

"JOSHUA MENDIS"

"DATA SCIENTIST" + PREDICTION, SIMULATION, EVALUATION

joshuamendis@gmail.com / joshmendis.com / [linkedin.com/in/joshuamendis](https://www.linkedin.com/in/joshuamendis) / VANCOUVER, BC, RELOCATING TO NEW YORK CITY

"SUMMARY"

PARTNER AND PAYOR RELATIONSHIPS AT \$3 BILLION SCALE

I build the analysis that decides where money goes. At a health authority with 29,000 staff, a \$3 billion budget and 1.25 million people to cover, I built the physician workload case behind a funding submission to the provincial ministry, contributed an equity analysis that informed how regional health funding is allocated across British Columbia, and ran the controlled evaluation that expanded a program's funding. I am the named owner of the recurring reporting relationship with that same ministry across eight funded sites and thirteen periods a year, and the person who settles it when an external partner organization's records and ours disagree. Every data partner makes a coverage claim. Mine get checked, and the relationship survives the checking. MPH in epidemiology and biostatistics. Relocating to New York.

"EXPERIENCE"

4 ROLES

NO. 01

SEPT 2024 TO NOW
VANCOUVER, BC
c/o VCH

"Business Advisor, Data and Analytics" Vancouver Coastal Health

One of British Columbia's largest health authorities: roughly 29,000 staff and medical personnel, a budget above \$3 billion, 1.25 million people served across 58,000 square kilometres, 13 hospitals and 8 urgent and primary care centres. Named owner of recurring reporting to the provincial payor and the analytical contact for a portfolio of clinical, operational, government and external research partners.

A INFORMING FINANCIAL DECISIONS AT SCALE

- + **Built the case for new funded physician positions.** Built the physician workload, shift coverage and case complexity analysis supporting a submission to the provincial Ministry of Health for new funded physician positions at a major hospital, working directly with the medical lead and the program manager. The analysis is the argument for the money.
- + **Shaped how regional funding is allocated.** Contributed an equity focused analysis that informed how regional health funding is allocated in British Columbia, and delivered the figures behind a provincial public announcement on service use, validated with three way reconciliation, a data quality audit and a control region with no comparable service.
- + **Expanded a program's funding with a control group.** Ran a controlled evaluation of a staffing program against a control group; presenting the control findings to a clinical steering committee shifted the committee's position and informed the decision to expand and fund the roles.
- + **Fiduciary responsibility for a real budget.** Board Director at a health equity nonprofit: budget and financial statement review, funding sustainability, scholarship review, program oversight and relationships with funders and health agencies. Resource allocation held to the same evidence standard as the analytics.

B OWNING EXTERNAL RELATIONSHIPS AND RECURRING COMMITMENTS

- + **Named owner of a reporting relationship with a government payor.** Own the fiscal period submission of primary care indicators covering 8 sites and 13 periods a year, to a specified format with a bulk upload payload and operational contacts on both sides. I inherited it undocumented from a departing colleague, rebuilt it into a documented workflow with an audit trail, and I am the person who answers when the payor has a question about a figure.
- + **Settled a records dispute between two organizations.** A partner physician organization's roster and our own system disagreed about who was connected to whom. I rebuilt both methods, reconciled the new build to the exact visit count of the original to prove the paths were equivalent, and delivered a 56.2% floor with a 67.7% combined best estimate plus a sensitivity, with the definitional choice written up as a decision for the partner rather than one I made quietly on their behalf.
- + **Run a portfolio of partners who want different things.** Standing relationships with physician leads, program managers, executives, external researchers and a provincial ministry, each with their own goals, timelines and tolerance for caveats. As Scrum Master for the acute analytics team I rebuilt our lanes, standing meetings and ticket workflow so intake, prioritization and handoff were visible rather than informal.

C PARTNER HEALTH, DATA QUALITY AND TROUBLESHOOTING

- + **Built the gate that holds a release rather than ships it.** The payor pipeline unifies five source systems and two external electronic medical records; a period that trips a quality rule is held and investigated rather than published. Automated audits run before anything leaves my hands.
- + **Found the problems before anyone downstream did.** Caught a cohort contamination bug affecting roughly 2,800 encounters before a clinical measure reached leadership, a SQL null leakage bug that had quietly distorted two years of a recurring executive slide, and a target leakage bug in my own forecasting model, which I then audited across the entire feature space rather than fixing the single feature.
- + **Ship the caveat with the number, every time.** Every dataset I hand to a partner ships with its real limits attached, including source system go live dates that cap how far back a measure can honestly go. Partners who find the caveat themselves stop trusting the rest of the number.

D TRANSLATION, ADVOCACY AND COMMUNICATION

- + **Translate in both directions, daily.** Turn a clinical or operational question into a data specification, and turn the result into something a committee can act on. Deliver clean, minimal findings to researchers without pre interpreting them, and full methodology to people who have to defend the result later.
- + **Hold the position when someone senior pushes.** Presented an alternative scope the same day a provincial figure was challenged, and closed an 18 comment review from a Regional Head of Emergency Medicine. Being questioned hard by someone senior is a normal Tuesday rather than an escalation.
- + **Carry a partner's case to teams optimizing for something else.** Regularly represent what an external researcher, a partner organization or a payor actually needs to teams who are optimizing for something else, and rebuild the work when their need is legitimate. The advocacy lands because the evidence behind it is independent.
- + **AI native already.** Claude and Databricks Genie are in my daily loop for pipeline work, drafting and review, with a rule that nothing goes to a partner until I have verified it against source data myself.

NO. 02

FEB 2026 TO NOW
VANCOUVER, BC

"Board Director" Ribbon Community

HIV and health equity nonprofit. Fiduciary governance: budgets, financial statements and funding sustainability; program oversight, strategic planning, scholarship review and relationships with funders and health agencies.

NO. 03

AUG 2021 TO JUN
2023
MALMÖ, SWEDEN

"Research Assistant, Nutritional Epidemiology" Lund University

Metabolomics research within a 30,000 person prospective cohort. Presented at the Nordic Metabolomics Conference, Precision Nutrition Forum and NEON 2022; awarded the MPH Preparatory Research Scholarship.

NO. 04

OCT 2020 TO JUN 2021
VICTORIA, BC

"Clinic Associate" Babylon by TELUS Health

Digital health startup. Helped launch one of BC's first in person telemedicine referral clinics as one of the first staff on site: billing, scheduling, referral coordination with external clinics and labs, and the daily operational relationships that made a brand new service work. Startup pace, shifting priorities, no playbook.

"EDUCATION"

2021 TO 2023

LUND UNIVERSITY

Master of Medical Science in Public Health, Epidemiology and Biostatistics

Thesis awarded Distinction: Salivary Amylase Gene Copy Number and Plasma Metabolites in the Malmö Diet and Cancer Cohort Study.

2015 TO 2020

UNIVERSITY OF
VICTORIA

Bachelor of Science, Biology

"SKILLS"

PARTNER AND STAKEHOLDER

Owning a recurring external reporting relationship, portfolio of stakeholders with competing priorities, intake and prioritization, scoping and rescoping under challenge, executive presentation, fiduciary budget and funder oversight, written methodology that survives handoff

DATA ECOSYSTEM

Integrating five internal source systems and two external electronic medical records, structured submission payloads to an external portal, coverage and lineage documentation, automated data quality audits that gate release, record matching and reconciliation between two organizations' data

TECHNICAL

SQL and Spark SQL at multi million row scale, Python, Databricks and Delta Lake, Tableau and Power BI, R, Stata, Git, Claude and Databricks Genie, experiment design and program evaluation, forecasting and calibration

WORKING STYLE

Comfortable with ambiguity and inherited messes, fast in a startup environment, direct about limitations, and unwilling to send a partner a number I have not checked myself