

J. TIMOTHY GRONNIGER

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PROFESSIONAL EXPERIENCE

Centers for Medicare and Medicaid Services, Office of the Administrator

May 2015 - present

Deputy Chief of Staff and Director of Delivery System Reform

- Member of senior leadership team and directly report to Administrator Andy Slavitt and Deputy Administrator Patrick Conway with lead management responsibility for:
 - Long-term strategy for addressing the cost of **prescription drugs** in Medicare, Medicaid, and commercial insurance programs;
 - Development of policy under the new **Quality Payment Program** for Medicare physician services, affecting more than \$90 billion in Medicare spending on an annual basis;
 - Handling the agency's response to the fiscal crisis in **Puerto Rico**, including administrative changes affecting hundreds of millions of dollars and development of a new \$30 billion legislative proposal.
- Coordinated strategic planning and communications for **Center for Medicare and Medicaid Innovation** projects (including the agency's two new geography-based **bundled payment systems**), delivering on the Administration's commitments to payment reform goals, and other high priority initiatives.
- For each team or project, responsible for results across the agency's functions, including:
 - Setting **strategic vision** and developing workplans to execute the strategy;
 - **Policy development** and planning, including **building consensus** within CMS and across the administration (including HHS, OMB, White House);
 - **Strategic communications**, including development of effective messaging and targeting of resources;
 - External **engagement** with stakeholders;
 - Management of **Congressional interest and engagement**;
 - **Operational** integration;
 - Building **cross-agency teams** outside traditional silos to support each project's needs.

Key Accomplishments:

- Launched multiple strategic initiatives to position the agency to **better manage drug costs** in the long-term, including a pharmaceutical policy forum with 20+ speakers and 200 attendees; a new demonstration project for Medicare Part B affecting over \$5 billion in spending annually (and with a \$150 million administrative budget); a new public drug spending dashboard for CMS programs providing detailed data on hundreds of high impact products; and an initiative to help improve States' coverage of hepatitis C therapies that facilitated improved coverage in seven states.
- Executed the Administration's strategy to constrain the growth of health care costs through payment policy in Medicare and the creation of new payment models, resulting in a 1.3 percentage point reduction per year in the growth rate of Medicare spending over 2010-2016, **leading to a \$700 reduction in premiums and cost sharing for Medicare beneficiaries.**

- Key actions I led or coordinated that helped deliver this low cost growth included the deliberate movement of Medicare payments to risk arrangements (such as the creation and expansion of 470+ Accountable Care Organizations in Medicare); regulatory policies that constrained growth in Medicare Advantage and hospital payments; and improved regulation of the Medicaid drug rebate program.

WHITE HOUSE DOMESTIC POLICY COUNCIL

Oct. 2011 – May 2015

Senior Health Policy Adviser

- Provided analysis and advice to the senior leadership of President Obama’s health care team and led Administration strategic planning on health care cost containment and delivery system reform.
- Coordinated White House management of health care delivery system reform, including the promotion of electronic health records, the Center for Medicare & Medicaid Innovation, accountable care organizations, bundled payments, and Medicare payment policy.
- Directed strategic policy and communications planning for key payment policies (such as Medicare Advantage rates) in Medicare, Medicaid, and the Innovation Center.
- Led extensive outreach to external groups to develop and support the Administration’s payment reform goals culminating in the April 2015 announcement from the President creating the Health Care Payment Reform Learning and Action Network, bringing together over 200 health care leaders in support of the effort.

Key Accomplishments:

- Drove **key delivery system reform accomplishments** of the Obama administration:
 - Establishment of strategic **national goals for payment reform** and the project plan that delivered early on the first stage of those goals (exceeded 30% of Medicare payments in advanced payment models in early 2016).
 - Widespread adoption of new payment models (starting from a very low base in 2010).
 - Innovations in care design touching hundreds of thousands of clinicians across more than twenty new payment models, including **patient safety innovations** that have saved 125,000 lives and prevented more than one million patient harms.
 - Adoption of electronic health records, increasing from less than 20% to more than 90% among physicians nationwide from 2009 to 2016.

U.S. HOUSE OF REPRESENTATIVES

Sept. 2008 – Oct. 2011

Senior Professional Staff for Chairman/Ranking Member Henry Waxman, Cmte. on Energy & Commerce

- Lead staffer for Medicare Parts B and C, and federal budgeting issues, including the Affordable Care Act.
- Led policy development for major elements of health reform and Medicare legislation, including the HITECH Act creating a national electronic health records incentive program in Medicare and Medicaid and wrote major legislation affecting Medicare and Medicaid payments totaling hundreds of billions of dollars per year.
- Worked with Members of Congress, leadership, administration, and Senate staff to develop policy and execute strategy to enact the Affordable Care Act.

Key Accomplishments:

- Co-author and designer of the legislation that created the **Center for Medicare and Medicaid Innovation**.
- Co-author of the legislative compromise that reduced **Medicare Advantage** spending by more than \$150 billion over the ten years succeeding the ACA without reducing benefits or enrollment.

UNITED STATES CONGRESSIONAL BUDGET OFFICE

June 2004 - August 2008

Budget and Health Analyst—Health Costs Estimates Unit

- Provided spending projections and cost estimates for legislation affecting Medicare Advantage, Medicare durable medical equipment, and other health financing programs. Led teams of analysts creating cost estimates, testimonies, and reports.

BRAUN CONSULTING, Boston, MA

July 2000 – July 2001

Associate Consultant

- Performed market analysis for a leading pharmaceutical firm including quantitative analysis in Excel and SAS.

EDUCATION

University of Michigan, Ann Arbor, MI, School of Public Health, Ford School of Public Policy

MASTERS IN PUBLIC POLICY; MASTERS IN HEALTH SERVICES ADMINISTRATION

Harvard College, Cambridge MA

B.A. MAGNA CUM LAUDE (THESIS: SUMMA), BIOCHEMICAL SCIENCES

PUBLICATIONS

- Co-author, with Michael Chernew, Catherine McLaughlin, and others “The relationship between health plan performance measures and physician network overlap: implications for measuring plan quality.” *Health Services Research*, August 2010.
- Sole author of two original works of research on obesity in mortality published in *Demography* and the *American Journal of Public Health* in 2005 and 2006.
- Primary or co-author of more than 20 briefs, letters, cost estimates, testimonies, and blogs for CBO, the White House DPC, and CMS available upon request.