**, is the deputy director for the Coverage and Analysis Group (CAG) at the Centers for Medicare and Medicaid Services (CMS). CAG develops, interprets, communicates, and updates evidence based national coverage policies. These policies help provide timely access to reasonable and necessary services and technologies to improve health outcomes for Medicare beneficiaries. Before her current position at CAG, she was the special assistant for the CMS Chief Medical Officer and director of the Center for Clinical Standards and Quality (CCSQ). Prior to working at CMS, she worked as a legislative assistant for the U.S. House of Representatives. Ms. Syrek Jensen is an attorney, licensed in Maryland.

**Rickey Tang** is vice president, chief architect, and chief technology officer for WellPoint, Inc., where he leads the Chief Technology Office. His responsibilities include: governance, architecture and setting the strategic direction for technologies and applications at WellPoint. Mr. Tang joined WellPoint in 2008 and brings over 26 years of experience in the IT community with healthcare, retail, manufacturing, services and software companies. Prior to joining WellPoint, Mr. Tang was senior architect manager of the Frameworks and Services organization at Aetna. Mr. Tang also managed enterprise architecture, frameworks and services teams as second vice president, MassMutual Financial Group and, assistant vice president of IT at CIGNA. Mr. Tang holds a bachelor of science degree in computer science from University of Massachusetts, and a master of science degree in computer science from Rensselaer Polytechnic Institute.

**Edward Tanida, MBA**, is in National Network Operations with Aetna Inc., Hartford, Connecticut. At Aetna, his primary responsibilities include: negotiating agreements with national health systems (hospitals, physicians and ancillary facilities); and reviewing company policy and procedures associated with cost and reimbursement for implant devices. Mr. Tanida also served in the role of general manager for Aetna in southern California, focusing on commercial and Medicare sales and provider network development. He started his career as a hospital administrator at a medical school hospital in Philadelphia, Pennsylvania. Mr. Tanida earned a bachelor of arts from the State University of New York, Oneonta; and a master of business administration from Temple University, Philadelphia.

**Madris Tomes, MBA, PMP**, is the Unique Device Identification (UDI) external program manager at the U.S. Food and Drug Administration's (FDA) Center for Devices and Radiological Health (CDRH). She received a BS in Marketing with a Minor in Insurance, followed by a MBA in Information Technology from American University in Washington, D.C. Ms. Tomes came to join the Office of Surveillance and Biometrics at CDRH after serving as a consultant to the FDA on the UDI Database and on FDA's Adverse Events Reporting System (FAERS) for both drugs and devices. Prior to that, she worked as a fraud analyst and project lead for the Centers for Medicare & Medicaid Services (both Medicare and Medicaid program integrity). Ms. Tomes also worked for three years for Kaiser Permanente IT serving the regional chief information officer's office with IT expertise surrounding care delivery and IT infrastructure modernization during the EPIC Electronic Health Records (EHR) implementation. Ms. Tomes is currently leading the UDI Demonstration projects that inform the Medical Device Epidemiology Network (MDEpiNet) in cooperation with Mercy Health Systems, Harvard, Cornell, Kaiser Permanente and the Brookings Institute. This includes the ASTER-D project which will automate the triggering of an adverse event report based on event criteria in an EHR or Incident Reporting System.

**Paul D. Varosy, MD**, is the director of cardiac electrophysiology in the Department of Veterans Affairs (VA) Eastern Colorado Health Care System and assistant professor of medicine at the University of Colorado Denver. As an undergraduate, he attended the University of California, Los Angeles, and then earned his medical degree at the University of California, San Diego. He trained in internal medicine, cardiovascular medicine, and clinical cardiac electrophysiology at the University of California, San Francisco. Dr. Varosy's interests focus on measurement and improvement of quality of care among patients with arrhythmias and arrhythmia devices. He is a recipient of a Research Career Development Award from the VA Office of Health Services Research and Development (VA HSR&D) evaluating real-world outcomes among veterans with implantable cardioverter defibrillators (ICDs). The product of this effort has been the establishment of the Outcomes Among Veterans with Implantable Defibrillators (OVID) Registry. He also serves in national roles as a member of the Science and Publications Committee for the National Cardiovascular Data Registry (NCDR) ICD Registry, the development team for the Safety of Atrial Fibrillation Ablation Registry Initiative (SAFARI), and he chairs the Quality Improvement Subcommittee for the Heart Rhythm Society. As a member of the VA's Denver-based CART program (the VA National Program by which all cardiology procedures are documented in the VA system), Dr. Varosy is leading the development of CART-EP, a new comprehensive VA-wide implantable arrhythmia device health information technology platform spanning pre-implantation evaluation, documentation of the implantation procedure, in-clinic follow-up, and remote monitoring follow-up for veterans with pacemakers, implantable defibrillators, and cardiac resynchronization therapy devices.