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Patient Access Network
foundation



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2010 ANNUAL REPORT

Looking Forward



"When I was told the cost of my needed medication, I thought, 'just let me die.' When I heard that help was available, I was given hope."

PAN PATIENT

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LYN BOOCOOCK-TAYLOR
is the Chair of the Patient Access
Network Board. She is Vice
President of Competitive Grants
for Geisinger Health System.

SINCE 2004, PAN has
provided more than \$173
million in assistance for
out-of-pocket assistance to
more than 125,000 patients in
need. This assistance allows
patients to access to the most
progressive therapies and
medications available for life-
threatening diseases.

LETTER FROM THE CHAIR

A Look Back as We Look Forward

As you read through the pages of Patient Access Network (PAN) Foundation's annual report, I hope you'll agree with me that it tells an inspiring story. During a time when our economy is struggling and healthcare costs continue to soar, PAN provided more than \$37 million in assistance to patients across the country. Not only did we grant much needed support during uncertain times to more than 21,000 patients, but we also expanded our partnerships with specialty pharmacies and made great strides in our efficiencies. It's a story that I think PAN and its supporters can all take pride in and look forward to furthering in the year to come.

Our priorities at PAN are identifying efficiencies, new partnerships, new services and increasing fundraising to help more people. As I think about 2010, many of our accomplishments uniquely position us to do just that.

During the last year PAN expanded its health information technology capabilities to launch our specialty pharmacy portal and secured funding that allowed us to add eight new disease funds, bringing our total to 31. As a result of our technology enhancements, we saw our efficiencies improve so that in 2010, the average patient approval time was only 1.3 days.

Our Board remains committed to our central mission to help underinsured patients access needed medications through co-payment, co-insurance and deductible assistance. As we celebrate our accomplishments for 2010, we also look forward with hope that we will work even more closely with many of you in our efforts to continue to expand our services so no one has to choose between life-saving medication and feeding their family.

WITH DEEP GRATITUDE TO ALL OF OUR SUPPORTERS,

LYN BOOCOOCK-TAYLOR
Chair, Patient Access Network Foundation

ABOUT PAN

PAN is an independent non-profit charitable organization that provides financial assistance to underinsured patients for their out-of-pocket expenses for life-saving medications.

We strive to assist the greatest number of patients possible with the highest degree of patient care and efficiency. We do this through our best-in-class tools, high-touch service and operational excellence.

PAN offers **best-in-class tools** including our provider and specialty pharmacy portals and a robust database with reporting capabilities.

Our **"high-touch" service** comes from our caring and highly trained staff. They carefully guide patients, providers and advocates through the application and claims process, providing empathetic support along the way.

And, our **operational excellence** ensures quick access to treatment and supports patient continuity of care. We are able to temporarily approve patients for a 30-day period while the patient gathers, and we receive income documentation. This 30-day temporary approval process puts patients on the fast-track to starting therapy, allowing them to focus on their health rather than the cost of treatment. The temporary approval also minimizes the time providers and their staffs spend on paperwork.

We are proud that:

→ Since 2004, we have provided more than \$173 million in assistance for out-of-pocket expenses to more than 125,000 patients in need..	→ 74 percent of patients are approved the same day they apply for assistance.	→ We assist patients through 31 disease-specific funds , including oncology, chronic and rare diseases.
→ Nearly 99 percent of patients and providers are satisfied with PAN services because of its easy application process, knowledgeable and highly trained caseworkers and quick response time for applications.	→ For most of our disease funds, 90 percent or more of each dollar donated goes directly to patient assistance.	
→ PAN pioneered the use of actuarial tools that maximize the use of patient dollars by prospectively reallocating dollars that patients are not using during their eligibility cycle. This allows us to help the maximum number of patients each year. Over a one-year period (from March 2010 to March 2011), this meant financial assistance for an additional 5,750 patients .		
→ We approve patients for a full 12 months of assistance, giving patients peace of mind for the whole year.	→ We are committed to innovation, exemplified by our physician and specialty pharmacy portals that allow healthcare professionals to quickly and easily enroll patients, helping them to work efficiently with less paperwork so they can focus more on their patients.	

TO LEARN MORE ABOUT SUPPORTING PATIENT ACCESS NETWORK,
please call **202-384-1474**.
Or visit us online at **PANFoundation.org**.



"PAN came in, like angels,
and they took care of the
co-pay. I would really like
to thank PAN from the
bottom of my heart..."

PAN PATIENT

STORIES OF HOPE

"As a parent, you are supposed to be able to provide everything your child needs. When we found out our son needed this medication, I didn't know how we were going to do it."

Luckily for this family and 21,052 others in 2010, PAN was there.

Our goal is that people not be forced to make the difficult decisions between medical treatment and other life necessities. With PAN's help, patients can stay adherent to the treatments prescribed by their doctors, which is resulting in longer, healthier lives. In our 2010 healthcare provider survey, 81 percent of providers said they consider medication compliance to be at least a small barrier to improved outcomes. And, 89 percent said that PAN's support is positively impacting their patients' compliance with their prescribed treatment regimen.

Those who contributed to PAN can take credit for the 21,053 stories of hope we can tell for 2010. Stories from people like June, who requires daily anti-rejection medicine for her transplanted kidney. "I just felt there were no more avenues, and PAN showed me there were. PAN came in, like angels, and they took care of the co-pay," said June. "I would really like to thank PAN from the bottom of my heart for coming through with the payment for my medication."

We find when we talk with patients that they are under great stress as a result of their medical conditions. The added worry of how to pay for their treatment compounds the problem. We know that easing that burden so that patients can focus on their health makes a big difference because we hear it from patients every day. "I tried not to let my family know how worried I was about the financial side of my disease," said Marlene. "Finding PAN has been a huge relief. It takes a lot of weight off my shoulders."

PAN envisions a society in which all patients with chronic or life-threatening illness have access to the financial and information resources they need in order to benefit from prescribed medical treatment. Through our advocacy for the growing underinsured population struggling with increasing out-of-pocket costs, PAN also serves as an important "voice for the underinsured." As the need continues to grow, PAN looks forward to being part of happier endings to thousands more stories each year.



"When you can help others,
that's a blessing."

CAROL HARVEY



CAROL'S STORY: The Gift of Giving

Carol Harvey is too busy helping others to let cancer stop her. In November 2006, at the age of 55, she was serving as the sole caregiver for her three great nephews, ages 4, 6 and 9 when she received the devastating diagnosis of inflammatory breast cancer and given months to live.

"My first thought was, 'I can't die. I've got these kids to take care of.' That helped keep me going," she says.

Carol endured intensive chemotherapy, surgery and radiation, but two years later, she received more bad news. The cancer had metastasized and spread to her lungs, liver and bones. Carol once again was prescribed heavy doses of chemotherapy.

This time though, she was without the income to cover her medication. Due to complications from her prior bouts of chemo, including loss of eyesight and weakness from anemia, she was on disability from her job as an office manager and was not able to afford the \$200 co-pay under Medicare disability for her new pills. "I had expenses like rent and food and, without my paycheck, there just wasn't the money to cover the co-pay," says Carol.

Her doctor's office directed her to various organizations that could offer assistance. "PAN was the first to respond to me," she says. "I've always been aware of the walkathons and events to raise money for cancer research, but I had no idea there were organizations that would actually directly help me. If it had not been for PAN's assistance, I don't know what I would have done to meet the co-pay requirements for my medication. PAN eliminated the financial worries of affording my medication, and the process was really seamless for me, which was so important because I just didn't have the energy for a trail of paperwork."

With Carol's assistance, Carol's niece has been able to regain custody of the boys, but that doesn't mean Carol has taken a break from helping others. Nor has her ongoing battle with cancer dampened her optimism.

"Life is precious to me. There's always a rainbow up ahead, and that keeps me going." For Carol, the rewards have included watching her nephews blossom under her care and the satisfaction of helping people she meets who are going through their own challenges, such as the 80-year-old woman she recently helped find affordable care and housing.

"I identify with PAN and the rewards of working behind the scenes to make a difference," says Carol. "When you can help others, that's a blessing."

2010 IN NUMBERS

21,053

21,053 **patients were assisted** by PAN in 2010.

90¢

For every dollar donated to PAN, nearly 90 cents **went directly to assist patients**.

65%

PAN paid 74,994 claims in 2010. 65 percent of those claims were **paid electronically** – a more efficient use of resources.

1.3

The average **approval time dropped** to only 1.3 days.

\$6,349

The average **patient award** is \$6,349.

\$37,562,665

In 2010, PAN provided \$37,562,665 in **assistance to underinsured patients**.

8

8 **new disease funds were added** to bring the total to 31 disease funds.

136,550

PAN received 136,550 **phone calls from patients** in 2010. In many cases we provided advice and assistance when patients did not qualify for PAN assistance.

DISEASE FUNDS

Our foundation is proud to provide assistance across a variety of oncology, chronic and rare disease funds.

ONCOLOGY

- Breast Cancer
- Chronic Lymphocytic Leukemia
- Colorectal Cancer
- Cutaneous T-cell Lymphoma
- Lung Cancer (Non-Small Cell)
- Multiple Myeloma
- Myelodysplastic Syndrome
- Non-Hodgkin's Lymphoma
- Pancreatic Cancer
- Prostate Cancer
- Renal Cell Carcinoma
- Well-Differentiated Thyroid Cancer

RARE DISEASES

- Acromegaly
- Gaucher Disease
- Retinal Vein Occlusion
- Uveitis

CHRONIC DISEASES

- Ankylosing Spondylitis
- Cytomegalovirus
- Crohn's Disease
- Cystic Fibrosis
- Diabetic Foot Ulcers
- Growth Hormone Deficiency
- Hepatitis B
- Hepatitis C
- Kidney Transplant Immunosuppressants
- Macular Diseases
- Multiple Sclerosis
- Plaque Psoriasis
- Respiratory Syncytial Virus
- Rheumatoid Arthritis
- Solid Organ Transplant Immunosuppressants



MARLENE'S STORY: PUTTING THE PIECES TOGETHER

In the spring of 2004, Marlene and Bill Laidlaw were enjoying retirement and preparing for their third volunteer camping trip to Yosemite National Park. Then Marlene's doctor uttered the words "multiple myeloma" and plans changed.

Marlene says she was in a state of shock. "I wanted to ignore it, but my husband, doctors and two children said, 'you have to pick up the pieces and fight it.'" And so that's what Marlene and Bill, her husband of 54 years, have been doing ever since.

They drove their camper 250 miles to San Francisco, and Bill stayed in the camper for several weeks while Marlene underwent surgery, six weeks of radiation, two strong bouts of chemotherapy and a stem cell transplant at UCSF Medical Center.

"When we got home from San Francisco, that's when the financial implications of my disease really started to hit me. Between thinking about the hospital expenses as well as the ongoing expense of the medications I would need, it was overwhelming," says Marlene.

The medication Marlene currently takes to control the cancer can be upwards of \$10,000 per month. Private insurance covers about 70 percent of the costs. "We just don't have the kind of money to cover the rest," says Marlene. "I try to not let my family know when I'm worried, but paying for the medication is a huge worry."

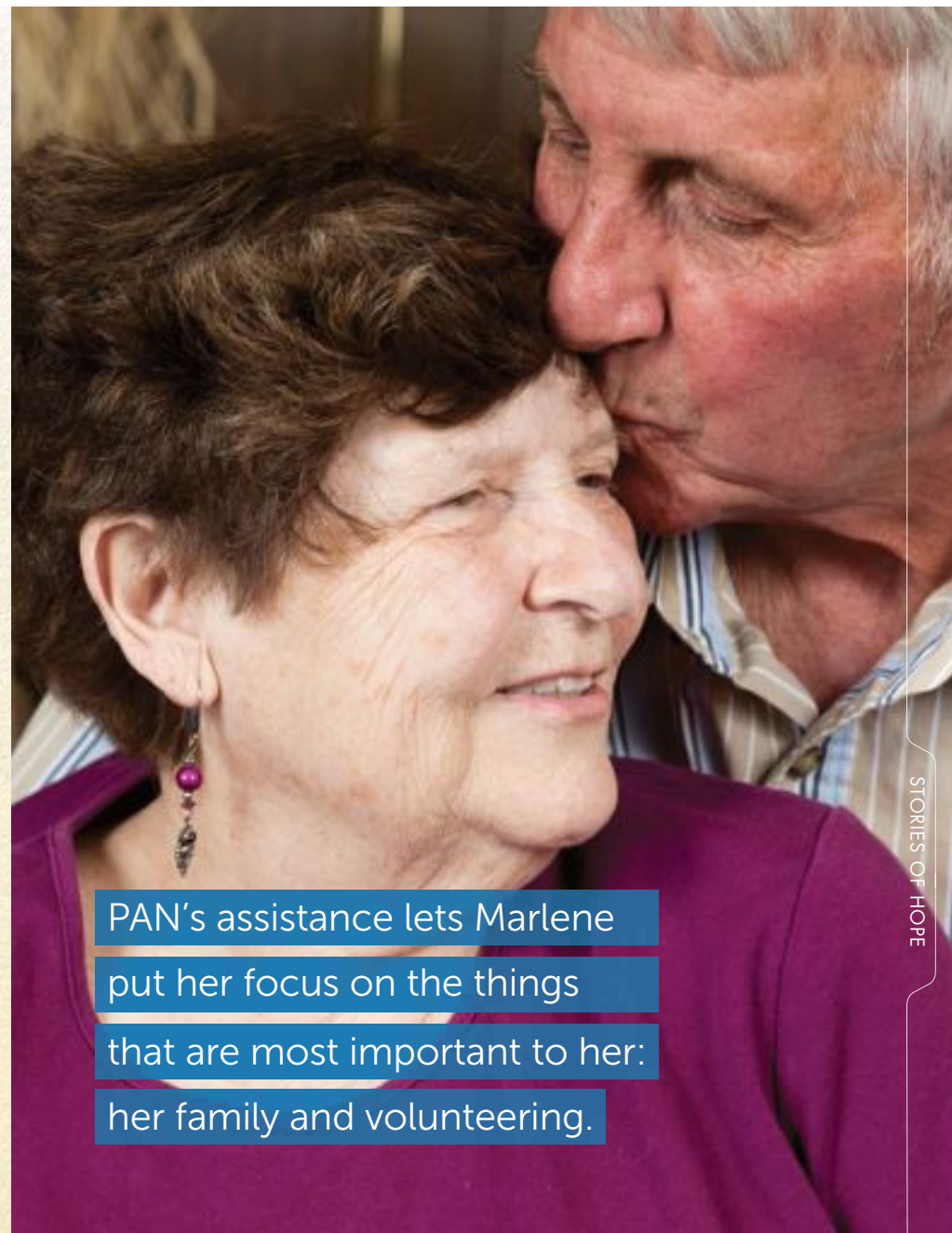
Marlene has found support from various resources over the years and was thrilled when in 2010, she heard about PAN. She now calls PAN a savior. "Even though the medication is extending my life, I would probably refuse to take it if I didn't have this help. I start to tear up because I'm just so thankful that PAN is helping me."

PAN's assistance lets Marlene put her focus on the things that are most important to her: her family and volunteering.

"My husband is a saint. I can't say enough about him. He makes life worth living. When I get down, I think about him." The feeling is mutual. Bills adds, "She means everything to me. I need her around. We're working through this together."

Marlene and Bill were able to enjoy a recent trip to visit their granddaughter in Kentucky. "Because of the cancer, I'd missed going to her high school and college graduation so we took some money and flew to Kentucky for a visit. That was special," says Marlene.

While they haven't been able to reschedule the volunteering trip to Yosemite, Marlene and Bill stay busy offering their time at the local cancer center office, serving on a cancer board and doing woodworking to make toys for underprivileged children. It's fitting that Marlene's favorite thing to make is puzzles. She's become an expert at putting the pieces back together.



PAN's assistance lets Marlene
put her focus on the things
that are most important to her:
her family and volunteering.

PROVIDERS AND SPECIALTY PHARMACIES: ON THE FRONT LINES

PAN could not be successful helping patients without our strong relationships with physicians, nurses and pharmacists. These caring individuals are on the front lines every day working with patients from every walk of life facing a multitude of challenges... and unfortunately, one of the biggest is how to afford the medical treatments they desperately need. Therefore, we are grateful to those dedicated professionals who act as advocates for their patients and guide patients in financial need to our foundation.

From recent provider surveys, we learned that:

- **92 percent of providers** are "very likely" or "likely" to make PAN their first choice when the same assistance exists elsewhere, and key reasons include our size of awards, ease of physician billing, quick payment, ability to work electronically via the portal, quick approval time and patient satisfaction.
- **89 percent of providers** said that PAN support is having a positive impact on patients' compliance with their prescribed treatment.
- About **three quarters of providers** coordinate the entire application process from start to finish for their patients.

Our best-in-class tools, including our provider and new specialty pharmacy portal, are allowing us to work even more seamlessly with professionals, providing real-time information and further increasing efficiencies. In fact, our patients are now approved in 1.3 business days and nearly three quarters are approved the same day they apply for assistance!

As a foundation, PAN is well-positioned to continue to grow and strengthen our relationships with providers, and we will continue to innovate and find ways to further improve our services so that together, we can help even more patients.

Healthcare Provider Helps Patients Manage Financial Impact

Brad Zimmerman, MSW, APSW, OSW, has been an Oncology Social Worker at Aurora Advanced Healthcare in Milwaukee for nine years. In that time, he has gone from spending the majority of his time on helping patients deal with the psychosocial aspects of a cancer diagnosis to now spending 75 percent of his time helping patients deal with the financial impact. "We're seeing a growing trend where patients have less time to focus on their emotional well-being and getting better because they worry more about the financial impact from bills and cancer treatment cost," says Brad.

He is proud of the fact that with the help of organizations like PAN, their practice is able to identify assistance for about 7 out of 10 of their patients who are struggling to pay for treatment. "We work hard to make sure our patients have the opportunity to get the first line of therapy that they are prescribed."

Brad recalls a female patient with stage 3 breast cancer who was prescribed multiple treatments. "With a couple young children at home, she was struggling to make ends meet. We talked about how she needed to provide for her kids and needing her money to put food on table. She was very concerned about the costs of her cancer treatment," says Brad. "I connected her with PAN, and that really opened doors and relieved her of financial concerns. Patients are so appreciative and thankful when life-saving treatments are accessible because of PAN's assistance."

Brad is hopeful that he will be able to continue to count on PAN's assistance for years to come. "If things remain the way they are, with insurance becoming only more expensive and covering less, and people struggling more with financial aspects of cancer treatment, I am concerned about whether enough resources will be available to help them access care. It's very important programs like PAN continue."

Specialty Pharmacy Says PAN Helps Everyone Win

Just as PAN relies on our strong relationships with healthcare providers and specialty pharmacy staffs to achieve our mission, they rely on PAN to help them serve their patients.

The recent addition of a specialty pharmacy portal is allowing PAN to work seamlessly with specialty pharmacies, providing real-time information, further increasing efficiencies and expediting approval time. The portal's unique features include online enrollment, patient profiles and access to approval letters and secure messaging. The portals have reduced duplication of information gathered and improved synchronization between PAN and providers.

Anne Hollingsworth, a funding supervisor for Diplomat Specialty Pharmacy, says one thing that differentiates PAN is its efficiency. "The turnaround time is great," says Anne. "When patients can access grants quickly, it makes it easy for us and takes a lot of the stress off patients. Everyone wins," says Anne.

And efficiency is extremely important when there are so many patients who need assistance. Anne's job is helping patients secure funding for medications. "Five years ago, we had two or three staff people doing funding, now we are up to nine. PAN is one of the co-payment organizations we work with everyday," says Anne. "It's very gratifying to be able to help patients who are in need of life-saving medications be able to access them through the assistance of organizations like PAN."

"We work hard to make sure our patients
have the opportunity to get the first line
of therapy that they are prescribed."

BRAD ZIMMERMAN





PATRICK McKERCHER, PHD
is the President of
the Patient Access Network.

LETTER FROM THE PRESIDENT

2011 Preview

My dream is to see PAN close all of our disease funds due to the eradication of all chronic and life-threatening diseases. While healthcare reform will decrease the number of uninsured, it will inevitably increase the underinsured population as consumers responsibly purchase competitively priced plans often with high patient cost-sharing obligations. Until then, however, we have an important mission to subsidize out-of-pocket burdens for underinsured patients suffering from cruel diseases.

For the wealthy, the cost of healthcare can be absorbed from discretionary income. Many average households, however, fall into the underinsured category. Consequently, they are double victims. The patient is the victim of a serious disease, and the family is the victim of a heavy economic burden that can be a barrier to appropriate therapy. Options for meeting the burden include second mortgages, shifting to a second choice therapy and failure to initiate therapy or to abandon therapy. None are easy choices.

Assistance from the Patient Access Network Foundation means that patients will not be faced with the tough choice of not initiating or delaying optimum therapies. We pride ourselves in providing dignified, empathetic support.

Patients qualifying for support need a diagnosis consistent with one of our funds to be insured and have incomes below a prescribed threshold. Eligibility criteria are available at www.PANFoundation.org. Subsidies are not dependent on using a particular medication or provider. We support the patient suffering from one of the specified diseases, not the choice of therapy. We also continually work to secure funding for new funds as therapies become available.

I sincerely believe we provide a very necessary subsidy to those patients most likely to abandon therapy because of out-of-pocket burdens. Daily, we work aggressively to secure funding and to reach as many underinsured as possible. This is gratifying work and I thank our donors for making our mission achievable.

SINCERELY,

PATRICK McKERCHER, PHD
President, Patient Access Network Foundation

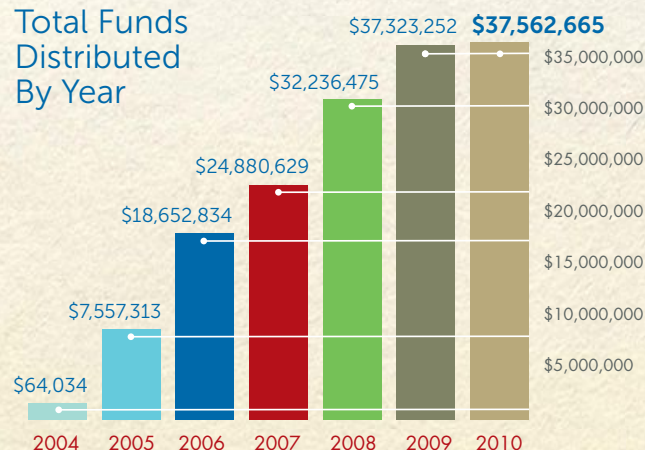


FINANCIALS

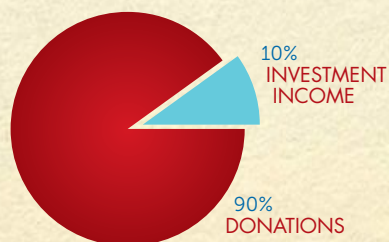
2010: Responding to the Growing Need

In 2010, PAN continued to respond to the growing need for assistance by providing more funds than any year past to patients. \$37,562,665 in assistance was provided to underserved patients in 2010. On average, each patient was awarded is \$6,349 and received \$2,773 in co-payment assistance. For every dollar donated to PAN, nearly 90 cents went directly to assist patients.

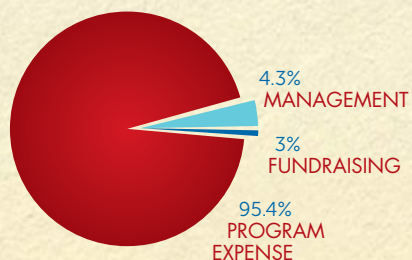
Total Funds Distributed By Year



REVENUES



EXPENSES



PATIENT ACCESS NETWORK FOUNDATION 2010 ANNUAL REPORT

SPENDING WISELY TO IMPROVE EFFICIENCIES

In 2010, we further improved our efficiency so that now, for every dollar donated to PAN, nearly 90 cents goes directly to assisting patients. We are proud that we have achieved this high level of dollars spent on direct service to patients as PAN uses actuarial modeling to reallocate patient dollars from patients not using them rather than investing them for future use, which in turn, increases administrative costs. Over a one-year period (from March 2010 to March 2011), this allowed us to provide financial assistance to an additional 5,750 patients.

We attribute our improved efficiency to guidance from PAN's Board of Directors. They analyzed options and used PAN's administrative budget to invest in technology enhancements that have greatly benefitted the organization, patients and providers. Recent innovations included the addition of the specialty pharmacy portal and virtual signature capabilities.

Our portals offer a convenient way for healthcare providers, specialty pharmacists and PAN to partner in enrolling patients to receive assistance. Not only do the portals improve efficiency and ease of use for providers and specialty pharmacies, but they also lead to significant cuts in the time required to review and approve patient applications. Additionally, the portals provide real-time updates on the status of claims and support throughout the application and claims process.

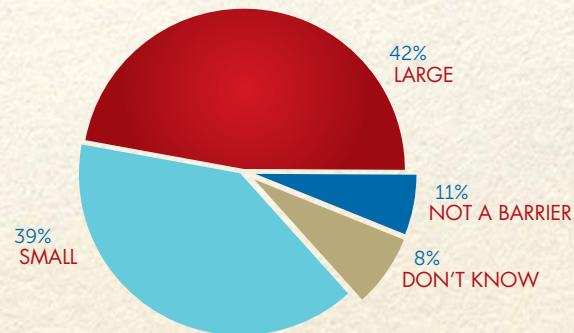
The new specialty pharmacy portal puts patients on the fast track to receiving therapy while their applications are being processed. Electronic applications with virtual signature capabilities also contribute to increasing the speed of the approval process and reduce overhead by minimizing the need for printed materials.

The new specialty pharmacy portal puts (PAN) patients on the fast track to receiving therapy while their applications are being processed.

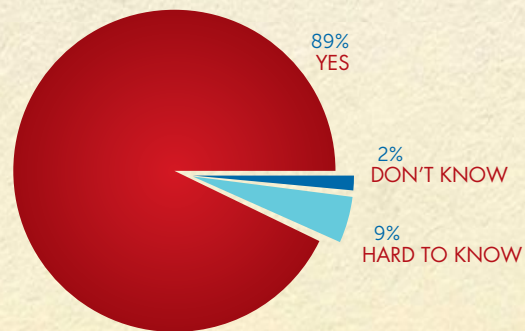


PROVIDER SURVEY RESULTS

→ How big of a barrier is medication adherence and compliance to bettering patient outcomes in your practice?

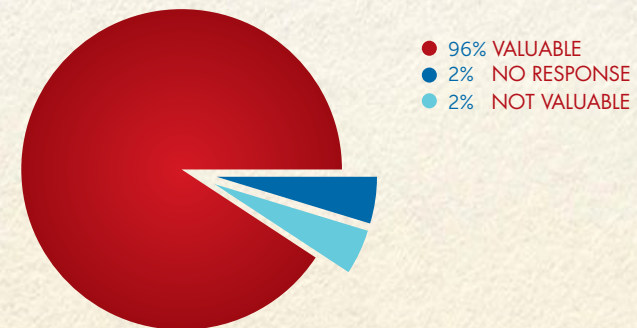


→ Do you feel that PAN's support is positively impacting your patients' compliance with their prescribed treatment regimen?



PATIENT SURVEY RESULTS

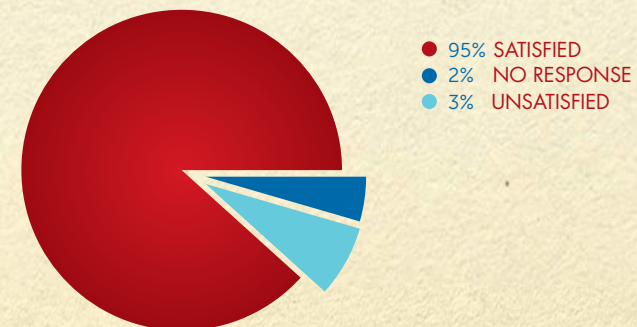
→ 96 percent of patients say PAN's assistance has been valuable in affecting their ability to stay on track with treatment.




→ Which of the following conditions have resulted from the co-payment assistance you received from PAN?



→ 95 percent of patients are satisfied with PAN's services.





To address the growing needs of
the rising underinsured population,
PAN is taking steps to stay ahead
of the curve.

PAN NAVIGATES HEALTHCARE REFORM

Healthcare reform will challenge charitable organizations to increase their capacity to help the newly underinsured access the healthcare they need. To address the growing needs of the rising underinsured population, PAN is taking steps to stay ahead of the curve.

Recently, PAN commissioned a discussion paper entitled *Healthcare Reform and Future Directions for Co-Pay Foundations*. This paper examines the key provisions of the Affordable Care Act (ACA), identifies gaps in insurance coverage created by the law, and predicts a growing need to help individuals with their medical expenses. Following is a summary of the essential net impacts – both short and long-term – of the ACA in the context of the underinsured and the ongoing need for co-pay foundations such as PAN.

- Upon its full implementation, the ACA will bring most of the chronically uninsured into the current public and private health insurance system but does not eliminate, and will likely exacerbate, the number of underinsured.
- Temporary pre-existing condition insurance plans (PCIPs) offer some uninsured patients the opportunity to gain coverage before the expansion in 2014; however, the high-risk pool insurance premiums may still be cost-prohibitive for patients, thereby leaving them uninsured.
- The ACA will expand the size of the Medicaid population and, potentially, the number of underinsured through increased spend-downs and cost-sharing obligations.
- The ACA will subsidize and limit out-of-pocket exposure for many of the newly insured; however, the health insurance exchange plans (HIEPs) themselves will still expose patients to significant costs. Moreover, those ineligible for subsidies will bear the full burden of their plans' cost-sharing obligations.
- Continuity of care will be an important and challenging consideration as patients undoubtedly will cross between HIEPs and Medicaid, creating a need/opportunity for assistance in the transition. One of PAN's principles is to assure subsidy to patients changing insurers or providers so that patients do not feel locked into a particular insurer.
- The ACA will reduce, in a multi-year phased approach, drug cost-sharing for Medicare Part D beneficiaries, but the beneficiary responsibility across all the coverage corridors at 25 percent up to the catastrophic coverage threshold means that many will continue to be unable to meet their cost-sharing obligations.
- The ACA makes no changes to Medicare Part B cost-sharing requirements, thereby continuing to expose Medicare beneficiaries to significant cost sharing for medical services and physician-administered drug treatments or self-administered injectable medications.
- Changes to the Medicare Advantage reimbursement scheme have resulted in plans relying on co-insurance for physician-administered drug therapies, resulting in a new underinsured segment of the Medicare population.

To navigate these new challenges, in 2010 PAN created a Strategic Advisory Committee comprised of thought leaders, patient advocates, and industry stakeholders to identify ways in which health reform, as well as the changing healthcare marketplace, will affect the growing underinsured populations and ways for PAN to adapt to best support our patients.

BOARD OF DIRECTORS

Members of our Independent Board of Directors have diverse and distinguished backgrounds in healthcare, not-for-profit and financial management industries. They are committed to guiding PAN's strategic direction, operations and addressing challenges for patients, including patient access and adherence.



LYN BOOCOCK-TAYLOR, is Chair of Patient Access Network's Board of Directors. She is the Vice President of Competitive Grants at Geisinger Health System, a physician-led healthcare system, dedicated to healthcare, education, research and service spanning 43 counties of 20,000 square miles and serving 2.6 million people. Prior to her role at Geisinger, she served as Vice President of Development at Albert Einstein Healthcare Network and President of the Arthritis Foundation of Eastern Pennsylvania. Lyn has worked in the advancement field for 30 years raising millions of dollars for projects in the Philadelphia area.



MICHAEL GERALD, PHD, is a Professor of Pharmacy at the School of Pharmacy, University of Connecticut and has served as the Dean of the school. His past professional appointments have included Professor of Pharmacology and Associate Dean for Professional Programs at the College of Pharmacy, The Ohio State University, and as a consultant at the World Health Organization in Geneva. He has authored over 100 publications and five books.



ALLAN GOLDSTEIN, MD, MPH, FACP, has a clinical background in internal medicine and consults in the areas of consumerism, patient advocacy, provider performance measurement and development of innovative primary care delivery systems. He obtained his medical training at the Albert Einstein College of Medicine and received his MPH from Columbia University. He is board certified in internal medicine and a fellow of the American College of Physicians.



STEPHEN F. LOEBS, PHD, is Professor Emeritus with the Division of Health Services Management and Policy, School of Public Health at The Ohio State University. He has served in numerous faculty and administrative appointments in hospital and health services, public health, health policy, and hospital administration. He has been involved with 65 healthcare-related research projects, reports, and publications and is the recipient of various international and research fellowships.



ANITA H. PLOTINSKY, PHD, brings to PAN more than 20 years of experience in the nonprofit sector. She was affiliated for many years with the Indiana University Center on Philanthropy, where she developed academic programs and taught courses in nonprofit management and philanthropic studies. Currently a consultant to nonprofit organizations in Washington, D.C., she has served as Executive Director of the Association for Research on Nonprofit Organizations and Voluntary Action (ARNOVA) and Director of the Foundation Center-Washington, D.C.

KIM SCHWARTZ, CPA, is a financial executive with expertise in healthcare and charitable organizations as well as internal and external audit and compliance. She is currently the CFO for Population Services International a large provider of health care services to the poor in over 60 developing countries. She has launched and managed several compliance programs, reengineering efforts and systems implementation plans. Prior to her current CFO role, Ms. Schwartz held leadership positions with the American Red Cross, the American Lung Association, Inova Health System, Gannett Corporation and Ernst & Young. She currently services on other boards including Society for Family Health in South Africa and the American Lung Association's Audit Committee.



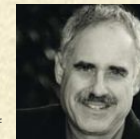
MICHAEL O'GRADY, PHD, is a Senior Fellow in the Health Policy and Evaluation Department at the National Opinion Research Center at University of Chicago and Director of O'Grady Health Policy, LLC, a private health consulting firm. He is a health policy expert with 24 years working in Congress and the Department of Health and Human Services. Throughout his career, Dr. O'Grady has helped shape significant healthcare legislation on a broad spectrum of issues. He has been instrumental in the development of key federal policy and programs tackling some of the most complex and controversial health issues facing the country.



FREDERICK M. SCHNELL, MD, FACP, is a medical oncologist in private practice with Central Georgia Cancer Care, PC and a Clinical Assistant Professor in the Department of Medicine at the Mercer University School of Medicine in Macon, Georgia. He led the development of the Georgia Center for Oncology Research and Education, an independent, non-profit organization working to improve cancer care in Georgia by strengthening clinical research throughout the State. His personal research interests include medical oncology and breast, lung and gastrointestinal cancer. He is a past president of The Georgia Society of Clinical Oncology, chair of the Community Oncology Alliance and a recipient of the American Society of Clinical Oncology's community research award.



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