

WHY I SUPPORT THE GTMRx INSTITUTE

"No single segment of the health care industry can solve this alone. It's going to take a multi-stakeholder approach. We're bringing together consumer groups, care delivery, payers and solution providers to create a critical mass so everyone can access a safe, effective, efficient, personalized, systematic approach to medication use. That's what the goal of the Institute is: A call to action for long-term, sustainable change.

Let's ramp up the pace. We have the tools, we have the technology, we have the medication experts, we have the evidence. Let's work together to facilitate practice transformation, create rational payment policies and showcase evidence to get the medications right."



KATHERINE H. CAPPS

Executive Director, Co-Founder, Get the Medications Right Institute and Foundation President, Founder, Health2 Resources

Since 1998, Health2 Resources' founder and president, Katherine H. Capps and her award-winning team have helped more than 35 clients—publicly traded, private sector, not-for-profit and advocacy organizations—meet advocacy, policy, outreach, marketing and awareness goals. H2R identifies new customer segments; conducts research; designs strategies to strengthen market position; and consults with clients to enhance program effectiveness. H2R was instrumental in the launch of the Patient-Centered Primary Care Collaborative, lending expertise for organizational development and marketing and communications.

Katie's deep knowledge of how health care is purchased and delivered is gained from her years representing buyer, provider and consumer perspectives. She served 12 years as a senior-level hospital administrator, managing operations at both for-profit (HealthSouth, National Medical Enterprises) and not-for-profit hospital/health care systems. An innovator in the employer/ purchaser space, Katie served as president of the Alabama Healthcare Council (AHC), an all-CEO business coalition with 350,000 insured lives. The AHC managed the nation's first community-wide, clinically-sourced health care outcomes data project, including system selection, project design and fundraising for ongoing measurement, which concluded with public release of program outcomes and hospital "report cards." The AHC also established the first state-wide, multi-company value-based purchasing initiative, in which 76 employers agreed to purchase care through a three-year master contract, saving millions.

She has served on the board of the Washington Adventist Health Foundation, the Institute for Health and Productivity Management (advisory board), the Healthcare Industry Access Initiative and Emmi Solutions. She has served on the board of the National Business Coalition on Health and its national advisory board, and on the NCQA purchaser committee. She writes on topics relating to quality, health care cost, market-based health care reform and the value of shared health information.







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"Getting the medications right is the shiniest silver bullet we have to change the quality of health care.

A personalized, patientcentered system and a coordinated approach to medications would dramatically improve outcomes, reduce overall costs and improve people's lives. We're going down a road where if there's no outcome, there's no income. The easiest way to impact outcomes is get the medications right.

Health care is a team sport. Physicians should be focusing on just two things: difficult diagnostic dilemmas and relationships. I see a huge uptick in quality of care when there's a clinical pharmacist on the team."



PAUL GRUNDY, MD, MPH, FACOEM, FACPM

Founding Board Member, Get the Medications Right Institute and Foundation Chief Transformation Officer at Innovaccer

Paul Grundy, founding president of the Patient-Centered Primary Care Collaborative and "godfather" of the patient-centered medical home movement, has spent 40 years focused on a healing relationship of trust with a primary care provider. In addition to his role at Innovaccer, he serves as adjunct professor at the UCSF Department of Family and Community Medicine, University of Colorado School of Medicine Department of Family and Community Medicine and the University of Utah Department of Family and Preventive Medicine. He is winner of the 2016 PCPCC Barbara Starfield Award, the 2012 NCQA Health Quality Award, the 2013 American College of Occupational Environmental Medicine Sappington Memorial Award, and the Second order of the Panda award from the Governor of Sichuan.

Paul spent more than 17 years as at IBM, where he was chief medical officer and global director, healthcare transformation, and a member of the IBM Industry Academy prior to his 2018 retirement. He is a health care ambassador for the Nation of Denmark, honorary life member of the American Academy of Family Physicians, the only American awarded an honorary lifetime membership in the Irish National Association of General Practice and the National Association of Primary Care in the United Kingdom. He is a member of the National Academy of Science's National Academy of Medicine and its leadership forum, and a director of the Accreditation Council for Graduate Medical Education board, which accredits residency training in both the USA and Singapore.

He is a retired senior diplomat in the U.S. State Department, serving under the Carter, Reagan, H.W. Bush and Clinton administrations. He is coauthor of Lost and Found: A Consumer's Guide to Healthcare and Provider-Led Population Health Management: Key Healthcare Strategies in the Cognitive Era. He earned his MD at UCSF and completed residency in preventive medicine and public health and a fellowship in international occupational medicine at Johns Hopkins.







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"At the VA, we regularly saw individuals coming out of active duty military, with, on average, 16 medical issues resulting from their time in service or war. Often there was a medication associated with each one. There has to be someone with clinical expertise that evaluates, monitors, tracks all medications and checks for interactions, so you don't create a 17th problem potentially even a lifethreating problem.

I'm passionate about this because I keep seeing it in daily life. It's especially hard for elderly patients who see doctors in multiple systems and rely on self-disclosure to manage medications. Frankly, we have a high risk of probability for life impact. We really need to get the medications right."



BRIG. GEN. ALLISON HICKEY (RET.) USAF

CEO, All In Solutions LLC; former Undersecretary for Benefits (VBA) in the Department of Veterans Affairs Founding Board Member, GTMRx Institute

As CEO of All In Solutions LLC, Allison Hickey specializes in transformation and change management as well as strategic and implementation planning across people, organization, training, process improvement and digital technology. Previously, she served as undersecretary for benefits (VBA) in the Department of Veterans Affairs, where she led more than 21,000 VBA employees in the delivery of eight lines of business to more than 12 million veterans, servicemembers, their families and survivors, managing and directing a \$95-billion-dollar budget. She led the transformation effort to improve quality and timeliness with which veterans' benefits are processed and delivered, eliminating a decades-old backlog by 90 percent while improving productivity by more than 81 percent. During her tenure, VBA digitally transformed all lines of business and delivered six simultaneous enterprise systems on time or early. VA also established the transition program for departing service members and expanded access to eBenefits, a joint VA-Department of Defense (DoD) portal with more than 60 selfservice features to ease this transition.

A pilot and aircraft commander, Allison has 27 years of leadership in DoD strategic and transformation planning, program and resource implementation, public and congressional affairs, and quality and organizational management. She served as head of the Air Force's Future Total Force Directorate and as assistant deputy director of strategic planning, leading a major mission and culture change effort. Allison held the position of Air Force Future Concepts and Transformation Division Chief, with a focus on the integration of technologies, organizations and operations that became the model for the Air Force of 2025.

She graduated from the U.S. Air Force Academy in the first class to include women, and holds a bachelor's in behavioral science and a master's in national security strategy. She routinely presents at the Harvard Kennedy School of Government Senior Executive Fellows program on leadership in federal government.







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"Medications are a critical component in the treatment of most chronic illnesses in the U.S. Unfortunately, we continue to see patients who are not treated with the most appropriate medications, receiving less than optimal follow-up after the medications are prescribed, and experiencing preventable adverse events.

ASHP is committed to supporting GTMRx by adopting approaches to medication use that are patient-centric and personalized, interprofessional, and capitalize on the expertise of pharmacists as the medication experts in the provision of comprehensive medication management.

I am excited to represent ASHP on the GTMRx Board of Directors as we work together to adopt optimal approaches to medication use that improve health outcomes and reduce health care costs."



PAUL W. ABRAMOWITZ PHARM.D., SC.D. (HON), FASHP

Chief Executive Officer American Society of Health-System Pharmacists

Paul W. Abramowitz is the chief executive officer of the American Society of Health-System Pharmacists (ASHP).

Prior to joining ASHP in 2011, Paul worked in hospitals and health-systems for 34 years. He served as associate hospital director for professional services and chief pharmacy officer at the University of Iowa Hospitals and Clinics, and professor at the University of Iowa College of Pharmacy. He was also director of pharmacy and associate professor at the Medical College of Virginia and the University of Minnesota.

Paul earned a bachelor's degree in chemistry and biology from Indiana University, a bachelor's degree in pharmacy from the University of Toledo, a Pharm.D. from the University of Michigan and completed his residency at the University of Michigan Medical Center.

In addition to serving as treasurer and then president of ASHP, he chaired the board of the ASHP Research and Education Foundation, the lowa Board of Pharmacy and the lowa Statewide Poison Control Center.

Paul has lectured and published extensively, focusing on the effect that quality pharmacy care has on improving outcomes of care and reducing costs, developing new care models, reducing adverse drug events, and expanding comprehensive pharmacy care to the ambulatory setting.

He was a recipient of the Harvey A.K. Whitney Lecture Award in 2009, health-system pharmacy's highest honor. He received the Distinguished Alumni Award from the University of Toledo College of Pharmacy (1990), the Alumni Distinguished Lifetime Achievement Award from the University of Michigan College of Pharmacy (2010) and the Honorary Degree of Doctor of Science from the University of Toledo (2013).

Paul serves on the boards of the American Nurses Foundation, the Pharmacy Technician Certification Board, and the National Steering Committee for Patient Safety of the Institute for Healthcare Improvement. He is a professor-emeritus at the University of Iowa.









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"From my early years in pharmacy and the practice of medicine, I've had a desire to improve the system of care. I've always struggled with the fact that it takes extraordinary efforts to create what should be predictable and knowledgedriven, good care.

The efficacy of drugs isn't about taking the pill, but who's coaching the patient, the environment the patient lives in and who is on the team around the patient. What I find exciting about the GTMRx Institute is the desire to not just educate the clinician, pharmacists, and other members of the delivery system, but also patient groups, employers, Congress and the Centers for Medicare & Medicaid Services (CMS), by helping them understand what good care looks like."



IRA KLEIN, MD, MBA, FACP

Vice President and Chief Medical Officer; Health New England GTMRx Institute Board Member

As vice president and chief medical officer at Health New England, Ira Klein is responsible for ensuring the quality and cost-effectiveness of health care services for Health New England members, with a focus on clinical excellence, innovation and technology to improve health outcomes.

Before joining Health New England in 2020, Ira served as senior director and lead, Healthcare Quality Strategy at Janssen for Johnson and Johnson, Inc., in New Brunswick, New Jersey. Previously, he held various positions at Aetna, Inc., in Hartford, Connecticut, including medical director, patient management, Northeast Region; senior medical director and analyst, National Accounts; and chief of staff and national medical director, Clinical Thought Leadership.

Ira is a diplomate of the American Board of Internal Medicine and a member of the American College of Physicians. He is a certified health insurance executive with the Association of Health Insurance Plans, Executive Leadership Program. Ira has published articles in several medical and insurance industry journals.

Ira holds a Master of Business Administration degree from Rutgers – The State University of New Jersey, Graduate School of Management; a Doctor of Medicine degree from the University of Medicine and Dentistry of New Jersey – Robert Wood Johnson Medical School; and a Bachelor of Science degree from Rutgers University, College of Pharmacy.



WHY I SUPPORT THE GTMRx INSTITUTE

"I believe passionately in this effort to get the medications right. It's the right institute to advance this policy agenda for patients and for the health care system in general.

People want to make sure they're getting optimal value out of their medications. I think pharmacists of all types want to embrace that value-based approach to care, because clearly, no matter how much a pill costs, if it doesn't achieve optimal outcomes, that's money that is not well spent.

At the end of the day, it's not the process of getting the medications that matters so much to patients. It's whether that medication actually helps them lead a better life."



C. EDWIN WEBB, PHARM.D., MPH, FCCP

Senior Policy Advisor to the Executive Director and Board of Regents American College of Clinical Pharmacy Board member, GTMRx Institute

Ed Webb joined the staff of the American College of Clinical Pharmacy in 2000, establishing and managing its Washington, DC office until his retirement from the senior executive staff in August 2018. He served the College as director of government and professional affairs and as associate executive director. Working with colleagues in the pharmacy policy community, he led the implementation of successful legislative and policy Fellow programs for pharmacists and pharmacy educators with the American Association for the Advancement of Science, the U.S. Congress and the National Academy of Medicine.

Ed holds bachelor's (1972) and doctor of pharmacy (1973) degrees from the University of Tennessee and a master's degree in public health with a major in health policy and administration from the University of North Carolina Gillings School of Global Public Health (1985). He completed a primary health care policy fellowship with the Health Resources and Services Administration of the U.S. Public Health Service (1993) and was inducted in 2010 as a Fellow of the pharmacy academy of the National Academies of Practice, the nation's principal interprofessional health care policy and advocacy organization.

Ed has more than 30 years of national pharmacy association executive experience in the areas of policy analysis, advocacy, and professional affairs, having also served on the staffs of the American Association of Colleges of Pharmacy (1992-2000) and the American Pharmacists Association (1987-1992). Prior to moving to Washington, he served 10 years as director of pharmacy education of the Mountain Area Health Education Center in Asheville, North Carolina, holding faculty appointments in pharmacy and family medicine at the University of North Carolina at Chapel Hill Schools of Pharmacy and Medicine. His clinical practice and teaching responsibilities were in critical care adult and pediatric pharmacotherapy.



