**JOHN BILLINGS**

**PERSONAL DATA**

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 Robert F. Wagner Graduate School of Public Service

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**EDUCATION**

J.D. University of California, Berkeley (Boalt Hall), 1973.

A.B. Brown University, Providence, Rhode Island, 1969.

**EMPLOYMENT HISTORY**

New York University 1993 - Present

Robert F. Wagner Graduate School of Public Service

Professor of Health Policy and Public Service - The Wagner School offers a program leading to professional degrees of Master of Public Administration, Master of Urban Planning, Master of Science in Management, and Doctor of Philosophy. The goal of the School is to educate future leaders of public, not-for-profit, and health institutions, as well as private organizations serving the public interest, providing them with the perspective and skills required to meet the challenges of public service. .

Ambulatory Care Access Project 1990 - 1994

United Hospital Fund of New York

Principal investigator on a four year project funded by the Robert Wood Johnson Foundation and the United Hospital Fund of New York. The project utilized small

area analysis to evaluate barriers to access in New York and 12 other states. The project also included a nine hospital study involving interviews of hospitalized patients for conditions where timely and effective outpatient care can reduce the risks of hospitalization. The study elicited information on resource use, care seeking activity, reported barriers to access, etc. prior to admission, comparing experiences of low income patients in East Harlem, Central Harlem and Washington Heights with patients from middle class neighborhoods in Queens.

Health Policy and Research Consultant 1985 - 1993

New York, NY

Research and policy consulting on issues relating to access to care for the medically indigent, informed patient decision making, optimal medical practice, quality assurance, health care problems of the elderly, utilization management, cost containment, indigent/uncompensated care, and responses to problems and opportunities resulting from the emergence of competitive forces in the health care system.

Major projects included: i) use of small area analysis of hospital admission rates as a mechanism to assess barriers to outpatient care and to evaluate the performance of the ambulatory care delivery system and in New York City, New York state, Florida, Washington, D.C., Baltimore, and Boston; ii) examining use of emergency rooms for primary care in Austin, Texas, iii) development of the Foundation for Informed Medical Decision Making to improve the quality of information available to patients for use in making treatment choices; iv) analysis of the problems of indigent/uncompensated care and development of policy alternatives for financing and providing care for the uninsured in Virginia, Florida, Utah, Pennsylvania, North Carolina and the District of Columbia; v) assistance to the American Medical Association (AMA) in the planning and development of its Office of Quality Assurance, vi) case studies of innovative hospital quality assurance programs for the AMA's quality assurance publications program, vi) development of a strategy for upgrading quality of care management capacity in the Intermountain Health Care, Inc. hospital system; viii) design of initiatives in Florida and Utah to provide insurance coverage for uninsured workers; ix) evaluation of Certificate of Need programs and regulatory reform alternatives in Florida and Illinois; x) analysis of utilization rates and patterns (using small area analysis and MEDISGRPS severity adjustment) for a community hospital in Vermont; and xi) development of a technology transfer plan for the Center for Health Policy Research at Duke University.

Duke University 1986 - 1987

Center For Health Policy Research

and Education

Visiting Professor - Major projects involve research on variations in medical practice, quality of care, the quality of medical evidence, the physician decision-making process, technology assessment, and mechanisms to identify and implement optimal medical practices.

The John A. Hartford Foundation 1981 - 1985

New York, NY

The John A. Hartford Foundation is a private foundation with assets of over $350 million. The Foundation made grants during this period for research and demonstration projects in several program areas to stimulate health financing reforms, to encourage development of optimal medical practices, improve health services for older patients, and promote efficient energy use. The Foundation also sponsored a fellowship program to provide early career support for physicians interested in research.

Executive Director - (April, 1982 - June, 1985) Responsibilities of the Executive Director included overall management of the planning, implementation and evaluation of the Foundation's grants programs, administration of the Foundation's financial and investment strategies, and supervision of all Foundation staff.

Assistant Director - (December, 1981 - March, 1982) Responsibilities included management of the Foundation's health care programs, including evaluation of proposals, development of proposals, making recommendations to the Foundation Board of Directors on the award of grants, and providing technical assistance to Foundation grant recipients.

Utah Health Cost Management 1980 - 1981

Foundation

Executive Director - A not-for-profit organization was established in 1980 to act as a catalyst for the development of strategies for the control of rising health costs in Utah. The major goals of this coalition of employers, government officials, insurers and providers were the promotion of alternative delivery systems (HMOs, PPOs, etc), improvement of health plan design and administration, evaluation of the impact of market forces in the health system, and the monitoring of cost trends in the system.

Responsibilities of the Executive Director included development of an action plan for the organization, administration of the organization, and representation of the Foundation in public forums.

Division of Youth Corrections 1979 - 1980

State of Utah

Director - The Division of Youth Corrections is responsible for detention, community based programs, secure residential facilities and aftercare/parole for delinquent youth in Utah. Led a major effort to plan and implement a program to deinstitutionalize programs for delinquent youth based on the policy recommendations of the Blue Ribbon Task Force on Criminal Justice. During tenure, the institutional population was reduced by 50% and new community programs established, ultimately resulting in the closure of the state training school and construction of two small secure facilities for seriously delinquent youth. The state continues to rely primarily on community programs for the treatment and supervision of delinquent juveniles. Responsibilities of the Director included development of the deinstitutionalization plan, establishment of program budgets, supervision of Division staff and representation of the Division before the Legislature and the public.

Blue Ribbon Task Force 1978 - 1979

on Criminal Justice

Research Consultant/Staff Director - The Utah State Legislature created a special task force consisting of members of the legislative, executive and judicial branches of state government to examine the criminal justice system, in Utah and to develop a master plan for the system. The Task Force addressed all major elements of the system including pretrial diversion programs, determinant sentencing alternatives, the role of community alternative programs for adult and juvenile offenders, the organizational structure of the system, etc. Responsibilities included development of materials for review and consideration by the Task Force for inclusion in the master plan and supervision of staff from affected administrative agencies.

Utah Health Systems Agency 1976 - 1978

Deputy Director (April, 1977 - March, 1978)

Responsibilities: Supervision and coordination of all professional and support staff.

Review Coordinator (August, 1976 - April, 1977)

Responsibilities: Development of agency review process and procedures and supervision of review activities.

Special projects: Development of joint review process with State Health Planning Agency and drafting of Utah's Pro-competitive Certificate of Need Act.

Public Policy Consultant 1975 - 1976

Major project was research and drafting of proposed Utah Administrative Proceedings Act.

Vermont Legal Aid, Inc. 1973 - 1975

St. Johnsbury, Vermont

Staff Attorney - Legal representation of indigents in civil matters. Areas of concentration included juvenile law, education law, consumer rights and public entitlements.

#  Recent Publications and Reports

**Peer-Reviewed Articles**

Berry C, et al., Comparison of Care Provided to Underserved Patients With Diabetes by a Telementoring Model of Care to Care Provided by a Specialty Clinic: Endo ECHO Versus an Academic Specialty Clinic, *The Science of Diabetes Self-Management and Care*, 2023 – April 27.

Crook S, et al. Long-Term Health Care Utilization After Cardiac Surgery in Children Covered by Medicaid, *Journal of the American College of Cardiology*, 2023 – April 81 (16) 1605-1617.

McNeely J, et al. Sensitivity of Medicaid Claims Data for Identifying Opioid Use Disorder in Patients Admitted to 6 New York City Public Hospitals, *Journal of Addiction Medicine*, 2022 – October 18

Woo J, et al., Chronic Medication Burden for Patients After Congenital Heart Surgery: A 14-Year Statewide Analysis of Publicly Insured Patients, *Circulation*, 2022 – October 30 146 A14697.

Dragan KL, et al., Association of Insurance Mix and Diagnostic Coding Practices in New York State Hospitals, *JAMA Health Forum*, 2022, September 2, 3(9) – 1-10.

Blecker S, et al., A Project ECHO and community health worker intervention for patients with diabetes, *American Journal of Medicine*, 2022, May 135(5) e95-e103,

Crook S, et al., Long Term Health Care Utilization in Patients Undergoing Congenital Heart Surgery: A 10-Year Statewide Analysis, *Journal of the American College of Cardiology*, 2022 – March, 79 (9\_Supplment) 1355.

Allen P, et al., Risk Stratification for Congenital Heart Surgery for ICD-10 Administrative Data (RACHS-2), *Journal of the American College of Cardiology*, 2022 – February 79 (5) 465-478.

Anderson B, et al., Improving Longitudinal Outcome, Efficiency, and Equity in the Care of Patients with Congenital Heart Disease, *Journal of the American College of Cardiology*, 2021 – October 78 (17) 1703-1713.

Wang S, et al., Health Care Needs and Utilization among New Yorkers with Criminal Justice System Involvement, *Health Services Research*, 2021 – September 48.

Eddy D, Billings J, The Quality of Medical Evidence and Medical Practice, *American Journal of Ophthalmology*, 2021 – May 225 189205.

Anderson B, et al., Establishment of the New York State Congenital Heart Surgery Collaboration for Longitudinal Outcomes and Utilization, *Journal of the American College of Cardiology*, 2021 – May 77 (Supplement) 496.

McNeely J, et al,, Study protocol for a pragmatic trial of the Consult for Addiction Treatment and Care in Hospitals (CATCH) model for engaging patients in opioid use disorder treatment, *Addiction Science and Clinical Practice*, 2020 201 -14.

Paul M, et al. A Telementoring Intervention Leads to Improvement in Self-Reported Measures of Health Care Access and Quality among Patient with Complex Diabetes, *Journal of Health Care for the Poor and Underserved*, 2020 – August 31 (3) 1114-1133.

Paul M, et al., Endo ECHO Improves Patient-Reported Measure of Access to Care, Health Care Quality, Self-Care Behaviors, and Overall Quality of Life for Patients with Complex Diabetes in Medically Underserved Areas of New Mexico, *Journal of the Endocrine Society*, 2019 – April-May, Vol 3 (1 Supplement).

Dragan K, et al., Building Capacity to Assess Longitudinal Outcomes and Health Expenditures for Children with Congenital Heart Disease, *Journal of the American College of Cardiology*, 2019 – March 73 (Supplement) 649.

Steventon A, Billings J. Preventing Hospital Readmissions: The Importance of Considering “Impactibility,” Not Just Predicted Rism. *BMJ Qual Saf*. 2017 - June, bmjqs-2017-006629; DOI: 10.1136/bmjqs-2017-006629.

Bouchonville M, Paul M, Billings J, et al., Taking Telemedicine to the Next Level in Diabetes Population Management: A Review of the Endo ECHO Model. *Current Diabetes Reports*. 2016 6: 96. doi:10.1007/s11892-016-0784-9.

Bardsley M, Georghiou T, Billings J. Factors Associated with Variation in Hospital Use at the End of Life in England. *BMJ – Supportive and Palliative Care.* 2016 - Mar 24:bmjspcare-2015.

Billings J, Raven M. Dispelling an Urban Legend; Frequent Emergency Department Users Have Substantial Burden of Disease. *Health Affairs.* 2013;32(12):2099-2108.

Billings J, Georghiou T, Blunt I, et al. Choosing a Model to Predict Hospital Admission: An Observational Study of New Variants of Predictive Models for Case Finding. *BMJOpen*. 2013;3(8):1-9.

Steventon A, Bardsely M, Billings J, et al. Effect of Telecare on Use of Health and Social Care Services: Findings from the Whole Systems Demonstrator Cluster Randomised Rrial. *Age and Aging*. 2013;42(4):501-508.

Billings J, Blunt I, Steventon A, et al. Development of a Predictive Model to Identify Inpatients at Risk of Readmission within 30 Days of Discharge (PARR-30). *BMJOpen*, 2012;00:e001667: 1-9.

Steventon A, Bardsely M, Billings J., et al. Effect of Telehealth on Use of Secondary Care and Mortality: Findings from the Whole System Demonstrator Cluster Randomised Trial. *British Medical Journal*. 2012;344(e3874):1-15.

Steventon A, Bardsely M, Billings J., et al. The Role of Matched Controls In Building An Evidence Base For Hospital Avoidance Schemes: A Retrospective Evaluation. *Health Services Research.* 2012;47(4):1679-1698.

Dixon J, Smith P, Gravelle H, Martin S, Bardsley M, Georghiou T, Steventon A, Dushieko M, Billings J, Sanderson C. Developing a Person-Based Formula for Allocating Commissioning Funds to General Practices in England. *British Medical Journal*. 2011;343(dd6608):1-16.

Bardsley M, Billings J, Dixon J, Georghiou T, Lewis GH, Steventon A. Predicting Who Will Use Intensive Social Care: Case Finding Tools Based on Linked Health and Social Care Data. *Age and Ageing* 2011;40(2):265-270.

Lewis G, Bardsley M, Billings J, et al. Do ‘Virtual Wards’ reduce rates of unplanned hospital admissions, and at what cost? *International Journal of Integrated Care*. 2011;11:1-10.

Raven M, Carrier E, Lee J., Billings J, et al. Substance Use Treatment Barriers for Patients with Frequent Hospital Admissions. *Journal of Substance Abuse Treatment*. 2010;38:22-30.

Raven M, Billings J, Goldfrank L, Manheimer E, Gourevitch M. Medicaid Patients at High Risk for Frequent Hospital Admission: Real-time Identification and Remedial Risks. *Journal of Urban Health*. 2009;86(2):230-241.

Billings J. Some Reflections on a Few of the Pitfalls in the World of Foundation Grant Making. *Health Affairs.* 2007;26(6):1772-1775.

Billings J, Mijanovich T. Improving the Management of Care for High Cost Medicaid Patients. *Health Affairs.* 2007;26(6):1643-1655.

Dixon J, Chantler C, Billings J. Competition on outcomes and physician leadership are not enough to reform health care. *JAMA*. 2007;298:1445-1447.

Blustein J, Siegel B, Regenstein M, Billings J. Notes from the Field: Jumpstarting The IRB Approval Process In Multi-Center Studies. *Health Services Research.* 2007;42(4):1773-1782.

Billings J, Dixon J, Wennberg D, et al. Case Finding for Patients at Risk of Re-Hospitalisation: Development of an Algorithm to Identify High Risk Patients. *British Medical Journal* 2006;333(7563):327-32.

Kaplan SA, Calman NS, Golub M, Davis JH, Ruddock C, Billings J. The Role of Faith-Based Institutions in Addressing Health Disparities: A Case Study of an Initiative in the Southwest Bronx. *Journal of Health Care for the Poor and Underserved*. 2006;17(2):9-19.

Kaplan SA, Calman NS, Golub M, Davis JH, Ruddock C, Billings J. Racial and Ethnic Disparities in Health: A View from the South Bronx. *Journal of Health Care for the Poor and Underserved*. 2006;17(1):116-127.

Kaplan S.A., Calman N.S., Golub M., Ruddock C, Billings J. Fostering Organizational Change Through a Community-Based Initiative. *Health Promotion Practice.* 2006;7:1-10.

Billings J. The Dissemination Of Decision Aids: An Odyssey In A Dysfunctional Health Care Financing System. *Health Affairs Web Exclusive*. 2004;(October 7):VAR128-132.

Kaplan SA, Calman NS, Billings J. Opening Doors and Building Capacity: Employing a Community-Based Approach to Surveying. *Journal of Urban Health*. 2004;81:291-300.

Delia D, Hall A, Billings J. What matters to low-income patients in ambulatory care facilities? *Medical Care Research and Review*. 2004;61(3):352-375.

Billings J. Management Matters: Strengthening the research base to help improve performance of safety net providers. *Health Care Management Review*. 2003;28(4):323-334.

Gordon JA. Billings J. Asplin BR. Rhodes KV. Safety net research in emergency medicine: The Unraveling Safety Net. *Academic Emergency Medicine*. 2001;8(11):1024-9.

Billings J, Mjanovich T, Cantor J. Analysis of selection effects in New York City's Medicaid managed care population. *Journal of Urban Health*. 2000;77(4):625 644.

Kovner A, Elton J, Billings J. Evidence-based Management. *Frontiers of Health Services Management*. 2000;16(4):3-24.

Billings J, Kretz SE, Rose R, Rosenbaum S, Sullivan M, Fowles J, Weiss KB. National Asthma Education and Prevention Program working group report on the financing of asthma care. *Am J Respirt Crit Care Med* 1996;154:s119-130.

Billings J, Anderson G, Newman L. Recent findings on preventable hospitalizations. *Health Affairs* 1996;15(3):239-249.

Bindman A, Grumbach K, Osmond D, Komaromy M, Vranizan K, Lurie N, and Billings J. Preventable hospitalizations and access to health care. *Journal of American Medical Association* 274, no. 4 (1995): 305-311.

Billings J, Zeitel L, Lukomnik J, et al. Impact of socioeconomic status on hospital use in New York City. *Health Affairs* 1993;12(1):162-173.

Newman S, Blank A, Billings J. Health Profiles of New York City Communities. *Journal of Ambulatory Care Management.* 1992;15(4): 63-76.

Billings J, Teicholz N. Uninsured patients in the District of Columbia. *Health Affairs* 1990;9(4) 158-165.

Eddy DM, Billings J. The quality of medical evidence *Health Affairs* 1988;7(1):19-32.

Billings J. How good is medical evidence? *Business and Health* 1988;5(28).

Billings J, Eddy DM. Limitations on physician decision making. *Business and Health* 1987;5(23).

**Peer-Reviewed Monographs**

Billings J, Spence R, Georghiou, et al. Variations in the Use of Hospital Care at the End of Life. Nuffield Trust. Forthcoming.

Beardsley M, Billings J, Chassin L, Dixon J, et al. Predicting Social Care Costs. Nuffield Trust 2010 (March).

Billings J, Parikh N, Mijanovich T. Emergency Department Use In New York City: A Survey of Bronx Patients. *Commonwealth Fund Issue Brief*. 2000 (November).

Billings J, Parikh N, Mijanovich T. Emergency Department Use: The New York Story. *Commonwealth Fund Issue Brief*. 2000 (November).

Billings J, Parikh N, Mijanovich T. Emergency Department Use In New York City: A Substitute for Primary Care? *Commonwealth Fund Issue Brief*. 2000 (November).

**Books and Book Chapters**

Billings J, Cantor J., Clinton C. “Access to health care services” in *Health Care Delivery in the United States*, Tenth Edition Kovner A, Knickman, J Eds. New York: Springer Publishing Company, 2011.

Billings J, Cantor J. “Access to health care services” in *Health Care Delivery in the United States*, Ninth Edition Kovner A, Knickman, J Eds. New York: Springer Publishing Company, 2008.

Billings J, Cantor J. “Access to health care services” in *Health Care Delivery in the United States*, Eighth Edition Kovner A, Jonas, S Eds. New York: Springer Publishing Company, 2005.

Weinick R, Billings J. Eds *Tools for Monitoring the Health Care Safety Net*. Agency for Health Care Research and Quality. AHRQ Pub No. 03-0027, December, 2003.

Billings J “Using Administrative Data to Monitor Access, Identify Disparities, and Assess Performance of the Safety Net” in Billings J, Weinick R. Eds *Tools for Monitoring the Health Care Safety Net.* Agency for Health Care Research and Quality. AHRQ Pub No. 03-0027, December, 2003.

Billings J, Weinick R. *Monitoring the Health Care Safety Net: A Data Book for Metropolitan Areas*. Agency for Health Care Research and Quality. AHRQ Pub No. 03-0025, August, 2003.

Billings J, Weinick R. *Monitoring the Health Care Safety Net: A Data Book for States and Counties*. Agency for Health Care Research and Quality. AHRQ Pub No. 03-0026, August, 2003.

Billings J, Cantor J. Access to health care services in *Health Care Delivery in the United States, Seventh Edition* Kovner A, Jonas, S Eds. New York: Springer Publishing Company, 2001

Cantor JC; Weiss EW; Haslanger K, Madeala J, Heisler T; Kaplan SA, Billings J. "Ambulatory Care Providers and the Transition to Medicaid Managed Care in New York City," in *Remaking Medicaid: Managed Care for the Public Good*. Eds. Somers S and Davidson S. San Francisco: Josey-Bass, 1998.

Billings J. “Consideration of the Use of Small Area Analysis as a Tool to Evaluate Barriers to Access,” in Health Resources and Services Administration, Consensus Conference on Small Area Analysis, DHHS Pub. no. HRSA-PE 91-1[A] (Washington: U.S. Department of Health and Human Services, 1990.

**Other Reports and Monographs**

Birnbaum M., Billings J. *New York's SSI Medicaid Beneficiaries: The Move to Managed Care*. Medicaid Institute at the United Hospital Fund, (October, 2006).

Billings J, Dixon J, Mijanovich T, et al. *Case Finding Algorithms for Patients at Risk of Re-Hospitalisation: Parr1 and Parr2.*  Kings Fund, 2006.

Wennberg D, Dixon J, Billings J, et al. *Combined Predictive Model – Final Report*. Kings Fund, December 2006.

Billings J. Findings for Ambulatory Care Sensitive Conditions in Michigan 1983-1994. *HRP Reports*, October, 1996.

Billings J, Kaplan S, Mijanovich T. Projecting hospital utilization and bed need in New York City for the year 2000. *HRP Reports*, April 1996

Billings J, Mijanovich T. *Findings on the costs of alcohol and substance abuse in New York City*, Center for Addiction and Substance Abuse, 1995.

Billings J, et al. *Final Report of the Task Force on the Kings County Hospital Center Reconstruction Project*, New York City Health and Hospitals Corporation, May, 1994.

Billings J. , Mijanovich T. Primary care access and consideration of cost effectiveness. *Proceedings of the National Primary Care Conference*, U.S. Public Health Service and Health Care Financing Administration, 1994 .

Billings J, Teicholz N. *The costs of criminal violence in District of Columbia hospitals*, District of Columbia Hospital Association, 1992 .

Billings, J. Consideration of small area analysis as a tool to evaluate barriers to access. *Consensus Conference on Small Area Analysis: Proceedings*. U.S. Public Health Service , Health Resources and Services Administration. DHHS Publication No. HRS-A-PE (A), 1991.

Billings J, Hasselblad V.  *A preliminary study: Use of small area analysis to assess the performance of the outpatient delivery system in New York City*, Health Systems Agency of New York City, November, 1989.

Billings J.  *The emergence of quality as a major health policy issue and the implications for the law*, Proceedings of the Chief Justice Earl Warren Conference on Law and Health, 1989.

Billings J. *Management of quality in the hospital: Analysis and recommendations*, American Medical Association white paper, 1989.

Billings J. *Quality management in the IHC system*, Intermountain Health Care, Inc., 1989.

Billings J Background on reviewing other factors contributing to utilization variation; *SmAA Peer Review Organization Training Guide*, American Medical Review Research Center, 1989.

Billings J, Lewin/ICF. *DC metro area small area analysis*, District of Columbia Hospital Association, 1988.

Eddy DM, Billings J. *The quality of medical evidence and medical practice* National Leadership Commission on Health Care, 1987.

Billings J, Wennberg JE, Caper P, Rutland Regional Medical Center utilization study: Final report, RRMC, November, 1986.

 **John Billings**

 **Biographical Summary**

 **John Billings** is currently a professor at the Robert F. Wagner Graduate School of Public Service at New York University, and he was the director of the school's Health and Policy and Management Program from 2007-2016. Among Mr. Billings’ recent work is analysis of high cost patients in the U.S. and U.K., including development a predictive modeling algorithm to identify patients at risk of future hospitalization and to provide more information about the characteristics of these patient to facilitate development of evidence based interventions. Mr. Billings is also involved with several projects to examine Medicaid claims and encounter records to improve understanding of utilization patterns, outcomes, and provider performance for a range of Medicaid programs including targeted case management, personal care, health homes, and chronic disease management programs. Most recently, Mr. Billings has received funding to establish the Medicaid Evaluation and Analysis Consortium. The Consortium will obtain and process on a monthly basis New York Medicaid claims and encounter data that will include patient identifiers that will permit linkage to other data sources (with appropriate privacy protections), creating analysis files for use by researchers and policy analysts. The goal is to allow evaluation of Medicaid initiatives in close to real time, including developing comparison groups using propensity/prognostic score matching techniques.

Mr. Billings has long been involved in analysis of patterns of hospital admission rates and emergency department utilization as tools to evaluate access barriers to outpatient care and to assess the performance of the ambulatory care delivery system. Mr. Billings was co-principal investigator on the Safety Net Assessment Project, an initiative funded by the Robert Wood Johnson Foundation to examine the performance of health care safety nets in 70 U.S. cities. Mr. Billings was also the principal investigator on a project funded by the Robert Wood Johnson Foundation to assess models for delivering primary care to low income populations and is co-principal investigator on an effort with Columbia University and the United Hospital Fund of New York to evaluate the impact of Medicaid managed care in New York City. Mr. Billings was also principal investigator on a project supported by the Commonwealth Fund to monitor use of emergency departments by uninsured patients in New York City and to learn more about the factors that contribute to emergency room use for conditions that are non-emergent or that could be treated effectively in a primary care setting. Professor Billings also participated in a CDC-funded project to reduce racial disparities in health outcomes in the South Bronx, involving improving health care delivery, educating patients on self care management, and organizing community based organizations to help implement and monitor the project activities. Mr. Billings was also the principal investigator on a project to evaluate the New York City Asthma Initiative, a major program to improve asthma outcomes in low income neighborhoods in New York City. Previously, Mr. Billings headed the Ambulatory Care Access Project, a four year effort to evaluate access barriers in New York City and urban areas in ten other states and Ontario. He has also worked extensively analyzing the problems of the medically indigent and developing solutions for coverage and provision of care for the uninsured in Florida, Virginia, North Carolina, Pennsylvania, Utah and the District of Columbia. Mr. Billings' other health policy work has focused on issues related to quality of care, the management of quality in the inpatient and outpatient setting, and the physician decision making process.

Mr. Billings has also been involved with academicians at Dartmouth Medical School and Harvard Medical School in the development of the Foundation for Informed Medical Decision Making. The Foundation goals include i) providing patients with accurate and understandable information about the nature and potential outcomes of alternative treatment choices, ii) gathering data on outcomes of treatment decisions to improve the scientific basis for clinical decision making, and iii) studying methods for communicating information to patients to assure patient values are applied appropriately in clinical decisions. Mr. Billings was a founder of the Foundation and currently serves as its chairman.

Mr. Billings was a member of the Institute of Medicine Committee on the Changing Market, Managed Care, and the Future Viability of Safety Net Providers which issued its report *America’s Health Care Safety Net: Intact But Endangered* in 2000. Mr. Billings was also a member of the IOM Committee on Monitoring Access to Personal Health Care Services, which issued its report *Access to Health Care in America* in 1993.



 5/6/2021

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