

MELINDA J. B. BUNTIN

Department of Health Policy
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EDUCATION

Harvard University Graduate School of Arts and Sciences, (Cambridge, MA), Ph.D. in Health Policy, June 2000. Dissertation: “Competition and Payment Systems under Medicare.”

Concentration: Economics

The dissertation examined the effect of benefit design on risk selection in Medicare HMOs, compared alternative econometric methods for modeling health care costs, and empirically evaluated methods of risk adjustment for the terminally ill.

Dissertation Committee: Joseph Newhouse (chair), Richard Frank, and Katherine Swartz

Sloan Foundation Dissertation Fellowship, September 1997-June 2000.

Harvard University Graduate School of Arts and Sciences Dissertation Fellowship, Summer 1998.

Agency for Health Care Policy and Research Training Grant, September 1995-June 1997.

Princeton University, Woodrow Wilson School of Public and International Affairs (Princeton, NJ), A.B. Public and International Affairs, *magna cum laude*, June 1993.

ACADEMIC APPOINTMENT

Mike Curb Chair for Health Policy, Vanderbilt University, March 2018 to present

Professor and Chair, Department of Health Policy, Vanderbilt University, August 2013 to present

- Founding chair of a new multidisciplinary department of health policy within a medical school.
- Responsible for strategic planning, faculty recruitment, and development of research and educational programs.
- Scholar - Center for Health Services Research
- Affiliated Faculty - Center for Biomedical Ethics and Society
- Department has grown from 9 to 22 faculty, started a Health Policy track in its MPH program, and has a grant portfolio of \$26M.

PRIOR EMPLOYMENT

CONGRESSIONAL BUDGET OFFICE, Washington, DC

Deputy Assistant Director–Health: Health, Retirement, and Long Term Analysis Division, July 2011-July 2013

- Managed and directed analyses of health and health care financing issues within the Health, Retirement, and Long Term Analysis Division. Health topics covered included Medicare, Medicaid, subsidies for the purchase of private insurance, public health, and private health insurance markets. Research portfolio included more than 25 separate projects.

- Collaborated with agency leaders to formulate and implement a strategic research agenda involving 35-40 staff and CBO's external Panel of Health Advisors.
- Other key responsibilities included working with Congressional committees to identify important issues for CBO's analysis; ensuring the timely preparation of high-quality, clearly written studies and reports; and developing testimony for Congressional committees.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, Washington, DC

Director, Office of Economic Analysis, Evaluation and Modeling, Office of the National Coordinator for Health Information Technology, 2009-2011

- Founded the Office to provide economic analysis and modeling expertise. Created a research agenda and data collection strategy around predicting and understand the factors driving the adoption, meaningful use, interoperability, and return on investment of electronic health records.
- Developed ONC's strategy for performance measurement and feedback. Generated reports, data, and strategies to measure ONC's progress towards its goals and to help ONC achieve those goals.
- Managed staff of 12 and portfolio of over \$20 million in grants and contracts. Oversaw the execution of independent evaluations of ONC programs. Provided consultation on methodologies and metrics for the design and evaluation of ONC grants, contracts, and programs.
- Supported ONC's regulatory processes and policy-development activities involving the analysis of costs, benefits, market forces, and other economic issues.
- Represented ONC in departmental discussions and on committees involving health reform, health policy, economics, and data analysis and policies/reforms that would leverage Health IT, and in the broader health economics and health services research community.
- Chaired HHS workgroup developing policy and strategy for implementing the reinsurance, risk adjustment, and risk corridor provisions of the Affordable Care Act (part-time detail).

RAND HEALTH, Santa Monica, CA and Washington, DC

Senior Economist, 2007-2011

Economist, 2003-2006

Associate Economist, 2000-2003

Associate Director, Program in Economics, Finance, and Organization, 2007-2009

Director, Public Sector Initiatives, RAND Health, 2006-2009

Co-Director, Bing Center for Health Economics, 2006-Dec. 2007

Co-Director, RAND Center for Health Care Organization, Economics, and Financing, 2004-2006

- Built national reputation as an expert in Medicare financing, provider payment, health insurance benefit design, and the functioning of health insurance markets.
- Managed and grew \$10M/year program research portfolio involving 30 researchers.
- Developed successful relationships with and secured project funding from a diverse set of federal agencies (e.g., CMS, ASPE, MedPAC, AHRQ, NIH), foundations (e.g., RWJF, CHCF, Commonwealth Fund), and private organizations (e.g., AARP, Wellpoint).

HARVARD MEDICAL SCHOOL, Cambridge, MA

Research Assistant, Department of Health Care Policy, 1996-2000

LEWIN-VHI (NOW THE LEWIN GROUP), Fairfax, VA

Research Assistant, 1993-1994

Analyst, 1995

PROFESSIONAL ORGANIZATIONS

National Academy of Medicine, Elected Member, 2017-present

National Academy of Social Insurance, Elected Member, 2007-present

American Society of Health Economists, 2005-present

International Health Economics Association, 2001-present

AcademyHealth, 1995-present

PROFESSIONAL ACTIVITIES

INTRAMURAL

Public Policy Studies Faculty Search Committee, August 2018-present.

Biostatistics Chair Search Committee, July 2016-June 2017.

VUMC Strategic Plan Integration Group, July 2016-July 2017.

Medicine, Health and Society Faculty Search Committee, 2014-2015.

Faculty Search Committee Chair, Department of Health Policy, 2013-present.

Vanderbilt Leadership Academy, August 2016-April 2017.

Executive Committee of the Executive Faculty, 2014-2016.

Trans-Institutional Programs (TIPs) Council, 2014-2016.

Radiation Oncology Chair Search Committee, 2014-2015.

Tennessee Men's Health Advisory Board Member, 2014-2015.

Vanderbilt University Strategic Planning Sub-Committee on Healthcare Solutions, 2013.

Vanderbilt Center for Health Services Research Advisory Board, 2013-present.

EXTRAMURAL

AcademyHealth, Research Insights Project Advisory Committee, Chair, 2018

NEJM Catalyst, Thought Leader-Marketplace Section, October 2017-present.

State of Tennessee Legislature, 3 Star Health Project Task Force, Policy Advisor, 2016.

National Academy of Medicine, Models of Care for High-Need Patients, Taxonomy Workgroup, Member, 2016.

Sharing Knowledge to Build a Culture of Health Research, Robert Wood Johnson Foundation Steering Committee, Member, September 2016-February 2017.

NashvilleHealth, Steering Committee, Member, August, 2016-present.

Department of Health & Human Services, Technical Review Panel on the Medicare Trustees Reports, Member, 2016-2018.

Tennessee Department of Health, Health Economics Consortium, Member, 2015-present.

Institute of Medicine/National Academy of Sciences, Board on Health Care Services, Member, 2015-2018.

Institute of Medicine/National Academy of Sciences, Committee on Accounting for Socioeconomic Status in Medicare Payment Programs, Member, 2015-2017.

The Institute for Operations Research and the Management Sciences, Technical Co-Sponsor Chair for the INFORMS Healthcare Conference, July 2015.

AcademyHealth, 2014 Annual Research Committee, Abstract Selection Committee, Chair, Medicare Theme.

RTI International, ASPE/CMS Technical Expert Panel, September 2014.

Commonwealth Fund, Cost Control Economic Advisory Committee, Chair, September 2014-present.

Agency for Healthcare Research and Quality, Effective Health Care Program, Technical Expert Panel, Member, April 2014.

FTI Consulting, Inc., Center for Healthcare Economics and Policy, Advisory Board member, July 2014-present.

National Science Foundation, Workshop on “The Learning Healthcare System,” Planning Committee, 2013.

National Institutes of Health, Special Section for Diffusion of Medical Technology and Effects on Outcomes and Expenditures (U01), Study Reviewer, May 2013.

President’s Council of Advisors on Science and Technology, Systems Engineering for Healthcare, Working Group, September 2013.

Health Care: The Journal of Delivery Science and Innovation, Section Editor for Payment Reform, July 2012-present.

Multi-Payer Claims Database Initiative, Board Member, May 2011-2013.

AcademyHealth, Research Insights Project: Disseminating Research on Health Care Costs, Organizations, Markets and Productivity, Project Advisory Committee, September 2010-2017.

Advisory Committee to the Director of CDC, Surveillance and Epidemiology Workgroup, July-December 2010.

AcademyHealth, 2009 Annual Research Conference, Abstract Selection Committee, Medicare Theme.

AcademyHealth, 2009 Annual Research Conference, Abstract Selection Committee, Best Abstract Award.

National Institutes of Health, Health Services Organization and Delivery (HSOD) study section, Study Reviewer, June 2009.

AcademyHealth, 2008 Annual Research Conference, Conference Theme Leader, “Consumer Choice and Decision Making.”

Health Services Research, Editorial Board Member, December 2008-present.

California Health Benefits Review Program (CHBRP), Policy Considerations Relevant to Senate Bill 1522 Coverage Choice Categories, Content Expert, June 2008.

Association for Public Policy Analysis and Management, Program Committee, March 2008.

AcademyHealth, 2007 Annual Research Conference, Abstract Selection Committee, Private Health Insurance Theme.

California Health Benefits Review Program (CHBRP), Analysis of Assembly Bill 12134, “Waiver of Benefits,” Content Expert, November 2007.

Medicare Payment Advisory Commission, SGR Technical Panel, June 12, 2006.

AcademyHealth, Health Economics Interest Group, Steering Committee, 2005-2007.

National Rehabilitation Center, JOINTS I and II Studies Policy Advisory Panel, 2005-2008.

John A. Hartford Foundation National Advisory Panel, “Building Interdisciplinary Geriatric Health Care Research Centers” Initiative, 2004-2009.

SPECIAL AWARDS OR RECOGNITION

CBO merit and time off awards, 2012.

Secretary’s Commendation, U.S. Department of Health and Human Services, June 23, 2010.

RAND Silver Merit Bonus, July 2009.

AcademyHealth 2009 Annual Research Meeting Most Outstanding Medicare Abstract, June 2009.

AcademyHealth 2009 Annual Research Meeting Most Outstanding Abstract in Health Care Markets & Competition, June 2009.

Ollie Randall Symposium, Gerontological Society of America Conference, November 2008.

RAND President's Award, January 2006.

RAND Silver Merit Bonus, July 2003.

TEACHING ACTIVITIES

LECTURES/SEMINARS/COURSES

Instructor, MPH Health Economics, 2 credits, Spring Semester, Vanderbilt MPH Program, 2016-present.

Lecture, "Provider Payment and Healthcare Costs," Vanderbilt University School of Medicine, 2013-present.

Lecture, "Health Care Costs and Cost Growth," Vanderbilt University, 2017.

Lecture, "Health Information Technology," Vanderbilt University, 2016, 2017.

Lecture, "Spending Growth and Bending the Cost Curve," Vanderbilt University, 2016.

Organizer and lecturer, "Value-based Healthcare Delivery Seminar," Vanderbilt University, 2015-present.

Lecture, "American Health Policy," Vanderbilt University Political Science Department, 2014.

Seminar for Duke Fuqua School MBA students, 2013.

Seminar for Commonwealth Fund Harkness Fellows, 2013.

Seminar for Medical Industry Leadership Institute Fellows, University of Minnesota Carlson School of Management, 2013.

Q&A with UNC in Washington program, 2011.

Aging Policy Orientation for Atlantic Health and Aging Policy Fellows, 2011-2012.

Career Panel at the Woodrow Wilson School of Public and International Affairs, Princeton, 2010.

Lecture and discussion with Stanford-in-Washington program, 2010.

Seminar for National Academy of Social Insurance summer interns, 2010 and 2012.

Guest lecturer on Health Economics, RAND Graduate School, 2009.

Mentor, Princeton AlumniCorps Public Interest Fellowship, 2009-2012.

RESEARCH SUPERVISION

ACTIVE

Sabrina Poon	2018-present	Instructor, Department of Emergency Medicine
Stacie Dusetzina	2018-present	Associate Professor, Department of Health Policy
Morgan Batey	2017-present	MPH Student

Stephen Patrick	2016-present	Assistant Professor, Department of Pediatrics, Department of Health Policy
Laura Keohane	2016-present	Assistant Professor, Department of Health Policy
Sayeh Nikpay	2015-present	Assistant Professor, Department of Health Policy
Gilbert Gonzales	2015-present	Assistant Professor, Department of Health Policy
Amol Karmarkar	2015-present	Assistant Professor, Div. Rehab. Sciences University of Texas Medical Branch NICHD, NIH K01 # HD086290*
Justin Bachmann	2014-present	Instructor, Assistant Professor, Cardiology
Matthew Resnick	2013-present	Fellow, Surgical Oncology Assistant Professor "ACS Mentored Research Scholar Grant - The Effect of ACO Enrollment on Appropriateness of Cancer Screening"
PAST		
Erika Leslie	2016-2018	Post-doc, Department of Health Policy
Michael Richards	2015-2018	Assistant Professor, Department of Health Policy
Salama Freed	2014-2018	Ph.D. Candidate, Economics. Dissertation committee member
Sarah Greenberg	2015-2017	MPH Student
Carrie Fry	2014-2017	Data Analyst, Department of Health Policy
Jason Singer	2015-2016	Medical Student
Elissa Phillip	2014-2016	Ph.D., Law & Economics Dissertation committee member: Safety and Effectiveness: The FDA's Approach to Risk in Prescription Medication
James Lee	2013-2016	Medical Student
Rick Abramson	2013-2015	GERRAF research award, Radiology
Brett Norman	2013-2015	Fellow, Critical Care
Sahar Kohanim	2013-2015	MPH, Ophthalmology
Neeraj Sood	2005-2009	Doctoral Student and collaborator
Carrie Colla	2004-2008	Doctoral student and collaborator

RESEARCH PROGRAM (ORDERED BY END DATE)

Effects of Expanded Coverage on Access, Health Care and Health in the South

Agency For Health Care Research and Quality R01

9/30/2018 – 8/30/2022

Investigator

\$415,781

Principal Investigator: John Graves

This project will provide timely and rigorous analysis of the effect of the Affordable Care Act's insurance coverage expansions on health care use and outcomes among a large cohort of low-income adults in 12 southern states. The project will draw on regional characteristics and the largest cohort of low-income, uninsured, and minority adults ever recruited in the US, the Southern Community Cohort Study. We aim to quantify the effects of coverage expansion on: access to care, cancer screening and use of preventive clinical services; self-reported health outcomes, mortality, cancer care, and use of emergent and inpatient care; and on access to care, utilization, and outcomes for adults with prior coverage whose access might be compromised by the expansions. Our timely quasi-experimental analyses will help characterize the value of the ACA's coverage reforms, will inform policy debates over coverage expansions moving forward, and will advance understanding of the effects of insurance coverage on health care use and health outcomes.

Improving Access to Treatment for Women with Opioid Use Disorder

National Institute on Drug Abuse, National Institutes of Health R01

4/1/2018 – 1/1/2022

Investigator

\$1,404,586

Principal Investigator: Stephen Patrick

Over the past two decades, there has been substantial growth in opioid consumption during pregnancy, diagnoses of opioid use disorder among pregnant women, and neonatal complications from in utero opioid exposure. Untreated opioid use disorder among pregnant women leads to poor outcomes for the mother and infant; however, opioid agonist treatment (OAT) for opioid use disorder is highly effective. Despite evidence that treatment is effective in mitigating adverse outcomes from opioid use disorder, evidence suggests that the vast majority of patients in need of treatment do not receive it. We will conduct a rigorous and reproducible field experiment of randomly-selected outpatient buprenorphine providers and opioid treatment programs in 10 states with a range of state policies. The study will include simulated female patients of reproductive age with randomly-selected characteristics, including pregnancy status. We aim to determine whether: 1a) pregnant women with opioid use disorder are more likely to experience difficulty accessing OAT when compared with non-pregnant women, 1b) insurance type modifies ability to access OAT, and 2) state policies promote or hinder access to treatment. Results from this work will have immediate applicability to state policymakers tasked with using finite resources to combat the opioid epidemic and improve outcomes for this vulnerable population.

Health and Educational Outcomes of Low-Income, Vulnerable Children in Tennessee

Robert Wood Johnson Foundation

11/1/18 – 5/1/2021

Co-Principal Investigator

\$1,250,000

Co-PI: Carolyn Heinrich

To understand the challenges faced by some of the most vulnerable children in our communities today, the Vanderbilt research hub aims to bring together a rich and novel set of health and education data to help children living in low-resource households. We will connect data sources within the state of Tennessee that may provide essential information to better serve vulnerable children. Our work will bring together robust data as well as researchers from the health and education domains to understand, and will break new ground as these data have not previously been merged for research or analysis.

Reform of Hospital Safety-Net Subsidies to Enhance Care to Uninsured and Low-Income Populations

Robert Wood Johnson Foundation

7/20/2018 – 7/14/2019

Subcontract from Altarum

\$89,000

Co-Investigator

Principal Investigator: Sayeh Nikpay

This project described the characteristics of non-profit hospitals receiving three major safety-net subsidies (Medicare and Medicaid disproportionate share hospital payments, and 340B drug discounts) and their association with measures of safety-net care provision.

Alzheimer's Disease and Cognitive Impairment in the Southern Community Cohort Study

National Cancer Institute

7/1/2018 – 6/30/2019

Co-Investigator

\$394,548

This project will provide an innovative study into Alzheimer's disease and related dementias (ADRD) by studying ADRD as a health outcome among the Southern Community Cohort Study (SCCS). The SCCS provides a unique opportunity for us to examine disparities in ADRD through longitudinal study of a cohort that is commonly understudied. The goal of this research is to better understand disparities in health outcomes and care access for older adults at risk of developing ADRD.

Chronic Conditions and Acute Episode-Based Spending in Medicare

Commonwealth Fund

8/1/17 – 10/31/18

Co-Principal Investigator

\$274,366

To inform ongoing debates about Medicare's capacity to meet the needs of beneficiaries with chronic conditions, we conducted a series of analyses that will examine Medicare spending on acute episodes for chronic conditions. Based on our prior work, we identified chronic conditions that have emerged as key contributors to overall cost-growth, including diabetes, chronic kidney disease, and congestive heart failure. We also focused on chronic conditions that are disproportionately common among the dual-eligible population. This work will inform current policy debates about value-based payments and opportunities to tailor Medicare services to individuals with chronic conditions.

Measuring the Size of the 340B Drug Discount Program

Commonwealth Fund

5/1/17 – 10/31/18

Subcontract from University of Chicago

\$115,499

Principal Investigator

This work created a dataset that links information from the Health Resources and Services Administration (HRSA) on hospital system participation in the 340B program to hospital community benefit spending, safety-net engagement and prescription drug claims. We pursued a number of in-depth cross-sectional analyses to characterize the impact of 340B qualification on hospital systems compared to non-340B qualified hospital systems and to estimate the size of the program.

Health Policy Modeling and Simulation Tools

Robert Wood Johnson Foundation

12/15/17 – 7/14/18

Co-Principal Investigator

\$173,740

Models simulating the effects of policy changes on health insurance coverage and costs have proven critical to recent debates about reforms to the Affordable Care Act. While it is hard to imagine how the debates of the past year would have unfolded without such models of the implications of

Congressional actions, modelers struggled to estimate the implications of proposed changes for the stability of health insurance markets. In addition, little has been invested in developing models in other areas, including models of how providers will respond to payment reform, how healthy behavior changes might shape longer-term costs and outcomes, and how community contexts shape health. We proposed to develop a research and model development agenda with input from a forum of nationally-recognized experts. Issuing a report that motivates researchers, policy analysts, modelers, and funders to begin the research and methods development needed to guide policy at the local, regional, and national level.

Slowing Medicare Spending: Dual-Eligible Beneficiaries

Commonwealth Fund

5/1/16 – 1/30/18

Principal Investigator

\$163,636

To inform policy decisions regarding appropriate payment methodologies for dual-eligible beneficiaries, we examined what factors, including use of institutional long-term care, drive Medicare per beneficiary spending trends for dual-eligible beneficiaries in the years 2007-2014. To determine how variation in the composition of dual-eligible populations across states influences spending trends, we explored whether spending trends change when states see disproportionate growth in the size of their dual-eligible populations relative to the growth of their low-income elderly populations.

Providing Timely Data and Support to NashvilleHealth

Robert Wood Johnson Foundation

1/15/16 – 12/31/17

Principal Investigator

\$226,607

This project seeks to provide technical assistance and support to, as well as develop an evaluation strategy for, the efforts of NashvilleHealth in its first three pilot priorities. NashvilleHealth is a collective impact initiative of the Community Foundation of Middle Tennessee whose goal is to improve the health and wellbeing of all Nashvillians.

Educating Policymakers on State Medicaid Experiments

California HealthCare Foundation

3/15/17 – 6/30/17

Investigator

\$40,000

We developed and disseminated two short educational pieces on states' experiments with the types of Medicaid policies most likely to be included in emerging federal policy. The first brief covered implementing enrollee cost-sharing, wellness incentives, and enforcement mechanisms, and include a survey of how cost-sharing requirements, wellness incentives, and enforcement mechanisms are working in other states, and what may be gleaned as best practices for states considering implementing these waiver provisions. The second brief covered developing and implementing HSAs, and focus on the unique challenges of implementing HSAs for lower-income populations, and how states have attempted to implement HSAs in a way that helps to assuage common enrollee barriers and state administrative burden.

Using Local Data and Resources to Reduce Infant Mortality Rates in Nashville, Tennessee

Academy Health

2/1/16 – 6/30/17

Principal Investigator

\$130,000

The goal of this project is to develop a series of risk prediction algorithms for infant mortality which can be used target interventions towards families and pregnant women most at risk for infant loss in Davidson county, TN. The project uses several sources of data including, vital records and Medicaid claims data and expands the work of the Welcome Baby program (Tennessee Department of Health). The end goal of this project is to identify distal predictors of infant mortality and provide pregnant

women and their families relevant services and resources to avoid infant loss. This project is an essential step in understanding the predictors of infant mortality and supporting systematic interventions.

The Prescription Opioid Epidemic: Understanding its Complications and the Effectiveness of State Policies

National Institute for Health Care Management
Co-Investigator

1/1/16 – 12/31/16
\$57,072

Over the last decade, the number of prescriptions written for opioid pain relievers (OPR) grew substantially across the US. As the number of OPR prescriptions increased, so did complications from their use and misuse, including neonatal opioid withdrawal, treatment facility admissions, opioid-related hospital and emergency department utilization and overdose deaths. Using a mixed methods approach, this project seeks to characterize and evaluate state-level policies aimed at reducing OPR misuse and its associated complications. We will collect and validate information on state-level policies to control opioids, including prescription drug monitoring programs. Next, we will assess state-level policies' effectiveness in preventing opioid-related admissions and reducing length of hospital stay for opioid related complications. Findings will be disseminated through the peer-reviewed literature, presentations at national meetings, and social media and webinars aimed at key stakeholders.

Slowing Medicare Spending: Data Analysis Support

Commonwealth Fund
Principal Investigator

5/1/15 – 6/30/16
\$220,084

This project will provide Medicare data analysis necessary to complement Vanderbilt's research efforts under Commonwealth Fund grant #20140698. It will build on earlier work to examine the role of demographic changes, changes in coverage, growth in the use of prescription drugs, and other factors shaping the recent slowdown in the growth of Medicare expenses. By examining Medicare post-acute care spending trends and market variations at the hospital referral region level, the team should be able to determine the extent to which spending variations are associated with area-level market factors.

Slowing Medicare Spending: Analysis of Trends and Their Policy Implications

Commonwealth Fund
Principal Investigator

4/1/14 – 6/30/15
\$231,547

In recent years, Medicare spending per beneficiary has grown at historically low rates and significantly slower than private insurance spending per person. To inform policies aimed at sustaining slower Medicare growth for the long term, we will assess recent Medicare spending trends and examine geographic areas and health service sectors where spending is high or growth more rapid. The analyses will focus on markets where payment reforms have taken hold as well as those where postacute care costs appear to be significantly higher than expected.

Patient-Centered Outcomes Research Institute (PCORI)

The Mid-South Clinical Data Research Network (CDRN)
Investigator

1/1/14 – 6/30/15
\$7,000,000

This funding will help to grow a clinical data research network across the Vanderbilt Health Affiliated Network. In addition, the network will reach practices across the nation in collaboration with Greenway Medical Technologies. In the initial phase, the network will recruit 3 cohorts related to obesity (10,000 patients), coronary heart disease (10,000 patients) and sickle cell disease (~500

families). Creation of the network will focus on data integration and interoperability, clinical decision support, and patient-facing informatics tools.

Competition Among Post Acute Care Providers

Agency for Health Care Research and Quality (AHRQ) R01 9/30/09 – 7/31/13
Principal Investigator (transferred to Neeraj Sood due to move to HHS) \$1,500,000

The goal of the project was to enhance our understanding of the causes and effects of competition in PAC markets, with a particular focus on how changes in PAC payment policies have both influenced competition in these markets and modified the effects of competition on resource use and clinical outcomes. It examined Medicare patients with three "tracer" conditions: stroke, hip fracture, and lower extremity joint replacement.

Post Acute Costs and Outcomes after Medicare's Reimbursement Changes

National Institute on Aging R01 3/1/08 – 2/28/11
Principal Investigator (transferred to Neeraj Sood due to move to HHS) \$1,396,451

Our objectives for this project included examining the following: How changes in payment systems affected overall payments for, costs of, and outcomes of episodes of post-acute care for Medicare patients discharged alive from an acute care stay in a hospital; the determinants of choice of PAC setting, and how they are affected by patient characteristics, discharging hospital characteristics, PAC facility characteristics and payment policy changes; the extent to which payment policy changes affected clinical and financial outcomes of interest through changes in the sites where patients received care versus changes in outcomes conditional on care sites.

Health Care Use and Quality in High-Deductible and "Consumer-Directed" Health Plans

California HealthCare Foundation and Robert Wood Johnson Foundation 3/8/06 – 2/28/10
Principal Investigator (transferred to Amelia Haviland due to move to HHS) \$4,069,475

This project investigated how new health insurance benefit designs incorporating financial incentives and information intended to help patients make more cost-conscious health care decisions influence the amount, type, and quality of care used, and how responses differ across population groups, particularly the sick and the poor.

Implementing a National Insurance Connector

The Commonwealth Fund 8/1/08 – 12/31/09
Principal Investigator \$214,066

This project explored the potential designs for and effects of, implementing a national health insurance pooling system, or "Connector," in the United States to offer businesses and individuals a structured choice of health insurance plans.

Comprehensive Assessment of Reform Efforts (COMPARE)

RAND Corporation internal funding and donations 9/26/05 – 4/30/09
Team Co-Leader

RAND's COMPARE project evaluated the outlook for the U.S. health care system, comparing the relative effects of reform proposals along dimensions including spending, coverage, health, affordability, reliability, and patient-centeredness.

Health Savings Accounts: Understanding and Improving their Value for Older Americans

American Association of Retired Persons

10/28/08 – 12/31/08

Principal Investigator

\$75,000

This project examined the use of health savings accounts (HSAs) as a way of allowing individuals to save money toward health care costs. Often coupled with a high-deductible health plan (HDHP), HSAs are one element of consumer-directed health care designed to make consumers more aware of the costs associated with health care, and encourage them to be more value-conscious when they do use health care services.

Sustainable Growth Rate: What Areas of Physician Spending are Growing Rapidly and Why?

Assistant Secretary for Planning and Evaluation (ASPE)

9/15/07 – 12/12/08

Principal Investigator

\$298,551

Rapid growth in the use of physicians' services paid for by Medicare has generated concern about the methods used to update payment rates for those services and about Medicare's ability to finance the health care needs of the country's growing elderly and disabled population. The primary goal of this research project was to analyze the physicians' services that have seen the most rapid increases in volume in recent years.

Rising Medicare Expenditures for the Oldest Medicare Beneficiaries

National Institute on Aging

8/1/05 – 9/30/08

Investigator

\$24,942

This research project documented and attempted to explain the dynamic interactions between declining disability, increased treated prevalence of disease, technological change and Medicare expenditures for the oldest Medicare beneficiaries.

Randomized Trial of Care Management to Improve End of Life Care

Veterans Administration IIR 02-294-1

1/01/04 – 2/31/08

Health Economist

\$280,000

Principal Investigator: Ken Rosenfeld

This RCT evaluated the effectiveness of a nurse case manager-based palliative care program in improving quality of care for patients with less than one-year life expectancy.

Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) Monitoring, Access, and Refinements

CMS

9/30/04 – 12/30/06

Principal Investigator

\$1,192,356

This project sought to analyze access to, costs of, and outcomes of post-acute care following the implementation of prospective payment; it also provided CMS with specific recommendations for refining the IRF PPS.

Evaluation of Corporate Disease Management Program

Wellpoint Health Systems

10/1/02 – 6/30/06

Health Economist

\$300,000

Principal Investigator: Nicole Lurie

We evaluated a randomized controlled trial of disease management for diabetes, asthma, and congestive heart failure.

Hospice Cost Functions

Medicare Payment Advisory Commission 9/23/05 – 4/19/06
Principal Investigator \$149,000

This project explored potential changes to the Medicare hospice payment system, with a particular focus on case-mix adjustment.

Consumer-Directed Health Plans and Health Care Use and Quality: Planning Study

California Health Care Foundation 11/15/04 – 1/31/06
Co-Principal Investigator \$215,133
Co-PI: Susan Marquis

The goal of this project was to develop a detailed design with which to study the effect of consumer-directed health benefit plans on health care use, the quality and appropriateness of care received, and on disparities in access to care. Our final product was a detailed proposal and budget for a complete study of the effects of consumer-directed health plan features on health care use and quality.

Pilot Test of Linking the Health and Retirement Survey to Long Term Care Minimum Data Set

University of Michigan 7/01/04 – 12/31/05
Principal Investigator \$99,996

This study pilot-tested linking the Health and Retirement Survey (HRS) to the Long Term Care Minimum Data Set (MDS), an administrative data source on nursing home patients collected by the Centers for Medicare and Medicaid services.

Comparison of Medicare Spending For Beneficiaries with Lower Extremity Joint Replacement

Medicare Payment Advisory Commission 9/24/04 – 4/30/05
Principal Investigator \$151,604

We compared the costs and outcomes of Medicare patients undergoing lower extremity joint replacement surgery who receive post-acute care in different settings, including inpatient rehabilitation facilities and skilled nursing facilities.

Reaching the Uninsured through the Individual Market for Health Insurance

California Healthcare Foundation 11/1/01 – 10/01/05
Investigator \$2,899,817
Principal Investigator: Susan Marquis

This project studied the role the individual insurance market in California plays in covering the non-poor population; investigated the factors that influence consumer decisions to participate in the individual market; and assessed how changes in price, benefits design, and public policies might affect that role and the number of uninsured.

Design, Development, Implementation, Monitoring and Refinement of Prospective Payment System for Inpatient Rehabilitation, Phase II

Centers for Medicare and Medicaid Services 9/1/01 – 9/30/04
Principal Investigator as of 9/30/02 \$5,908,651
Co-PI: Grace Carter

The purpose of this project was to help the Centers for Medicare and Medicaid Services to design, develop, implement, monitor, and refine a case-based prospective payment system for rehabilitation facilities providing services to Medicare beneficiaries.

Utilization of Physicians' Services

Agency for Health Care Research and Quality (AHRQ) 10/23/00 – 06/01/02
Investigator and Project Director \$299,486

Principal Investigator: Paul Shekelle

The primary objective of this study was to identify the determinants of changes in the use of physicians' services by Medicare beneficiaries during the mid-1990s.

Assessing Variations in Managed Care Plan Performance and Selective Enrollment of Medicare Beneficiaries

Harvard University/Commonwealth Fund

11/2/00 – 6/30/01

Principal Investigator

\$25,000

We analyzed the extent to which managed care plans select healthier Medicare enrollees, either by the way they define their service area or by selection of beneficiaries within areas.

Risk Adjustment under Medicare

The Commonwealth Fund

6/1/96 – 6/1/00

Investigator

Principal Investigator: Joseph Newhouse

This project tracked the development and implementation of risk adjusters for the Medicare + Choice program and evaluated their ability to predict the costs of the terminally ill.

The Impact of Medicare Financing Methods on End-of-Life Care

Robert Wood Johnson Foundation

4/1/99 – 3/30/00

Investigator

\$76,619

Principal Investigator: Haiden Huskamp

This project assessed the role of Medicare financing and coverage policies in facilitating and creating barriers to effective end of life care.

PUBLICATIONS AND PRESENTATIONS

REFERRED ARTICLES

1. John Romley, Erin Trish, Dana Goldman, **Melinda B. Buntin**, Yulei He, Paul Ginsburg. "Geographic Variation in the Delivery of High-Value Inpatient Care." PLOS ONE (*Forthcoming 2019*).
2. Carrie E. Fry, Hilary A. Tindle, April M. Shaffer, **Melinda B. Buntin**. "Developing a Tobacco Control 'Prescription' in a Southern US city." Progress in Community Health Partnerships: Research, Education, and Action (*Forthcoming 2019*).
3. Christine C. Whitmore, Mary N. White, **Melinda B. Buntin**, Carrie E. Fry, Kevin Calamari, Stephen W. Patrick. "State laws and policies to reduce opioid-related harm: A qualitative assessment of PDMPs and naloxone programs in ten U.S. States." Preventive Medicine (Dec 2018).
4. Matthew J. Resnick, Amy J. Graves, Robert J. Gambel, Sunita Thapa, **Melinda B. Buntin**, David F. Penson. "The Association Between Medicare Accountable Care Organization Enrollment and Breast, Colorectal, and Prostate Cancer Screening." Cancer. (November 9, 2018).
5. Olena Mazurenko, **Melinda B. Buntin**, Nir Menachemi. "High-Deductible Health Plans and Prevention." Annual Review of Public Health. (ePub ahead of print November 7, 2018).
6. Adam J. Kingeter, Matthew S. Shotwell, Lee C. Parmley, Pratik P. Pandharipande, **Melinda B. Buntin**. A Survey of Charge Sensitivity and Charge Awareness Among Intensive Care Unit Providers in a Large Academic Medical Center. Anesthesia & Analgesia. ePub ahead of print, July 21, 2018.

7. Erika T.A. Leslie, **Melinda B. Buntin**. "A Systemic Approach to Translating Evidence into Practice to Reduce Infant Mortality." *Maternal and Child Health Journal*. (July 20, 2018).
8. Stephen Patrick, **Melinda B. Buntin**, Peter Martin, Theresa Scott, William Dupont, Michael Richards, William Cooper. "Barriers to Accessing Treatment for Pregnant Women with Opioid Use Disorder in Appalachian States." *Substance Abuse*. (June 27, 2018).
9. Sayeh Nikpay, **Melinda B. Buntin**, Rena Conti. "Diversity of Participants in the 340B Drug Pricing Program for US Hospitals." *JAMA Internal Medicine*. (May 21, 2018).
10. Matthew Resnick, Amy Graves, Robert Gambrel, Sunita Thapa, **Melinda B. Buntin**, David Penson. "Medicare Accountable Care Organization Enrollment and Appropriateness of Cancer Screening." *JAMA Internal Medicine*. (March 19, 2018).
11. Laura Keohane, David Stevenson, **Melinda B. Buntin**, Robert Gambrel, Salama Freed. "Understanding Trends in Medicare Spending, 2007-2014." *Health Services Research*. (March 6, 2018).
12. Matthew Resnick, Amy Graves, **Melinda B. Buntin**, Michael Richards, David Penson. "Surgeon Engagement in Early Accountable Care Organizations," *Annals of Surgery*. (March 1, 2018).
13. Adam J. Kingeter, C. Lee Parmley, Matthew S. Shotwell, **Melinda B. Buntin**, Pratik Pandharipande. Physician Awareness of ICU Charge Environment and Effects on Cost of Care: the ICU PRICE study. *Critical Care Medicine*. 46(1):570. (January 2018).
14. Carrie Fry, Sayeh Nikpay, Erika Leslie, **Melinda B. Buntin**. "Evaluating Community-Based Health Improvement Programs." *Health Affairs*. (January 2018).
15. Michael Richards, Catherine Smith, Amy Graves, **Melinda B. Buntin**, Matthew Resnick. "Physician Competition in the Era of Accountable Care Organizations," *Health Services Research*. (March 2017).
16. Matthew Resnick, **Melinda B. Buntin**, Amy Graves. "Surgeon Participation in Early Accountable Care Organizations." *Annals of Surgery*. (March 2017).
17. **Melinda B. Buntin**, John Ayanian. "Social Risk Factors and Equity in Medicare Payment" *NEJM*. (February 2017).
18. Stephen Patrick, **Melinda B. Buntin**, Timothy F. Jones, and Carrie Fry. "Implementation of Prescription Drug Monitoring Programs Associated with Reductions in Opioid-Related Death Rates." *Health Affairs*. (June 2016).
19. Matthew Resnick, Amy Graves, Shenghua Ni, W. Stewart Reynolds, Daniel Baracas, Ayumi Shintani, **Melinda B. Buntin** and David Penson. "Anticipating the unintended consequences of closing the door on physician self-referral: the case of urinary stone disease." *The Journal of Urology*. (February 2016).
20. Tamara Hayford and **Melinda B. Buntin**. "Evidence of Inefficiencies in Practice Patterns: Regional Variation in Medicare Medical and Drug Spending". *Forum for Health Economics & Policy*. (March 2016).
21. Teryl K. Nukols, Steven M. Asch, Vaspaan Patel, Emmett Keeler, Laura Anderson and **Melinda B. Buntin**. Implementing Computerized Provider Order Entry in U.S. Acute Care Hospitals Could Generate Substantial Savings to Society. *The Joint Commission Journal on Quality and Patient Safety*. 41(8):341-1. (2015).
22. Paul Jacobs and **Melinda B. Buntin**. "Determinants of Medicare Plan Choices: Are Beneficiaries More Influenced by Premiums or Benefits?" *American Journal of Managed Care*. (July 2015).
23. Jeffrey Brown, **Melinda B. Buntin**, Milton Corn, Lynn Etheredge, Charles Friedman, Carl Gunter, Mark Musen, Richard Platt, Joshua Rubin William Stead, Kevin Sullivan, Douglas Van Houweling. "Toward a Science of Learning Systems: A Research Agenda for the High-Functioning Learning Health System". *Journal of the American Medical Informatics Association*. (October 2014).
24. Jennifer King, Michael Furukawa, and **Melinda B. Buntin**. "Geographic Variation in Ambulatory Electronic Health Record Adoption: Implications for Underserved Communities." *Health Services Research*, 48(6part1): 2037–2059 (December 2013).

25. Aaron Schwartz, **Melinda B. Buntin**, and Roger Magoulas. "Tracking Labor Demand with Online Job Postings: The Case of Health IT Workers and the HITECH Act." *Industrial Relations*, 52(10): 941-968 (2013).
26. Fred Blavin and **Melinda B. Buntin**. "Forecasting the Use of Electronic Health Records: An Expert Opinion Approach." *Medicare and Medicaid Research Review*, 3(2): (2013).
27. Vaishali Patel, Eric Jamoom, Chun-Ju Hsiao, Michael F. Furukawa, and **Melinda B. Buntin**. "Variation in Electronic Health Record Adoption and Readiness for Meaningful Use: 2008-2011." *Journal of General Internal Medicine*. (February 2013).
28. Shaline Rao, Craig Brammer, Aaron McKethan, & **Melinda B. Buntin**. "Health Information Technology: Transforming Chronic Disease Management and Care Transitions." *Primary Care: Clinics in Office Practice*, 39(2): 327-344 (2012).
29. Ashish Jha, Matthew Burke, Catherine DesRoches, Maulik Joshi, Peter Kralovec, Eric Campbell, and **Melinda B. Buntin**. "Progress Towards Meaningful Use: Hospitals' Adoption of Electronic Health Records." *American Journal of Managed Care*. 17(12Special Issue): SP117-SP124; (2011).
30. **Melinda B. Buntin**, Amelia M. Haviland, Roland McDevitt, and Neeraj Sood. "Healthcare Spending and Preventive Care in High-Deductible and Consumer-Directed Health Plans." *American Journal of Managed Care*, - 2011; 17(3):222-230. (March 2011).
31. Brian K. Bruen, Leighton Ku, Matthew F. Burke, and **Melinda B. Buntin**. "More than Four in Five Office Based Physicians Could Qualify for Federal Electronic Health Record Incentives." *Health Affairs*, 30(3): 472-479 (March 2011).
32. **Melinda B. Buntin**, Matthew F. Burke, Michael C. Hoaglin, and David Blumenthal. "The Benefits of Health Information Technology: A Review of the Recent Literature Shows Predominantly Positive Results." *Health Affairs*, 30(3): 464-471 (March 2011).
33. Emily Maxson, **Melinda B. Buntin**, and Farzad Mostashari. "Using Electronic Prescribing Transaction Data to Estimate Electronic Health Record Adoption?" *American Journal of Managed Care*, 2010-08-0207.R1. (December 2010).
34. Fredric Blavin, **Melinda B. Buntin**, and Charles Friedman. "Alternative Measures of Electronic Health Record Adoption among Hospitals." *American Journal of Managed Care*, 2010-08-0207.R1. (December 2010).
35. Carrie Hoverman Colla, José J. Escarce, **Melinda B. Buntin**, and Neeraj Sood. "Effects of Competition on the Cost and Quality of Inpatient Rehabilitation Care Under Prospective Payment." *Health Services Research*, 45(6p2): 1981-2006 (December 2010).
36. Emily Maxson, Sachin Jain, Aaron McKethan, Craig Brammer, **Melinda B. Buntin**, Kelly Cronin, Farzad Mostashari, and David Blumenthal. "Beacon Communities Aim to Use Health Information Technology to Transform the Delivery of Care." *Health Affairs*, 29(9): 1671-1677 (September 2010).
37. **Melinda B. Buntin**, Carrie Hoverman Colla, Partha Deb, Neeraj Sood, and José J. Escarce. "Medicare Spending and Outcomes after Post-Acute Care for Stroke and Hip Fracture." *Medical Care*, 48(9): 776-784 (September 2010).
38. **Melinda B. Buntin**, Sachin Jain, and David Blumenthal. "Health IT: A Foundation for Health Reform." *Health Affairs*, 29(6): 1214-1219 (June 2010).
39. Nancy Nicosia, Elaine Reardon, Karl Lorenz, Joanne Lynn, and **Melinda B. Buntin**. "The Medicare Hospice Payment System: A Consideration of Potential Refinements." *Health Care Financing Review*, 30(4): 47-60 (June 2009).
40. **Melinda B. Buntin**, Carrie Hoverman Colla, José J. Escarce. "Effects of Payment Changes on Trends in Post-Acute Care." *Health Services Research*, 44(4): 1188-1210 (August 2009).
41. **Melinda B. Buntin**, Arvind Jain, Soeren Mattke, Nicole Lurie. "Who Gets Disease Management?" *Journal of General Internal Medicine*, 24(5): 649-655 (May 2009).
42. Carrie Hoverman, Lisa R. Shugarman, Debra Saliba, and **Melinda B. Buntin**. "Use of Post-Acute Care by Nursing Home Residents Hospitalized for Stroke or Hip Fracture: How

- Prevalent and to What End?” *Journal of American Geriatrics Society*, 56(8): 1490-1496(7) (August 2008).
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 46. Susan M. Paddock, José J. Escarce, Orla Hayden, and **Melinda B. Buntin**. “Did the Medicare Inpatient Rehabilitation Facility Prospective Payment System Result in Changes in Relative Patient Severity and Relative Resource Use?” *Medical Care* 45(2): 123-129 (February 2007).
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 48. M. Susan Marquis and **Melinda B. Buntin**. “How Much Risk Pooling Is There in the Individual Insurance Market?” *Health Services Research* 41 (5): 1782-1800 (October 2006).
 49. M. Susan Marquis, **Melinda B. Buntin**, José J. Escarce, Kanika Kapur, Thomas A. Louis, and Jill M. Yegian. “Consumer Decision Making in the Individual Health Insurance Market,” *Health Affairs Web Exclusive* (2 May 2006).
 50. **Melinda B. Buntin**, Grace Carter, Orla Hayden, Carrie Hoverman, Susan Paddock, and Barbara Wynn. “IRF Care Use Before and After Implementation of the IRF PPS.” RAND TR-257-CMS. (February 2006).
 51. Susan Paddock, Jose Escarce, Orla Hayden, and **Melinda B. Buntin**. “Changes in IRF Patient Severity Following Implementation of the IRF PPS.” RAND TR-258-CMS. (February 2006).
 52. M. Susan Marquis, **Melinda B. Buntin**, José J. Escarce, Kanika Kapur, Thomas A. Louis. “Is the Individual Market More than a Bridge Market?” *An Analysis of Disenrollment Decisions.* *Inquiry* 42 (4): 381-96 (Winter 2005/2006).
 53. M. Susan Marquis, **Melinda B. Buntin**, Kanika Kapur, and Jill M. Yegian. “Using Contingent Choice Methods to Assess Consumer Preferences About Health Plan Design.” *Applied Health Economics and Health Policy* 4 (2): 77-86 (2005).
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 56. Susan M. Paddock, Barbara O. Wynn, Grace M. Carter, and **Melinda B. Buntin**. “Identifying and Accommodating Statistical Outliers When Setting Prospective Payment Rates for Inpatient Rehabilitation Facilities.” *Health Services Research* 39(6p1):1859-1879 (December 2004).
 57. **Melinda B. Buntin**, M. Susan Marquis, and Jill M. Yegian. “The Role of the Individual Health Insurance Market and Prospects for Change.” *Health Affairs* 23(6): 79-90 (November/December 2004).
 58. M. Susan Marquis, **Melinda B. Buntin**, Jose J. Escarce, Kanika Kapur, and Jill M. Yegian. “Subsidies and the Demand for Individual Health Insurance in California.” *Health Services Research* 39(5): 1547-1570 (October 2004).
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60. **Melinda B. Buntin** and Alan Zaslavsky. "Too Much Ado about Two-Part Models and Transformation: Comparing Methods of Modeling Medicare Expenditures." *Journal of Health Economics* 23(3): 525-542 (May 2004).
61. **Melinda B. Buntin**, Alan M. Garber, Mark McClellan, and Joseph P. Newhouse. "The Costs of Decedents In The Medicare Program: Implications for Payments to Medicare+Choice Plans?" *Health Services Research* 39(1): 111-130 (February 2004). **Melinda B. Buntin**, José J. Escarce, Dana Goldman, Hongjun Kan, Miriam J. Laugesen, and Paul Shekelle. "Increased Medicare Expenditures for Physicians' Services: What are the causes?" *Inquiry* 41(1): 83-94 (Spring 2004).
62. **Melinda B. Buntin**, José J. Escarce, Kanika Kapur, Jill M. Yegian, and M. Susan Marquis. "Trends and Variability in Individual Insurance Products in California." *Health Affairs (Web Exclusive)* 3, 449-459 (September 2003).
63. **Melinda B. Buntin** and Haiden Huskamp. "What Is Known About the Economics of End-of-Life Care for Medicare Beneficiaries?" *The Gerontologist* 42 (Special Issue III), 40-8 (October 2002).
64. Joseph P. Newhouse, Howard Bailit, **Melinda B. Buntin**, et al, "Managed Care: An Industry Snapshot," *Inquiry* 39(3): 207-220 (Fall, 2002).
65. Alan Zaslavsky and **Melinda B. Buntin**, "Using Survey Measures to Assess Risk Selection Among Medicare Managed Care Plans." *Inquiry* 39(2): 138-151 (2002).
66. Grace M. Carter, **Melinda B. Buntin**, Orla Hayden, Susan M. Paddock, Daniel A. Relles, Greg Ridgeway, Mark E. Totten, and Barbara O. Wynn. "Analyses for the Initial Implementation of the Inpatient Rehabilitation Facility Prospective Payment System." Santa Monica, CA: RAND, MR-1500-CMS. (2002).
67. Patricia Keenan, **Melinda B. Buntin**, Thomas McGuire, and Joseph P. Newhouse. "The Prevalence of Formal Risk Adjustment in Health Plan Purchasing." *Inquiry* 38(3): 245-259 (Fall 2001).
68. Haiden Huskamp, **Melinda B. Buntin**, Virginia Wang, and Joseph P. Newhouse. "Providing Care at the End of Life: Do Medicare Rules Impede Good Care?" *Health Affairs* 20(3): 204-211 (May/June 2001).
69. **Melinda B. Buntin** and Joseph P. Newhouse. "Paying Medicare Managed Care Plans." *Generations* 22(2): 37-42 (1998).
70. David Blumenthal and **Melinda B. Buntin**. "Carve-Outs: Definition, Experience, and Choice Among Candidate Conditions." *The American Journal of Managed Care* 4(SP): SP45-SP58 (1998).
71. Joseph P. Newhouse, **Melinda B. Buntin**, and John D. Chapman. "Risk Adjustment and Medicare: Taking a Closer Look." *Health Affairs* 16 (5): 26-43 (September/October 1997).

OTHER PUBLICATIONS (CHAPTERS, COMMENTARIES, WHITE PAPERS, ABSTRACTS)

1. Jordan Everson, **Melinda B. Buntin**. Health Information Technology. In the Oxford Encyclopedia of Health Economics. Oxford University Press. (forthcoming March 2019).
2. Xiaotong Niu, **Melinda B. Buntin** and Joyce Manchester. "Changes in Medicare Spending per Beneficiary by Age: CBO Working paper 2015-08." (November 2015).
3. Andrew Stocking, James Baumgardner, **Melinda B. Buntin**, and Anna Cook. "Assessing the Design of the Low-Income Subsidy Program in Medicare Part D: CBO Working Paper." (October 2014).
4. Andrew Stocking, James Baumgardner, **Melinda B. Buntin**, and Anna Cook. "Examining the Number of Competitors and the Cost of Medicare Part D". Working paper (July 2014).
5. Manish K. Sethi and **Melinda B. Buntin**. "Geographic Variation in Orthopedic Trauma Billing and Reimbursements for Pelvis, Acetabular and Hip Fractures in the Medicare Population. Abstract *Submitted* (February 2014).
6. Michael Levine and **Melinda B. Buntin**. "Why Has Growth in Spending for Fee-for-Service Medicare Slowed?" Congressional Budget Office. (August 2013).

7. Tamara Hayford and **Melinda B. Buntin**. “Offsetting Effects of Prescription Drug Use on Medicare’s Spending for Medical Services.” Congressional Budget Office. (November 2012).
8. **Melinda B. Buntin** “Consumer-Directed Health Plans: What are they, what do we know about their effects, and can they enhance value?” Institute of Medicine of the National Academies, Chapter in Value in Health Care: Accounting for Cost, Quality, Safety, Outcomes, and Innovation. (2010).
9. **Melinda B. Buntin**, Carter Price, Alice Beckman, Amado Cordova, Christine Eibner, and Federico Girosi. “Creating Affordable Choices within a National Insurance Exchange.” Report for the Commonwealth Fund, (July 2009).
10. **Melinda B. Buntin**, Steven Zuckerman, Robert Berenson, Anant Patel, and Teryl Nuckols. “Volume Growth in Medicare: An Investigation of Ten Physicians’ Services.” RAND WR-6310-ASPE, (March 2009).
11. **Melinda B. Buntin** and David Cutler. “The Two Trillion Dollar Solution: Saving Money by Modernizing the Health Care System.” Center for American Progress. Available at: http://www.americanprogress.org/issues/2009/06/2trillion_solution.html (June 2009).
12. Joanne Yoong, Alison Cuellar, Erin Murphy, and **Melinda B. Buntin**. “HSAs: Understanding Their Value for Older Adults.” PM-3324-AARP. Manuscript. (December 2008).
13. **Melinda B. Buntin**. “Access to Post-Acute Rehabilitation.” Archives of Physical Medicine and Rehabilitation, Volume 88, Number 11 (November 2007).
14. Geoffery Joyce, Lindsay Sabik, **Melinda B. Buntin**. “Redesigning Insurance Benefits to Promote Healthy Behaviors.” COMPARE Working Paper. (January 2007).
15. **Melinda B. Buntin**, José J. Escarce, and Dana Goldman. Letter to Editor regarding “Use of Physicians’ Services for Medicare Beneficiaries.” New England Journal of Medicine, Volume 357: 617-619 (August 9, 2007).
16. **Melinda B. Buntin** and Jeannette A. Rogowski, “Discussants’ remarks: Gathering critical information about the health coverage of the elderly.” In Potter, D.E.B., and Vistnes, Jessica (editors). Health Insurance for the Elderly - Issues in Measurement Workshop, April 2003: Meeting Summary, Commissioned Papers and Discussant’s Remarks. Agency for Healthcare Research and Quality Working Paper No. 06003, (March 2006).
17. **Melinda B. Buntin**. “Commentary: Rigorous Disease Management Evaluation”. Journal of Evaluation in Clinical Practice 12(2): 121-123 (2006).
18. **Melinda B. Buntin**, Partha Deb, José Escarce, Carrie Hoverman, Susan Paddock, Neeraj Sood. “Comparison of Medicare Spending and Outcomes for Beneficiaries with Lower Extremity Joint Replacements.” RAND Working Paper. (June 2005).
19. **Melinda B. Buntin**, Partha Deb, José Escarce, Carrie Hoverman, Susan Paddock, Neeraj Sood. “Comparison of Medicare Spending and Outcomes for Beneficiaries with Lower Extremity Joint Replacements.” RAND Working Paper. (June 2005).
20. **Melinda B. Buntin**, Cheryl Damberg, Amelia Haviland, Nicole Lurie, Kanika Kapur, and M. Susan Marquis. “Consumer-Directed” Health Plans: Implications for Health Care Quality and Cost” California Health Care Foundation. (June 2005).
21. Nicole Lurie and **Melinda B. Buntin**. “Health Disparities and The Quality of Ambulatory Care.” New England Journal of Medicine (Editorial) 347(21):1709-1710 (2002).
22. **Melinda B. Buntin**, Jose Escarce, Dana Goldman, Hongjun Kan, Miriam Laugesen, and Paul Shekelle. “Determinants of Increases in Medicare Expenditures for Physicians’ Services.” EPC Report to the Agency for Health Care Research and Quality. July 2002.
23. Joseph P. Newhouse, **Melinda B. Buntin**, and John D. Chapman. “Risk Adjustment and Medicare [Revised and Updated Version].” The Commonwealth Fund (1999).
24. **Melinda B. Buntin** and Joseph P. Newhouse. “Employer Purchasing Coalitions and State Experiences with Risk Adjustment.” The Commonwealth Fund (1998).
25. **Melinda B. Buntin** and David Blumenthal. “Carve-Outs for Medicare: Possible Benefits and Risks” in Robert Reischauer, Stuart Butler, and Judith Lave, eds., Chapter in Medicare: Preparing for the Challenges of the 21st Century, Brookings Institution Press, pp. 152-184 (1998).

MANUSCRIPTS

SUBMITTED OR UNDER REVISION

1. Jordan Everson, Michael Richards, **Melinda B. Buntin**. “Horizontal and Vertical Integration’s Role in Meaningful Use Attestation Over Time” *Under review 2019*.
2. Lucas Stewart, Erika Leslie, Audrey Bauer, Morgan McDonald, Angela Miller, Kim Unertl, **Melinda B. Buntin**. “Using Vital Records Data to Target Infant Mortality Reduction Efforts” *Under review 2019*.
3. Sayeh Nikpay, **Melinda B. Buntin**, Rena Conti. “Safety-Net Engagement of Non-Profit and Public Hospitals: Low-Profit Service Line and Community Benefit Provision of 340B Participants.” *Submitted 2018*.
4. Laura M. Keohane, Salama Freed, David Stevenson, Robert Gambrel, **Melinda B. Buntin**. “Factors Underlying Slow Growth in Medicare Spending.” *Under review 2018*.
5. Salama Freed, Laura Keohane, Robert Gambrel, **Melinda B. Buntin**. “Continuing Slow Growth in Medicare Payments and Per Capita Spending.” *Under review 2018*.
6. Sayeh Nikpay, Rena Conti, **Melinda B. Buntin**. “Strategic Hospital Response to the 340B Drug Discount Program, 1997-2015.” *Under review 2018*.
7. Erin Trish, Dana Goldman, **Melinda B. Buntin**, Yulei He, and Paul Ginsburg. “There Was Significant Variation in the Value of Care Delivered to Medicare Beneficiaries Hospitalized for Heart Attack in 2013.” *Submitted January 2017*.
8. Stephen Patrick, Mary White, Theresa Scott, William Cooper, Carrie Fry, Christine Whitmore, **Melinda B. Buntin**. “Prescription Opioid Pain Reliever and Heroin Complications, US 2009-2013: A retrospective, repeated cross-sectional analysis.” *Submitted 2017*.

PRESENTATIONS AT SCIENTIFIC MEETINGS

1. Invited panelist, “Health Policy in Washington and the States: A Look Ahead,” Academy Health/National Health Policy Conference, Washington, DC, February 4, 2019.
2. Grand Rounds, Department of Emergency Medicine, Vanderbilt University School of Medicine, September 18, 2018.
3. Invited speaker, “Medicaid and Personal Responsibility,” AcademyHealth Research Insights Meeting, Washington, DC, September 7, 2018.
4. Invited speaker, “Health Care Costs and Delivery System Reforms,” Center for Effective Lawmaking, Washington, DC, July 13, 2018.
5. Invited speaker, “Sustainable U.S. Health Spending: Serious Issues – Sound Policy Solutions,” Altarum Center for Value in Health Care, Washington, DC, July 12, 2018.
6. Invited speaker, “Sustainability of Medicare,” The Conference of Consulting Actuaries (CCA) Audio/Webcast, July 11, 2018.
7. Invited discussant, “The Increasing Progressivity of Healthcare Financing in the United States: 2004 to 2015,” American Society of Health Economists (ASHEcon), Atlanta, GA, June 12, 2018.
8. Invited panelist, “Multi-Payer Episodes of Care Models: Early Lessons from Innovator States,” 2018 AcademyHealth National Health Policy Conference, Washington, DC, February 6, 2018.
9. Invited speaker, “Health Spending: Tackling The Big Issues,” Health Affairs/National Pharmaceutical Council (NPC) Conference, Washington, DC, February 1, 2018.
10. Invited panelist, “Signal or Noise? Navigating Health Care Policy in 2018,” Institute for Healthcare Improvement National Forum, Orlando, FL, December 12, 2017.
11. Invited presenter, “Assessing Treatment for Opioid Use Disorder,” Tennessee Department of Health, Health Economics Consortium, Nashville, TN, November 3, 2017.
12. Invited presenter, “Cost Pressures and Strategies for Addressing Them,” Israel-U.S. Meeting on Caring for Patients with Complex Health and Social Needs, The Commonwealth Fund, Haifa, Israel, July 20, 2017.

13. Invited presenter, "Accounting for Social Risk Factors in Medicare Payment," SES and Medicare Dissemination Workshop, National Academy of Medicine, Washington, DC, June 13, 2017.
14. Invited presenter, "What Federal Changes Could Bring at the State and Local Level," The Health Collaborative, Cincinnati, OH, May 22, 2017.
15. Discussant, "Supply Side Policies for Reducing Opioid Abuse," APPAM, Washington, DC, November 4, 2016.
16. Presenter, "The Role of Chronic Conditions in the Medicare Fee-for-Service Spending Growth Slowdown," APPAM, Washington, DC, November 3, 2016.
17. Moderator and Speaker, "Sustainable U.S. Health Spending in the Next Administration," Altarum, Washington, DC, July 12, 2016.
18. Invited member, NIH Corporate Healthcare Leaders' Think Tank Meeting, Bethesda, MD, June 28-29, 2016.
19. Discussant, "Medicaid Managed Care" and "Eligibility and Coverage: Recent Assessments of Medicaid and Marketplace Insurance," ASHEcon, Philadelphia, PA, June 13-15, 2016.
20. Invited speaker, Health Affairs Forum: "Envisioning The Future of Value Based Payment," Washington, DC, May 12, 2016.
21. Presenter, Bipartisan Congressional Health Policy Retreat for Members of Congress, Middleburg, VA, March 11-13, 2016.
22. Invited speaker, INFORMS Healthcare Conference 2015, Nashville, TN, July 29-31, 2015.
23. Presenter, Altarum, New Dimensions on Sustainable U.S. Health Spending, Washington, DC, July 21, 2015.
24. Session chair, "Diffusion and Exnovation of Medical Technologies: A Spectrum of High-Value, Mixed-Value and Low-Value," iHEA, Milan, Italy, July 13-15, 2015.
25. Moderator, "Health Spending and Special Cost Factors, Altarum Center for Sustainable Health Spending/New Dimensions on Sustainable U.S. Health Spending," Washington, DC, July 21, 2015.
26. Invited Panelist, "The \$2 Trillion Question: Will the Slowdown in Health Care Cost Growth Continue?" AcademyHealth Annual Research Meeting, Minneapolis, MN, June 14-16, 2015.
27. Invited speaker, "Slowing Health Care Cost Growth," Vanderbilt University School of Medicine Medical Grand Rounds, May 21, 2015.
28. Invited speaker, "Slowing Health Care Cost Growth," Vanderbilt University School of Medicine Otolaryngology Grand Rounds, March 6, 2015.
29. Invited speaker, "Slowing Health Care Cost Growth," Vanderbilt University School of Medicine Pediatrics Grand Rounds, January 20, 2015.
30. Invited panel speaker, "Covering the Uninsured in Tennessee," Nashville Community Health Forum, January 14, 2015.
31. Invited workshop participant, "The Role of Post-Acute Care in Slowing Health Care Cost Growth" Center for Rehabilitation Research using Large Datasets (CRRLD), Galveston, TX, December 5th, 2014.
32. Invited speaker, "New Developments in Health Policy," Vanderbilt University Peabody Department of Human and Organizational Development, October 1, 2014.
33. Invited speaker, "New Developments in Health Policy," Meharry Medical College, September 3, 2014.
34. Invited panel speaker, "Slowing Medicare Spending Growth: Analysis of Trends and Policy Implications," Commonwealth Fund Advisory Board of Directors, June 30, 2014.
35. Panel convener and chair "Medicare Advantage: New methods, new models, new policy implications," ASHEcon, June 26, 2014.
36. Invited keynote speaker, "The Healthcare Spending Slowdown" Health Economics Interest Group AcademyHealth, June 7, 2014.
37. Invited speaker, "New Developments in Health Policy," Vanderbilt University Flexner Dean's Lecture, June 3, 2014.

38. Invited panelist, "The Medicare Cost Growth Slowdown: Will it Persist?" AIR Conference on Aging, May 5, 2014.
39. Invited seminar speaker, "Beneficiaries' choice of Medicare Advantage Plans: Implications for premium support proposals." Leonard Davis Institute Research Seminar Series, Philadelphia, PA, April 25, 2014.
40. Invited panelist, "Health Policy Roundtable." NIA Resource Center for Minority Aging Research Annual Investigators Meeting, Los Angeles, CA, March 31, 2014.
41. Invited speaker, "New Developments in Health Policy" Vanderbilt University School of Medicine Cardiology Grand Rounds, February 19, 2014.
42. Invited seminar speaker, "Why Has Growth in Spending for Fee-for-Service Medicare Slowed?" Association for Public Policy Analysis and Management (APPAM) 2013 Fall Research Conference, Washington DC, November 6-9, 2013.
43. Invited speaker, "Why Has Growth in Spending for Fee-for-Service Medicare Slowed?" RAND Health Economics Seminar Series, Santa Monica, CA, November 6, 2013.
44. Discussant, "Health Services Utilization of Residents in Assisted Living Communities," Southeastern Health Economics Study Group, Baltimore, MD, October 26, 2013
45. Discussant, "Leveraging Electronic Health Records to Improve Hospital Performance: The Role of Management," Hospital Organization and Productivity Conference, National Bureau of Economic Research, Washington DC, October 4, 2013.
46. Panel convener and chair, "Lessons from Medicare Part D." AcademyHealth Annual Research Meeting, Baltimore, MD, June 23, 2013.
47. Panelist, "Affordable Health Care: The Next Chapter." Princeton University Reunions, Princeton, NJ, May 31, 2013.
48. Invited seminar speaker, "Offsetting Effects of Prescription Drug Use on Medicare's Spending for Medical Services." General Accountability Office, Washington, DC, April 29, 2013.
49. Invited seminar speaker, "The Health IT Policy Landscape." Harvard Medical School, Department of Health Care Policy. March 14, 2013.
50. Invited seminar speaker, "The Health IT Policy Landscape." Johns Hopkins University. Interdepartmental Health Economics Seminar Series, Baltimore, MD, February 28, 2013.
51. Invited seminar speaker, "The Health IT Policy Landscape." Vanderbilt University Medical School, Nashville, TN, February 11, 2013.
52. Invited seminar speaker, "The Health IT Policy Landscape." Virginia Commonwealth University, Department of Healthcare Policy and Research, Richmond, VA, January 28, 2013.
53. Moderator, "Innovations in Healthcare Organization and Delivery." Workshop on Health IT and Economics, Arlington, VA, October 5, 2012.
54. Chair, "Behavioral Economics of Medicare Part D Decisions: How Information Influences Consumers' Choices." American Society of Health Economists Conference (ASHEcon), Minneapolis, MN, June 11, 2012.
55. Chair and Discussant, "Health Policy Reforms: Effects on Employers, Workers and Health Insurance" APPAM Annual Conference, Washington, DC, November 4, 2011.
56. Moderator, "Health Data Frontiers." Workshop on Health IT and Economics, Washington, DC, October 21, 2011.
57. Faculty/Speaker, "Consumer-Directed Health Care: Early Evidence about Effects on Quality and Cost." Bipartisan Policy Center/Aspen Institute's National Congress on Healthcare Clinical Innovations, Quality Improvement and Cost Containment, Washington, DC, October 26, 2011.
58. Invited seminar speaker, "The Health IT Landscape." The Dartmouth Institute for Health Policy and Clinical Practice. Hanover, NH, October 7, 2011.
59. Chair, "Implementing Electronic Health Records." AcademyHealth 2011 Annual Research Meeting, Seattle, WA, June 12-14, 2011.
60. Invited speaker, "Meaningful Use of Electronic Health Records: Implications for Rehabilitation Facilities." American Medical Rehabilitation Providers Association Spring Executive Forum, Washington, DC, March 22, 2011.

61. Invited speaker, "The Benefits of Health Information Technology: A Review of Recent Literature Shows Predominantly Positive Results." Health Affairs Conference on Innovation and Health Care Delivery, Washington, DC, March 8, 2011.
62. Presenter, "Recent Trends in EHR Adoption." All ONC Grantees Meeting, Washington, DC, December 14, 2010.
63. Panelist, "Supporting Providers in Achieving Meaningful Use." All ONC Grantees Meeting, Washington, DC, December 14, 2010.
64. Panelist, "Implementing Health Reform at the Federal, State and Local Levels: Policy Challenges and Career Opportunities." The Center for Health and Wellbeing and the WWS Office of Graduate Career Services at Princeton University, Princeton, NJ, November 29, 2010.
65. Session Chair, "EHR Adoption Modeling." Office of the National Coordinator Conference on Adoption Modeling, Washington, DC, November 8-9, 2010.
66. Panelist, "Turning Ideas into Policy." AcademyHealth 2010 Health Policy Orientation, Washington, DC, October 25-28, 2010.
67. Invited speaker, "Health Reform and What It Means for the Startup Economy." DC to VC: Investing in Healthcare IT Summit, San Francisco, CA, October 6, 2010.
68. Invited Panelist, "Risk-Sharing Provisions in the ACA: Overview of Key Issues." The Commonwealth Fund Meeting on Risk Adjustment, Washington, DC, October 1, 2010.
69. Peer reviewed, presenter, "Realizing the Potential of Electronic Health Records." National Conference on Health Statistics, Washington, DC, August 16-18, 2010.
70. Peer reviewed, presenter, "ONC's Programs and Policies to Achieve Widespread and Meaningful Use of Health Information Technology." National Conference on Health Statistics, Washington, DC, August 16-18, 2010.
71. Peer reviewed, presenter, "The Benefits of HIT – An update on the state of the literature." AcademyHealth 2008 Annual Research Meeting, Boston, MA, June 27-29, 2010.
72. Peer reviewed, presenter, "Federal Panel-Major New Initiatives." Long-Term and Post-Acute Care (LTPAC) Health Information Technology (HIT) Summit, Baltimore, MD, June 7-8, 2010.
73. Session Chair, "The Costs and Benefits of Health IT." Healthcare Information and Management Systems Society 2010 Conference and Exhibition, Atlanta, GA, March 1-4, 2010.
74. Discussant, "Evidence Based Policy Making in the Post-Bush/Clinton Era" Thirty-First Annual APPAM Research Conference, Washington, DC, November 5-7, 2009.
75. Session Chair, "Medicare Advantage Resurgent." AcademyHealth Annual Research Conference, Chicago, IL, June 28-20, 2009.
76. Session Chair, "Investigating the Causes of Medicare Spending Growth." AcademyHealth Annual Research Conference, Chicago, IL, June 28-20, 2009.
77. Invited Speaker, "Effects of 'Consumer-Directed' Plan Designs on Health Care Costs, Utilization, and Quality." Yale University School of Public Health, New Haven, CT, April 20, 2009.
78. Peer reviewed, presenter, "Coverage and Cost Implications of Health Insurance Reforms." 2009 Annual Conference Allied Social Sciences Association/American Economic Association (AEA/HERO), San Francisco, CA, January 2-4, 2009.
79. Peer reviewed, session chair and presenter, "Ollie Randall Symposium: 'Perspectives on Nursing Home Quality,' (Award Winner.) GSA 61st Annual Scientific Meeting, National Harbor, MD, November 22, 2008.
80. Invited speaker, "Value in Health Care: Accounting for Cost, Quality, Safety, Outcomes and Innovation." Institutes of Medicine Workshop (IOM), Washington, DC, November 17-18 2008.
81. Panel Leader, "The Next Decade - What Are the Big Policy Challenges?" Thirtieth Annual Research Conference, Association for Public Policy Analysis and Management, Los Angeles, CA, November 6-8, 2008.
82. Session Chair, "Consumer Choices in Health Care." AcademyHealth 2008 Annual Research Meeting, Washington, DC, June 8-10, 2008.

83. Invited speaker, "The Evolution of Consumer-Driven Health Plans: What are they and what we know about their effects?" Roundtable, AARP, Washington, DC, March 31, 2008.
84. Peer reviewed, speaker, "Statistical and Economic Perspectives on Utilization, Costs, and Cost-effectiveness." 2008 International Conference on Health Policy Statistics, Philadelphia, PA, January 17-18, 2008.
85. Peer reviewed, presenter, "Alternative Estimators for Cost Data." 2008 International Conference on Health Policy Statistics, Philadelphia, PA, January 17-18, 2008.
86. Chair, "Who Pays for Health Care? Burdens and Choices." Twenty-Ninth Annual Research Conference, Association for Public Policy Analysis and Management, Washington, DC, November 8, 2007.
87. Featured Faculty Member, "Policy and Research Track: RAND Research on Consumer Directed Health Plans." Second National Consumer Drive Healthcare Summit, Washington, DC, September 26, 2007.
88. Peer reviewed, presented in absentia, "Costs and Outcomes of Stroke and Hip Fracture Across Post-Acute Care Sites." International Health Economics Association Conference. Copenhagen, Denmark, July 9, 2007.
89. Discussant in absentia, "Assets, Wealth, and Health Care." International Health Economics Association Conference. Copenhagen, Denmark, July 9, 2007.
90. Peer reviewed, presenter, "Demand for High-Deductible and Consumer-Directed Health Plans," AcademyHealth Annual Research Meeting, Orlando, FL, June 3-5, 2007.
91. Plenary Speaker, "Access to Post-Acute Rehabilitation." Symposium on Post-Acute Rehabilitation: State of the Science, Arlington, VA, February 12, 2007.
92. Invited Panel Chair, "Hospice & the Challenge of Improving End-of-Life Care." AcademyHealth Annual Research Conference, Seattle, WA, June 25-27, 2006.
93. Invited Panelist, "Major Changes in Benefit Design: A Plausible Way to Control Health Care Costs?" Robert Wood Johnson Foundation Invitational Conference, Washington DC, May 17, 2006.
94. Invited speaker, "Should Healthcare be Conditional on Prudent Behavior? West Virginia Medicaid's Personal Responsibility Contract." Conference sponsored by the Harvard University Program in Ethics and Health, Boston, MA, April 26-28, 2007.
95. Discussant, "Health Savings Accounts and Tax Subsidies: How Effective Can They Be?" American Enterprise Institute for Public Policy Research, Health Policy Discussion, Washington DC, November 18, 2005.
96. Session Chair, "The Market for Individual Health Insurance." 6th World Congress of the International Health Economics Association Conference, Barcelona, Spain, July 10-13, 2005.
97. Peer reviewed, presenter, "Does the Individual Market Provide More than Bridge Coverage and How Much Risk Pooling is There Within It?" 6th World Congress of the International Health Economics Association Conference, Barcelona, Spain, July 10-13, 2005.
98. Peer reviewed, session chair and presenter, "Medicare's Prospective Payment Systems for Post-Acute Care." 6th World Congress of the International Health Economics Association Conference, Barcelona, Spain, July 10-13, 2005.
99. Peer reviewed, presenter, "Cost and Outcomes of Joint Replacement Across Post-Acute Care Sites." 6th World Congress of the International Health Economics Association Conference, Barcelona, Spain, July 10-13, 2005.
100. Peer reviewed, presenter, "How Much Pooling is There in the Individual Insurance Market?" 2004 Academy Health Annual Research Meeting, Boston, MA, June 25, 2005.
101. Peer reviewed, presenter, "Issues in Care Decisions for Frail Elders." The Gerontological Society of America 57th Annual Scientific Meeting, Washington, DC, November 21, 2004.
102. Peer reviewed, presenter, "How Much is Post-Acute Care Use Affected by Its Availability + Accessibility?" The Gerontological Society of America 57th Annual Scientific Meeting, Washington, DC, November 21, 2004.

103. Discussant, "Medical Expenses and Health in Older Age." The Gerontological Society of America 57th Annual Scientific Meeting, Washington, DC, November 20, 2004.
104. Invited speaker, "Health Care Costs." National Press Foundation Program Making Sense of Health Care Policy. Washington, DC, September 13, 2004.
105. Discussant, "Health Economics: Quality, Cost, and Labor Supply." American Economic Association Meeting, San Diego, CA, January 5, 2004.
106. Peer reviewed, presenter, "Paying for Medicare: The Impact of Medicare's Old & New Prospective Payment Systems." 2003 AcademyHealth Annual Research Meeting, Nashville, TN, June 29, 2003.
107. Peer reviewed, presenter, "Who Goes Where for Post-Acute Care?" 4th World Congress of the International Health Economics Association Conference, San Francisco, CA, June 15-18, 2003.
108. Discussant, "Incentive-Compatible Guaranteed Renewable Health Insurance Premiums." VA-RAND Health Economics Conference, Santa Monica, CA, April 2003.
109. Presenter, "Gathering critical information about the health coverage of the elderly." Health Insurance for the Elderly - Issues in Measurement Workshop sponsored by The Federal Interagency Forum on Aging Related Statistics and the Agency for Healthcare Research and Quality, Washington, DC, April 2003.
110. Presenter, "What Is Known About the Economics of End-of-Life Care for Medicare Beneficiaries?" NIH Integrative Conference on End of Life Research, Rockville, MD, October 22-23, 2001.
111. Peer reviewed, presenter, "Risk Selection and Product Differentiation Among Medicare HMOs." The American Economics Association Annual Meeting, New Orleans, LA, January 6, 2001.
112. Invited speaker, "Financing Care at the End-of-Life." Project on Death in America Meeting on the Economics and Financing of End-of-Life Care, Washington DC, October 21, 1998.

TESTIMONIES

1. Invited testimony, "How to Reduce Health Care Costs: Understanding the Cost of Health Care in America," United States Senate Committee on Health Education Labor and Pensions, Washington, DC, June 27, 2018.
2. Invited testimony, "Implications of Governor Bill Haslam's "Insure Tennessee" proposal," Tennessee State Senate Health and Welfare Committee. February 4, 2015.
3. Invited testimony, "Explaining the Slowdown in Medicare Expenditure Growth." CBO Panel of Health Advisors, Washington, DC, September 20, 2013.
4. Invited testimony, "The Medicare Hospice Payment System: A Preliminary Consideration of Potential Refinements" Testimony before the Medicare Payment Advisory Commission, Washington DC, March 10, 2006.
5. Invited testimony, "Comparing Outcomes for Hip or Knee Replacements Across Settings." Testimony before the Medicare Payment Advisory Commission, Washington DC, April 21, 2005.
6. Invited testimony, "Medicare Payments for Physicians' Services: Determinants of Increases 1993-1998." Testimony before the Medicare Payment Advisory Commission, Washington DC, September 12, 2003.

REVIEWER SERVICE

The American Journal of Managed Care (2008, 2010)

Archives of Physical Medicine and Rehabilitation (2009)

BMC Health Services Research (2017)

Commonwealth Fund (2007, 2016)
Congressional Budget Office (2007)
Forum for Health Economics and Policy (2006)
The Gerontologist (2002, 2003, 2007)
Health Affairs (2001, 2004-2018)
Health Care Financing Review (2006)
Health Economics (2002, 2005)
Health Services Research (2002-2018)
HealthCare: The Journal of Delivery Science and Innovation (2013-2016)
Inquiry (2000-2002, 2004, 2008)
International Journal of Health Care Finance and Economics (2004)
Journal of the American Medical Association (2006, 2007, 2008, 2009, 2013- 2017)
Journal of the American Medical Informatics Association (2018, 2019)
Journal of Health Economics (2000, 2002, 2005, 2007, 2009, 2014-2016)
Journal of Public Economics (2016)
Journal of General Internal Medicine (2011)
Journal of Psychosomatic Research (2006)
Learning Health Systems Journal (2015, 2016)
Medicare and Medicaid Review (2014)
Medical Care (2005-2008)
The Milbank Quarterly (2001, 2009)
The New England Journal of Medicine (2014-2017)
Robert Wood Johnson Foundation, Health Care Financing and Organization Program (2008, 2012)

SELECTED MEDIA

Radio

Nashville NPR, Newscast featuring **Melinda B. Buntin** on Policies for Action Research Hub at Vanderbilt, November 2018. ([link](#))

Phoenix NPR, KJZZ News: Rate of Medicare Cost Increases Slowing Down, September 14, 2018. ([link](#))

Nashville NPR: Newscast featuring **Melinda B. Buntin** HELP Testimony on Value Based Care, June 2018. ([link](#))

Innovation Hub, How the New Health Care Bill Could Affect Your Uber Ride. March 17, 2017. ([link](#))

NPR Marketplace, Interview with Dan Gorenstein, June 2016. ([link](#))

NPR Marketplace, Interview with Dan Gorenstein, October 2015.

NPR Marketplace, Interview with Dan Gorenstien, September 2015. ([link](#))

NPR Marketplace, Interview with Dan Gorenstein, July 2015. ([link](#))

Urvan Journal Radio, Interview with Kevin Murphy, June 2009.

NPR New Day to Day, Interview, July 2007.

Marketplace Radio, Interview, April 2007.

Washington Post Radio, Interview, October 2006.

Newspaper/Magazine

U.S. News and World Report, Quoted, September 2014, November 2018. ([link 1](#), [2](#))

Nashville Scene, Quoted, September 2018. ([link](#))

POLITICO, Quoted, July 2016, September 2018. ([link 1](#), [2](#))

Chattanooga Times Free Press, Quoted, February 2017, July 2018. ([link 1](#), [2](#))

Forbes, Quoted, June 2018. ([link](#))

USA Today, Quoted, June 2018. ([link](#))

Milwaukee Journal Sentinel, Quoted, February 2017, June 2018. ([link 1](#), [2](#))

Modern Healthcare, Quoted, December 2017. ([link](#))

The Tennessean, Quoted, January, March, May and October 2015, January and November 2016, February, March, and May 2017, December 2018. ([link 1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#))

Vanderbilt Magazine, May 2016. ([link](#))

Employee Benefit News, Quoted, August 2007.

San Jose Mercury News, Quoted, February 2007.

SHRM Magazine, Quoted, December 2006.

Milwaukee Journal Sentinel, Quoted, November 2006.

Investor's Business Daily, Quoted, November 2006.

Time Magazine, Quoted, November 2006.

The New York Times, Quoted, November 2006.

The Post Standard, Syracuse, NY, Quoted, October 2006.

Inside Consumer-Directed Care, Quoted, October 2006.

Business Insurance, Quoted, October 2006.

HealthDay.com, Quoted, October 2006.

The Washington Post, Quoted, October 2006.

Internet/Blog/Podcast

Politico, Obamacare fight obscures America's real health care crisis: Money. April 3, 2019. ([link](#))

Managed Care Cast of the American Journal of Managed Care, Overheard at AcademyHealth: Health Policy, Social Determinants, and Data. February 5, 2019. ([link](#))

NEJM Catalyst, Signal or Noise? Navigating Health Care Policy – Part I. July 3, 2018. ([link](#))

BirdDog, Competition shakes up Tennessee ACA exchange: Highlights urban-rural divide, ups interest in cost impact, June 24, 2018. ([link](#))

JAMA, How Value-Based Medicare Payments Exacerbate Health Care Disparities. March 18, 2018. ([link](#))

Health Affairs Blog, Proposed Reformed To The 340B Drug Discount Program. March 7, 2018. ([link](#))

NEJM Catalyst, MedPAC's Role in Curtailing Drug Prices. Interview Part 2, February 14, 2018. ([link](#))

NEJM Catalyst, Why Does MedPAC Matter? Interview Part 1, February 5, 2018. ([link](#))

Health Affairs Blog, Three Things About Health Spending Growth To Be Grateful For This Holiday Season. December 6, 2017. ([link](#))

California Health Care Foundation, HSAs, Cost Sharing, Payment Enforcement, and Healthy Behavior Programs in Medicaid: Lessons from Pioneering States. June 8, 2017. ([link](#))

Nashville Medical News, Accounting for Social Risk Factors in Value-Based Payment. April 2017. ([link](#))

NEJM Catalyst, Medical Schools and Health Policy: Adapting to the Changing Health Care System. February 1, 2017. ([link](#))

NEJM Catalyst, How to Engage Specialists in Accountable Care Organizations. January 18, 2017. ([link](#))

Terry, Nicholas, and Pasquale, Frank. *The Week in Health Law Podcast*. "70. Get on the Value Bandwagon." Buntin, Melinda. September 23, 2016. ([link](#))

Health Affairs Blog, Spending Growth Trends: Keeping An Eye On Spending Per Person. August 2015. ([link](#))

CNNMoney, Quoted July 2015. ([link](#))

PolitiFact, Quoted, December 2013, January, April and May 2014, March and June 2017. ([link 1](#), [2](#), [3](#), [4](#), [5](#), [6](#))

Health IT Buzz Blog, ONC's Connection to the Nobel Prize, October 2010.

Television

Nashville NewsChannel 5: "Crushing" Medical Debt Leaves Tennesseans with Few Options, featuring **Melinda B. Buntin**. (Video). April 9, 2019. ([link](#))

Nashville WZTV, Channel 17: Newscast featuring **Melinda B. Buntin** on Policies for Action Research Hub, November 2018. ([link](#))

WSMV, Women concerned for healthcare as Trump administration approaches. January 18, 2017. ([link](#))

Fox 17 News: The future of Obamacare under a Trump presidency (Video). November 11, 2016. ([link](#))