



U.S. House of Representatives

COMMITTEE ON ETHICS

Employee Post-Travel Disclosure Form

Original Amendment

This form is for disclosing the receipt of travel expenses from private sources for travel taken in connection with official duties. This form does not eliminate the need to report privately-funded travel on the annual *Financial Disclosure Statements* of those employees required to file them. In accordance with House Rule 25, clause 5, you must complete this form and *file it with the Clerk of the House, B-81 Cannon House Office Building*, within 15 days after travel is completed. Please *do not* file this form with the Committee on Ethics.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Name of Traveler: Waverly Gordon
2. a. Name of Accompanying Relative: _____ OR None
 b. Relationship to Traveler: Spouse Child Other (specify): _____
3. a. Dates: Departure: 4/17/19 Return: 4/23/19
 b. Dates at Personal Expense, if any: 4/19/19 (evening) - 4/23/19 OR None
4. Departure City: Washington, DC Destination: Durham, NC Return City: Washington, DC
5. Sponsor(s), Who Paid for the Trip: Duke University Health System and Duke University School of Medicine
6. Describe Meetings and Events Attended: Meetings explained missions of academic medical centers in educating health workforce, advancing medical knowledge, and serving their communities health care needs.
7. Attached to this form are *each* of the following, *signify that each item is attached by checking the corresponding box*:
 - a. a completed *Sponsor Post-Travel Disclosure Form*;
 - b. the *Primary Trip Sponsor Form* completed by the trip sponsor *prior* to the trip, *including all* attachments *and* the *Grantmaking or Non-Grantmaking Sponsor Forms*;
 - c. page 2 of the completed *Traveler Form* submitted by the employee; *and*
 - d. the letter from the Committee on Ethics approving my participation on this trip.
8. a. I represent that I participated in each of the activities reflected in the attached sponsor's agenda.
Signify statement is true by checking the box:
 b. If not, explain: _____

I certify that the information contained on this form is true, complete, and correct to the best of my knowledge.

Signature of Traveler: Waverly Gordon Date: 4/30/19

I authorized this travel in advance. I have determined that all of the expenses listed on the attached *Sponsor Post-Travel Disclosure Form* were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that the employee is using public office for private gain.

Name of Supervising Member: Frank Pallone, Jr Date: 5/2/2019

Signature of Supervising Member: Frank Pallone Jr.

LEGISLATIVE RESOURCE CENTER
2019 MAY -2 PM 3:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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U.S. House of Representatives
COMMITTEE ON ETHICS

Sponsor Post-Travel Disclosure Form

Original Amendment

This form must be completed by an officer of any organization that served as the primary trip sponsor in providing travel expenses or reimbursement for travel expenses to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form must be provided to each House Member, officer, or employee who participated on the trip *within ten days of their return*. You must answer all questions, and check all boxes, on this form for your submission to comply with House rules and the Committee's travel regulations. Failure to comply with this requirement may result in the denial of future requests to sponsor trips and/or subject the current traveler to disciplinary action or a requirement to repay the trip expenses.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Sponsor(s) who paid for the trip: Duke University Health System and Duke University School of Medicine
2. Travel Destination(s): Durham, NC
3. Date of Departure: April 17, 2019 Date of Return: April 19, 2019
4. Name(s) of Traveler(s): Waverly Gordon

Note: You may list more than one traveler on a form only if all information is identical for each person listed.

5. Actual amount of expenses paid on behalf of, or reimbursed to, each individual named in Question 4:

| | Total Transportation Expenses | Total Lodging Expenses | Total Meal Expenses | Total Other Expenses (dollar amount per item and description) |
|----------------------------|---------------------------------------|------------------------|---------------------|---|
| Traveler | \$312.04 Program shuttle - \$75.00 | \$226.84 | \$149.03 | Class photo - \$6.22 |
| Accompanying Family Member | | | | |

6. All expenses connected to the trip were for actual costs incurred and not a *per diem* or lump sum payment. Signify statement is true by checking box:

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: Date: 4/30/19
 Name: Mary Klotman, MD Title: Dean and Vice Chancellor

Organization: Duke University School of Medicine

I am an officer of the above-named organization. Signify statement is true by checking box:

Address: Box 2927 Medical Center, Durham, NC 27705

Telephone: 919-684-2455 Email: mary.klotman@duke.edu

Committee staff may contact the above-named individual if additional information is required.

If you have questions regarding your completion of this form, please contact the Committee on Ethics at 202-225-7103.



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TRAVELER FORM

1. Name of Traveler: Waverly Gordon
2. Sponsor(s) who will be paying for the trip: Duke University School of Medicine, University of North Carolina -- School of Medicine, University of North Carolina -- Adams School of Dentistry
3. Travel Destination(s): Durham and Chapel Hill, NC
4. a. Date of Departure: April 17, 2019 Date of Return: April 19, 2019
 b. Will you be extending the trip at your personal expense? Yes No
 If yes, list dates at personal expense: _____
5. a. Will you be accompanied by a family member at the sponsor's expense? Yes No **If yes:**
 (1) Name of Accompanying Family Member: _____
 (2) Relationship to Traveler: Spouse Child Other (specify): _____
 (3) Accompanying Family Member is at least 18 years of age: Yes No
6. a. Did the trip sponsor answer "Yes" to Question 8(c) on the *Primary Trip Sponsor Form* (i.e., travel is sponsored by an entity that employs a registered federal lobbyist or a foreign agent)? Yes No
 b. If yes, and you are requesting lodging for two nights, explain why the second night is warranted:

7. *Primary Trip Sponsor Form* is attached, including agenda, invitee list, and any other attachments and contributing sponsor forms: Yes No

NOTE: The agenda should show the traveler's individual schedule, including departure and arrival times and identify the specific events in which the traveler will be participating.

8. Explain why participation in the trip is connected to the traveler's individual official or representational duties. **Staff should include their job title and how the activities on the itinerary relate to their duties.**

Deputy Chief Counsel (Title). As part of my job I cover health care privacy issues that determine how UNC and Duke provides care and manage their administrative functions. I also am responsible for assessing germaneness of health care amendments that requires an understanding of the statute and programs like I will be observing during this visit.

9. Is the traveler aware of any registered federal lobbyists or foreign agents involved planning, organizing, requesting, or arranging the trip? Yes No

10. For staff travelers, to be completed by your employing Member:

ADVANCED AUTHORIZATION OF EMPLOYEE TRAVEL

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Signature of Employing Member

For Paul, Jr.

Date

3/12/19



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Primary Trip Sponsor Form

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a *Traveler Form* at least 30 days before the start date of the trip. The trip sponsor should NOT submit the form directly to the Committee. The Committee website (ethics.house.gov) provides detailed instructions for filling out the form.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips.

1. Sponsor who will be paying for the trip: Duke University Health System and Duke University School of Medicine
2. I represent that the trip will not be financed, in whole or in part, by a registered federal lobbyist or foreign agent. Signify that the statement is true by checking box:
3. **Check only one.** I represent that:
 - a. The primary trip sponsor has not accepted from any other source, funds intended directly or indirectly to finance any aspect of the trip: OR
 - b. The trip is arranged without regard to congressional participation and the primary trip sponsor has accepted funds only from entities that will receive a tangible benefit in exchange for those funds: OR
 - c. The primary trip sponsor has accepted funds from other source(s) intended directly or indirectly to finance all or part of this trip and has enclosed disclosure forms from each of those entities.
If "c" is checked, list the names of the additional sponsors: _____
4. Provide names and titles of ALL House Members *and* employees you are inviting. For each House invitee, provide an explanation of why the individual was invited (include additional pages if necessary): Invitees (attached list)
handle health-related legislative issues for House members, representing NC service areas and health committees.
5. Is travel being offered to an accompanying family member of the House invitee(s)? Yes No
6. Date of Departure: April 17, 2019 Date of Return: April 19, 2019
7. a. City of departure: Washington, DC (note-program during recess, some may come from locations in NC or other)
b. Destination(s): Durham, NC
c. City of return: Washington (note-program during recess, some may come from locations in NC or other)
8. **Check only one.** I represent that:
 - a. The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965: OR
 - b. The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent: OR
 - c. The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event *and* lobbyist / foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations.
9. **Check only one of the following:**
 - a. I checked 8(a) or (b) above:
 - b. I checked 8(c) above but am not offering any lodging:
 - c. I checked 8(c) above and am offering lodging and meals for one night: OR
 - d. I checked 8(c) above and am offering lodging and meals for two nights: If you checked this box, explain why the second night of lodging is warranted: _____



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10. Attached is a detailed agenda of the activities House invitees will be participating in during the travel (i.e., an hourly description of planned activities for trip invitees). Indicate agenda is attached by checking box:
11. Check only one of the following:
- a. I represent that a registered federal lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip. Signify that the statement is true by checking box: OR
 - b. Not Applicable. Trip sponsor is a U.S. institution of higher education:
12. For each sponsor required to submit a sponsor form, describe the sponsor's interest in the subject matter of the trip and its role in organizing and/or conducting the trip:
To explain missions of academic medical centers in educating the health workforce, advancing medical knowledge through research, patient care, and serving the community to demonstrate new models of medical education and emerging medical applications that can contribute to national health care reform.
13. Answer parts a and b. Answer part c if necessary:
- a. Mode of travel: Air Rail Bus Car Other (specify: van (local))
 - b. Class of travel: Coach Business First Charter Other (specify: _____)
 - c. If travel will be first class, or by chartered or private aircraft, explain why such travel is warranted:
n/a
14. I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). Signify that the statement is true by checking box:
15. Check only one. I represent that either:
- a. The trip involves an event that is arranged or organized without regard to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees: OR
 - b. The trip involves events that are arranged specifically with regard to congressional participation:
 If "b" is checked:
 - 1) Detail the cost per day of meals (approximate cost may be provided): 4/17: \$70, 4/18: \$41, 4/19: \$41
 - 2) Provide the reason for selecting the location of the event or trip: To provide an enhanced educational, fact finding experience on-site, within an academic medical center.
16. Name, nightly cost, and reasons for selecting each hotel or other lodging facility:
- | | | |
|---|-------------------------|------------------------------------|
| Hotel Name: <u>Washington Duke Inn</u> | City: <u>Durham, NC</u> | Cost Per Night: <u>\$107 + tax</u> |
| Reason(s) for Selecting: <u>Proximity to and affiliation with Duke University</u> | | |
| Hotel Name: _____ | City: _____ | Cost Per Night: _____ |
| Reason(s) for Selecting: _____ | | |
| Hotel Name: _____ | City: _____ | Cost Per Night: _____ |
| Reason(s) for Selecting: _____ | | |
17. I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment. Signify that the statement is true by checking box:



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18. Total Expenses for each Participant:

| | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Actual Amounts | Total Transportation Expenses per Participant | Total Lodging Expenses per Participant | Total Meal Expenses per Participant |
| <input checked="" type="checkbox"/> Good Faith Estimates | | | |
| For each Member, Officer, or Employee | \$455 (airfare and ground) | \$214 + tax | \$152 |
| For each Accompanying Family Member | | | |

| | | |
|---------------------------------------|---|--|
| | Other Expenses (dollar amount per item) | Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.) |
| For each Member, Officer, or Employee | | |
| For each Accompanying Family Member | | |

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

19. Check only one:

- a. I certify that I am an officer of the organization listed below: OR
- b. *Not Applicable.* Trip sponsor is an individual or a U.S. institution of higher education.

20. I certify that I am not a registered federal lobbyist or foreign agent for any sponsor of this trip.

21. I certify by my signature that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: Mary E. Klotman Date: 3/4/19

Name: Mary Klotman, MD

Title: Dean and Vice Chancellor for Health Affairs

Organization: Duke University School of Medicine

Address: Box 2927 Med. Ctr., Durham, NC 27705

Telephone: 919-684-2455

Email: mary.klotman@duke.edu

If there are any questions regarding this form, please contact the Committee at the following address:

Committee on Ethics

U.S. House of Representatives

1015 Longworth House Office Building, Washington, D.C. 20515

Phone: 202-225-7103 General Fax: 202-225-7392

Theodore E. Deutch, Florida
Chairman

Kenny Marchant, Texas
Ranking Member

Grace Meng, New York
Susan Wild, Pennsylvania
Dean Phillips, Minnesota
Anthony Brown, Maryland

John Ratcliffe, Texas
George Holding, North Carolina
Jackie Walorski, Indiana
Michael Guest, Mississippi



ONE HUNDRED SIXTEENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON ETHICS

Thomas A. Rust
Staff Director and Chief Counsel

David W. Arrojo
Counsel to the Chairman

Christopher A. Doneso
Counsel to the Ranking Member

1015 Longworth House Office Building
Washington, D.C. 20515-6328
Telephone: (202) 225-7103
Facsimile: (202) 225-7392

April 10, 2019

Ms. Waverly Gordon
Committee on Energy & Commerce
2145 Rayburn House Office Building
Washington, DC 20515

Dear Ms. Gordon:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Durham, North Carolina, scheduled for April 17 to 19, 2019, sponsored by Duke University.

You must complete an Employee Post-Travel Disclosure Form (which your employing Member must also sign) and file it, together with a Sponsor Post-Travel Disclosure Form completed by the trip sponsor, with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are also required to attach a copy of this letter and both the Traveler and Primary Trip Sponsor Forms (including attachments) you previously submitted to the Committee in seeking pre-approval for this trip. If you are required to file an annual Financial Disclosure Statement, you must also report all travel expenses totaling more than \$390 from a single source on the "Travel" schedule of your annual Financial Disclosure Statement covering this calendar year. Finally, Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting information provided to the Committee for three subsequent Congresses from the date of travel.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,

Theodore E. Deutch
Chairman

Kenny Marchant
Ranking Member

TED/KM:kej

Primary Trip Sponsor Form Signature Page for Additional Sponsor

I hereby certify that the information contained on pages 1-3 of the certification form and any accompanying addenda, all submitted in connection with the April 17-19 trip to Durham, NC is true, complete, and correct.

Signature of Travel Sponsor: _____



Name and Title: William J. Fulkerson, MD, Executive Vice President, DUHS

Name of Organization: Duke University Health System

Address: 108 Davison Building, Durham, NC 27710

Telephone Number: 919-684-1860

Fax Number: 919-660-0260

E-mail Address: William.fulkerson@duke.edu

INVITATION LIST FOR DUKE PROJECT HEALTH EDUCATION PROGRAM
April 17 – 19, 2019

Federal – NC and Select Committees

1. Angela Wiles, Office of Senator Richard Burr
2. Rachel Soclof, Health Policy Assistant, Office of Senator Richard Burr
3. Bill Bode, Office of Senator Thom Tillis
4. Andrew Nam, Office of Senator Thom Tillis
5. Sarah Gilbert, Office of Representative George Holding
6. Brad Ryon, Office of Representative Walter Jones
7. Nora Blalock, Office of Representative David Price
8. Carson Middleton, Office of Representative Virginia Foxx
9. Krista Stafford, Office of Representative Patrick McHenry
10. Chad Yelinski, Office of Representative Mark Meadows
11. Kichelle Webster, Office of Representative Alma Adams
12. Alex Vargo, Office of Representative Ted Budd
13. Sean McCabe, Office of Representative Mark Walker
14. Preston Bell, Office of Representative Richard Hudson
15. Ian Whitson, Office of Representative David Rouzer
16. Dennis Sills, Office of Representative G. K. Butterfield
17. Kristen Shatynski, Energy and Commerce Committee
18. Waverly Gordon, E&C Committee, Majority
19. Grace Stuntz, Health Policy Director, HELP Committee, Majority
20. Nick Bath, Jr., Health Policy Director, HELP Committee, Minority

**Duke University School of Medicine & the University of North Carolina at Chapel Hill
School of Medicine and Adams School of Dentistry
Project Health Education
April 17-19, 2019**

Program objectives:

- *Explain the interrelated missions of academic medical centers in; (1) educating the health care workforce; (2) advancing medicine through innovation and research; (3) providing high-quality health care; and (4) serving the community.*
- *Enhance understanding of the key role of research in the discovery of new frontiers and as the foundation for emerging practices in health care.*
- *Demonstrate new models of care that can contribute to national health care reform.*

Day One, Wednesday, April 17

- 6:00 – 8:30 p.m. Welcome Reception & Arrival Dinner
Washington Duke Inn
Introduction to Project Health Education. The multiple missions of an academic health center. Duke Health's unique aspects - who we are, what we do, the scope of our services to North Carolina and beyond.
- Mary Klotman, MD, Dean, Duke University School of Medicine
 - Joe Rogers, MD, Chief Medical Officer, Duke University Health System

Day Two, Thursday, April 18

- 7:40 a.m. *Shuttle to Duke University Medical Center*
- 8:00 – 8:45 a.m. Welcome & The Duke Experience – Becoming a Physician
Trent Semans Center for Health Education, Classroom 4067 (Breakfast Provided)
Welcome to Duke's newest medical students; brief introductions and facilities overview. Duke's unique interprofessional educational approach and distinct curriculum; diversity and inclusion; impact of government regulations on training and teaching; white coat history and ceremony.
- Mary Klotman, MD, Dean, Duke University School of Medicine
 - Colleen Grochowski, PhD, Associate Dean for Curricular Affairs, Duke University School of Medicine
 - Caroline Haynes, MD, PhD, Director for Student Affairs, Associate Dean for Medical Education, Duke University School of Medicine

Walk to HSPSC on fifth floor, break

- 9:00 – 10:10 a.m. Becoming a Physician (continued), Concurrent Sessions
Trent Semans Center
Human Simulation and Patient Safety Center (HSPSC), CR 5020
Surgical Education and Activities Lab (SEAL)

Concurrent sessions *Participants divide into two groups; each group will attend all sessions*

Session 1: (20 minutes)

Hands-on patient simulator, virtual reality demonstration, task trainers

- Brian Fisher, Human Simulation and Patient Safety Center

Session 2: (20 minutes)

Admissions interviews fast track

- Kelly Branford, Director, Clinical Skills Program, Duke University School of Medicine

Session 2: (20 minutes)

Surgical Education and Activities Lab

- Layla Triplett, Simulation Lab Coordinator, Duke University, Department of Surgery

Walk to Great Hall steps for photo.

10:15 a.m. Class Photograph, Great Hall Steps

Short break and move to TSCHE 3075 – conference room 3.

10:30 – 11:20 a.m. Graduate Medical Education
Trent Semans Center, Third Floor, Conference Room 3 - 3075
Overview of Graduate Medical Education (internship, residency, fellowship); core skills and the respective roles of each player; the patient care team; match to “residencies”; description of “rounding”; HIPAA Overview

- Catherine M. Kuhn, MD, Professor of Anesthesiology, Duke University School of Medicine, Director, Graduate Medical Education, Associate Dean for Graduate Medical Education, ACGME Designated Institutional Official, Duke University School of Medicine
- David Turner, MD, FCCM, FCCP, Associate Professor, Department of Pediatrics; Associate Director, Graduate Medical Education, Duke University Hospital and Health System

Ten minute break, grab lunches.

11:30 – 12:30 p.m. Lunch and Learn
Trent Semans Center, Third Floor, 3075 - Conference Room 3

Session 1: Community Impact & Duke Connected Care

The significant impact academic medical centers have on their surrounding communities and how cross-institutional collaboration benefits population health; introduction to Duke Connected Care, a community-based, physician-led network that aims to improve the quality of healthcare while addressing national challenge of rising healthcare costs.

- Devdutta Sangvai, MD, MBA, Executive Director for Duke Connected Care, Associate Chief Medical Officer, Duke University Health System, Assistant Professor, Family Medicine, Pediatrics and Psychiatry, Duke University

Medical Center

Session 2: Financial Operations of a Successful Academic Medical Center
Facts and figures on what it takes to run one of the leading academic health institutions; charity care for the community; overview of how government policies impact medical education and operations at a private institution

- Stuart Smith, Associate Vice President for Finance, Duke University Health System

Shuttle picks up at 12:45 p.m. to head to UNC-CH.

- 1:15 p.m. Arrival at UNC Adams School of Dentistry
- 1:30 - 2:00 p.m. Welcome and Round Table Discussion with Dean and School Leadership
Koury Oral Health Sciences Building
Introduction to the state's first dental school. Get a glimpse at what makes the Adams School a national leader in education, clinical care, research and service.
- Scott De Rossi, DMD, MBA, Dean and Professor, UNC Adams School of Dentistry
- 2:00 – 3:30 p.m. Tour and Overview of UNC Craniofacial Center
Brauer Hall
- 3:45 p.m. *Depart for UNC School of Medicine*
- 4:00 – 5:45 p.m. UNC School of Medicine
Bondurant Hall
Welcome and introductions by the Dean and school leadership. Learn about innovations in health care research and education, and how UNC is preparing to train doctors across North Carolina.
- Wesley Burks, MD, Dean, UNC School of Medicine, CEO, UNC Health Care

Shuttle picks up at 5:45 p.m. to head to reception

- 6:00 – 7:45 p.m. Reception and Buffet Dinner with University Leadership
Location TBD

Shuttle returns to Washington Duke Inn at 8:00 p.m.

Day Three, Friday, April 19

- 6:30 a.m. *Shuttle Depart for Duke Medicine Pavilion*
- 6:45 – 8:30 a.m. Round Pre-Brief, Breakfast, and Clinical Rounds
DMP Conference Room 2W93 & Duke University Hospital
Experience interprofessional health care in action; Participate in clinical rounds with physicians, nurses and other health care providers.
- Catherine M. Kuhn, MD

- David Turner, MD, FCCM, FCCP

8:30 – 8:50 a.m. Round Debrief
DMP Conference Room 2W93

- Catherine M. Kuhn, MD
- David Turner, MD, FCCM, FCCP

Short Break, walk to Fitzpatrick CIEMAS 2195

9:00 – 9:45 a.m. Innovation in Health Care – The Role of Research
The Dave Lab
Fitzpatrick CIEMAS 2195, 101 Science Drive
The research process from basic lab techniques to clinical applications; Duke's research enterprise and NIH funding; clinical trials. Understanding technology transfer; example of Duke's research contributions leading to advances in medicine.

- Sandeep Dave, MD, MS, Director, Cancer Genetics and Genomics Program, Duke Cancer Institute, Professor of Medicine, Center for Genomic and Computational Biology

Walk to DMP 2W93

10:00 – 10:30 a.m. Financial Toxicity and the Costs of Cancer Care
DMP 2W93
Opportunity to discuss care delivery for patients with advanced cancer. Discussion centered on access to and cost of care, comparative effectiveness of care delivery between health systems, and financial toxicity of cancer care.

- Fumiko Chino, MD, Duke University School of Medicine, Radiation Oncology

10:30 – 11:00 a.m. Drug Pricing and Patient Access
DMP 2W93
Discussion on ensuring access to care for patients in the wake of increasing drug prices.

- TBD

Short break on walk to Medical Center Board Room.

11:15 – 12:15 p.m. Closing Lunch and Presentation of Certificates of Completion
Medical Center Board Room
Program objectives review and evaluation exercise on Project Medical Education.

12:15 p.m. Program conclusion

Shuttle to hotel.