# **Jennifer L. Meeks**

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### **Healthcare Policy & Clinical Operations Expertise**

**Highly engaged subject matter expert (SME) with 19+ years’ background in healthcare policy combined with 7 years’ large integrated healthcare system experience.** Former Capitol Hill and federal government advocacy work. Universally recognized as a passionate thought leader and change-driver able to simplify and forge action paths amid large, complex institutional environments. “Go-to” collaborative, synergistic resource and consensus-builder championing the efficacious activation of healthcare policy as applied to clinical and operational teams as well as the eradication of healthcare silos.

* Complex Change Manager & Thought Leader
* Healthcare Policy Researcher, Activist, & Operational/ Clinical Integrator
* Key Relationship Cultivator
* Relentless Consensus & Efficiency Driver

### **Notable Career Highlights**

* Achieved organizational consensus around and fulfillment of Medicaid & Medicare EHR Meaningful Use eligibility in stages 1-3 to secure over $36 million in government incentive payments; and gained buy-in from multiple departments including operations, nursing, quality, and safety.
* Bring policy-informed perspective to key healthcare provider payment models relating to population health.

### **Professional Experience**

**Grand Valley State University,** Grand Rapids, MI Nov 2019 – Present

**Adjunct Professor, School of Public, Nonprofit, and Health Administration, College of Community and Public Service**

* Educate MHA students on the critical role of Federal Agency rulemaking in effective policy reform through specific Medicare payment and quality measure reporting case studies.

**Spectrum Health,** Grand Rapids, MI Jan 2014 – June 2021

**Principal, Population Health & Clinical Regulatory Affairs**

**Portfolio Manager, System Clinical Informatics**

* Identified/created viable bundled payment models to improve cost of care for $985M in premium benefit as part of a full risk-contract between our delivery system and health plan.
* Enabled on-track June 2021 bundled payment initiative launch through presenting actionable findings derived from analytics to senior leadership team for continual calibration.
* Kept abreast of COVID-related compliance information, relaying and tracking federal government updates attached to public health emergency-affiliated bodies inclusive of FDA, CDC, and CMS to appropriate parties.
* Partnered with System leadership's Value-based Executive Steering Committee to evaluate, amend, and redesign current performance in value-based payment programs as well as ascertain participation and engagement in new models.
* Accepted appointment by Value-based Executive Steering Committee to partner with Boston Consulting Group (BCG) in development of long-term financial risk mitigation strategy around various payment program models; liaising between consultants and department heads to gather relevant information, interview subject matter experts, and gain system access when appropriate.
* Spearheaded program planning, project plan development, and status reporting across all functional objectives required to attain Medicaid & Medicare EHR Meaningful Use eligibility in stages 1-3.
* Shepherded successful integration of clinical department heads and teams with all Medicare Access and CHIP Reauthorization Act (MACRA) compliance and Meaningful Use EHR eligibility requirements across operations, nursing, quality, and safety.
* Ensured long-term clinical adoption and support of compliance around $320M EHR adoption with clinical informatics through building out and validating comprehensive system-wide reporting.
* Led FCC telehealth grant application efforts, acquiring $638,263 in Spectrum Health grant funds and $351,175 originating from Lakeland Hospital telehealth grant.
* Drove compliance and strategy development via providing continual guidance to senior leadership team and operations staff around key regulatory changes to healthcare/CMS policy and guidelines.
* Led and managed coordination, compilation, and submission of formal institutional comments on major federal healthcare regulations impacting Medicare physician/hospital performance programs and reimbursement policies.
* Directed finance and compliance teams to create protocols for sufficient audit preparation.

**American Medical Association,** Washington, D.C. 2013 – 2018

**Assistant Director, Federal Affairs**

* Served as leading AMA expert on healthcare quality measurement and performance policy.
* Routinely analyzed regulations and legislation in order to advocate before the Executive Branch on behalf of physicians nationally.
* Researched, drafted reports, and represented concerns surrounding patient protection and the Affordable Care Act.
* Drove a more robust conversation around payment policy for healthcare providers as well as claims data release for performance measurement.
* Furthered quality measure development, endorsement, and implementation initiatives through the National Quality Forum.

**Cavarocc­­­hi Ruscio Dennis Associates, LLC,** Washington, D.C. Aug 2003 – Apr 2008

**Vice President**

* Represented client healthcare policy and appropriation issues to Congress.
* Special areas of focus included Medicare Physician Quality Reporting System (PQRS) and payment-related concerns as well as Medicare End Stage Renal Disease (ESRD) program.
* Secured appropriations and drafted reports, ensuring accurate use of policy- and issue-specific terminology.
* Developed evidence-based physician quality measures.

**Office of U.S. Senator Arlen Specter, (R – PA)** Washington, D.C. 2001 – 2003

**Legislative Aide**

**Legislative Correspondent**

* Briefed and advised senior senator regarding healthcare policy issues and appropriations.
* Special areas of focus included Medicare prescription coverage, biomedical research funding, and Medicare physician and hospital payment.

### **Additional Experience**

**National Association of ACOs (NAACOs),** Washington D.C. Jan 2021– Dec 2021

**Public Policy Committee Member**

* Provided input on NAACOS advocacy to improve the long-term stability and success of the Medicare accountable care model.

### **Education**

**Johns Hopkins University, Washington, D.C.**

**Master of Arts, Government,** *Cum Laude*

Master’s Thesis: “Transparency in Democracy: The Critical Role of Federal Agency Rulemaking in Achieving Effective Health Policy Reform”

**Pennsylvania State University, University Park, PA**

**Bachelor of Arts in Communications** *With Distinction*