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.\textsuperscript{1} 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.\textsuperscript{2} 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 R0, 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,

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

\textsuperscript{2} See COVID-19 Interactive Map, Johns Hopkins University & Medicine, \url{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. 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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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. 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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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.5

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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Exhibit A
CURRICULUM VITAE

Date: March 9, 2020

Name: Ashish Kumar Jha

Office Address: Harvard Global Health Institute
42 Church Street, 2nd Fl.
Cambridge, MA 02138

Home Address: 21 Fairlee Road
Newton, MA 02468

Email: 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

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,
Ashish Kumar Jha

Harvard T.H. Chan School of Public Health

2014- Professor of Medicine, Harvard Medical School
2013- 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
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
Climate Change Solutions Fund

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
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
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
NIH/NIMHD

09/26/2017 – 05/31/2019
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, impatient 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

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

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

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

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

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**  
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**  
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**  
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**  
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

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

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 provides 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

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

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

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

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

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

12
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.


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

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 Panelist, “The Economic and Health Consequences of Climate Change” Ways and Means Hearing, Washington DC


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?” 43rd Annual Garland Lecture, Boston Medical Library, Boston, Massachusetts


2018  Invited Panelist, “Medicines We Can Trust: A Call to Safeguard Quality,” World Health Assembly, Geneva, Switzerland


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 Panelist, “Reigniting the National Quality Agenda: Time for A Major Overhaul?” Academy Health Annual Research Meeting, New Orleans, LA


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  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, “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


2016  Invited Speaker, “Preventing the Next Global Pandemic: Lessons from Ebola & Zika,” Park Street Speaker Series, Boston College


2016  Invited Panelist, “Developing an Agenda for Implementing the Health-related SDGs,” World Health Summit, Berlin, Germany


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, “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, “Starting With the Problems” MSF Intersectional Quality Workshop, Médecins Sans Frontières International, Amsterdam, Netherlands

2016  Invited Speaker, “The existing data on high-need patients”, National Academy of Medicine Models of Care Workshop, National Academy of Sciences, 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  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 Keynote, “A National Strategy for Quality” Taiwan’s NHI 20th Anniversary Symposium, Howard Civil Service International House, Taipei, Taiwan


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 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 Panelist, “University Health Coverage: What will it take for India?” India-US Technology Summit, New Delhi, India


2014  Invited Presenter, “Consolidation, Competition & Quality of Healthcare”, Commonwealth Fund, New York, NY


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


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, “The Burden of Unsafe Medical Care Among Hospital Patients – a Global Perspective,” 2011 ISQUA 28th 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, “Potential savings from improving patient safety in U.S. hospitals” Institute of Medicine Series on Strategies for Reducing Healthcare Costs, Washington, DC

2008  Invited Presenter, OECD ICT Meeting. “State of Health Information Technology Adoption: What should nations be measuring?” Paris, France


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:**


76. Ly DP, **Jha AK**, Epstein AM. The Association between Hospital Margins, Quality of Care, and Closure or Other Change in Operating Status. J Gen Intern Med 2011;26(11):1291-6.


90. Jha AK, Aubert R, Yao J, Teagarden R, Epstein R. Greater adherence to diabetes drugs is linked to less hospital use and could save nearly $5 billion annually. Health Aff (Millwood) 2012; 31(8):1836-1846.


112. Adler-Milstein J, Jha AK. Health Information Exchange Among U.S. Hospitals: Who’s in,


128. Tsai TC, Orav EJ, **Jha AK**. Care Fragmentation in the Post-Discharge Period: Surgical Readmissions, Distance of Travel, and Postoperative Mortality. JAMA Surgery 2015; 150(1):59-64.


138. Tsugawa Y, Hasegawa K, Hiraide A, **Jha AK**. Regional Health Expenditure and Health Outcomes After Out of Hospital Cardiac Arrest in Japan: An Observational Study. BMJ
Open 2015; 5(8).


172. Lam MB, Burke LG, Orav EJ, Jha AK. Proportion of patients with cancer among high-cost Medicare beneficiaries: Who they are and what drives their spending. Healthc. 2018 March; 6(1):46-51


175. Mehtsun WT, Papanicolas I, Zheng J, Orav EJ, Lillemoe KD, Jha AK. National Trends in Readmission Following Inpatient Surgery in the Hospital Readmissions Reduction Program


Reviews, Reports and Editorials:


15. **Jha AK**. Health Information Technology Comes of Age. Arch Intern Med 2012; 172 (9); 737-738.


24. Greaves F, **Jha AK**. Quality and the Curate’s Egg. BMJ Quality and Safety 2014; 23(7):


373(26):2491-3.


42. **Jha AK**. Learning from the Past to Improve VA Healthcare. JAMA 2016 Feb 9; 315(6):560-561.


54. Dhillon RS, Srikrishna D, **Jha AK**. Containing Zika While We wait for a Vaccine. BMJ 2017;3 56:j379.


63. **Jha AK**. To Fix the Hospital Readmissions Program, Prioritize What Matters. JAMA 2018 Feb 6; 319(5):431-433


69. **Jha AK**. Accreditation, Quality, and Making Hospital Care Better. JAMA 2018 Dec 18;


Jha. AK. What Readmission Rates in Canada Tell Us About the Hospital Readmissions Reduction Program. JAMA Cardiol. 2019 April 10; ePub.


Salas R, Jha AK. Climate change threatens the achievement of effective universal healthcare. The BMJ. September 23, 2019.


**Opinions:**


7. **Jha AK.** I’ve put my family on a health insurance experiment. It’s been a challenge. STAT News 2017 Feb 6. [https://www.statnews.com/2017/02/06/health-insurance-high-deductible-experiment/](https://www.statnews.com/2017/02/06/health-insurance-high-deductible-experiment/)

8. Benjamin G, **Jha AK,** Berlin K. When it comes to our health, we have no time to waste. Thomas Reuters Foundation News 2017 February 16. [http://news.trust.org/item/20170216113659-5v3y2/](http://news.trust.org/item/20170216113659-5v3y2/)


