



**WHY I SUPPORT
THE GTMR_x INSTITUTE**

“\$528 billion spent on non-optimized drug therapy is heartbreaking- these are people's lives and the result of a splintered, uncoordinated system.

Everybody is looking for solutions. When you consider that 85% of the means by which we prevent illness and control disease is with medications, this has to be a focal point to improve health care.

We're at this critical juncture where scientific knowledge is not being translated quickly enough into clinical practice. We're on the cusp of the movement from population health to precision medicine. We can increase the speed of that if we all come together and map the path to effective use of medications.”

TERRY MCINNIS, MD, MPH

President, Co-Founder, Get the Medications Right Institute and Foundation; President, Founder, Blue Thorn Inc.

As president and founder of Blue Thorn Inc. health care consulting, Terry McInnis sets strategy, formally speaking or leading engagements at more than 100 companies and health systems ranging from universities to analytic firms, health plans and pharmaceutical manufacturers. Previously, as business lead for value-based care at LabCorp, Terry set the strategy and built internal capabilities to execute and partner with providers to align diagnostic analytics and clinical trials with better outcomes and lower costs. Co-author of the article highlighting the \$528 billion U.S. spend on non-optimized drug therapy, she is a nationally recognized expert in medication management and successful drug cost/value strategies. She is passionate about the GTMR_x Institute's effort to ensure all patients have optimized medication use to vastly improve outcomes and reduce total cost of care.

Terry's 30 years of experience spans practice, executive, and consulting roles. She previously served as chief transformation officer, CHESS; senior consultant, SSB Solutions; medical director for policy and government affairs, GlaxoSmithKline; corporate medical director, Michelin North America; and associated medical director and benefits manager, GE Power Systems. Her military health roles include chief of flight medicine at Patrick Air Force Base and four years on active duty during Operation Desert Shield and Operation Desert Storm.

Terry earned her bachelor's degree from Erskine College and her medical degree from Wake Forest Medical School, where she was designated a National Institutes of Health student clinical scholar. She completed a residency in occupational medicine and her MPH at the University of Oklahoma. She is board certified in preventive and occupational medicine, a Fellow of the American College of Occupational and Environmental Medicine, a certified physician executive and a former course advisor to the department of continuing education of Harvard University. She currently serves as a director on the Board of Pharmacy Specialties.



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"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, patient-centered 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 life-threatening 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 self-service 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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“We need to put the power of information about medications, treatments and outcomes in the hands of consumers and their care teams who are working collaboratively across the health care system. Medecision exists to help unleash better care for consumers, and we cannot achieve our mission of liberating health care without transparency.

We’ve seen technology disrupt other industries in ways that provide dramatically increased access to information and ease of work flow. We are right on the precipice of this happening in health care, and we’re excited about the impact the GTMR_x Institute will have on improving the health of Americans and our system overall.”

DEBORAH M. GAGE

President & Chief Executive Officer
Medecision
GTMR_x Institute Board Member

Deb Gage is a proven business transformer, having built her career as an entrepreneur by founding and leading health care technology companies, including operational and leadership experience in start-up and growth businesses in the analytics, financial and clinical sectors of health care IT.

She was an early team member at Truven Healthcare (then MEDSTAT), and then became CEO of several venture-backed health care IT firms, including SolutionPoint®, Inc., a provider of database management and decision support software products for hospitals and integrated delivery systems; GTESS Corporation, a SaaS-provider of claims automation solutions for health care payers; and RosettaMed (acquired by Kryptiq), an electronic medical record patient intake application.

Now, as president and CEO at Medecision, Deb oversees the company’s mission to lead the digital transformation of health care through consumer engagement solutions that help health plans and care delivery organizations manage and care for their members, patients and caregivers.

Under her leadership, Medecision has transformed from its beginnings as a powerful care management workflow engine for health plans into a market-leading provider of big data, visualization, workflow and engagement solutions. Recently, Medecision acquired a boutique consulting business (Aveus) to help the company’s clients transform their own models and operations as well. In 2017, Medecision acquired the AxisPoint Health platform business, including more than 50 new clients.

Today, Medecision is trusted by 25% of the top five independent delivery networks, 40% of physicians and 80% of the top 10 health plans to deliver the precise insights they need on population and individual risk for optimal, evidence-based interventions for 50 million U.S. consumers.

Connect with us!





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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 knowledge-driven, good care.

The efficacy of drugs isn’t about taking the pill. It’s who’s coaching the patient, the environment the patient lives in and who’s on the care team. 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, by demonstrating what good care looks like.”

IRA KLEIN, MD, MBA, FACP

Senior Director of Health Care Quality in the Strategic Customer Group, Janssen Pharmaceutical Companies of Johnson & Johnson
GTMRx Institute Board Member

Ira Klein is senior director of health care quality in the Strategic Customer Group of the Janssen Pharmaceutical Companies of Johnson & Johnson, advancing its ability to deliver industry-leading value-based solutions to the new value-based marketplace. Key areas of focus in this role include building the business case for Triple Aim solutions, delivering high-value collaborations with ecosystem partners in the IDN, ACO, payer and PBM space, and Janssen brand commercial strategy. Previously, he was the national medical director for clinical thought leadership at Aetna, capping a 10-year career in the national payer space. During this time, he founded the Oncology Solutions team, creating and administering value-based and medical home contracts in oncology. He also oversaw advanced analytics in population health and novel benefit designs for large self-insured employers, and developed wellness and chronic care programs that innovated in value-based care and behavioral motivational theory.

Prior to Aetna, he led the quality, cost and care management area for Bayshore Community Health System (Holmdel, N.J.). Prior to that, he was chief medical officer of Elderplan, a CMS-enacted Medicare demonstration project in New York serving the frail elderly. In this role, he reorganized a pharmacy benefit structure for Medicare-eligible members (five years prior to CMS Part D), created coordinated care programs, and led quality and clinical reporting. He began his career practicing internal medicine for seven years at Robert Wood Johnson Medical School as an assistant professor in the Division of General Internal Medicine.

Ira holds bachelor’s and MBA degrees from Rutgers University College of Pharmacy and an MD from University of Medicine and Dentistry of New Jersey – Robert Wood Johnson Medical School. He has a personal interest in health information technology and data security, and was previously certified in the medical health IT area.



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“There’s accelerating concern about the cost of pharmaceuticals. The industry pipeline is dominated by innovative medicines with companion diagnostics to inform their use.

All stakeholders want to best serve customers and patients, drive best out-comes, best value, and optimize these advances in specialty medicine and precision medicine. To do so, we will need broad consensus among key stakeholders.

We see a great opportunity to partner with the GTMRx Institute in forums that can bring together patients, practitioners, providers, delivery organizations and regulators to drive optimal use of these often life-changing specialty medications and companion diagnostics.”

STEVEN GOLDBERG, MD

Vice President, Medical Affairs, Population Health and Chief Health Officer, Health & Wellness
Quest Diagnostics
GTMRx Institute Board Member

Steven Goldberg, MD (“Dr. G”) works to drive innovation and value in employer population health and precision medicine. He serves as the vice president, medical affairs, population health, chief health officer, health and wellness, at Quest Diagnostics, a position he has held since 2016.

At Quest, he leads employee health, where his team has driven improved member experience, improved population health and bent cost trends for the company’s 46,000 employees and their families. The Medical Affairs division at Quest Diagnostics, for which he serves as the vice president, provides publications support for Quest’s diagnostics pipeline.

Before joining Quest, Steve was senior vice president and chief medical officer at WellCare Health Plans, a provider of government-sponsored managed care services, where he was responsible for leading WellCare’s clinical functions, including enterprise-wide quality and accreditation results. He has previously served in executive medical management roles with Aetna, Express Scripts, Humana and Excellus BCBS.

Steve earned his undergraduate degree from Georgetown University, his MD from Jefferson Medical College, completed the United Health Services Family Medicine Residency in Binghamton, New York, and earned an MBA at Binghamton University. He is board certified in family medicine and maintains a part-time clinical practice. He is a volunteer for No More Red Dots, an initiative dedicated to reducing incidents of gun violence in Louisville, Kentucky..



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"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, GTMR_x 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.