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EDUCATION

B.A. in Mathematics, 1980, University of Virginia; Phi Beta Kappa
Ph.D. in Economics, 1986, Northwestern University

PROFESSIONAL EXPERIENCE

President, Direct Research LLC, April 1999 - Organized this company to focus on small-scale health services research projects requiring skilled analysis of cost and utilization data. Areas of expertise include risk adjustment, access to care, physician reimbursement, and Medicare payment policy. Past and current clients include: Centers for Medicare and Medicaid Services; U.S. Indian Health Service; U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation (ASPE); Medicare Payment Advisory Commission; Delmarva Foundation for Medical Care (Delmarva QIO); Maryland Health Care Commission; Center for Studying Health System Change; RAND Center to Improve Care of the Dying; George Washington University Health Insurance Reform Project; Health Policy Alternatives; American College of Surgeons; American College of Radiology; American Ambulance Association; American Cancer Society; American Heart Association, AdvaMed; National Electrical Manufacturers' Association; Federation of American Hospitals; American Clinical Laboratory Association; Johnson and Johnson and subsidiaries; Procter and Gamble; General Electric; Sunrise Medical; Medtronic; Guidant; Biomet; Zimmer; Boston Scientific; St. Jude Medical; CR Bard, WL Gore; Novartis, GlaxoSmithKline; Alcon Laboratories; Baxter Healthcare, Abbott Vascular.

Vice President, CHPS Consulting, 1998 - March 1999 - Performed policy and statistical analyses for various clients. For the Health Care Financing Administration, analyzed 84 million outpatient claims to support development of the Medicare Outpatient Prospective Payment System. For the U.S. Indian Health Service, projected need for health care funding for the American Indian population.

Principal Policy Analyst, Physician Payment Review Commission/Medicare Payment Advisory Commission, 1989-1998 - Directed and performed research on a wide variety of Medicare payment issues, leading to chapters in the following PPRC and MedPAC reports to Congress:

- Care for people at the end of life (MedPAC June 1998)
- Risk selection and risk adjustment (PPRC 1996, 1997, MedPAC March 1998)
- Medicare's adjusted community rate process (MedPAC March 1998)
- Medicare Medical Savings Accounts (PPRC 1996)
- Impact of Medigap on Medicare costs (PPRC 1996, 1997)
- Adopting private insurance practices to manage traditional Medicare (PPRC 1996)
- Provider-driven integration of health care (PPRC 1995)
- Medicare physician fees compared to typical private fees (PPRC 1994 - 1996)
- Access to care in Medicare (PPRC 1992 - 1994 Access reports)
- Medicare fee schedule conversion factor (PPRC 1991)
- Physicians' responses to Medicare fee changes (PPRC 1991, 1993, 1994)
- Volume performance standards (PPRC 1990, PPRC 1991-1993 VPS reports)

Senior Economist, Consolidated Consulting Group, 1988-1989 - Produced research under contract to private sector clients.

Service Fellow, Hospital Studies Program, National Center for Health Services Research, 1985-1988 - Examined hospital costs, use, and regulation using a multi-state hospital discharge database.

SELECTED PRESENTATIONS

"The Effects of Medicare Beneficiaries' Secondary Insurance Coverage," presentation to the Medicare Payment Advisory Commission, Ronald Reagan Building, Washington, DC, March 12, 2009.

"Three Case Studies of Geographic Variation in Service Use and Disease Prevalence," presentation to the American Medical Association Council on Medical Services, Grand Hyatt Hotel, Washington, DC, March 9, 2009.

"The structure of Medicare Physician Reimbursement, A Long Term Perspective," presentation to the Maryland House of Representatives Task Force on Health Care Access and Reimbursement, Annapolis, MD, February 25, 2008.

"Trends in Medicare Physician Fees Compared to Private Rates", presentation at the 2003 AcademyHealth annual meetings, Nashville, TN, June 27, 2003.

"Use of Post-Acute Care in Medicare: 2001 Compared to 1996", presentation to the Medicare Payment Advisory Commission, Washington, DC, March 20, 2003.

"Relationship of Cost and Quality in Freestanding Dialysis Facilities, 2000", presentation to the Medicare Payment Advisory Commission, Washington, DC, March 20, 2003.

"The Impact of Secondary Insurance on the Medicare Program's Costs", presentation to Capitol Hill staff as part of the National Health Policy Forum conference on *Understanding Medicare and Medicaid: Fundamentals and Issues for the New Congress*, Washington, DC, January 24, 2003, Washington, DC.

"Medicare Physician Fees Compared to Average Private Rates", presentation to the Medicare Payment Advisory Commission, Washington, DC, December 12, 2002

"Rural-Urban Differences in the Impact of Three Medicare Drug Proposals", presentation in a session on Rural Implications of Restructuring Medicare, annual meeting of the Academy for Health Services Research and Health Policy, Washington, DC, June 23, 2002.

"Trends in Private Insurers' Payments to Physicians and Other Practitioners", presentation to the Maryland Health Care Commission, Baltimore, MD, March 21, 2002.

"Medicare Payment for Cancer Care", presentation to the American Cancer Society, Cancer Care and Medicare Policy Review Group, Washington, DC, January 17, 2002.

"Access to Hospice Care", presentation to the Medicare Payment Advisory Commission, Washington, DC, November 16, 2001.

"The Uncertain Future of Medicare Risk Adjustment", presentation in a meeting on "New Concepts in Geriatric Risk Assessment and Care Management" for the Managed Care Advisory Panel, Institute for the Study of Aging, New York, NY, 6/20/01.

"Impact of Secondary Insurance on Medicare's Costs", testimony before the United States House of Representatives, Ways and Means Committee, Subcommittee on Health, Hearing on Modernizing Beneficiary Cost Sharing, Washington, DC, 5/9/01.

"Predicting Medicare Beneficiaries' Drug Spending Using Diagnoses from Claims Data", briefing for Congressional Budget Office staff (Washington, DC, 1/26/01) and HHS/HCFA staff (Washington, DC, 3/20/01).

"Strengthening PIP-DCG Risk Adjustment Methodology for Medicare+Choice Plans", briefing for HCFA staff, Baltimore, MD, 2/21/01.

"Urban/Rural Differences in Necessary Care", (with Steven Asch, MD), presentation to the Medicare Payment Advisory Commission, Washington, DC, January 12, 2001.

"A Statistical Profile of Medicare Decedents", presentation to the Medicare Payment Advisory Commission, Washington, DC, March 17, 2000.

JOURNAL AND OTHER PUBLICATIONS

National Opinion Research Center, Georgetown University Health Policy Institute, Direct Research, LLC, IMS Health Incorporated, Evaluation of Databases for Drug Risk Adjustment, Draft Final Report to Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, Contract No. 100-03-0020, Task Order Number HHSP233200400002T (George Greenberg, Project Officer) March 2005.

Hogan, C, Risk Adjustment for Dialysis, Draft report to the Medicare Payment Advisory Committee under contract number RFP-02-03-MedPAC (Nancy Ray, Project Officer), February 23, 2005.

Hogan, C, Draft Report Examining Diagnosis Coding in M+C/MA Plans, draft report to the Centers for Medicare and Medicaid Services, under CMS contract/order no. HHSM-500-2004-00260P (Lateefah Hughes, Project Officer), February 2, 2005.

Mueller, C, C Hogan, C Schur, Adequacy of Payments Relative to Cost and Implications for Maryland Health Care Providers, final report to the Maryland Health Care Commission), December 2004, published as Chapter 1 in Reimbursement of Health Care Providers, Required Under HB 805 (2002), (Baltimore, MD: Maryland Health Care Commission, January 2005).

Hogan, C, Medicare Physician Payment Rates Compared to Rates Paid by the Average Private Insurer, Updated using 2003 claims data, Report to the Medicare Payment Advisory Commission under MedPAC RFP-02-03, (Kevin Hayes, Project Officer), December 21, 2004.

Hogan, C, Medicare Beneficiaries' Use of Post-Acute Care, Trends 1996 To 2002, Report to the Medicare Payment Advisory Commission under MedPAC RFP-02-03 (Sharon Cheng, Project Officer), September 2, 2004

Lunney, JR, Lynn, J, Hogan, C, "Profiles of Older Medicare Decedents", Journal of the American Geriatric Society, 2002 Jun;50(6):1108-12.

Burkhardt, J, MS Litwin, CM rose, RJ Correa, JH Sunshine, C Hogan, JA Hayman, "Comparing the Costs of Radiation Therapy and Radical Prostatectomy for the Initial Treatment of Early Stage Prostate Cancer", J Clin Oncol. 2002 Jun 15;20(12):2869-75.

Maryland Health Care Commission, "Practitioner Utilization: Trends Within Privately Insured Patients, 1999-2000" (Baltimore: MHCC, March 21, 2002).

Hogan C, Sunshine J, Schepps B, "Hiring of diagnostic radiologists: an update." AJR Am J Roentgenol. 2001 Dec;177(6):1484.

Foote, SM, Hogan C, "Disability Profile and Healthcare Costs of Medicare Beneficiaries Under Age 65," Health Affairs 20(6): 242-253 (November-December 2001).

Hogan, C., Lunney, J, Gabel JR, Lynn, J, "Medicare Beneficiaries' Costs and Use of Care in the Last Year of Life: Analysis of Recent Data", Health Affairs.20(4):188-196 (July-August 2001).

Hogan, C., Analysis of Risk Adjustment for Special Populations, report to the Health Care Financing Administration under HCFA contract/order no. HCFA-00-0231, June 27, 2001.

Hogan, C., Medicare Beneficiaries' Access to Hospice Services in Rural Areas: An Initial Analysis, report to the Medicare Payment Advisory Commission, funded in part by AHRQ grant # 7 R01 HS10561-02 , June 21, 2001. Publication forthcoming as a MedPAC Contract Research Series report.

Hogan C, Ryan F, Professional Provider Consultations, St. Mary's Hospitalist Program, Contract Health Service Quality Assurance Evaluation, final report to the U.S. Indian Health Service Tucson Area Office, March 30, 2001.

Hogan, C, *Strengthening PIP-DCG Risk Adjustment Methodology for Medicare+Choice Plans*, Final report to the Assistant Secretary for Planning and Evaluation, U.S. DHHS, HHS Contract no. HHS-100-97-0020, February 5, 2001.

Hogan C, Sunshine J, Schepps B, "Hiring of diagnostic radiologists in 1998," Am J Roentgenol 2001 Feb;176(2):307-12.

Hogan C, Ginsburg PB, Gabel JR, "Tracking health care costs: inflation returns," Health Affairs 2000 Nov-Dec;19(6):217-23.

Hogan, C, *Analysis of Medicare Postacute Care Placement and Resource Use*, Report to the Medicare Payment Advisory Commission, December 18, 2000 (Washington, DC: Medicare Payment Advisory Commission).

Hogan C, *MCBS-based study of prescription drug coverage linked to Medicare claims*," Report to the Assistant Secretary for Planning and Evaluation, U.S. DHHS, Under Blanket Purchase Agreement Order Number BPA-OS-00-0203-A, October 25, 2000.

Asch SM, Sloss EM, Hogan C, Brook RH, Kravitz RL, "Measuring underuse of necessary care among elderly Medicare beneficiaries using inpatient and outpatient claims," JAMA. 2000 Nov 8;284(18):2374-6

Hogan C, Lynn J, Gabel J, Lunney J, O'Mara A, Wilkinson A, Medicare Beneficiaries' Cost and Use of Care in the Last Year of Life, MedPAC Contract Research Series no. 00-1, May 2000 (Washington, DC: Medicare Payment Advisory Commission).

Cunningham, Peter, Elizabeth Schaefer, and Christopher Hogan, *Who Declines Employer-Sponsored Health Insurance and Is Uninsured?*, Issue Brief 22, October 1999 (Washington: Center for Studying Health System Change).

Merrell, Katie, David C. Colby, and Christopher Hogan, "Medicare Beneficiaries Covered by Medicaid Buy-In Agreements", Health Affairs 16(1):175-184, 1997

Cox, Donald F. and Christopher Hogan, "Biased Selection and Medicare HMOs: Analysis of the 1989-1994 Experience", Medical Care Research and Review, September 1997.

Hogan, C, Lessard, W *Identifying Hotspots of Poor Access to Care*. PPRC Selected External Research Series Number 5, (Washington, DC: Physician Payment Review Commission, October 1995).

Moy, E, and C Hogan, "Access to Needed Follow-up Services: Variations Among Different Medicare Populations," Archives of Internal Medicine 153, August 9, 1993, pp. 1815-1823.

Ginsburg, P and C Hogan, "Physician Response to Fee Changes, A Contrary View", JAMA 269(19):2550-52, 1993

Ginsburg, P and C Hogan, "Physician Payment Reform", letter to the Editor, NEJM 329(11): 809, 1993

Hogan, C "Estimates of Physician Incomes Under All-Payer Use of Medicare Rates", Health Affairs Fall 1993.

Hogan, C "Medicare Physician Fees: The Author Responds", Health Affairs, Winter 1993.

Farley, DE and C Hogan, "Casemix Specialization in the Market for Hospital Services", Health Services Research 25(5), pp. 757-781, December 1990.

Hogan, C "Travel Patterns of Rural Individuals Hospitalized in New York State: Relationships between Distance, Destination, and Case Mix", Journal of Rural Health, July, 1988.

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