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Dr. Olmsted is an independent consultant with 20 years of achievements, driving product and measurement innovation in multiple health information and consulting organizations. His experience focuses on utilizing large claims and enrollment databases to create value, including prediction and evaluation methodologies, as well as peer-reviewed publications and academic presentations. His most recent engagements include working with multiple vendors providing services to physicians and hospitals engaged in episodic payment contracts.

Previously, Dr. Olmsted was the Director of Analytic Consulting for Lumeris, an accountable care enablement organization. At Lumeris, he designed and sold an accountable care financial return model. This planning tool helps hospital systems, health plans and other organizations anticipate the financial impact of entering into value-based payment contracts. Additionally, he developed analytic models for clients working in the CMS Bundled Payment for Care Improvement initiative.

Prior to his work at Lumeris, Dr. Olmsted worked at Health Dialog as the Director of Evaluation Services. While at Health Dialog, he was the leader of the research team that developed methodologies for reporting financial outcomes to clients across all business units and products. Dr. Olmsted also led the development of the member value system, a member targeting system that drives the Population Insight product for Health Dialog.

Dr. Olmsted also has worked on the development of multiple risk adjustment systems while at RTI International and Integrated Healthcare Information Services (now Optum). This includes the Episode Risk Grouper and Impact Pro software, as well as the CMS-HCC model used by CMS to reimburse Medicare Advantage plans.

Dr. Olmsted holds a PhD in Health Economics from the University of Connecticut and a BA from Connecticut College.