# Healthcare Advisory Committee Orientation Meeting Executive Summary

Federal Advisory Committee Orientation Meeting | May 18, 2026
The Hubert H. Humphrey Building
200 Independence Avenue S.W. Washington, D.C., 20201

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This Advisory Committee is governed by the provisions of the Federal Advisory Committee Act (FACA), P.L. 92-463 (Oct. 6, 1972), as amended, 5 U.S.C. App. 2.

## Committee Vision, Introductions, and Operations

The Healthcare Advisory Committee convened for an orientation meeting to discuss administrative matters and prepare for the first Committee meeting later in the day. Committee attendance and the agenda are available in the appendix of this meeting summary. Committee members introduced themselves, aligned on the Committee's charge, reviewed obligations under the Federal Advisory Committee Act and draft bylaws, and discussed initial Working Group scopes. The meeting was led by the Committee Chair, Dr. Clive Fields, and supported by the Centers for Medicare & Medicaid Services (CMS), including the Designated Federal Officer (DFO), Morgan Taylor.

CMS Chief of Staff and Deputy Administrator, Steph Carlton, and CMS Deputy Administrator and Chief Operating Officer, Kim Brandt, emphasized the significance of the Committee's work in modernizing and strengthening the U.S. healthcare system, particularly across CMS programs. They stressed that the Committee should focus on producing practical, implementation-ready recommendations that can be quickly put into action to improve Medicare, Medicaid, CHIP, and the Health Insurance Marketplace. The Committee's recommendations are intended to directly inform CMS operations, guide policy development and future rulemaking, and support near-term administrative priorities, ultimately serving as expert guidance to Health and Human Services (HHS) Secretary Robert F. Kennedy, Jr. and CMS Administrator Dr. Mehmet Oz.

Members each provided introductions and shared moonshot ideas in line with the Committee's charge to be bold but practical. Moonshot ideas spanned artificial intelligence (AI) and technology; primary care and prevention; payment reform and affordability; administrative simplification and system efficiency; healthy aging and end-of-life care; innovation and emerging therapies; and transformation and modernization.

Dr. Fields then reviewed the Committee's draft bylaws and discussed expectations for disclosing conflicts of interest and communicating with the public. Members did not raise any questions or concerns about the draft bylaws.

Dr. Fields and Ms. Taylor provided an overview of the Committee's six initial Working Groups. Susan Hull (The MITRE Corporation) explained that the Working Groups will be the Committee's "acceleration engine," narrowing complex healthcare challenges into manageable problem statements, reviewing evidence and expert input, generating ideas, and developing outputs to share with the Committee. The full Committee will then develop, refine, deliberate, and vote on formal recommendations. Committee members met with their Working Groups and began discussing their initial charge and scope with support from a facilitator from MITRE.

# Working Group Discussion Summaries and Feedback

## MAHA by Improving Wellness & Preventing Chronic Disease

**Charge:** Developing actionable policy solutions to prevent and better manage chronic disease

**Members:** Dr. Clive Fields (lead), Dr. Andrew Lynch, Tony Robbins (not present)

The MAHA Working Group discussed the concept of "healthspan" as a broader and more affirmative framing to prioritizing health and wellbeing across the lifespan than focusing on prevention alone. Healthspan emphasizes that health begins at home, is reinforced in communities through activities in schools, religious organizations, and other arenas, and is supported by teams across the healthcare system. The group also discussed the importance of aligning clinical and economic incentives to promote health and wellness.

The Working Group presented an opportunity for the Committee to champion "healthspan" for all Americans. The group expects to focus on integrating prevention strategies at the community level, improving access to high-quality healthcare teams based on individual needs, building trusted longitudinal relationships between patients and the healthcare system, and using technology to empower individuals and improve care.

Committee members provided feedback and recommended broadening the frame beyond a traditional primary-care model and ensuring that prevention-focused innovation is not prioritized at the expense of maintaining the acute care system. Members encouraged the Working Group to recognize specialty care, acute care, behavioral health, pharmacists, dietitians, complementary health providers, and trusted community partners as part of the broader health ecosystem. Members also discussed empowering people and communities, not only patients and providers.

## Reducing Administrative Burden

**Charge:** Advancing accountability for safety and outcomes while reducing unnecessary administrative burden

**Members:** Dan Liljenquist (lead), Dennis Laraway, Dr. Linda Thomas-Hemak

The Reducing Administrative Burden Working Group focused on the cumulative burden created by duplicative, obsolete, contradictory, or low-value requirements across CMS programs. The group discussed the need to simplify these requirements for providers, payers, patients, caregivers, and the healthcare workforce while preserving appropriate oversight, safety, and accountability for outcomes.

The Working Group expects to focus on identifying and eliminating unnecessary and burdensome regulations, evaluating frictions that exist across Traditional Medicare, Medicare Advantage, Medicare ACOs, Medicaid, and CHIP programs, and examining and recalibrating oversight and accountability to the appropriate levels. They highlighted the importance of creating a durable "regulatory hygiene" process so outdated or duplicative requirements do not continue to accumulate over time.

Committee members were supportive of the direction of the Working Group, agreeing that it is a much needed area of work.

## Deploying Real-time Data

**Charge:** Expanding the use of real-time data to support a higher quality of care, speed up claims processing, and improve quality measurement

**Members:** Sebastian Caliri (lead), Dr. David Carmouche, Steph Carlton

The Real-time Data Working Group discussed building the data infrastructure needed to enable the work of the other Working Groups. The group will focus on building a real-time data system and infrastructure that supports longitudinal patient data and data liquidity so patients, providers, and payers can access essential health information more easily, and without special effort. They discussed how this infrastructure could align incentives and data-sharing requirements across payers and providers to improve payment accuracy, reduce friction and administrative burden, and encourage participation in trusted data sharing networks. By allowing documentation and coding, quality reporting, risk adjustment, payment, and other processes to happen automatically in the background, this infrastructure can free clinicians to focus on patient care. They also emphasized that the same infrastructure could generate the data needed to strengthen fraud, waste, and abuse detection, particularly in Medicaid, where delayed and inconsistent state-level data limits CMS's ability to identify problems quickly.

The Committee Chair noted it would be helpful if quality scores and risk adjustment could happen automatically from existing clinical documentation, freeing up provider time to improve access and expand capacity.

## Improving Care for Vulnerable Populations

**Charge:** Enhancing care for vulnerable populations, including those served by Medicaid

**Members:** Dr. Kyu Rhee (lead), Valerie Huhn, Bill Gassen

The Improving Care for Vulnerable Populations Working Group focused on how to define quality for vulnerable populations and whether their scope should be limited to Medicaid or include a broader set of vulnerable groups. They discussed the importance of primary care and behavioral health integration, as well as primary, secondary, and tertiary prevention. Additionally, they discussed variation across state Medicaid programs and the need to bring together clinical and non-clinical data to reduce costs, improve quality, and demonstrate return on investment.

The Working Group aims to reimagine quality for vulnerable populations in a way that accounts for physical, behavioral, social, and community-based needs. The group expects to focus on identifying which non-medical services belong in Medicaid, spreading state and local best practices, strengthening Medicaid innovation, and exploring how to move from volume toward value while recognizing the operational difficulty of doing so for vulnerable populations.

Committee members provided feedback on scope, terminology, and implementation challenges. Members raised whether “vulnerable populations” should be limited to Medicaid beneficiaries or should also include individuals with disabilities, serious illness, rural residents, or other populations dependent on safety-net services. Members also emphasized the importance of regaining patient trust, particularly bringing trust brokers like patient navigators and community health workers into the healthcare team, and the need to protect fragile subpopulations while pursuing innovation. Lastly, one member cautioned that moving Medicaid populations into pure value-based payment models may be difficult and suggested the group may need to think in terms of aligning clinical and economic outcomes.

## Strengthening Medicare Advantage

**Charge:** Strengthening Medicare Advantage (MA) sustainability, including modernizing risk adjustment and quality measurement.

**Members:** Dr. Robert Bessler (lead), Ursel McElroy, Elizabeth Fago

The Strengthening MA Working Group focused on long-term MA sustainability from the perspective of beneficiaries, providers, plans, and taxpayers. The Working Group discussed the difficulty beneficiaries and families face in understanding plan options, the challenges providers

experience participating in MA, the need for better continuity across care settings, the opportunity to modernize risk-adjustment, and the importance of predictability for plans across multiple years.

The Working Group hopes to make MA more understandable, sustainable, and demonstrably valuable. The group expects to focus on improving beneficiary decision-making, reducing provider friction, strengthening real-time connectivity, improving predictability for plans, and demonstrating that MA can produce cost savings while maintaining or improving quality outcomes.

Committee members noted that the final phase of life can create major cost and predictability challenges for MA plans and that the Working Group should include end-of-life care in Working Group discussions on predictability.

## Crushing Fraud, Waste, & Abuse

**Charge:** Identifying and developing actionable levers for CMS to strengthen program integrity to protect taxpayer dollars while preserving access for compliant providers and beneficiaries.

**Members:** Russ Thomas (lead), Kim Brandt, Dr. Jenni Gudapati

The Fraud, Waste, and Abuse Working Group focused on distinguishing levers to crush fraud from levers to reduce waste and abuse. The Working Group noted that CMS has significant fraud prevention efforts underway but may need additional support addressing waste and abuse, including improper payments, unnecessary services, and overutilization. Members discussed opportunities to harness technology, strengthen partnerships, and revisit infrastructure to support more proactive and predictive detection, including stopping inappropriate claims before payment where possible.

The Working Group hopes to strengthen CMS's ability to prevent fraud, reduce waste and abuse, and protect the Medicare Trust Fund by harnessing technology, developing innovative tools, strengthening infrastructure, and enhancing partnerships including stronger use of MA and Medicaid managed care partnerships. The group expects to focus on reducing burden on compliant providers by incentivizing appropriate utilization, accelerating payment for those meeting pre-adjudication standards, and improving interoperability. Overall, the Working Group aims to prevent fraud from occurring, as well as address waste and abuse by equipping beneficiaries and providers with timely information to support better treatment and utilization decisions.

Reinforcing the distinction between fraud and waste/abuse, the Working Group noted that fraud is only a part of the broader improper payment problem and waste/abuse include issues such as

incorrect billing, insufficient documentation, incorrect diagnosis codes, and inappropriate use of medical services.

## Leadership Remarks

HHS Secretary Kennedy and CMS Administrator Oz addressed the Committee and reinforced the urgency and opportunity associated with the Committee's work. The HHS Secretary emphasized the chronic disease crisis, perverse incentives in healthcare, and the potential for AI, real-world data, and transparency to support meaningful change. The CMS Administrator highlighted the agency's ability to use its convening power, operational levers, technology, and program integrity tools without relying exclusively on legislation or regulatory action.

The Committee is expected to move quickly from orientation to execution. Working Group Leads will coordinate with the Committee Chair, DFO, CMS, and the Committee support team to identify additional subject matter experts, establish a meeting cadence, consider public input, and begin developing outputs for Committee deliberation. The next quarterly Committee meeting is targeted for August 2026.

# Appendix A: Orientation Meeting Attendance

*Table 1. Healthcare Advisory Committee Orientation Meeting Attendees*

| Committee Member | Attendance |
|---|---|
| Clive K. Fields, MD (Chair) | Present |
| Robert Bessler, MD | Present |
| Sebastian Caliri | Present |
| David Carmouche, MD | Present |
| Elizabeth M. Fago | Present |
| William (Bill) J. Gassen, JD | Present |
| Jenni Gudapati, PhD, MBA, RN | Present |
| Valerie D. Huhn | Present |
| Dennis Laraway, MBA | Present |
| Dan Liljenquist, JD | Present |
| Andrew Lynch, PhD | Present |
| Ursel J. McElroy | Present |
| Kyu Rhee, MD, MPP | Present |
| Tony Robbins | Not present |
| Russ Thomas, JD | Present |
| Linda Thomas-Hemak, MD, FCAP, FAA | Present |

## HHS/CMS Attendees

- Secretary Robert F. Kennedy, Jr.
- Administrator Mehmet Oz, MD
- Morgan Taylor, Designated Federal Officer
- Kim Brandt, JD
- Stephanie Carlton
- Rachel Kelly, MD

## MITRE Attendees

- Erin Carlson, MLS
- Rebecca Case, JD
- Emily Hall, MPH
- Susan Hull, MSN, RN, NI-BC, NEA-BC, FAMIA
- Wendy Prins, MPH, MPT
- Mandeep Singh

# Appendix B: Orientation Meeting Agenda

## Agenda | May 18, 2026, 9:15-2:05 PM

**Welcome |** Morgan Taylor (DFO), Dr. Clive Fields (Chair)
*9:15 – 9:30 AM*

**Vision and Expected Outcomes |** Steph Carlton (CMS), Kim Brandt (CMS)
*9:30 – 9:50 AM*

**Introductions and Swearing In |** Dr. Clive Fields, Morgan Taylor
*9:50 – 10:20 AM*

**Bylaws Discussion |** Dr. Clive Fields
*10:20 – 10:40 AM*

**Working Group Operations |** Dr. Clive Fields, Morgan Taylor
*10:40 – 11:00 AM*

**Working Groups: Small Group Discussion |** Small Group Discussions
*11:00 – 11:45 AM*

**Lunch**
*11:45 AM – 12:45 PM*

**Working Group Report Out** Dr. Clive Fields, Working Group Leads (Dr. Clive Fields, Dan Liljenquist, Sebastian Caliri, Dr. Kyu Rhee, Dr. Robert Bessler, and Russ Thomas)
*12:45 – 1:30 PM*

**Leadership Remarks |** HHS Secretary Robert F. Kennedy Jr., CMS Administrator Dr. Mehmet Oz
*1:30 – 2:00 PM*

**Closing Remarks |** Dr. Clive Fields, Morgan Taylor
*2:00 – 2:05 PM*