FELLOW PROJECTS & REFLECTIONS
The annual Health Policy Commission (HPC) Summer Fellowship Program has the dual purpose of helping to achieve the Commonwealth’s health care cost containment goals while simultaneously providing hands-on educational opportunities to the next generation of health policy leaders. Each year, the Fellowship Program affords students the opportunity to engage in a ten-week, stand-alone policy or research project with one of the HPC’s five departments (see page 2). Treated as regular employees, fellows manage their own time to ensure they meet outlined project benchmarks, present key presentations, and meet deliverable deadlines.

PEOPLE AND PROCESS
Applicants to this highly competitive program must be enrolled in a full-time master’s, PhD, law, or medical program. For the 2019 Fellowship Program, the HPC received more than 200 applications from over 70 different universities across the world. After reviewing applications, HPC staff conducted interviews with dozens of top applicants. During interviews, applicants were asked to describe their skills as well as propose a project of interest to them based on outlined workstreams. Applicants were selected based on prior internship or fellowship experience and communication skills. The ideal fellow is a strong problem-solver and clear and concise writer of technical and policy content, with an ability to understand multiple stakeholder perspectives. Successful candidates are collaborative, entrepreneurial, self-motivated, and passionate about health policy.

STIPEND
In 2019, fellows were paid $20 per hour for up to ten weeks (375 hours) of work. To enhance their time with the HPC, fellows were included in various activities and meetings and given access to some of the Commonwealth’s most cutting-edge and forward-thinking policy making processes and staff.

PROGRAMMING
Fellows worked daily with their teams to see a project from creation to completion, while also exploring the intersection of HPC goals and their own academic interests. In addition to their primary projects, fellows were offered a host of programming and networking opportunities to allow them to better understand the varied facets of the HPC’s work. Examples included:

- Joining policy meetings with HPC staff and key stakeholders;
- Attending meetings of the HPC’s Board and Committees;
- Participating in small, interactive meetings on health policy with HPC commissioners;
- Touring the Massachusetts State House and other Boston landmarks; and
- Volunteering alongside staff at Boston based non-profits.

At the conclusion of the summer, fellows were asked to share the product of their work and reflect on the Fellowship Program in an eight-minute presentation to all HPC staff.
**OFFICE OF THE CHIEF OF STAFF**
The Office of the Chief of Staff (COS) ensures that the HPC delivers high-quality, transparent work on the Massachusetts health care system through its role as a convener, researcher, partner, and watchdog. COS is also responsible for guaranteeing that HPC deliverables are communicated transparently to various audiences and stakeholders. This is completed through COS management of the HPC’s external affairs efforts, including media, public, legislative, intergovernmental, and stakeholder relations. COS also manages the administration and finance of the HPC, including agency operations, human resources, fiscal management, special projects, and public events. Coleen Elstermeyer, MPP, Deputy Executive Director, leads this department and provides high-level strategic support to the Executive Director and Board members in their official capacity.

**OFFICE OF THE GENERAL COUNSEL**
The Office of the General Counsel provides legal counsel and advice on a wide range of strategic, policy, and operational issues for the agency. The Legal department is responsible for supporting the HPC’s policy and legal work, including the development of regulations and oversight of agency compliance functions. The Office of the General Counsel is led by Lois H. Johnson, Esq.

**HEALTH CARE TRANSFORMATION AND INNOVATION**
The Health Care Transformation and Innovation (HCTI) department is responsible for developing a coordinated strategy to advance care delivery transformation policy and programs, including developing and implementing the agency’s investment strategy. HCTI is responsible for administering several grant programs designed to catalyze care delivery transformation in the Commonwealth. The Community Hospital Acceleration, Revitalization, and Transformation (CHART) program, the Health Care Innovation Investment (HCII) program, and the SHIFT-Care Challenge collectively represent a key component of the HPC’s efforts to increase health care quality, equity, and access while reducing cost growth in the Commonwealth. HCTI also advances the Commonwealth’s goals of accelerating adoption of new integrated care models through state certification programs for patient-centered medical homes (PCMHs) and accountable care organizations (ACOs) and enhanced transparency of such efforts. The department – in collaboration with other state agencies and stakeholders — works to promote and align innovative care delivery and payment models and address upstream causes of poor health outcomes. Through these efforts, HCTI supports the HPC’s vision of a care delivery system that reduces spending and improves health for all residents by delivering coordinated, patient-centered, and efficient health care that reflects patients’ behavioral, social, and medical needs. HCTI is led by Kelly Hall.

**MARKET OVERSIGHT AND TRANSPARENCY**
The Market Oversight and Transparency (MOAT) department is responsible for advancing the HPC’s statutory charge to encourage a more value-based health care market. This includes (1) developing and implementing a first-in-the-nation Registration of Provider Organizations (RPO) program to provide transparency on the composition and function of provider organizations in the health care system, (2) tracking and evaluating the impact of significant health care provider changes on the competitive market and on the state’s ability to meet the health care cost growth benchmark through review of material change notices (MCNs) and cost and market impact reviews (CMIRs), (3) evaluating the performance of individual health care providers and payers which threaten the health care cost growth benchmark and overseeing Performance Improvement Plans (PIPs) to improve the cost performance of such entities, and (4) collaborating with other HPC departments to catalyze improvements in the performance of the health care system. MOAT is led by Kate Scarborough Mills, Esq., MPH.
OFFICE OF PATIENT PROTECTION
The Office of Patient Protection (OPP) safeguards important rights of health insurance consumers. Implementing certain provisions of M.G.L. Chapter 176O, OPP regulates the internal grievance process for consumers who wish to challenge denials of coverage by health plans and regulates and administers the external review process for consumers who seek further review of adverse determinations by health plans based on medical necessity. OPP is also charged with regulating similar internal and external review processes for patients of Risk Bearing Provider Organizations and HPC-certified ACOs. OPP also administers and grants enrollment waivers to eligible individuals who seek to purchase non-group insurance when open enrollment is closed. Additionally, OPP assists consumers with general questions or concerns relating to health insurance. OPP is led by Nancy Ryan, Esq., MPH.

RESEARCH AND COST TRENDS
The Research and Cost Trends (RCT) department fulfills the HPC’s statutory charge to examine spending trends and underlying factors and to develop evidence-based recommendations for strategies to increase the efficiency of the health care system. Using key data sources such as the state’s all-payer claims database (APCD) and cutting edge methods, RCT draws on significant research and analytical expertise to inform, motivate, and support action to achieve the benchmark and the goals of Chapter 224. RCT is responsible for producing the HPC’s annual health care cost trends report and contributes subject matter expertise to the annual hearing on cost trends as well as special research projects as determined by the Executive Director and the Board. RCT is led by David Auerbach, PhD.
HPC SUMMER FELLOWSHIP PROGRAM REFLECTIONS

JOY CHEN

As a current Master of Public Health student with a concentration in health policy, the opportunity to work at the Health Policy Commission has been a dream. From day one it was clear that the agency was filled with brilliant minds, all focused on improving health care for the Commonwealth. The staff really made an effort to integrate all the fellows into the HPC through various team meetings, meetings with commissioners, and agency-wide bake-offs!

As a fellow for the Health Care Transformation and Innovation (HCTI) department, my summer project involved analyzing the sustainability efforts of the Targeted Cost Challenge Investments (TCCI). The TCCI program was created to focus resources and technical assistance on organizations working to reduce the cost of care, while improving access and quality of care by targeting innovative delivery and payment models. The goal of my project was to analyze the different factors that influenced whether the 10 investments were sustained at the end of their grant funding period. During my time, I completed an internal analysis of HPC sources, performed qualitative coding, conducted informal interviews with grantees, and developed recommendations based on common themes I found in my analysis.

One of the many incredible things about being a summer fellow at the HPC is that you have a lot of autonomy and control over your project. My knowledge surrounding sustainability has grown exponentially and I am now confident in speaking to its importance in the health care space. It has made me rethink normative grant funding, especially in regard to the type of change we want to see grants impact. My time at the HPC has been one of the most invaluable experiences. This is all thanks to the inspiring staff and cohort of fellows who made every day an adventure. Thank you to everyone at the HPC for all the learning, support, and growth!

ALLIE DAWSON

This summer, I was fortunate to work with the Health Care Transformation and Innovation (HCTI) department on the Health Policy Commission’s ongoing Learning and Dissemination initiative. As a health communications student with a strong interest in policy, the HPC Summer Fellowship Program was the perfect opportunity to explore the intersection of these two interests. I was able to work on a wide range of projects that allowed me to practice planning, developing, and disseminating actionable outputs.

I had the chance to support the HPC’s Learning and Dissemination initiative by assisting with outputs for the CHART investment program and the Neonatal Abstinence Syndrome track of the HCII program, writing for and redesigning the Transforming Care newsletter, and helping with preparations for the new Learning and Dissemination Advisory Council. I also devoted my time to dissemination strategy planning efforts. I created an internal database of dissemination partners, which allows the team to more easily identify channels to share outputs with the appropriate audiences. I had the chance to attend an outreach meeting as well, in which we solidified one of these partnerships and learned from another organization about their own communication efforts.

I also had the opportunity to work with many of the program staff on HCTI, crafting a slide deck to summarize ongoing health care transformation work at the HPC for use both internally and externally. I worked with staff from each featured program to understand key components of their work and created an infographic to accompany each program, exposing me to a range of the HPC’s projects.

Thank you to everyone at the HPC for this incredible opportunity – I have been challenged and excited by my work this summer, and could not have asked for better support from my team. Thank you also to this incredible class of summer fellows who have turned out to be great colleagues and even better friends. I am beyond grateful to have grown and learned at the HPC!
DANIELLE DEAN

As a public health social worker, I am always intrigued by the multitude of arenas this professional combination can impact. During my ten week fellowship working at the Massachusetts Health Policy Commission (HPC), I was able to leverage my foundations in social work and public health to carry out my role and deliverables through a health equity lens, specifically by addressing the intersection between health and social systems and gaining insight on how policies can tremendously impact these structures.

I was lucky to work within the Health Care Transformation and Innovation (HCTI) department with evaluation staff. My project focused on the qualitative and quantitative analysis of the Targeted Cost Challenge Investment (TCCI) grantees, which funded programs that created innovative delivery and payment models in hopes that their initiatives would reduce cost of care while improving quality of care. I specifically evaluated the efficiency of social determinants of health programs, ensuring that they were producing their intended outcomes. With the support of HCTI, I was able to create one page “care plan” infographics that summarized the patient pathways during programing as well as compile my findings into a comprehensive packet for the final TCCI evaluation report.

Overall, this fellowship was an invaluable opportunity. Although I had not previously worked in policy at this capacity, the HPC mentors were dedicated to ensuring everyone was confident in their abilities to contribute to the team and ensuring that everyone gained personal growth through their respective projects. I am excited to use the knowledge I gained from this experience to inform best practices in my future career and improve health care outcomes for communities who need and depend on access to public health care services.

CALLEE DONOVAN

During my summer fellowship at the Massachusetts Health Policy Commission (HPC), I had the opportunity to deepen my understanding of the Commonwealth’s health care landscape and learn about the HPC’s role in promoting value and efficiency in health care state-wide. From the first week, I felt fully integrated as a member of my team. Throughout the summer, I was assigned meaningful and substantive work, and was supported by knowledgeable and passionate HPC staff members to advance my projects.

I served on the Market Oversight and Transformation (MOAT) department, primarily supporting Performance Improvement Plan (PIPs) related projects. As a member of the PIPs team, I learned about the HPC’s statutory charge to evaluate the performance of health care entities, and the use of PIPs as a remedial tool for entities that are at risk of excessive cost growth. I attended several decision-making meetings, as well as an executive session of the HPC’s Board. Additionally, I worked on an independent research project focused on publicly available payer data sources. The HPC has a robust set of metrics for evaluating providers and aims to make the review process for payers more comprehensive. I collected sample files from several sources including CMS, CHIA, and the Department of Insurance. I assessed the utility of each source in terms of where it would fit in the review process, ease of collection, and consistency of the data. I compiled my findings into memos and provided recommendations on how the data sources might be implemented into the review process.

My time as a member of MOAT and the HPC has helped me tie together my previous experience in health care consulting and my current role as a law student. Working with the PIPs team gave me the opportunity to see statutory authority put into action and affect real change in the health care space. This summer has been a great experience both personally and professionally. I am grateful to the PIPs team, the HPC, and the other summer fellows for the opportunity to learn about health policy from such an engaging and talented group.
**NIA JOHNSON, MBE, JD**
This summer I had the privilege of working as a Health Care Transformation and Innovation (HCTI) fellow. I evaluated how awardees of the Health Care Innovation Investment (HCII) program addressed health-related social needs. Multiple awardees found that there was value in addressing nonmedical needs in their patients as a cost saving measure and discovered many creative ways to tackle these challenges. The goal of my project was to evaluate the various research methods used to quantify health-related social needs. While at the HPC, I conducted a literature review, reviewed program updates, and prepared a presentation of recommendations. In addition to meeting the goal listed above, I was also able to compare and contrast program screening methods and goal setting strategies.

I thoroughly enjoyed working at the Health Policy Commission (HPC). Extern for the Massachusetts state legislature during law school sparked my interest in Massachusetts health policy. As I prepared to enter a PhD program in the fall, I was intentional about searching for a unique opportunity to hone my research skills in the area of health policy. This opportunity truly gave me the best of both worlds. I was able to see first-hand how health care innovation works in the Commonwealth and how quickly the Health Policy Commission is able to pivot to solve problems. It was invaluable to work for a state that values research and change so deeply. Some of the highlights of my summer included: attending meetings with the HCTI team, attending the Massachusetts Food is Medicine launch event, and participating in Friday team-building activities. I truly made lifetime friends and connections this summer and am profoundly grateful for the opportunity.

**AYEESHA KAKKAR**
This summer I had the privilege of being part of the Market Oversight and Transparency (MOAT) department, primarily evaluating cost, quality, and access impacts of two provider transactions. Originally from New York, I did not have any prior knowledge of or experience working with an agency as unique as the Health Policy Commission (HPC). My time as a fellow has proved to be more rewarding than I could have imagined.

I am most grateful for the skills I honed, including leveraging publicly and non-publicly available data, such as relative price, cost and use reports, and outputs from the All-Payer Claims Database (APCD) to make determinations about the effects of proposed mergers and acquisitions. I also gained exposure to data visualization tools like Tableau, which can help display market shares and create dashboards to demonstrate how the health care market is evolving and consolidating. In addition to working on the Material Change Notice (MCN) process, I was part of the ongoing Market Retrospective project in which the HPC determines how to look back at previous mergers and acquisitions and evaluate if past transactions have led to an improvement in financial stability, payer mix, and retention of care in the community. The ability to work through a lens that explores all major health care players and their actions without bias and holds all organizations accountable for slowing down cost growth in the Commonwealth allows for unprecedented change in an industry that needs it. I foresee that it is only a matter of time before all states have organizations mirroring the work of the HPC.

Though there is much unchartered territory in the health policy space left to be explored, I feel that I have begun to understand more deeply the economic factors that shape the landscape of our healthcare system. This organization truly reflects that it is “the people who make the place.” The HPC carefully selects bright, supportive, and engaging members with whom to drive the vehicle of change forward, and I feel eternally grateful to have been a part of that.
DEEPTI KANNEGANTI

As a fellow for the Health Care Transformation and Innovation (HCTI) department this summer, I had the pleasure of working on three projects. The first project was to develop a strategy for how to implement a clinical data repository in the Commonwealth. In a few short weeks, I familiarized myself with the landscape of clinical data collection and analysis and reporting, attended a national conference on data quality and learned from experts in the field, and led interviews with other states with repositories. The second project was to draft a brief on opportunities for Massachusetts to expand access to and use of telehealth. I quickly became well-versed in telehealth policy nationally and in Massachusetts, and was privy to the interesting process of writing a brief from a state agency perspective. The third project was to assist the HPC in planning a new interagency program called Moving Massachusetts Upstream (MassUP) which aims to leverage multi-sector partnerships to target upstream factors that influence health. I researched examples of initiatives focused on leveraging collaborations to address social determinants of health to help inform a Request for Information (RFI) or Request for Proposals (RFP) process.

Working directly for the public sector this summer was an insightful experience. I appreciated being included in strategy meetings that ranged from discussing the HPC’s role in issuing a brief on telehealth to how the HPC can leverage its position to help strengthen MassUP. My findings from my interviews with states will help the HPC move forward with a multi-year initiative to design and implement a clinical data repository to improve health care measurement in the Commonwealth. Lastly, I feel privileged to have been part of a team that offered a plethora of guidance, support, and opportunities to grow professionally and personally. I was empowered to become an expert on my projects, and my opinions were valued and sought out. Staff across the agency were always willing to chat about their life path and offer guidance. I know that I will find a way to remain in touch with the HPC moving forward!

GWEN LEE

Serving as a fellow in the Office of the Chief of Staff (COS) allowed me to explore the diverse external-facing responsibilities of the HPC. I had the opportunity to research and author a policy brief analyzing drug pricing policies that have been employed by states for generic, brand, and specialty drugs. The HPC gave me the opportunity to deliver a meaningful product, as the brief helped inform stakeholders about actions taken across the country before the Administration released their omnibus health care bill.

In addition to legislative research, I attended hearings at the State House—most frequently for the Joint Committee on Health Care Financing—to better understand proposed legislation’s effects on the HPC and its mandate to contain health care costs. Through these hearings, I learned firsthand about the legislative process. These hearings also introduced me to Massachusetts residents and stakeholders affected by proposed legislation, who often shared moving testimony and personal stories in support of bills. Attending hearings allowed me to meet and learn from the people who the Massachusetts state government, and the HPC in particular, serve.

In addition to government affairs work, I had the opportunity to join the HPC on a site visit to a hospital that had received an HPC innovation grant. This hospital successfully implemented a program to proactively address neonatal abstinence syndrome (NAS). As an MD/MPP candidate, I felt excited to return to the hospital wards (even for a brief time) and felt inspired to see how policy initiatives—such as addressing NAS in the context of the opioid crisis—are implemented through grants and pilot programs to ultimately improve patients’ lives.

I am grateful to have been a fellow at the HPC. The HPC strives to and succeeds in cultivating each fellow’s personal career growth while also creating a cohesive cohort through all-fellow meetings with the HPC’s commissioners and department heads, and fun group events such as volunteering at Cradles to Crayons and attending a Red Sox game together. Serving as a fellow on COS has been an unparalleled experience, and I am thankful to everyone at the HPC for their warmth and mentorship this summer.
EMILY LEONARD
This summer I had the pleasure of working with the Health Care Transformation and Innovation (HCTI) department on the HPC’s behavioral health integration (BHI) portfolio. My project was centered on answering the question, “what’s next in BHI?” in terms of the agency’s direction within this space. Over the ten-week fellowship, I worked with HPC staff to develop a proposal that identifies six targeted investments that champion BHI in primary care in a sustainable, high-value way. Examples of potential topic areas for investment include medication-assisted treatment (MAT) integration into primary care practices, telebehavioral health capacity within primary care, and enhanced behavioral health clinical expertise. Ultimately, HPC staff will use this proposal to inform future BHI activities and investments.

Beyond my specific project, I observed how a state agency functions and learned more about the behavioral health and health care landscape in Massachusetts than I ever would have in the classroom. Due to the small size of the agency and the diversity of the fellows’ projects, I was also able to gain exposure to the work of each team and the agency overall.

The HPC Summer Fellowship Program has been an unparalleled experience and I could not have asked for a better way to spend my summer. From the beginning, the fellows were truly integrated into the HCTI team and the HPC community. We were invited to meetings and events as team members and felt truly welcomed throughout the summer. I am immensely grateful for the opportunity, the encouraging atmosphere, the hands-on policy experience, and the intellectually engaging and rewarding work that makes the HPC summer fellowship so unique. I leave the HPC with a better understanding of the health care landscape in Massachusetts, a network of supportive and accomplished health policy professionals, and a clearer direction for my career. Thank you, HPC!

KAT LOZAH
The HPC Summer Fellowship Program was a great way to put my passion for health care and health policy into practice and experience the operations of an independent state governmental agency firsthand. As a fellow in the Office of the General Counsel, I had the opportunity to work extensively on data security and privacy issues as well as ensure statutory compliance with labor and employment laws. I was able to practice my legal writing and research skills by drafting legal memoranda and improve my communication skills by participating in legal team meetings and external conference calls.

In addition to my work with the Legal department, I spent the bulk of my time working with the Office of Patient Protection (OPP), examining the recent growth of open enrollment waiver applications. I had the opportunity to analyze data from the start of the waiver process and explore geographic trends as well as external legal and policy changes that may have had impact on the increase in applications. The influx of waiver applications meant an increase in the amount of personal data handled by OPP. This led to a need for updated guidelines for the communication and storage of this information. I was tasked with thoroughly researching the statutory requirements set forth by the Fair Information Practices Act (FIPA) as well as the outlined exemptions to the public records law. The culmination of this research and data analysis led to the creation of a set of guidelines and recommendations outlining best practices for storage of the personal data and communication with data subjects regarding their waiver applications.

This summer fellowship was an incredible opportunity in which I developed my skills, expanded my understanding of the Massachusetts health care landscape, and witnessed innovative and thoughtful efforts to improve health care spending. Working with both OPP and the Legal department broadened my knowledge of health care in Massachusetts and inspired me to pursue my interests in health care law. I am grateful to the HPC’s staff for the substantive, challenging work, and for the incredible mentoring I received this summer. I am filled with gratitude to have been given the opportunity to work here this summer, and I cannot thank the staff or fellows enough for this amazing experience.
AKIFF PREMJEE

The Summer Fellowship Program at the Massachusetts Health Policy Commission (HPC) was a great way for me to get exposure to how government institutions can use data to influence health policy. I spent my summer with the Research and Cost Trends (RCT) department focused on a project to identify and calculate medication adherence measures in order to understand if patients in Massachusetts were properly being managed for conditions like cardiovascular disease and diabetes. With a background of working with data at tech startups, a major goal of mine was to learn how to approach an analytical problem from an academic mindset. I was able to conduct literature reviews, identify adherence measures used by other researchers, develop a framework based on my findings, and write code to analyze our data and see results. This process taught me how to address a research problem from start to finish and is something I can take with me to future research endeavors.

Outside of my main project, I was also able to participate in meetings regarding other projects to be included in the Annual Cost Trends Report. This allowed me to be part of the methodology discussions while also meeting with different researchers outside of the HPC who came to give presentations or discuss special topics. I am very grateful to the RCT team for the opportunity this summer and for including me as a core member of the team. The amazing people at the HPC are what make it such an incredible institution to work for. Finally, thanks to all the other summer fellows for making this summer such a memorable experience!

KAREN SMITH

This summer I worked as a fellow for the Research and Cost Trends (RCT) department. My summer research was an extension of the HPC's previous work on low value care, which is health care that does not provide benefit to patients. The HPC's prior work studied the prevalence of and spending on nineteen measures of low value care in Massachusetts. This summer, I identified five new measures of low value care through a comprehensive literature search, and I updated prior measures to reevaluate them in more recent data. I developed and coded the measure specifications, and I applied them to the All-Payer Claims Database (APCD) to analyze how the prevalence of and spending on these low value services varied among provider organizations in the state. I valued having ownership of the project, pursuing research questions that particularly interested me, and getting extensive experience working with claims data in Stata.

In addition to this specific project, I learned about broader state health policy by attending the fellows’ meetings with commissioners, committee and board meetings, and meetings of external groups, such as the Institute for Clinical and Economic Review (ICER). These components of the fellowship complemented my research by giving me a more comprehensive understanding of the HPC and introducing me to different facets of state health policy.

I had a wonderful and enriching summer at the HPC. Many thanks to the RCT team for all their support and guidance and to the other fellows for their energy and enthusiasm!
As a summer fellow at the Health Policy Commission (HPC), I worked within the Office of the Chief of Staff (COS) on the design and implementation of goals and strategies put forth by the Massachusetts Employer Health Coalition (MEHC). This newly formed public-private partnership is a collaborative, multi-stakeholder effort committed to reducing emergency department misuse by 20% within the next two years in order to achieve over $100 million in health care savings in the Commonwealth.

My primary role as a fellow was to develop concrete, evidence-based strategies for Massachusetts employers to implement in order to prevent their employees from seeking emergency department care for non-emergent conditions. More specifically, my work focused on innovative digital solutions that increase health care access to employees beyond standard primary care and emergency department visits. I conducted qualitative interviews with Massachusetts employers who have implemented creative benefit design modifications and expanded tele-health services to their employees. These interviews will be turned into reference materials that are disseminated to employers across the Commonwealth. Additionally, I participated in steering committee meetings and had the privilege of interacting with a variety of business associations, as well as payers, providers, and patient and physician advocacy groups. As the majority of MEHC’s outputs continue to roll out beyond this summer, I am eager to see my contributions brought to life and the impacts that will be made towards reaching the goal of a 20% reduction within two years. Throughout this process, I have learned so much about the importance and intricacies of stakeholder engagement in combatting health care challenges. The coalition of employers, strategic partners, and steering committee members continue to impress and inspire me as they work together to combat rising health care expenses to create a more efficient care delivery system.

This fellowship experience has been tremendously rewarding. The HPC is comprised of brilliant policy experts and researchers, who tackle health care delivery and access concerns in the most diligent and innovative ways. I am grateful for the mentorship, guidance, and trust I received throughout my ten weeks here and feel inspired moving forward in my academic and professional career.