Stephen Duckett is the director of the Health Program at the Grattan Institute. From 2009 to 2010, he was president and chief executive officer of Alberta Health Services, Canada’s largest health care provider. He was secretary (deputy minister) of the Australian Health Department from 1994 to 1996. He has a reputation as a policy innovator in areas such as hospital funding (introduction of activity-based funding for hospitals) and quality (new systems of measurement and accountability for safety of hospital care). He has also had a distinguished academic career and was elected a Fellow of the Academy of the Social Sciences in Australia (economics panel) in 2004.

Janette Green is a principal research fellow (applied statistics) at the Australian Health Services Research Institute, University of Wollongong. In this position, she has undertaken projects in classification development, costing, benchmarking, outcome measurement and program evaluation, utilizing national and international data from a variety of sources, including primary health, disability, community care, emergency department care, rehabilitation and palliative care. She undertook the statistical analysis and class finding for all versions of the Australian National Subacute and Non-Acute Patient Classification (AN-SNAP) and has developed case mix classifications in a number of other areas, such as disability, mental health and sexual health. More recently, she has managed a team of statisticians in a number of projects, including the development of Version 7 of the Australian Refined Diagnosis Related Groups (AR-DRGs) and projects related to ABF. Her background is in mathematical statistics, and she has taught a variety of statistics subjects at undergraduate and post-graduate levels. Janette is an Asia/Pacific representative on the Executive Committee of Patient Casemix Systems International (PCSI).

Yasmin Guirgis is the Director of Patient/Care-Based Funding at Alberta Health Services (AHS). She continues to be involved in the design and implementation of the provincial Long-Term Care and other Continuing Care activity-based funding systems in Alberta. This includes working directly with care operators and AHS financial advisors to explain funding information and to address related concerns. Yasmin also works with various regional, government, and operator stakeholders in system-level strategic planning, ensuring that funding allocations create the right incentives and are aligned with system needs. She oversees the production and maintenance of a suite of analytical tools and reports that are instrumental in assessing funding implications for care organizations and for individual operators. Her team is currently working on introducing ABF for hip and knee, and for highly specialized provincial procedures and services.

Yasmin’s background is in finance, and she has recently completed a Masters of Business Administration at the University of Alberta in Edmonton.

Jeff Hatcher is a senior consultant with the Canadian Institute for Health Information (CIHI). Jeff’s role includes working with clients to assist them in the use of case mix systems in their decision-support, utilization management and funding activities. He has also worked extensively on the development and refinement of CIHI’s case mix classifications and cost weight methodologies. His case mix career began in 2002, when he joined CIHI. Jeff is a statistician and economist by training.
**Lynn McNeely** is a Special Projects Lead with the Canadian Institute for Health Information (CIHI). Her role includes managing the development of products and systems to help clients collect and use healthcare data to support clinical and health system decisions. Her expertise includes the design and facilitation of workplace training. She has been with CIHI since 2009. Prior to this she participated in a provincial initiative that looked at improving discharge transitions between hospitals and home as part of a case management role with a provincial home care agency. Lynn is a Registered Nurse by training where she gained clinical experience in acute, ambulatory and community sectors.

**Julian Pettengill** is a consultant working for the Medicare Payment Advisory Commission (MedPAC), an agency that advises the U.S. Congress on policy issues related to the Medicare program, which provides health insurance coverage for aged and disabled US citizens. Julian has worked for 35 years on design, implementation, monitoring, and evaluation of the Medicare hospital inpatient prospective payment system and several other Medicare prospective payment systems. Before retiring from the U.S. government, Julian was a research director for many years on MedPAC’s staff. He has written about a wide range of payment policy topics, including MedPAC’s payment policy framework, case mix measurement, input price adjustment, outlier payment and other policies for hospital inpatient care. He has focused recently on how to measure and adjust for the payment effects of hospitals’ improvements in diagnosis documentation and coding in response to the adoption of Medicare severity diagnosis-related groups (MS-DRGs). Julian has also worked recently for the Chinese Health and Family Planning Commission (formerly the Ministry of Health), helping Commission staff to develop and implement a DRG payment system for inpatient and outpatient hospital care in China. Prior to joining MedPAC in 1988, Julian was a senior health policy analyst for the Congressional Research Service and the Centers for Medicare and Medicaid Services, where he developed and analyzed methods and policies for Medicare’s hospital inpatient prospective payment system.

**Eileen Robertson** is an economist by background and heads up the Analytical Insight Resource Unit within NHS England, providing analytical support across a range of health policy and performance issues. Up until recently, Eileen worked in the Department of Health and spent the last 10 years working on casemix funding policy in the English NHS from early implementation through the changes brought about by the reorganisation of the National Health Service in 2012. While working on casemix funding her responsibilities covered casemix development and pricing policy, including work on Best Practice Tariffs. She previously worked on a range of issues within the Department of Health, including primary care, spending reviews, resource allocation and workforce planning. Prior to joining government service, Eileen worked as a health economist at the University of Kent (Personal Social Service Research Unit) and at the York Health Economics Consortium undertaking research and consultancy for the NHS.

**Adam Rondeau** is a program lead in the Financial Standards and Information department at the Canadian Institute for Health Information (CIHI), where he leads the Analyses and Reports team. He is responsible for the analytical output from the Canadian Patient Cost Database (CPCD) and the Canadian MIS Database (CMDB), combining financial and clinical data to provide comparable and relevant information to stakeholders. He leads the calculation and maintenance of financial indicators such as the Cost of a Standard Hospital Stay (CSHS), as well as the development of new indicators to help decision-makers manage the health care system. Adam holds a Master of Arts in economics from Carleton University and a Bachelor of Arts in economics from the University of Guelph.
Stephen Sutch has a special interest in worldwide developments in patient classification and its application in health planning, funding and resource allocation. He began working in the English National Health Service (NHS) in 1987 as an operational research consultant, modelling hospital and NHS systems. In 1991, he moved to Wales to manage the investigation of case mix and its introduction, advising the Welsh Health Department and providing a range of case mix services to hospitals and authorities. In 1994, he moved to the National Case Mix Office in England, where he managed the Analytical and Statistics department and supported the development of case mix groupings (Healthcare Resource Groups) in England and Wales until 2004, and, as principal case mix consultant, was responsible for leading the design of case mix groupings for England. Now specializing in population health he works on the development of the Johns Hopkins Adjusted Clinical Groups (ACG) System with research interests in Care Management, predictive models, and the measurement of Multiple Morbidity. Steve lectures and provides consultancy worldwide on case mix development and health informatics and is currently undertaking research at Johns Hopkins University.