



## Christopher Tompkins, Ph.D. – Vice-chairman, CEO

Christopher Tompkins, Ph.D. has been at Brandeis University for over 30 years, where he holds a faculty appointment and directs the Institute on Healthcare Systems. He has pioneered payment and measurement systems for healthcare reform for since the 1980's.

**Capitated delivery systems.** He was a member of the research team that first developed diagnosis-based **risk-adjustment models** for Medicare. His doctoral dissertation focused on the importance of diagnoses, functional limitations, mental health conditions, and social circumstances on Medicare spending per beneficiary. He supported CMS in the design of **payment methods** for the first ESRD capitation demonstration. He participated in research examining factors determining health plans' entering and exiting the Medicare market.

**Physician-focused payment.** After implementing DRGs and options for HMO participation, Medicare policy concerns moved to physicians, with administered fees (RBRVS) and national expenditure targets, volume performance standards, and the Sustainable Growth Rate (SGR). As an alternative, Dr. Tompkins led development of the **Medicare shared savings payment model**, and the demonstration design report for CMS that paved the way for the Physician Group Practice (PGP) demonstration, which became the basis for today's **MSSP** and **Accountable Care Organizations (ACOs)**. Dr. Tompkins currently is leading a team that supports CMS with empirical modeling of policy options and regulatory impact analysis regarding the **Merit-Based Incentive Payment System (MIPS)**.

**Hospital-focused payment.** The aftermath of the "managed care era" included growing concern for including quality measures in order to provide safeguards against unbridled cost-cutting, and to clarify the pathway toward higher value. Early pay-for-performance experience gave way to value-based purchasing with the Medicare **Hospital Value-Based Purchasing (HVBP)** program; Dr. Tompkins led the design of HVBP, including co-authorship of the Report to Congress, and provided support to CMS for its implementation under the ACA. Dr. Tompkins and Brandeis colleagues also conducted the national dry-run for CMMI testing AHRQ complication rates for HVBP. They also developed the prototype **Hospital Spending per Beneficiary** measure of cost by DRG for time windows surrounding inpatient stays, which was implemented in HVBP, and was a precursor to hospital-based inclusive **bundled payments**.

**Episode framework for analytics, pricing transparency, and payment.** Patients have contact with the healthcare system for specific reasons, which generally are diagnosis and treatment of specific conditions. Evaluation of the appropriateness and efficiency of services must be considered in the context of the episode(s) of care that are relevant to the patient. Thus, episodes can be used as the lens for measuring value, both clinical and cost outcomes, and for framing payment and financial incentives. Dr. Tompkins led a team of researchers that developed a software tool called the **Patient-Centered Episode System (PACES)**, which was the winning prototype chosen by CMMI for build-out as the **Episode Grouper for Medicare (EGM)**. The episode system helped enable development with the American College of Surgeons of the **ACS-Brandeis Advanced Alternative Payment model**, which was the first submission recommended to CMS by the PTAC for testing. That model continues to hold promise of engaging all clinicians regardless of specialty in unique accountability metrics that reinforce **team-based care**. He also led development of prototypical bundled payment options for behavioral health in Medicaid in Massachusetts.

**Supporting value-based care.** Dr. Tompkins co-authored the NQF report (2014) on linking quality and cost measures for evaluating healthcare efficiency and value. Currently, Dr. Tompkins is supporting CMMI on the topic of overlaps among alternative payment models.

Dr. Tompkins led analytic support for about 100 hospitals considering participation in the Medicare Bundled Payment for Care Improvement demonstration. Also, he directed support of the Office of the National Coordinator's Beacon Communities with claims-based performance measures based on Medicare data.

Dr. Tompkins has led many applied research studies, including RCTs and quasi-experimental evaluations, and has taught program evaluation, healthcare financing, and research methods. He chaired the Brandeis University IRB and HIPAA Privacy Board for eight years.