

# **Exhibit 27**

**DECLARATION OF Ashish K. Jha, MD, MPH**

I, Ashish Jha make the following declaration based on my personal knowledge and declare under the penalty of perjury to 28 U.S.C. §1746 that the following is true and correct.

**I. Background**

1. I am Dr. Ashish Jha. I am a professor of Health Policy at the Harvard T.H. Chan School of Public Health, the Director of the Harvard Global Health Institute, and a practicing General Internist and Professor of Medicine at Harvard Medical School. I received my medical degree from Harvard Medical School and trained in internal medicine at the University of California in San Francisco. I also completed my general medicine fellowship at Brigham & Women's Hospital at Harvard Medical School and received my master's degree in Public Health from the Harvard T.H. Chan School of Public Health.

2. My research endeavors focus on healthy systems, public health, and the impact of policies in these areas. I have published over two hundred papers in prestigious journals in a variety of areas of health policy and public health. I lead the Harvard Global Health Institute and in that role, have overseen our substantial activities around disease outbreaks and pandemics. I co-chaired the International Commission on the Global Response to Ebola. I oversaw a report of a series of meetings that we co-hosted with the National Academy of Medicine on how the global community should prepared for and respond to pandemics. I have been deeply engaged with state and federal policymakers on the current COVID19 outbreak, building models on how the health systems is likely to cope with the outbreak and how policymakers can ensure that we minimize death and suffering from the current pandemic. I am a member of the Institute of Medicine at the National Academies of Sciences, Engineering, and Medicine.

3. My CV is attached at Exhibit A.

**II. COVID-19**

4. The novel coronavirus, officially known as SARS-CoV-2 (Coronavirus), causes a disease known as COVID-19. On March 11, 2020, the World Health Organization (WHO) declared that this rapidly spreading COVID-19 a pandemic. As of April 3, 2020, at 11:30 am ET 1,041,126 people have been diagnosed with COVID-19 around the world and 55,132 have died.<sup>1</sup> The United States is the epicenter of the COVID-19 pandemic and has surpassed the rest of the world with the most COVID-19 cases. As of April 3, 2020, at 11:30 am ET, 245,658 people in the United States have been diagnosed with COVID-19 and 6,069 people have died.<sup>2</sup> However, the numbers of infection and death are likely underestimated due to the lack of test kits available.

5. I expect the transmission of COVID-19 to grow exponentially. National projections by the Centers for Disease Control and Prevention (CDC) indicate that over 200 million people in the United States could be infected with COVID-19 over the course of the pandemic without effective public health intervention. I estimate that there could potentially be between 100,000 to 200,000 deaths related to COVID-19 in the United States in the upcoming weeks alone and many more deaths before the pandemic comes to a close.

6. COVID-19 is a highly contagious disease that is thought to spread mainly from person to person which can happen between people who are in close contact with one another. COVID-19 is far more contagious than most strains of the flu. Right now, each person with COVID-19 will spread it to three other people (referred to as  $R_0$ , the basic reproduction number of the virus). It is now clear that people can transmit the virus before they start to show symptoms or for weeks after their symptoms resolve. COVID-19 is easily transmitted through respiratory droplets,

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<sup>1</sup> See COVID-19 Interactive Map, Johns Hopkins University & Medicine, <https://coronavirus.jhu.edu/map.html>, accessed Apr. 3, 2020 (at 11:30 am ET).

<sup>2</sup> See COVID-19 Interactive Map, Johns Hopkins University & Medicine, <https://coronavirus.jhu.edu/map.html>, accessed Apr. 3, 2020 (at 11:30 am ET).

especially when one is within six feet of an infected individual. Droplets that are produced when an infected person coughs or sneezes (and emerging evidence that even through just regular breathing) may land in the mouths or noses of people who are nearby, or possibly be inhaled into their lungs. Coronavirus can also spread from contact with infected surfaces or objects. For example, a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. A recent study found that the COVID-19 coronavirus can survive up to four hours on copper, up to 24 hours on cardboard, and up to two to three days on plastic and stainless steel.<sup>3</sup> Everyone is at risk for contracting COVID-19 and the best way to prevent this illness is to avoid exposure to the virus altogether and emphasize the importance of hand washing and disinfecting frequently touched surfaces.

7. COVID-19 is a serious disease that can result in respiratory failure and death. Right now, the mortality rate of COVID-19 is ten to fifteen times that of the flu. Infected individuals who do not die from the disease can face serious damage to the lungs, heart, liver, or other organs, resulting in prolonged recovery periods, including extensive rehabilitation and likely, permanent disability. The degree and duration of that disability has not yet been fully quantified given that this is a novel infection but all clinical signs suggest that many individuals who recover from the disease will suffer long term disability from the disease. Patients can show the first symptoms of infection in as little as two days after exposure, and their condition can seriously deteriorate in as little as five days or sooner.

8. While everyone is at risk of contracting COVID-19, people aged 65 years and older and individuals those with certain medical conditions appear to face greater chances of serious

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<sup>3</sup> *Study suggests new coronavirus may remain on surfaces for days*, National Institute of Health, Mar. 24, 2020, <https://www.nih.gov/news-events/nih-research-matters/study-suggests-new-coronavirus-may-remain-surfaces-days>.

illness or death from COVID-19. The CDC identified certain underlying medical conditions that increase the risk of serious COVID-19 disease for individuals of any age, including chronic lung disease, moderate to severe asthma, chronic liver or kidney disease, diabetes, epilepsy, hypertension, compromised immune systems, blood disorders, inherited metabolic disorders, stroke, and pregnancy.

9. There is no vaccine against COVID-19, nor is there any known medication to prevent or cure infection from the virus at this time.

10. The only known effective measures to reduce the spread of the transmission of COVID-19 includes containment and mitigation. Containment requires identifying and isolating people who are ill or who have had contact with people who are ill. Unfortunately, due to the lack of testing availability, we have lost our most powerful tool for fighting this disease and we've had to take extraordinary measures. The United States must engage in extreme social distancing, remaining physically separated from known or potentially infected individuals. Slowing down the rate and number of new coronavirus infections is critical to not overwhelming hospitals, which could lead to large numbers of critically ill patients not receiving life-saving care. The goal of this practice is to flatten the curve of new infection, thereby avoiding a surge of demand on the health care system.

11. Hospitals in the United States are already reporting shortages of key equipment needed to care for critically ill patients, including ventilators and personal protective equipment (PPE) for medical staff. Adequate production and distribution of both types of equipment are crucial to caring for patients during the pandemic.

12. Current estimates of the number of ventilators in the United States range from 60,000 to 160,000, depending on whether those that have only partial functionality are included. The national strategic reserve of ventilators is small and far from sufficient for the projected gap. No

matter which estimate we use, there are not enough ventilators for patients with COVID-19 in the upcoming months.

13. Equally worrisome is the lack of adequate PPE for frontline health care workers, including respirators, gloves, face shields, gowns, and hand sanitizer. In Italy, health care workers experienced high rates of infection and death partly because of inadequate access to PPE. Recent estimates here in the United States suggest that we will need far more respirators and surgical masks than are currently available. Without adequate PPE, health care workers will get sick, endangering the functioning of the entire health care system. The human and economic costs of that scenario should not be underestimated.

14. Projections show that the United States health care system will likely be overwhelmed by an influx of patients infected with COVID-19.<sup>4</sup> If the United State doesn't make substantial changes, both in spreading the disease over time and expanding hospital capacity, it will likely run out of hospital beds and we will not be able to take care of critically ill people. Many people will die unnecessarily.

### **III. Immigration Courts**

15. After engaging in various conversations with the National Association of Immigration Judges (NAIJ) and the American Immigration Lawyers Association (AILA), I learned about the nature of immigration court hearings in more than 68 locations across the United States. Continuing to hold immigration court hearings will inevitably put not only the parties involved in grave danger of contracting COVID-19, but also the rest of the public.

16. Every immigration court hearing requires the participation of a multitude of people from court employees, respondents, private counsel, government attorneys, and interpreters. Any

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<sup>4</sup> Annie Waldman, Al Shaw, Ash Ngu, and Sean Campbell, *Are Hospitals Near Me Ready for Coronavirus? Here Are Nine Different Scenarios*, ProPublica, Mar. 17, 2020, <https://projects.propublica.org/graphics/covid-hospitals>.

gathering of multiple people puts individuals at substantial risk for further transmission of this deadly disease, furthering this public health crisis. While there is no safe number of people who can be together, each additional person adds substantial risk to everyone else present in that area. This is why most public health experts have suggested we avoid any gatherings of 5 or more individuals. It's impossible to determine which individuals who attend hearings have the COVID-19 virus because individuals can be asymptomatic and yes still infect others unknowingly. Until we get adequate testing and ensure that the immigration courts are a safe environment for all, continuing to hold any hearings at any immigration court presents too high of a public health risk.

17. Continuing to hold immigration court hearings also presents significant risks of COVID-19 transmission outside of the courtroom. For example, anyone needing to access the immigration courts may need to utilize mass public transportation, wait in long security lines to enter the immigration court building, and wait in cramped waiting rooms prior to the start of the immigration hearing. All of these situations present place court personnel, litigants, and all of the community members in harm's way. Additionally, holding immigration hearings may spread the disease to detention facilities. The CDC has specifically highlighted in-person court appearances as risk factors for COVID-19 outbreaks in detention centers.

18. We are in the middle of the most important public health crisis in the last century. Dramatically scaling back all human interaction is the primary strategy we have today. We have no vaccines and no approved therapies. During these very unprecedented times, we must make decisions that have substantial consequences including shutting down courts, closing schools, shutting down places of worship, and more.

19. All of these decisions have economic and social consequences. However, I'm deeply worried that tens, if not hundreds, of thousands of people in the United States, are going to die of COVID-19 in the upcoming months. We have to do everything in our power right now to try and

prevent that including temporarily closing the nation's immigration courts. Failing to take this action now will exacerbate a once in a century public health crisis with substantial public health and economic consequences.

20. On March 21, the Department of Homeland Security (DHS) announced that it will now require all legal visitors to provide and wear personal protective equipment (PPE) (disposable vinyl gloves, N-95 or surgical masks, and eye protection) in order to enter any detention facility, despite the nationwide shortage of PPE. This policy has consequences on the country's public health response to COVID-19. Hospitals across the country are reporting severe shortages of key equipment needed to care for critically ill patients, including PPE. Given these shortages, PPE must not be diverted away from frontline health care workers who need it the most. Alternatives to in-person meetings in detention centers should be made available.

#### **IV. Detention Centers, Jails, and Prisons**

21. Detention facilities are particularly vulnerable to COVID-19 outbreaks. Both the World Health Organization (WHO) and the CDC have issued special guidance warning against COVID-19 spread in detention centers. Individuals in detention live in close quarters to each other and eat, work, study and recreate in environments that do not allow for adequate social distancing. At the same time, the daily movement of staff in and out of facilities increases potential exposure to the detained population. All these factors make detention centers potential hotspots for COVID-19.

22. There are already reports of COVID-19 positive cases among staff or detainees in prisons and jails in many states across the country including Florida, New York, California, Georgia, Wisconsin, Louisiana, Ohio, North Carolina, and Illinois. As of April 3, 2020, there are

positive COVID-19 cases among staff or detainees in at least seven ICE detention facilities.<sup>5</sup>

23. Another concern with respect to ICE detention facilities is that many are located in remote rural areas with limited access to medical care. Individuals living in rural areas already face healthcare inequalities due to quality of care issues and distance to the nearest medical facility. Therefore, an outbreak of COVID-19 in a rural detention center could be disastrous.

## **V. Conclusion and Recommendations**

24. For the reasons above, it is my professional judgment that immigration courts should cease all non-emergency in-person operations, and that immigration detainees, especially those who are at high risk for serious complications or death from COVID-19, should, to the extent possible and with appropriate precautionary public health measures, be released from detention. Detention facilities should also provide secure and reliable remote communication between noncitizens in detention and their legal representatives to avoid further spread of the virus.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 6th day of April, 2020 in Cambridge, Massachusetts.



Ashish K. Jha, MD, MPH

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<sup>5</sup> See *ICE Guidance on COVID-19: Confirmed Cases*, U.S. Immigration and Customs Enforcement, [https://www.ice.gov/coronavirus\\_](https://www.ice.gov/coronavirus_) accessed Apr. 3, 2020 (at 11:30 am ET).

# **Exhibit A**

## CURRICULUM VITAE

**Date:** March 9, 2020

**Name:** Ashish Kumar Jha

**Office Address:** Harvard Global Health Institute  
42 Church Street, 2<sup>nd</sup> Fl.  
Cambridge, MA 02138

**Home Address:** 21 Fairlee Road  
Newton, MA 02468

**Email:** [ajha@hsph.harvard.edu](mailto:ajha@hsph.harvard.edu)

**Date and Place of Birth:** September 29, 1970  
Pursaulia, Bihar, India

### Education:

2002-2004	M.P.H., Harvard School of Public Health, Boston, MA
1992-1997	M.D., Harvard Medical School, Boston, MA
1988-1992	B.A. in Economics, Columbia University, New York, NY

### Postdoctoral Training:

#### Internship and Residency:

2000-2001	Chief Resident, University of California, San Francisco, CA
1998-2000	Resident Physician, University of California, San Francisco, CA
1997-1998	Internship, University of California, San Francisco, CA

#### Fellowship:

2002-2004	Clinical Fellow in Medicine, Harvard Medical School
2002-2004	Research Fellow in Medicine, Brigham & Women's Hospital

### Licensure and Certification:

2002-	Massachusetts Board of Medical Registration
2000-2010	American Board of Internal Medicine
1999-2004	California Medical Board

### Academic Appointments:

2014-	K.T. Li Professor of Global Health,
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2014-	Harvard T.H. Chan School of Public Health
2013-	Professor of Medicine, Harvard Medical School
	Professor of Health Policy and Management, Harvard School of Public Health.
2009-2013	Associate Professor of Health Policy, Harvard School of Public Health
2009-2014	Associate Professor of Medicine, Harvard Medical School
2005-2009	Assistant Professor of Medicine, Harvard Medical School
2004-2009	Assistant Professor of Health Policy, Harvard School of Public Health

**Hospital Appointments:**

2004-	Staff Physician, Boston VA Health System, Boston, MA
2002-	Associate Physician, Brigham and Women's Hospital, Boston, MA

**Other Academic or Professional Positions:**

2018-2020	Dean for Global Strategy, Harvard T.H. Chan School of Public Health
2017-2018	Senior Associate Dean for Research Translation and Global Strategy, Harvard T.H. Chan School of Public Health
2009-2013	Special Assistant to the Secretary, Department of Veterans Affairs, Washington, DC.
2007-2009	Special Assistant to the Under Secretary, Veterans Health Administration, Washington, D.C.
2000-2002	Staff Physician, San Francisco VA Medical Center
2001-2002	Undersecretary's Special Fellow for Quality (Inaugural), Veterans Health Administration, Washington, D.C.

**Major Administrative Responsibilities:**

2014 – Present	Director, Harvard Global Health Institute
2013-2016	Chair, Harvard University Health Service Advisory Board
2001-2002	Chair, Quality Improvement Committee, Medical Service, San Francisco VA Medical Center.

**Major Committee Assignments:**

2018-	Board Member, BMJ International Advisory Board
2017-	Member, Board on Global Health, The National Academy of Sciences, Engineering, Medicine
2011-2015	Member, External Advisory Board, Centers for Cardiovascular Research, National Institute of Heart, Lung, and Blood
2010-2011	Member, IOM Panel on Health IT and Patient Safety
2010-2011	Member, Electronic Health Record Modeling Committee, Office of the National Coordinator of Health IT
2008-2011	Chair, Veterans Health Quality & Safety Advisory Committee

2003 Member, Patient Safety Signature Project, Partners Healthcare.  
 2000 Member, Pharmacy and Therapeutics Committee, San Francisco VA Medical Center

**Professional Societies:**

2013- Institute of Medicine  
 2002- American Medical Informatics Association  
 2002- Academy Health  
 1999- Society of General Internal Medicine, Member  
 1999- American College of Physicians

**Editorial Boards:**

2007-2010 Editorial Advisory Board, Joint Commission Journal on Quality and Safety  
 2001- Ad-hoc Reviewer, JAMA, Medical Care, American Journal of Medicine, Social Science and Medicine, New England Journal of Medicine, American Journal of Preventive Medicine, Circulation

**Awards and Honors:**

2013 Member, Institute of Medicine  
 2009 Young Investigator of the Year, Society of General Internal Medicine  
 2008 Alice S. Hersh New Investigator Award, Academy Health  
 2007 Junior Clinician-Investigator of the Year (Northeast region), Society of General Internal Medicine  
 2006 Milton H. Hamolsky Award, Society of General Internal Medicine  
 2006 Robert Wood Johnson Physician Faculty Scholar  
 1999 Housestaff Teaching Award, University of California, San Francisco  
 1997 Rose Seegal Prize for best original research by a graduating senior, Harvard Medical School  
 1995 Carl W. Walter Research Fellowship, Harvard Medical School  
 1992 Phi Beta Kappa, Magna Cum Laude, Columbia College  
 1992 Garcia Prize for human rights work, Columbia College  
 1991 University Convocation Speaker, Columbia University

**Research, Teaching, and Clinical Contributions****Research Activities:**

My research interest is in how we might improve healthcare delivery in ways that improve the health of populations. I have spent much of my research career studying national and increasingly, global policy efforts to improve the quality and efficiency of care, including work on metrics for performance, transparency, incentives and use of technology. My focus on the healthcare system has been driven by a very simple set of facts: in the U.S. and around the globe, we spend enormous amount of money on healthcare and outcomes are far from optimal. We need to find ways to re-

orient healthcare systems towards improving population health by becoming more efficient, achieving better outcomes, and taking a whole-person, longitudinal view.

### **Clinical Activities:**

My current clinical activities include inpatient attending at the West Roxbury campus of the Boston VA Health System. I am a medical attending on the inpatient medical consult service.

### **Teaching Activities**

My primary teaching activity is at Harvard College, where I teach a course entitled Quality of Healthcare in America. I also teach two courses at the Harvard T.H. Chan School of Public Health, one focused on innovations in global health systems and another on managing health information for better health outcomes. Additionally, I participate in a certificate course on Leadership Strategies for Health Information Technology through the Harvard T.H. Chan School of Public Health Continuing Professional Education Program. Finally, I have taught two edX courses to the general public. The first course “Improving Global Health: Focusing on Quality and Safety” began in fall of 2014. The latest edX course “Lessons from Ebola: Preventing the Next Pandemic” began in December 2015.

### **Research Funding Information:**

**76391**

**04/15/2019 – 04/14/2020**

**Robert Wood Johnson Foundation**

*Developing a Research Agenda to Update Knowledge of the Social and Health-System Factors that Affect Health*

The proposed project will be a starting place for future innovative research, with the intent to provide an actionable foundation for further investigation into factors that affect health.

Role: Primary Investigator

**N/A**

**12/1/2019 – 2/15/2020**

**The Global Fund to Fight Aids, Tuberculosis, and Malaria**

*Request for Proposals (RFP) Invitation Notice TGF-19-101*

This project will evaluate the current state of evidence on the current and future impacts of climate change on HIV/AIDS, tuberculosis, and malaria via systematic literature review. This will allow for the guidance of future funding decisions and areas on which to focus to most efficiently and effectively mitigate the effects of climate change on these three diseases.

Role: Primary Investigator

**2017-263684**

**09/07/2017 – 06/30/2021**

**The Bill and Melinda Gates Foundation**

*Towards Evidence-Based Health System Reform in Odisha*

The primary objectives of the proposed program are 1. Conduct evidence-based health system and policy (HS&P) analyses that would contribute to innovations in health system reforms to achieve socially desirable outcomes. 2. Train a new cadre of Indian researchers/analysts in HS&P research, who can serve as locally-embedded objective and evidence-based advisors to health policymakers in Odisha and elsewhere in India to improve the performance of their health systems.

Role: Co-investigator

**20181326**

**09/15/2017 – 03/21/2020**

**The Commonwealth Fund**

*Managing High Cost High Need Patients: An International Comparison Phases 1 & 2*

This project aims to characterize five different clinical personas of high-need, high-cost patients, and then, using empirical data, identify spending and utilization patterns for them across nations.

Role: Primary Investigator

**2018-373679**

**01/15/2018 – 01/14/2020**

**Climate Change Solutions Fund**

*Healthcare in the Heat: Assessing Trends in heat-Related Healthcare Provision and Advancing Heat Preparedness in Boston*

This project aims to better understand why heat-related mortality has fallen over time, and to augment current hospital plans for a future with more heat waves.

Role: Primary Investigator

**20171084**

**01/01/2018 – 12/31/2019**

**The Commonwealth Fund**

*Applications and refinement of the HN/HC Segmentation Framework: A New Approach for Targeting Care for HC/HN Populations in ACOs*

This project seeks, in partnership with a group of ACOs, to meaningfully test the utility of segmenting patients in real-time, refine and improve the segmentation framework, and ultimately, determine how best segmentation can help drive meaningful changes in care for HN/HC patients.

Role: Primary Investigator

**20170065**

**07/01/2017 – 6/30/2019**

**The John A. Hartford Foundation**

*Understanding Information Continuity and its Impact on Care for Older Adults*

Given the substantial national investment in Electronic Health Records (EHRs) and health information exchange (HIE), it is now critically important to understand how information continuity is being achieved in the context of increased digitalization and how information continuity impacts patient care.

Role: Primary Investigator

**1R21MD011701-01**

**09/26/2017 – 05/31/2019**

**NIH/NIMHD**

*Trends in Racial Disparities in Surgical Readmissions and Strategies to Narrow the Gap*

Disparities in surgical care, including access to and quality of care, are pervasive and longstanding in our healthcare system. In recent years a range of national policies and programs have been implemented to improve the quality of surgical care delivered in the U.S. We need to examine the impact of these efforts on surgical disparities to better understand whether they have closed the gaps. As importantly, we need to identify effective strategies that individual organizations have undertaken that reduce disparities in surgical care.

Role: Primary Investigator

**Past Research Support****20160620****05/01/2016 – 10/31/2018****The Commonwealth Fund**

*Understanding Who Becomes and Remains High-Cost/High Need Over Time:  
The Role of Mental Health and Social Factors*

The purpose of this work is to understand drivers of persistence of high-cost patients over time, and how mental health and social factors contribute to costs and quality of care for these complex patients.

Role: Primary Investigator

**61664202-126906****09/01/2017 – 06/30/2018****Stanford University**

*Identifying High-Performing Physician Practices for Medicare Patients in Late-Life*

The main goal of this project is to identify and understand features of high-performing physician practices that provide safe, effective, and patient-centered care to Medicare patients late in life.

Role: Primary Investigator

**6979247****7/1/2015 – 6/30/2017****Association of American Medical Colleges**

*Understanding the Value of Academic Medical Centers*

Academic Medical Centers (AMCs) serve a critical role in the U.S. healthcare system and in the communities in which they serve. In addition to fulfilling the essential role of training the nation's physicians, AMCs engage in the research and innovation that advance clinical practice and set the standard of care for the community. One of the most important functions of the modern AMC, however, is to provide an array of life-saving services that may not be available more broadly (e.g. trauma care, burn units, inpatient psychiatric treatment, etc.). AMCs also serve as the point of last resort for the most critically ill and medically complex patients whose needs often exceed the capabilities of their local institutions. In order to better understand the value of AMCs, we need to examine their impact on the health of patients and the costs of care. In this project, we address the limitations of earlier research by looking at the populations most likely to benefit from the resources unique to AMCs- the sickest, most medically complex patients.

N/A

6/1/2015 – 6/30/2016

**The Rockefeller Foundation***Independent Panel on the Global Response to Ebola*

The primary goal of this project is to improve global responses to future health crisis by facilitating collaboration between the Harvard Global Health Institute and the London School of Hygiene and Tropical Medicine in producing a report examining weaknesses in the global health system, as exposed by the Ebola epidemic.

Role: Primary Investigator

15032

11/1/2014 – 2/28/2017

**Peterson Center on Healthcare***High Cost/High Risk Patients*

The primary purpose of this project is to generate a detailed and multifaceted understanding of the utilization and costs of dual eligible beneficiaries that will shed light on the challenges of health care delivery in this population and thereby facilitate targeted interventions and new policy proposals.

Role: Primary Investigator

7057456

8/1/2014 – 5/31/2016

**Medicare Payment Advisory Commission***Development of a Population-Level Quality Measure “Healthy Days at Home”*

This purpose of this work is to develop a population-level quality measure called “healthy days at home.” The scope of work two parts, (1) the production of a conceptual design and technical specifications for the measure and (2) data analysis (based on the final, approved technical specifications) to produce simulated measurement results.

Role: Primary Investigator

N/A

1/1/2014 – 12/31/2015

**Rx Foundation***The Impact of Insurance Expansion on Medicaid Patients*

The goal of this project is to comprehensively examine the impact of Massachusetts’ implementation of universal health care on Medicaid beneficiaries, structuring our analysis in three parts. First, we will study the effect of insurance expansion on access to outpatient care for Medicaid beneficiaries, focusing on effects across different subgroups of patients. Second, we will describe the effect on preventable hospital admissions and access to surgical procedures. Finally, we will consider the impact of the policy on overall Medicaid costs, which will have important implications for how policymakers evaluate the costs and benefits of insurance expansion.

Role: Primary Investigator

20140227

12/1/2013 – 4/30/2016

**The Commonwealth Fund**

*Care Utilization and Spending Patterns for High-Cost Medicare*

In this project we aim to provide detailed information about spending and health care utilization for specific sub-populations among high-cost patients. This will be of substantial use to clinical leaders as well as policymakers seeking to improve care and reduce unnecessary spending among Medicare patients nationally.

Role: Primary Investigator

N/A

2/1/2013 – 6/30/2015

**Rx Foundation**

*Understanding the Drivers of Spending Among High-Cost Medicare Patients*

The goal of this project is to advance knowledge and create actionable information about the small proportion of Medicare patients that are responsible for the majority of healthcare spending under this important federal program.

Role: Primary Investigator

12-04749

1/1/2013 – 6/30/2016

**Blue Cross Blue Shield of Massachusetts Foundation**

*Understanding High-Cost Patients in Massachusetts*

The proposed work will allow policymakers to better understand who the high-cost patients are, what types of costs they incur, and how these costs may be modified.

Role: Primary Investigator

20120331

7/1/2012 – 12/31/2013

**The Commonwealth Fund**

*Assessing the Characteristics and Performance of Accountable Care Organizations and Their Potential for Spread, Phase 1*

This project will study the differences in structure and population as well as baseline care patterns, quality performance, and cost of Medicare patients among Accountable Care Organizations (ACOs) that have self-selected to enter in a contract with CMS via the SSP or as Pioneers versus those which have not. The initial goal is to inform federal policymakers about the extent to which the enrolling ACOs are atypical in capability or performance or patient population and about ways they may adapt their efforts to attract more provider groups and their patients.

Role: Co-investigator

1 R01 MD006230

4/1/2012 – 12/31/2016

**NIH/NIMHD**

*Understanding Disparities in Patient-Centered Hospital Care*

This project, which aims to determine whether racial and ethnic minorities have worse experiences with hospital care than non-minorities and whether key factors explain racial and ethnic differences in patient experience, will provide important and actionable information to ensure that national policy efforts to improve hospital care promote equity as well as quality.

Role: Primary Investigator

**1 R01 HL113567**

**4/1/2012 – 3/31/2016**

**NIH/National Heart, Lung, and Blood Institute**

*Identifying Ways to Reduce Readmissions Among Minority-Serving U.S. Hospitals*

This project will use a mixed-methods approach, including case studies, a national survey of hospital Chief Medical Officers, and multilevel modeling with Medicare data, to understand patient, hospital, and market-level factors that impact rates of readmissions at minority-serving hospitals (MSHs), with the goal of identifying actionable factors that could help policymakers craft effective policies to improve care among these providers and reduce racial disparities in this important health outcome.

Role: Primary Investigator

**N/A**

**11/1/2011 – 3/31/2013**

**Rx Foundation**

*The Impact of Massachusetts Healthcare Reform on Previously Insured Medicare Beneficiaries*

This project examines the impact of the reform efforts on access to primary care and outcomes for Medicare patients living in Massachusetts.

Role: Primary Investigator

**68754**

**4/15/2011 – 4/14/2013**

**The Robert Wood Johnson Foundation**

*Annual Report on the Adoption and Use of Health Information Technology in the United States*

This project builds on prior work to produce our Annual Report on the adoption and use of Health Information Technology in the United States to reduce health disparities and improve quality.

Role: Primary Investigator

**1R01 DK090435**

**4/1/2011 – 3/31/2015**

**NIH/NIDDK**

*Reducing Disparities in Diabetes through Expanded Insurance Coverage*

The overall goal of this proposed study is to deploy systematic and rigorous empirical analysis to investigate the impact of expanding insurance coverage on health disparities in diabetes, at the national and state level.

Role: Co-Investigator

**1 U18 HS020513-01**

**3/1/2011 – 2/28/2015**

**AHRQ**

*Children's Hospital Boston Center of Excellence for Pediatric Quality Measurement*

Children's Hospital Boston Center of Excellence for Pediatric Quality Measurement (CEPQM) is one of seven Centers of Excellence in the new AHRQ/CMS Pediatric Quality Measures Program

(PQMP) that has been funded to develop pediatric quality metrics for national use. The four-year initiative is designed to expand and improve AHRQ's initial core measure set and to increase the portfolio of evidence-based, consensus-approved pediatric quality measures available to public and private purchasers, providers, and consumers.

Role: Co-Investigator

**HHSP23337010T**

**4/1/2010 – 3/31/2014**

**Office of the National Coordinator for Health IT.**

*Evaluation of State HIE Cooperative Agreement Program*

This project is to identify performance measures and develop and conduct both a formative and summative evaluation of the State Health Information Exchange Cooperative Agreements Program required under the Health Information Technology for Economic and Clinical Health Act of 2009.

Role: Co-Investigator

N/A

**2/1/2010 – 09/30/2011**

**The Health Foundation**

*Hospital Governance in England: The Role of Hospital Boards of Directors in Assuring High Quality Hospital Performance*

To study governance and quality management in British hospitals, including all those in England, Wales and Scotland. We seek to better understand the organizational characteristics of trusts and the role leadership plays in producing effective governance and accountability in British hospitals. 15% FTE for the entire project period

Role: Co-Investigator

**1 R01 HS018414-01**

**9/30/2009 – 1/31/2014**

**AHRQ**

*Intended and Unintended Consequences of Nonpayment for Preventable Complications*

This study will assess the impact of Medicare's use of nonpayment for preventable complications on outcomes and costs in hospitals that report data to Medicare and the National Healthcare Safety Network.

Role: Co-Investigator

**65460**

**12/1/2008 – 11/30/2011**

**The Robert Wood Johnson Foundation.**

*Effects of Public Reporting and Pay-for-Performance on Disparities in Care*

This project examines the impact of the largest hospital P4P demonstration in the U.S. on patient care. The project examines the impact on disparities in receipt of appropriate medical services, outcomes of care over-all and among minority populations, and potential effects on access to care for elective procedures.

15% FTE for the entire project period

Role: Primary Investigator

N/A

10/1/2008 – 6/30/2010

**World Health Organization***Global Burden of Disease of Unsafe Medical Care*

This project is using standard methodology developed and currently used by WHO, to calculate the global burden of harm from unsafe medical care.

Role: Primary Investigator

63431

4/1/2008 – 11/30/2010

**The Robert Wood Johnson Foundation***Measuring the Adoption of Health Information Technology (HIT) in the United States to Reduce Health Care Disparities and Improve Health Care Quality: 2007*

This project is to improve the understanding of the rate of IT adoption in the U.S. by different providers types and to create sustainable measurement programs that will allow policy makers to gauge the progress the nation is making towards the President's goal of widespread HIT use by 2014.

Role: Co-Primary Investigator

20080127

4/1/2008 – 2/28/2010

**The Commonwealth Fund***Analyzing the Interrelationship of Patient Experience, Quality and Cost of Hospital Care, Phase 3*

This project will examine hospitals' performance and variation in performance on hospital version of the Consumer Assessment of Health Plan Survey (H-CAHPS) and determine how hospitals' structural characteristics, performance on technical measures of quality, and risk adjusted costs relate to their ability to provide patient-centered care.

Role: Co-Primary Investigator

N/A

**Rx Foundation**

11/1/2007 - 10/1/2008

*Ideal Health System Models*

The goal of this project is to estimate the potential benefits of an ideal hospital and determine who benefits. By apportioning out the potential beneficiaries of such an endeavor, the project can help identify stakeholders who may be willing to invest the resources needed to improve hospital care.

Role: Co-investigator

N/A

10/1/2007 – 6/30/2009

**Rx Foundation***The Role of Hospital Board Leadership at Hospitals that Provide Predominant Care for Minority Populations*

In this project we propose to survey Chairpersons of hospital boards at hospitals that provide the predominant care to minorities and a sample of other hospitals to understand how governance differs at minority-serving hospitals.

Role: Co-investigator.

N/A

**The Hauser Center**

**4/1/2007 – 9/1/2008**

*The Role of Hospital Boards in Providing Governance and Accountability for High Quality of Care*

This project is to use previous studies data to understand whether interventions focused on Hospital Boards of Directors can likely be used to catalyze efforts in quality improvement, and if so, how to target these interventions effectively.

Role: Co-Primary Investigator

**20070132**

**12/1/2006 – 8/29/2008**

**The Commonwealth Fund**

*Analyzing the Relationship Between Quality and Efficiency of Hospital Care, Phase 1*

This project is to examine several key issues related to the state of hospital quality in the U.S. and its relationship to efficiency. Further, this project also examines the relationship between quality of care and patterns of care not just during the index hospitalization but beyond (to 30 or 180 days after the admission).

Role: Co-Primary Investigator

**57404**

**7/1/2006 – 12/1/2009**

**The Robert Wood Johnson Foundation**

*Physician Faculty Scholars Program, Class of 2009*

This project builds on prior work to understand the state of quality improvement programs, patient safety initiatives, and patient experiences in hospitals that disproportionately care for black and Hispanic Americans.

Role: Primary Investigator

**Program for Health System Improvement**

**7/1/2006 – 6/1/2008**

**Harvard University**

*State of Regional Health Information Organizations in the U.S.*

The first national survey of RHIOs in the U.S. examining their level of activity around health information exchange and their business models for success.

Role: Co-Primary Investigator

**2005061**

**1/1/2006 – 7/1/2006**

**The Commonwealth Fund**

*Cross-national comparison of Health IT*

A project that examined the level of health information technology in seven high-income countries and deciphered the barriers and enablers of health IT adoption.

N/A

**9/30/2005 – 12/31/2010**

**Office of the National Coordinator for Health IT.***Current state of Health IT adoption*

A project on the current state of HIT adoption in the U.S. through an environmental scan as well as through meetings of expert consensus panels with recommendations for future measurement of HIT.  
Role: Co-investigator.

**The Robert Wood Johnson Foundation****8/1/2005 – 8/1/2008***Understanding the Capabilities and Performance of Hospitals that Care for Minority Populations*

This project will evaluate the characteristics and performance of hospitals that disproportionately care for black and Hispanic Americans.

**Program for Health System Improvement****7/1/2005 – 6/1/2008****Harvard University***Health IT adoption among minority-serving physicians in Massachusetts*

A project examining minority-serving physicians in Massachusetts and their use of electronic health records, barriers they face to EHR use and whether they gain the same benefits from EHR use.  
July, 2005 through June, 2008  
Role: Primary Investigator

**20050097****12/1/2004 – 8/1/2006****The Commonwealth Fund***Learning About the Quality and Cost of Care for Hospitalized Medicare Beneficiaries*

A project to take advantage of the new and unique database on hospital quality to examine important issues that reflect on the quality of care for Medicare Beneficiaries.  
Role: Co-Primary Investigator

**49811****11/1/2003–11/1/2005****The Robert Wood Johnson Foundation***Changes in Racial Disparities in the Use of Major Procedures Among Medicare Enrollees: Is the Gap Narrowing*

To determine if and how disparities in use of high cost surgical procedures have changed over time overall and whether these trends may have varied for specific procedures in different geographic areas.  
Role: Co-investigator

**2 T32 HS000020-17****7/1/2002 – 6/1/2004**

*AHRQ NRSA Fellowship in Health Services Research*  
Harvard T.H. Chan School of Public Health

**Select Regional, National and International Contributions**

- 2020 Invited Speaker, “Obamacare; Trumpcare; and how international comparisons will shape health reform in the US” Nuffield Trust Summit 2020, Windsor, England
- 2019 Invited Keynote Speaker, “Health and Healthcare in the Age of Innovation,” The Israel National Institute for Health Policy Research, Jerusalem, Israel
- 2019 Invited Panelist, “The Economic and Health Consequences of Climate Change” Ways and Means Hearing, Washington DC
- 2019 Invited Keynote Speaker, “Patient Safety: A Major Global Health Challenge” Danish Society for Patient Safety, Patient Safety Conference, Copenhagen, Denmark
- 2019 Invited Panelist, “Medicare: Meeting Beneficiary Needs” Alliance for Health Policy, 21st Annual Bipartisan Congressional Health Policy Conference, Washington, DC
- 2019 Invited Keynote Speaker, “Why is U.S. healthcare spending so high? What we can and can’t learn from international comparisons.” American Medical Association (AMA), State Advocacy Summit, Scottsdale, Arizona
- 2018 Invited Keynote Speaker, “Why is US health care spending so high and what can we do about it?” 43<sup>rd</sup> Annual Garland Lecture, Boston Medical Library, Boston, Massachusetts
- 2018 Invited Keynote Speaker, “U.S. Healthcare Spending: International Context, National Trends, and Getting to High-Value Care,” Massachusetts Health Policy Commission’s 2018 Health Care Cost Trends Hearing, Boston, Massachusetts
- 2018 Invited Roundtable Panelist, “Patient Safety: A Grand Challenge for Health Care Professionals and Policy Makers Alike,” 2018 Grand Challenges Annual Meeting, Berlin, Germany
- 2018 Invited Keynote Speaker, “Healthcare Spending and Outcomes in the US: What International Comparisons Can and Can’t Tell Us about the Value of US Healthcare,” 2018 Annual Meeting of the Surgical Outcomes Club, Boston, Massachusetts
- 2018 Invited Panelist, “Shaping Public Healthcare for the Future: Global Health in the 21st Century: A paradigm shift of the world’s health,” Asian Healthcare Leadership Summit, Singapore
- 2018 Invited Panelist, “Medicines We Can Trust: A Call to Safeguard Quality,” World Health Assembly, Geneva, Switzerland
- 2018 Invited Panelist, “Counterfeit and Sub-Standard Medical Products as a Global Health Security Challenge,” World Health Assembly, Geneva, Switzerland

- 2018 Invited Keynote, “Improving the Health of The World’s Poor – Is Universal Health Coverage the Right Strategy,” 5<sup>th</sup> Annual Global Health Economics Consortium, San Francisco, CA
- 2018 Invited Panelist, “How Effective Are Current Efforts to Improve Value,” Health Spending: Tackling The Big Issues, Health Affairs and the National Pharmaceutical Council, Washington, DC
- 2018 Invited Keynote, “Universal Health Coverage: Will it Improve the Health of the World’s Poor,” Harvard Alumni Association, Cambridge, MA
- 2017 Invited Panelist, “Cross-Disciplinary Issues: Public Policy & Public Action”, Climate Sciences and Health Conference, Potsdam Institute for Climate Impact Research, Potsdam, Germany
- 2017 Invited Keynote, “An Ounce of Evidence: The Possibilities and Limits of Data”, 28<sup>th</sup> Annual Symposium on Health Care Services in New York, New York, New York
- 2017 Invited Speaker, “Roundtable Discussion on Health, Healthcare and Health Insurance”, Latin-American Ministerial Summit, Washington, DC
- 2017 Invited Panelist, “Reigniting the National Quality Agenda: Time for A Major Overhaul?” Academy Health Annual Research Meeting, New Orleans, LA
- 2017 Invited Panelist, “Getting Down to Business on Global Health Security: Developing Real Solutions”, World Health Assembly, Geneva, Switzerland
- 2017 Invited Speaker, “The Future of the Affordable Care Act under a New Administration,” Cleveland Clinic/London School of Economics Big Issues in Health Policy Conference, Miami, FL
- 2017 Co-chair, “Developing Metrics to Monitor Global Health Security and Pandemic Preparedness,” National Academy of Medicine, Washington, D.C.
- 2017 Invited Panelist, “The Future of Hospital Value Based Payment,” Health Affairs Forum: Securing the Future of Value Based Payment, Washington, D.C.
- 2017 Session Chair, “Metrics, Data and IT,” Harvard Global Health Institute Health Services Delivery Reform in China, Shanghai
- 2017 Invited Keynote, “International Strategies for Improving Hospital Quality: What’s working, what’s not,” DeltaHealth Hospital, Shanghai
- 2017 Invited Speaker, “Healthcare Transparency: a key factor for the industry and for patients,” AmCham panel on Healthcare Transparency, Hong Kong

- 2017 Invited Keynote, “A Conversation on the Election and Global Healthcare Issues,” Miami University Business of Healthcare Post-Election Conference, Miami, FL
- 2017 Invited Keynote, “From Policy to Practice: Using Data to Improve Patient Care,” VznkuL Symposium at Leuven University, Leuven, Belgium
- 2017 Co-chair, “Climate & Health Meeting” with Vice President Al Gore and the Climate Reality Project, Atlanta, GA
- 2017 Invited Panelist. “Alternative Payment Methods: What Have We Learned? What Next?” 17<sup>th</sup> Annual National Health Policy Conference, Washington, D.C.
- 2016 Invited Speaker, “Preventing the Next Global Pandemic: Lessons from Ebola & Zika,” Park Street Speaker Series, Boston College
- 2016 Invited Speaker, “Improving Cardiovascular Health While Reducing Costs: Achieving the Triple Aim,” American Heart Association Scientific Sessions, New Orleans, LA
- 2016 Invited Speaker, “U.S. News Colloquium on Quality Measures,” U.S. News & World Report Healthcare of Tomorrow, Washington, D.C.
- 2016 Invited Panelist, “Models of Care for High-Need Patients,” National Academy of Medicine Workshop, Washington, D.C.
- 2016 Invited Panelist, “Developing an Agenda for Implementing the Health-related SDGs,” World Health Summit, Berlin, Germany
- 2016 Invited Panelist, “Setting Priorities for Global Patient Safety,” World Health Organization Global Consultation, Florence, Italy
- 2016 Invited Moderator, “Health and Cities Resiliency,” Philanthropy for Better Cities Forum, Hong Kong
- 2016 Invited Speaker, “US Healthcare Reform: Promises, successes, and challenges”, Wells Fargo Conference on Healthcare, Boston, MA
- 2016 Invited Presenter, “Better Health Care: How do we learn about improvement?”, Salzburg Global Seminar, Salzburg, Austria
- 2016: Invited Speaker, “Leveraging data to reduce costs and improve outcomes,” National Governors’ Association
- 2016 Invited Speaker, “The Impact of Payment Reform on Teaching Hospitals in the United States: The ACA and Beyond”, AAMC Integrating Quality Meeting: Optimizing Care and the Clinical Learning Environment, Chicago, IL

- 2016 Invited Panelist, “What Does the Research Show About the Need for Action”, Senate Mental Health Summit: A Call to Action for Comprehensive Mental Health Reform, Washington, D.C.
- 2016 Invited Speaker, “Research, Development and Global Governance: Key Lessons from the Ebola Outbreak”, Russian vaccine against Ebola: prospects for joint activities, High-level meeting on the occasion of the Sixty-ninth World Health Assembly, Geneva, Switzerland
- 2016 Invited Panelist, “Pointers for Strengthening Health Systems Performance: Lessons from the Ebola Epidemic”, Harvard Health Leaders’ Ministerial Roundtable, Geneva, Switzerland
- 2016 Invited Speaker, “Fostering Healthy Cities in an Ageing Society: A conversation with Professor Ashish Jha”, HCHK and HBS Club Lunch Series, Hong Kong, China
- 2016 Invited Speaker, “What patient experiences can tell us about the quality of care in hospitals”, HospitalAdvisor Launch, The Hong Kong Academy of Medicine, Hong Kong, China
- 2016 Invited Speaker, “The Ebola Crisis: Lessons for Future Disease Outbreaks”, Asia Society Hong Kong Center, Hong Kong, China
- 2016 Invited Speaker, “The Importance of QI in Public Health”, “Mending Broken Healthcare Systems: Why Improvement is Important to Healthcare”, Middle East Forum on Quality and Safety in Healthcare, Doha, Qatar
- 2016 Invited Speaker, “ProPublica Patient Safety: Surgeon Scorecard”, Barbara Jordan Conference Center, Washington, DC
- 2016 Invited Speaker, “Understanding High-Cost, High-Need Patients”, Bipartisan Congressional Health Policy Conference, The Salamander Resort, Middleburg, VA
- 2016 Invited Speaker, “U.S. Response to Zika: Engagement with International Partners”, Bipartisan Policy Center, Capitol Visitor Center, Washington, DC
- 2016 Invited Panelist, “The Zika Crisis: Latest Findings”, The Forum Leadership Studio, Harvard T.H. Chan School of Public Health, Boston, MA
- 2016 Invited Panelist, “Starting With the Problems” MSF Intersectional Quality Workshop, Médecins Sans Frontières International, Amsterdam, Netherlands
- 2016 Invited Panelist, “Highlights from the Panels”, Ebola: A Game Change in Global Health, Graduate Institute of Geneva, Geneva, Switzerland

- 2016 Invited Speaker, “The existing data on high-need patients”, National Academy of Medicine Models of Care Workshop, National Academy of Sciences, Washington, DC
- 2016 Invited Moderator, “Payment Reform and Alternative Payment Models,” 2016 AcademyHealth National Health Policy Conference, Washington, DC
- 2015 Invited Keynote: Annual Meeting Oration “Massachusetts Health Reform: Will We Achieve High Value Healthcare?” Massachusetts Medical Society, Waltham, MA
- 2015 Invited Panelist, “Developing Vision and Strategic Direction for Improving Patient Safety and Quality of Care”, World Health Organization, Geneva, Switzerland
- 2015 Invited Panelist, “How to Improve the Governance of Global Health”, Meeting of Global Health Policy Think Tanks and Academic Institutions, Graduate Institute of Geneva, Geneva, Switzerland
- 2015 Invited Panelist, Bipartisan Policy Center Conference on Strategic Health Diplomacy, The Newseum, Washington, DC
- 2015 Invited Speaker, “Integrating Physical and Behavioral Health for High-Need, High-Cost Patients: Goals and Challenges”, A Bipartisan Discussion for Members of Congress, Washington, DC
- 2015 Invited Moderator, “Future of Healthcare”, White House Fellows 50<sup>th</sup> Anniversary Panel, U.S. Chamber of Commerce, Washington, DC
- 2015 Invited Moderator, “Overview of Healthcare Quality in India and Globally,” Workshop on Quality of Health Care: Measurement and Efforts to Improve Quality, Gates Foundation, Neemrana, India
- 2015 Session Chair, “International Health Regulations”, Independent Panel on the Global Response to Ebola, London School of Hygiene and Tropical Medicine and Harvard Global Health Institute, London, UK
- 2015 Invited Speaker, “Defining Value in the Age of Value Driven Healthcare,” 20<sup>th</sup> Annual Holly Smith Lecture, University of San Francisco, San Francisco, CA
- 2015 Invited Speaker, “A National Strategy for Quality: Getting to Better Care.” Second Health Leadership Lecture, University of Toronto, Toronto, Canada
- 2015 Invited Keynote, “A National Strategy for Quality” Taiwan’s NHI 20<sup>th</sup> Anniversary Symposium, Howard Civil Service International House, Taipei, Taiwan

- 2015 Invited Keynote, “Lessons from the U.S.: Organizational Change in the Age of Obamacare” Nuffield Trust Annual Health Policy Summit, Wotton House, Surrey, UK
- 2015 Invited Speaker, “Global Policy-Making for Women’s Health Care,” United Nations: World Women’s Health and Development Forum, United Nations Headquarters, New York City
- 2015 Invited Keynote Speaker, “An Overview of Quality of Care in Low and Middle-Income Countries”, IOM Committee to Support USAID’s Engagement in Health Systems Strengthening, The Keck Center, Washington, DC
- 2014 Invited Moderator, “Innovative Approaches for Rebuilding Strong Local Health Systems”, WHO High-Level Meeting on Building Resilient Health Systems in Ebola-Affected Countries”, Geneva, Switzerland
- 2014 Invited Keynote, “Quality and Safety: The Next Global Health Priority”, Oxford University, Oxford, UK
- 2014 Invited Speaker, “The VA: From Scandal to Greatness and Back Again: Key Lessons Learned and Relevance to the NHS”, University College London, London UK
- 2014 Invited Speaker, “Strategies for Impact: How to Make Research Relevant and Useful for Senior Clinical Leaders and Policymakers”, University College London, London, UK
- 2014 Invited Panelist, “University Health Coverage: What will it take for India?” India-US Technology Summit, New Delhi, India
- 2014 Invited Panelist, “Ebola: From Real Needs in West Africa, to Fear and Fumbling in the US”, Herbert C. Kelman Seminar on International Conflict and Resolution, Harvard University, Boston, MA
- 2014 Invited Keynote Speaker, “State of Health Information Technology”, Health Enterprise Partners Annual Meeting, University Club, New York, New York
- 2014 Invited Presenter, “Consolidation, Competition & Quality of Healthcare”, Commonwealth Fund, New York, NY
- 2014 Invited Speaker, “Aligning Incentives for Better Outcomes: State of Play”, Commonwealth Fund/Alliance for Health Reform Briefing, Washington, DC
- 2014 Invited Lecturer, Quality and Efficiency of Rural Hospitals, Chinese Ministry of Health, Guiyang, China

- 2014 Invited Speaker, “Innovations in Health Systems”, Institute of Medicine Standing Committee Meeting, Washington, DC
- 2013 Invited Speaker, “Improving Hospital Care: Public Reporting, Pay for Performance, & Beyond”, Seoul National University Hospital, Seoul, South Korea
- 2013 Invited Speaker, “Health IT & Healthcare Delivery Reform: An Early Start on a Long Road”, Quintiles Seminar Series, Leonard D. Schaeffer Center for Health Policy and Economics, University of Southern California, Los Angeles, CA
- 2013 Invited Speaker, “St. Luke’s Clinical Education and Research Seminar – EBM & Quality Improvement”, St. Luke’s Life Science Center, Tokyo, Japan
- 2012 Invited Presenter, “The Value of International Benchmarking for Health IT” Organization for Economic Co-operation, Paris, France
- 2012 Invited Speaker “Health Information Technology Comes of Age,” International Society for Quality in Health Care 29th International Conference, Geneva, Switzerland
- 2011 Invited Speaker, Boards, Engagement, and Quality of Care in England and the United States. National Health Service Confederation Annual Meeting, Manchester, England.
- 2011 Invited Speaker, “The Burden of Unsafe Medical Care Among Hospital Patients – a Global Perspective,” 2011 ISQUA 28<sup>th</sup> International Conference, Hong Kong
- 2011 Invited Speaker, “Health Policy Priorities for Information Technology” Expert Panel Meeting OECD, New York, NY
- 2010 Grand Rounds, “Public Reporting of Hospital Performance: Past, Present, Future,” UCSF Department of Medicine, San Francisco, CA
- 2010 Invited Panelist, “Using Information Systems for Improving Patient Safety: A global perspective,” Institute of Medicine, Washington, DC
- 2009 Invited Speaker, “The relationship between Boards, Leadership, and Quality of Care in U.S. Hospitals.” The Health Foundation. London, UK.
- 2009 Invited Presenter, “The U.S. Approach to Measuring Adoption of Health Information Technology,” OECD ICT Meeting, Paris, France
- 2009 Invited Speaker, “Potential savings from improving patient safety in U.S. hospitals” Institute of Medicine Series on Strategies for Reducing Healthcare Costs, Washington, DC

- 2009 Invited Speaker, “Global Burden of Unsafe Medical Care,” Patient Safety Research Advisory Council of the World Health Organization, London, England
- 2008 Invited Presenter, OECD ICT Meeting. “State of Health Information Technology Adoption: What should nations be measuring?” Paris, France
- 2008 Invited Presenter and Panelist. National Academy of Science / National Research Council. “The short and long-term impacts of performance measurement and public reporting in healthcare.” Washington, D.C.
- 2005 Invited Speaker, Ellison Institute / WHO Europe. “Quality of care in U.S. hospitals.” Tallinn, Estonia

**Description of Awards Received:**

- 2013 Election to Membership, Institute of Medicine
- 2009 Outstanding Young Investigator of the Year Award. Society for General Internal Medicine.
- 2008 Outstanding Young Investigator of the Year, Northeast Chapter, Society for General Internal Medicine.
- 2008 Alice S. Hersh New Investigator Award. AcademyHealth.
- 2006 Milton H. Hamolsky Award, Society for General Internal Medicine. Award to outstanding research presentation by a junior faculty member.
- 1999 House staff Teaching Award, University of California, San Francisco. Awarded annually to one member of the medicine house staff by the graduating class of UCSF for contributions to their education.

**Description of Major Curricular Offerings:**

- 2015 Innovation and Global Health Systems. Co-developed the teaching curriculum for doctoral and master’s students at HSPH.
- 2015 Lessons from Ebola: Preventing the next pandemic. Developed the curriculum for a massive open online course to the general public through the platform edX.
- 2014 Improving Global Health: Focusing on quality and safety. Developed the curriculum for a massive open online course to the general public through the platform edX.
- 2013 Global Health and Health Policy. Co-developed the teaching curriculum for undergraduate students at Harvard College.

- 2007 Health Information Technology and its impact on Healthcare. Developed the curriculum for a course for masters and doctoral students at HSPH.
- 2006 Quality of Health: Current challenges and strategies for change. Developed the curriculum for a course for masters and doctoral students at HSPH.
- 2004 Evidence-based medicine course, Harvard Medical International. Co-developed the teaching curriculum for the course for German senior medical students.

## **Bibliography**

### **Original Peer-reviewed Publications:**

1. Schoenenberger RA, Tanasijevic MJ, **Jha AK**, Bates DW. Appropriateness of Antiepileptic Drug Level Monitoring. *JAMA* 1995;274(20):1622-6.
2. Bates DW, Sands K, Miller E, Lancken PN, Hibberd PL, Graman PS, Schwartz JS, Kahn K, Snyderman DR, Parsonnet J, Moore R, Black E, Johnson BL, **Jha AK**, Platt R. Predicting Bacteremia in Patients with Sepsis Syndrome. Academic Medical Center Consortium Sepsis Project Working Group. *J Infect Dis* 1997;176(6):1538-51.
3. Bates DW, Kuperman GJ, **Jha AK**, Teich JM, Orav EJ, Ma'luf N, Onderdonk A, Pugatch R, Wybenga D, Winkelman J, Brennan TA, Komaroff AL, Tanasijevic MJ. Does the Computerized Display of Charges Affect Inpatient Ancillary Test Utilization? *Arch Intern Med* 1997;157(21):2501-8.
4. Kuperman GJ, Boyle D, **Jha AK**, Rittenberg E, Ma'Luf N, Tanasijevic MJ, Teich JM, Winkelman J, Bates DW. How Promptly Are Inpatients Treated for Critical Laboratory Results? *J Am Med Inform Assoc* 1998;5(1):112-9.
5. **Jha AK**, Kuperman GJ, Teich JM, Leape L, Shea B, Rittenberg E, Burdick E, Seger DL, Vander Vliet M, Bates DW. Identifying Adverse Drug Events: Development of a Computer-Based Monitor and Comparison with Chart Review and Stimulated Voluntary Report. *J Am Med Inform Assoc* 1998;5(3):305-14.
6. **Jha AK**, Kuperman GJ, Rittenberg E, Bates DW. Gender and Utilization of Ancillary Services. *J Gen Intern Med* 1998;13(7):476-81.
7. Kuperman GJ, Teich JM, Tanasijevic MJ, Ma'Luf N, Rittenberg E, **Jha AK**, Fiskio J, Winkelman J, Bates DW. Improving Response to Critical Laboratory Results with Automation: Results of a Randomized Controlled Trial. *J Am Med Inform Assoc* 1999;6(6):512-22.
8. **Jha AK**, Kuperman GJ, Rittenberg E, Teich JM, Bates DW. Identifying Hospital Admissions Due to Adverse Drug Events Using a Computer-Based Monitor. *Pharmacoepidemiology and drug safety* 2001;10(2):113-9.

9. **Jha AK**, Shlipak MG, Hosmer W, Frances CD, Browner WS. Racial Differences in Mortality among Men Hospitalized in the Veterans Affairs Health Care System. *JAMA* 2001;285(3):297-303.
10. **Jha AK**, Collard HR, Tierney LM. Clinical Problem-Solving. Diagnosis Still in Question. *N Engl J Med* 2002;346(23):1813-6.
11. Tan EJ, Lui LY, Eng C, **Jha AK**, Covinsky KE. Differences in Mortality of Black and White Patients Enrolled in the Program of All-Inclusive Care for the Elderly. *J Am Geriatr Soc* 2003;51(2):246-51.
12. **Jha AK**, Varosy PD, Kanaya AM, Hunninghake DB, Hlatky MA, Waters DD, Furberg CD, Shlipak MG. Differences in Medical Care and Disease Outcomes among Black and White Women with Heart Disease. *Circulation* 2003;108(9):1089-94.
13. **Jha AK**, Perlin JB, Kizer KW, Dudley RA. Effect of the Transformation of the Veterans Affairs Health Care System on the Quality of Care. *N Engl J Med* 2003;348(22):2218-27.
14. **Jha AK**, Shojania KG, Saint S. Clinical Problem-Solving. Forgotten but Not Gone. *N Engl J Med* 2004;350(23):2399-404.
15. Kaushal R, Blumenthal D, Poon EG, **Jha AK**, Franz C, Middleton B, Glaser J, Kuperman G, Christino M, Fernandopulle R, Newhouse JP, Bates DW. The Costs of a National Health Information Network. *Ann Intern Med* 2005;143(3):165-73.
16. **Jha AK**, Li Z, Orav EJ, Epstein AM. Care in U.S. Hospitals--the Hospital Quality Alliance Program. *N Engl J Med* 2005;353(3):265-74.
17. Kaushal R, Bates DW, Poon EG, **Jha AK**, Blumenthal D. Functional Gaps in Attaining a National Health Information Network. *Health Aff (Millwood)* 2005;24(5):1281-9.
18. **Jha AK**, Fisher ES, Li Z, Orav EJ, Epstein AM. Racial Trends in the Use of Major Procedures among the Elderly. *N Engl J Med* 2005;353(7):683-91.
19. **Jha AK**, Perlin JB, Steinman MA, Peabody JW, Ayanian JZ. Quality of Ambulatory Care for Women and Men in the Veterans Affairs Health Care System. *J Gen Intern Med* 2005;20(8):762-5.
20. Poon EG, **Jha AK**, Christino M, Honour MM, Fernandopulle R, Middleton B, Newhouse J, Leape L, Bates DW, Blumenthal D, Kaushal R. Assessing the Level of Healthcare Information Technology Adoption in the United States: A Snapshot. *BMC medical informatics and decision making* 2006;6:1.
21. **Jha AK**, Epstein AM. The Predictive Accuracy of the New York State Coronary Artery Bypass Surgery Report-Card System. *Health Aff (Millwood)* 2006;25(3):844-55.

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23. **Jha AK**, Ferris TG, Donelan K, DesRoches C, Shields A, Rosenbaum S, Blumenthal D. How Common Are Electronic Health Records in the United States? A Summary of the Evidence. *Health Aff (Millwood)* 2006;25(6):w496-507.
24. **Jha AK**, Orav EJ, Li Z, Epstein AM. The Inverse Relationship between Mortality Rates and Performance in the Hospital Quality Alliance Measures. *Health Aff (Millwood)* 2007;26(4):1104-10.
25. Volpp KG, Stone R, Lave JR, **Jha AK**, Pauly M, Klusaritz H, Chen H, Cen L, Brucker N, Polsky D. Is Thirty-Day Hospital Mortality Really Lower for Black Veterans Compared with White Veterans? *Health Serv Res* 2007;42(4):1613-31.
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27. Seger AC, **Jha AK**, Bates DW. Adverse Drug Event Detection in a Community Hospital Utilising Computerised Medication and Laboratory Data. *Drug Safety* 2007;30(9):817-24.
28. **Jha AK**, Orav EJ, Li Z, Epstein AM. Concentration and Quality of Hospitals That Care for Elderly Black Patients. *Arch Intern Med* 2007;167(11):1177-82.
29. **Jha AK**, Wright SM, Perlin JB. Performance Measures, Vaccinations, and Pneumonia Rates among High-Risk Patients in Veterans Administration Health Care. *Am J Public Health* 2007;97(12):2167-72.
30. Farwell WR, Linder JA, **Jha AK**. Trends in Prostate-Specific Antigen Testing from 1995 through 2004. *Arch Intern Med* 2007;167(22):2497-502.
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32. DesRoches CM, Campbell EG, Rao SR, Donelan K, Ferris TG, **Jha AK**, Kaushal R, Levy DE, Rosenbaum S, Shields AE, Blumenthal D. Electronic Health Records in Ambulatory Care — a National Survey of Physicians. *N Engl J Med* 2008; 359(1):50-60.
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- That Care for Elderly Hispanic Americans. *Health Aff (Millwood)* 2008;27(2):528-37.
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