

## HAROLD D. MILLER

Harold D. Miller is the President and CEO of the Center for Healthcare Quality and Payment Reform (CHQPR), a national policy center that facilitates improvements in healthcare payment and delivery systems. Miller also serves as Adjunct Professor of Public Policy and Management at Carnegie Mellon University.

Miller is an internationally-recognized expert on healthcare payment and delivery. He has worked to help physicians, hospitals, employers, health plans, and government agencies across the U.S. and in other countries design and implement payment and delivery system reforms. He has twice given invited testimony to the U.S. Congress on how to reform healthcare payment, and he served for four years as one of the initial members of the federal Physician-Focused Payment Model Technical Advisory Committee that was created by Congress to advise the Secretary of Health and Human Services on the creation of alternative payment models.

Miller's work has appeared in multiple peer-reviewed journals, including "From Volume to Value: Better Ways to Pay for Healthcare" in *Health Affairs*, "Making Value-Based Payment Work for Academic Health Centers" in *Academic Medicine*, "Win-Win-Win Approaches to Healthcare Cost Control Through Physician-Led Payment Reform," in *Clinical Gastroenterology and Hepatology*, "A Better Path to Value in Cancer Care" in the *Journal of Clinical Oncology*, "New Approaches to Both Health Care Delivery and Payment Systems Are Needed in Rural Areas" in the *Journal of Ambulatory Care Management*, "How to Create Successful Alternative Payment Models in Oncology" in the *American Journal of Managed Care*, "Aligning Payments, Services, and Quality in Primary Care" (with John Wasson and Harold Sox) in *JAMA*, and "Patient-Centered Payment for Care of Chronic Conditions" in the *Journal of Ambulatory Care Management*. He has written a number of widely-used papers and reports on health care payment and delivery reform, including the Center for Healthcare Quality and Payment Reform's reports *How to Create an Alternative Payment Model*, *Why Value-Based Payment Isn't Working and How to Fix It*, *Saving Rural Hospitals and Strengthening Rural Healthcare*, and *Patient-Centered Payment for Primary Care*. He co-authored *A Guide to Physician-Focused Alternative Payment Models* that was jointly published by the American Medical Association and the Center for Healthcare Quality and Payment Reform.

He has assisted the American Academy of Hospice and Palliative Medicine, the American Academy of Neurology, the American College of Allergy, Asthma, and Immunology, the American College of Cardiology, the American College of Emergency Physicians, the American College of Rheumatology, the American Society of Addiction Medicine, the American Society of Cataract and Refractive Surgery, the American Society of Clinical Oncology, and the American Medical Association in developing alternative payment models designed to support better care for patients at lower cost. He assisted the Centers for Medicare and Medicaid Services with the implementation of its Comprehensive Primary Care Initiative in 2012, and he assisted the Washington State Hospital Association and the State of Washington to develop an improved payment system for small, rural hospitals.

From 2008 to 2013, in addition to leading CHQPR, Miller served as the President and CEO of the Network for Regional Healthcare Improvement (NRHI), the national association of Regional Health Improvement Collaboratives. He served as a member of the Board of Directors of the National Quality Forum from 2009 to 2015. Prior to founding CHQPR, Miller served as the Strategic Initiatives Consultant to the Pittsburgh Regional Health Initiative (PRHI), and his work there demonstrating the significant financial penalties that hospitals can face if they reduce hospital-acquired infections was featured in *Modern Healthcare* magazine in December 2007. In 2007, Miller served as the Facilitator for the Minnesota Health Care Transformation Task Force, which prepared the recommendations that led to passage of Minnesota's path-breaking healthcare reform legislation in May 2008.