



**Health IT and HIE Initiative
Governance: Establishing the
Medicaid Presence within the State
HIE Governance Structure: A
Workshop for Medicaid/CHIP
Agencies**

**A Web-based Workshop
1:00 p.m. – 4:00 p.m. (EST)
February 25, 2010**
*Workshop Workbook
Presentation Materials and Resources*



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Welcome to the AHRQ Medicaid and CHIP TA Web-based Workshop

Health IT and HIE Initiative Governance: Establishing the Medicaid Presence within the State HIE Governance Structure: A Workshop for Medicaid/CHIP Agencies

Thursday, February 25, 2010, 1:00 – 4:00 p.m. Eastern

Presented by:

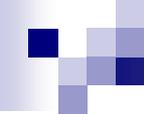
Lynn Dierker, RN, Director, SLHIE Project, American Health Information Management Association (AHIMA)

Rick Shoup, PhD, Executive Director, Massachusetts eHealth Institute

Phil Poley, MA, Chief Operating Officer, Massachusetts Medicaid

Overview

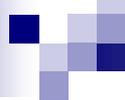
- **Welcome** – Stephanie Rizk, MA, Health Services Research Analyst, RTI International
- **Introductions** – Attendees
- **Presentations**
 - ***Module 1: State HIE Governance Implications for Medicaid/CHIP Agencies***
 - Presented by Lynn Dierker, RN, Director, SLHIE, AHIMA
 - ***Module 1:*** Discussion
 - ***Module 2:*** Statewide HIT Plan and Governance Discussion
 - Presented by Rick Shoup, PhD, Executive Director, Massachusetts eHealth Institute
 - ***Module 2:*** Discussion
 - ***Module 3: Massachusetts Medicaid-Role in HIE Governance***
 - Presented by Phil Poley, MA, Chief Operating Officer, Massachusetts Medicaid
 - ***Module 3:*** Discussion
- **Closing Remarks** – Stephanie Rizk



**State HIE Governance
Implications for
Medicaid/CHIP Agencies**

February 25, 2010

*Lynn Dierker, RN, Director, State-level HIE
Consensus Project*



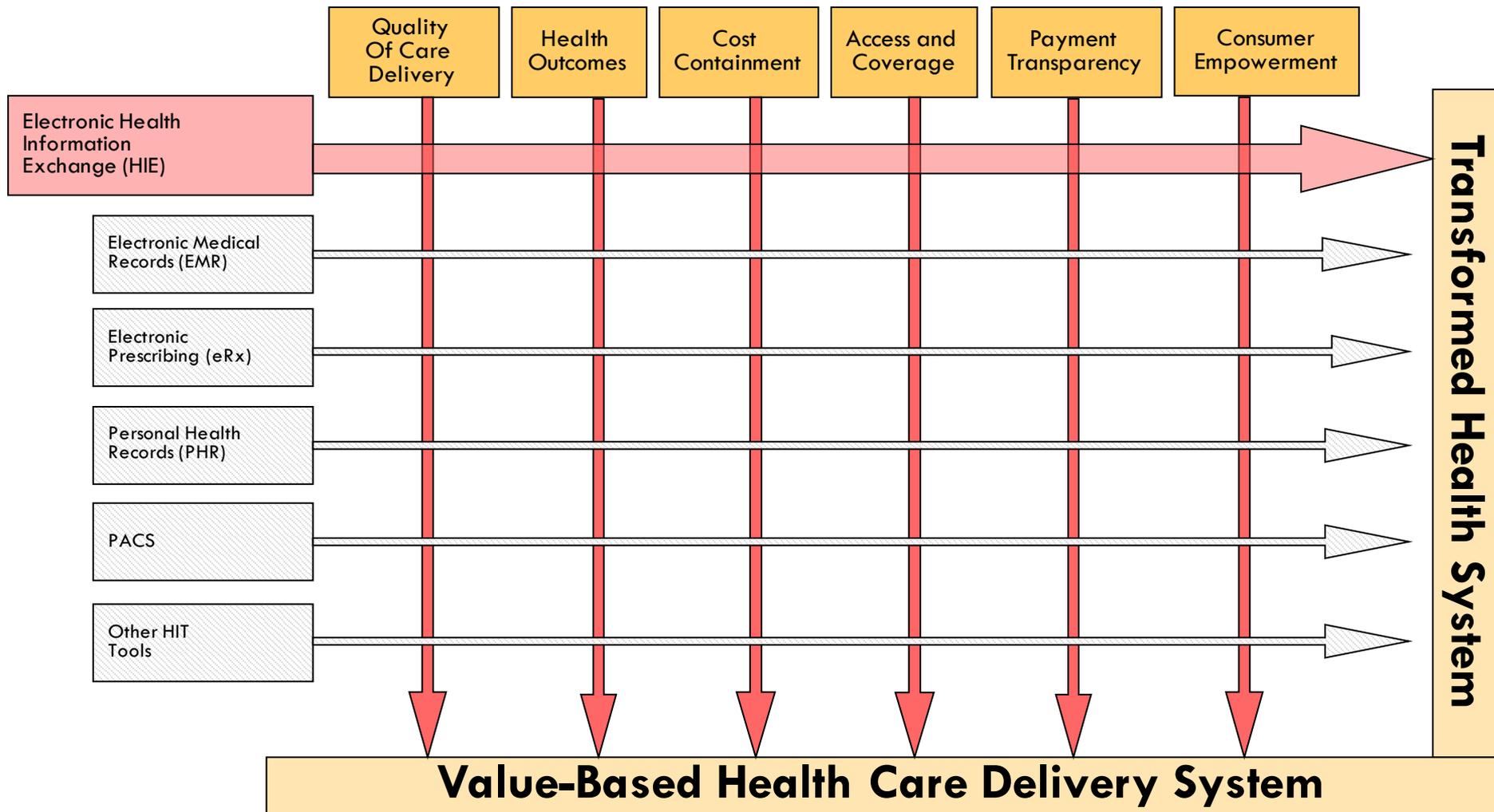
Key Topics – Module 1

- Foundation
 - Understanding the critical importance of a governance structure applicable to statewide HIE, including Medicaid
 - Appreciating the distinct functions required to make public-private collaborative HIE governance real and effective
- Prevailing State HIE governance approaches
 - Key variables
 - Key approaches
 - Examples
- Issues and opportunities
 - Resources, supports in 2010

Relating to Governance

- Govern: 1. To exercise authority over; direct; control; rule; manage. 2. To influence the action or conduct of; guide; sway.
- HIE Governance
 - Where is it needed and why?
 - What governance structure applies?
 - Government? Nonprofit? Both?

HIT, HIE, and the Power of Information: Improving and Transforming Health Care



HITECH Funding for HIT, HIE Infrastructure

New Incentives for Adoption

New Medicare and Medicaid payment incentives for HIT adoption

- \$23 billion in expected payments from Medicare to hospitals and practitioners thru 2016
- \$21 billion in expected payments from Medicaid through 2021
- ~\$44 billion expected outlays

Funding for HIE

\$564 million for statewide HIE development

- States receive between \$4 million & \$40 million

\$220 M for “Beacon” Community Program

- 15 HIEs to receive between \$10 million & \$20 million



Funding for Health IT

\$1.2 billion for loans, grants, and technical assistance for:

- Regional Extension Centers (\$640 million)
- Workforce Training (\$80 million)
- Research and Demonstrations
- EHR State Loan Fund

Community Health Centers

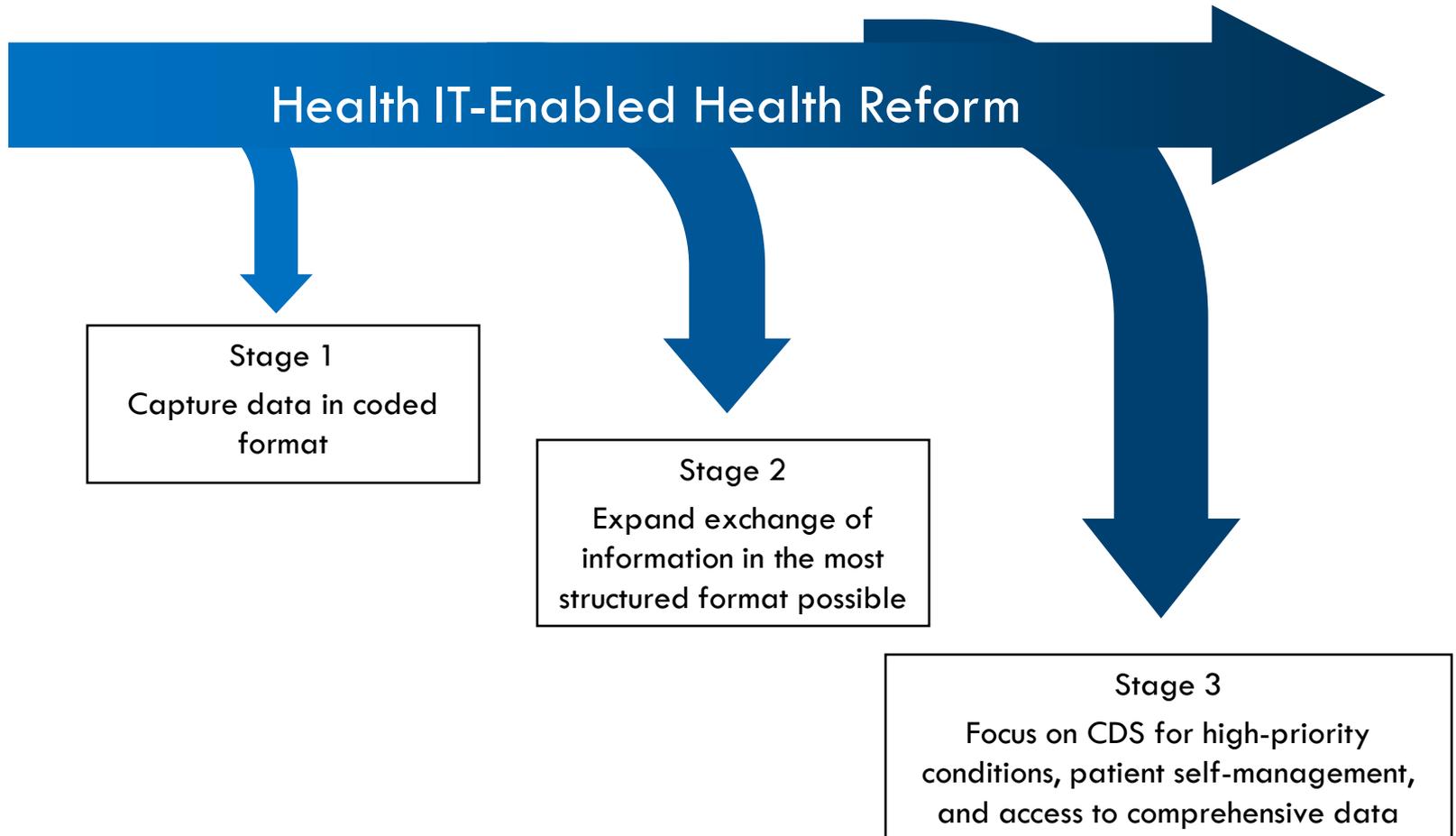
\$1.5 billion in grants through HRSA for construction, renovation, and equipment, including acquisition of HIT systems

Broadband and Telehealth

\$4.3 billion for broadband and \$2.5 billion for distance learning/telehealth grants

HITECH and Meaningful Use

A Phased, Incremental Approach



Achieving Sustainable Health Information Leveraging HIE “Market Forces”

- **ONC and the Current HIE Marketplace**
 - “ Medicare and Medicaid meaningful use incentives are anticipated to create demand for products and services that enable HIE among eligible providers... . The resulting demand for HIE will likely be met by an increased supply of marketed products and services to enable HIE, resulting in a competitive marketplace for HIE services.”
- **HITECH and ONC Programs—Implications for States**
 - ONC (and struggles to identify sustainable HIE financing) acknowledge that a viable marketplace for HIE doesn’t currently exist.
 - Stakeholders must develop a governance, financing, policy, and technical infrastructure that both supplies high-value HIE services and creates sustainable demand.

ONC—Blueprint for States and HIE Infrastructure via State HIE Program

- Key design “principles” specified
 - Inherently public-private
 - Variability across states in meeting requirements
- Necessary parts of infrastructure recognized (e.g., domains)
 - Governance, finance, technical architecture, business and technical operations, legal and policy
- State-level governance and oversight framework required
 - Convening for meaningful stakeholder engagement and consensus
 - Coordination for statewide planning, implementation, operations
 - Accountabilities and oversight structured

ONC's State HIE Program

Goal: Plan and develop the HIE infrastructure to ensure:

- Widespread interoperability across entire state
- Providers and hospitals can achieve meaningful use

Required Plans

- Strategic Plan: State's vision, goals, objectives, and strategies for statewide HIE; including plans to support provider adoption
- Operational Plan: Detailed explanation, targets, dates for execution of strategic plan

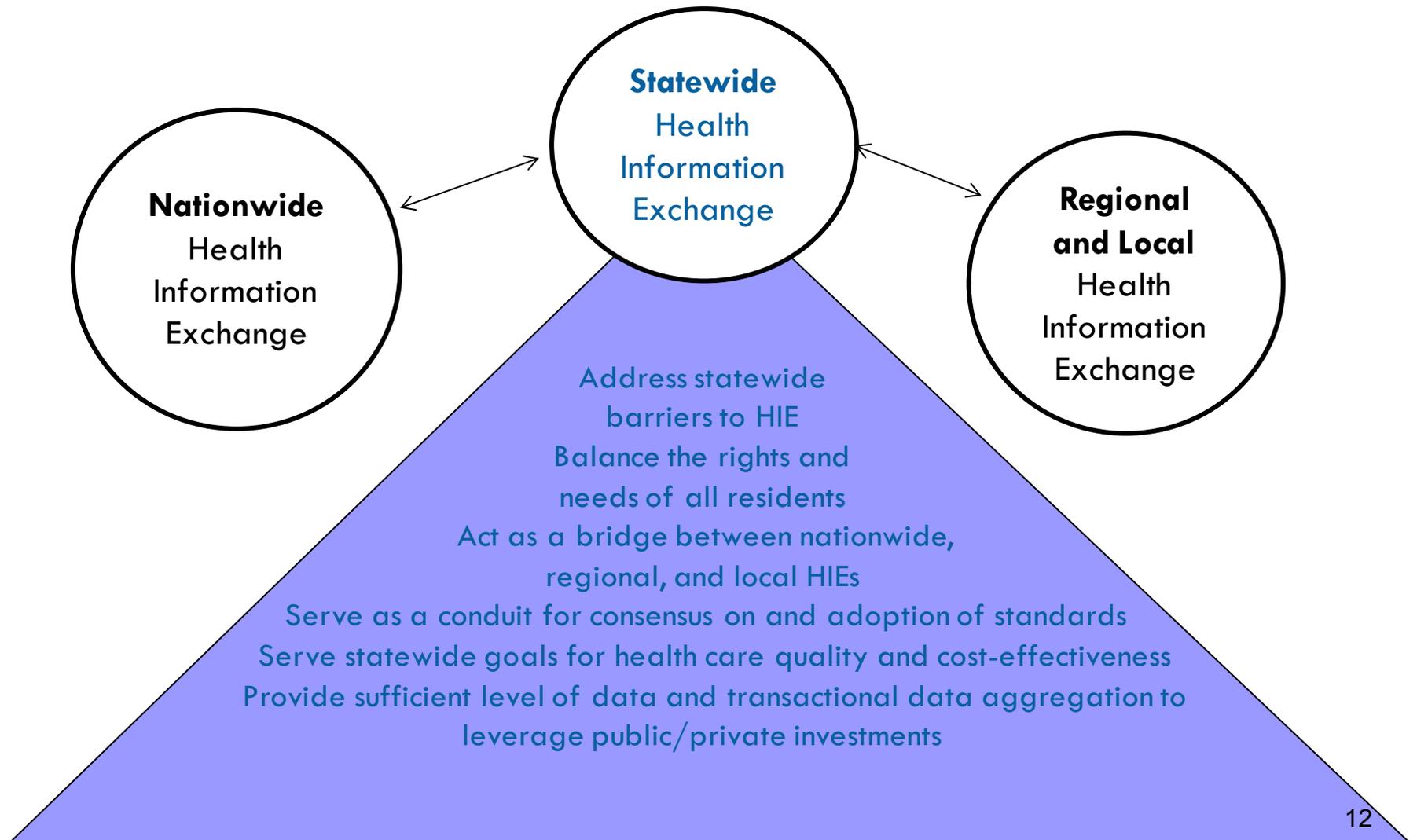
"Domains" to Address

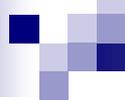
- Governance
- Finance
- Technical infrastructure
- Business and technical ops
- Legal and policy

Types of Exchange

- Eligibility and claims transactions
- eRx and refill requests
- Lab ordering and results delivery
- Public health reporting
- Quality reporting
- Rx fill status and/or med fill history
- Clinical summary for care coordination and patient engagement

Why this Focus? States as Fulcrum to Harmonize Local and National Efforts





A Critical Role for Statewide HIE Governance

The Case for Medicaid's Involvement

- A mechanism is needed to forge new, productive, and sustainable levels of collaboration, consensus, and coordinated approaches (HIE governance) for achieving HIE at a broad enough scale.
 - Data-sharing policies and practices must accommodate various settings and capacities, yet be consistent and sound to ensure confidentiality protections and HIE credibility.
 - Health care interests have to figure out strategies to fund, maintain, and use a shared network that delivers business value for individual interests but also serves social goals.
 - There are many practical issues and challenges to navigate among stakeholders to build consensus for incorporating HIE within the technology, policy, business, and organizational health infrastructure.

What Constitutes Statewide HIE Governance Structure?

- An operative multi-stakeholder public-private governance collaborative
 - Defined role related to statewide stakeholder engagement, policy, technical infrastructure, and HIE business/technical operations
- Defined and operational relationships, participation, and coordination with State government
 - HIT Coordinator
 - Agencies, especially Medicaid, public health
- Structured accountabilities and oversight provisions
 - Empowerment, authority
 - Legal, policy provisions

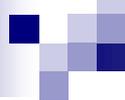
Putting Governance into Operation

- **States face four common tasks:**
 - Developing and sustaining stakeholder buy-in and participation
 - Coordinating efforts across stakeholders
 - Determining resource allocation including how Federal stimulus and other funds will be managed
 - Defining mechanisms for accountability, related to ARRA and over the long term.
- States must take into account the most feasible ways that these tasks can be successfully accomplished.

Charting a Course

A First Set of Strategic Issues

- Stakeholder consensus for a transformation “vision”
 - Agreement in principle for role HIE will play to transform health care (social capital)
- Agreement in principle on building statewide capacity
 - Providers/stakeholders pay for, implement EHRs; if they need interfaces to another “point” they build and maintain them
 - OR
 - Utility approach, a shared statewide network with multiple participants sharing interface costs and sustained operations.

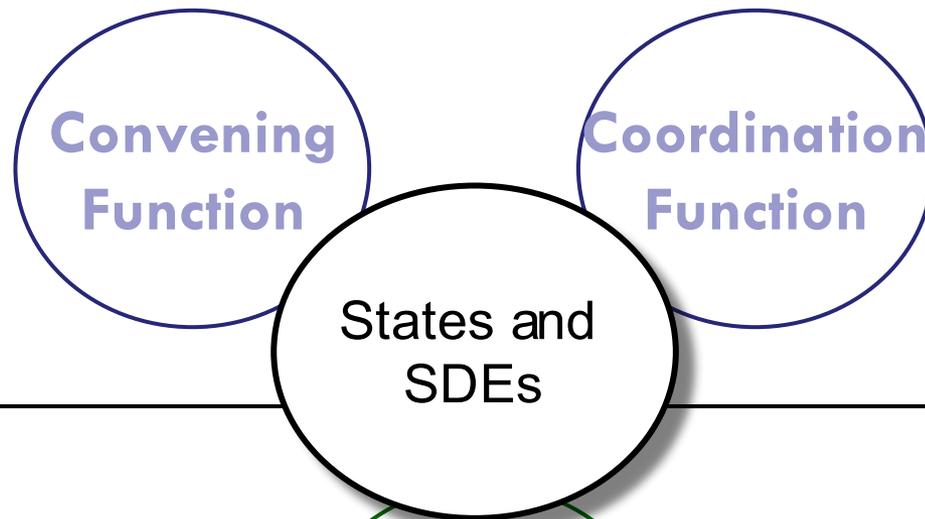


Implications for Governance – Statewide HIE as a Shared “Utility” Serving All

- HIE inherently a public-private partnership with multiple participants
 - A collaborative governance structure is needed
- Governance is linked to building and sustaining the right technology infrastructure
 - Governance entity functions—negotiate the nature of statewide shared services and how they will be provided/supported
 - Governance structure—agree on how to balance roles for government, governance, technical operations

Understanding the Real Work of Organizational HIE Governance—Key Roles and Functions

Governance



Technical Operation Role
(Multiple Organizations Possible)

Choices about Who, What, Where: Understanding Key HIE-Related Roles and Functions

State Government Executive, legislative, agencies HIE Coordinator**	State-level HIE Governance Entity (Government hosted, sponsored, or authorized formal public-private organizational structure)		SLHIE Governance Entity, its Subsidiary, and/or via Contracted HIE Operator
Policy/Oversight/Accountability	Convening/consensus	Coordinating	Technical HIE Operations
<p>Set health policy goals (reform priorities)</p> <ul style="list-style-type: none"> • HIE as part of policy agenda <p>Endorse statewide HIE plan</p> <ul style="list-style-type: none"> • Ensure adequate stakeholder input • Allocate resources <p>Statutory/regulatory mechanisms</p> <ul style="list-style-type: none"> • Agency support/in HIE Plan • Incentives for industry HIE participation • Align confidentiality protections • Authorize HIE governance model • Authorize state HIE funding/mech. <p>Direct State agency HIE policy and program development/coordination</p> <ul style="list-style-type: none"> • Medicaid, public health, state employees HIE participation <p>Assess progress w/statewide HIE development</p> <ul style="list-style-type: none"> • Monitoring and evaluation • Public reporting <p>** HIT Coordinator facilitates internal state government HIT/HIE, HIE policy, liaison to public/private governance</p>	<p>Organizational leadership, operations</p> <ul style="list-style-type: none"> • Trusted neutral venue for stakeholder participation • Support board, committee, other public/private stakeholder participation structures • Facilitate stakeholder consensus • Manage finances, business ops <p>Expertise, information, relationships</p> <ul style="list-style-type: none"> • Monitor and inform re. HIE development (all levels) • Forge effective working relationships • Facilitate consumer input and public communication <p>Facilitate collaborative development of public policy options to advance HIE</p> <ul style="list-style-type: none"> • Inform agencies/policy makers/stakeholders about needs and opportunities • Provide analysis/implications of policy options under consideration 	<p>Facilitate statewide HIE implementation</p> <ul style="list-style-type: none"> • Address barriers, mitigation • Lead HIE plan development implementation <p>Facilitate state alignment with interstate, regional, and national HIE strategies</p> <ul style="list-style-type: none"> • Lead/participate in collaborative HIE development initiatives <p>Promote standards, consistent HIE policies, practices</p> <ul style="list-style-type: none"> • Diffuse prevailing national standards • Develop consensus for statewide data sharing • Monitor, enforce HIE policies <p>Contribute HIE perspectives and expertise to ongoing health care reform efforts</p> <ul style="list-style-type: none"> • Foster collaborative public/private approaches to harmonize health care quality improvement efforts 	<p>Own or manage contracts for hardware, software, & technical capacity to facilitate statewide HIE:</p> <ul style="list-style-type: none"> • Infrastructure components (e.g., master patient index, record locator service, interfaces, data repositories, etc.), • Applications (e.g., meaningful use reporting, business and clinical decision support, clinical systems, etc.), • Services (e.g., implementation guides/ supports, standards, workflow optimization, coordination with REC)

Convening—Meaningful Stakeholder Engagement and Consensus Decisions

Objectives

- Build social capital
 - Broad stakeholder support for vision, approach, participation
- Foster empowerment
 - Provide meaningful input and participation in consensus-based decision making

Components/Methods

- Accountability
 - Choice of legal entity, relationship to State government
- Governing structure
 - Board: senior leaders, balanced expertise, interests
 - HIT Coordinator role
 - Committees: input to inform board decision making
 - Other input: broad public
- Transparency

Coordination—Achieve Cost-effective Approaches

Objectives

- Leverage interests, resources
- Remove barriers to HIE implementation
- Achieve incremental HIE milestones (scale, sustainability, impact)
- Ensure ongoing value for stakeholders/participants
- Ensure consistent, effective compliant HIE practices

Components/Methods

- Structure work groups/processes for active participation by key stakeholders
- Adequate staff, expertise to build/support collaborative processes over time
- Prioritize working partnerships where interests, expertise, resources converge (e.g., Medicaid)
- Manage expectations



Achieving Sustainable Health Information Exchange Capacity

- Realizing the statewide HIE value proposition through a viable business model
 - Justifying capital investments to build capacity
 - Achieving participation to scale
 - Quantifying contributions/mechanisms for sustainable revenue
 - Structuring support for effective ongoing statewide governance functions

Characterizing State Governance Structures

- Prevailing “Models”– A Continuum
 - Government provides governance and HIE operations
 - Nongovernmental entity provides governance and technical operations according to government-established requirements (i.e., a “public utility-like” structure with government oversight)
 - Independent nonprofit HIO entity provides governance and directly provides or brokers technical operations with government collaboration
- Key Variables
 - Government and private-sector relationship
 - Role related to providing/brokering statewide HIE services
 - Varies by degree, mechanism, and financing

Model #1: Government Provides HIE Governance and Technical Operations

- Public sector directly provides governance and infrastructure for HIE
Options include:
 - A. Public Authority: Specific attributes defined in enabling legislation
 - May obtain and issue financing without involvement of main government
 - Entity may hold liability—not the government—depending on the structure
 - B. Government Controlled Corporation (GCC): Separate private legal entity
 - Government control by maintaining majority of seats on the board
 - Funding and support structure defined in statute, generally self-sustaining
- Government is directly accountable for the privacy, security, fiscal integrity, interoperability of the system, and for universal access to it
- The DE Health Information Network is constituted as a Public Authority serving as the statewide HIE organization, both overseeing and providing HIE services.

Relative Pros and Cons

- **Potential Advantages**
 - May help small States or those States with limited ability to leverage investments from the stakeholders across the health sector
 - Potential to use existing State government infrastructure, resources, and privacy policies to implement HIE services
 - Option to avoid issues among multiple private-sector HIOs with unresolved competitive challenges, concerns about multiple entities managing health record data, liability issues
 - Potential for more ready access to public financing options
- **Potential Disadvantages**
 - State budgets: economic and State budgetary constraints can derail HIE development efforts and weaken resource supports for effective statewide governance activities
 - Politics: political influences may impede the multi-sector, multi-stakeholder coordination and collaboration required as part of effective statewide HIE governance
 - Bureaucracy: slow political and public agency processes may impede levels of flexibility required as governance structure and HIE development needs evolve, especially in response to changes in health care policy at the Federal and State levels
 - Procurement: State government control and agency processes may inhibit procurements, and private sector investments and innovations related to the adaptation of new HIE business models

Model #2: Nongovernmental Nonprofit Governance and Technical Operations under Government Requirements (i.e., a “public utility-like” structure)

- State formally authorizes and sets structural requirements for a non-governmental organization or “State Designated Entity” (SDE) nonprofit organization to design, own, and operate statewide HIE governance and technical operations
 - Permit operational autonomy for private-sector nonprofit operations to carry out implementation of statewide HIE system infrastructure
 - Financing/influence “rates” and participation
 - Policy development
 - Universal access will be an important regulatory responsibility
 - Provide ongoing monitoring of the industry to assure appropriate charges for designated services and transparency
- Examples: The Rhode Island Department of Health and the New York Department of Health are formalizing regulatory structures for HIE in their States

Relative Pros and Cons

- Potential Advantages
 - Takes advantage of an HIO entity with expertise and “social capital” among diverse stakeholders to develop and operate HIE governance and technical operations
 - Allows the use of private capital to finance the HIO activities
 - Takes advantage of potential government economic regulatory functions to leverage performance, establish rewards, and finance system upgrades
- Potential Disadvantages
 - Political processes and timelines must be navigated to establish formal government requirements; may impede the speed with which statewide HIE governance and operations can be established
 - Private sector will and capital must be mobilized to assure adequate investments in a sustainable and effective HIE organizational infrastructure
 - Provisions for oversight/default: State government must provide adequate ongoing oversight and be prepared to intercede if private-sector organizational capacity were to fail

Model #3: Independent Nonprofit HIE Governance and Technical Operations with Government Collaboration

- Voluntary organizational structures and relationships
 - An independent, nonprofit organization operates according to a defined statewide mission and organizational parameters to serve as a statewide HIE governance entity. In some cases, the organization may also provide technical operations.
 - Public sector participates in private HIE governance, exerting limited “control” through financial and market-based mechanisms
- Government acts in an advisory role
 - Accountability for privacy and security is a function of both governmental regulation and private-sector self-regulation
 - Accountability for universal access and interoperability may be encouraged by incentives, market forces (including accreditation and certification), and the threat of regulation
- Separate private corporation/organization with State government holding board of directors seat
 - May be statutorily sanctioned or “deemed” by a public agency to drive participation by stakeholder groups and serve as the “State Designated Entity”
- Multiple State governments are currently participating with private-sector electronic HIE efforts

Relative Pros and Cons

Potential Advantages

- Builds upon established relationships and stakeholder investments in States where established multistakeholder HIE organizations are active and successful
- Allows for both public and private-sector inputs and accountability functions
- Promotes innovation in both private and public sectors

Potential Disadvantages

- Success will require private and public/private-sector HIEs to police themselves (evidence of strong self-regulation in other industries is not consistent)
- State funding will impact its ability to participate in the governance of any private-sector HIE organizations
 - RI and MA government officials had to remove themselves from boards of HIOs due to funding conflicts
- Should the HIE fail after receiving public investments the govt's role is unclear
- Sustainable business models for HIE are currently lacking

State HIE—Trends and Developments

- Operational Plans
 - 4 States (Delaware, Idaho, New Mexico, Utah) submitted operational plans
- Governance Infrastructures
 - Many States replicating New York public-private governance model
 - Challenges remain in defining roles, responsibilities within and across the public and private sectors
- Technical Approaches
 - States focused on shared services and a comprehensive statewide architecture to reduce overall costs
- Local HIEs
 - Determining how best to integrate existing HIEs, create and add new ones
 - Looking to shared technical infrastructure
 - States (e.g., Minnesota) considering certification of HIEs

State Strategies: Same Goals, Different Approaches

Goals

- Organize stakeholders, take inventory of resources and needs, coordinate programs
- Develop plans to build shared infrastructure (near term) that is sustainable (in long term)
- Ensure eligible providers have connectivity to be “meaningful users”

Sample Approaches



Idaho

HIE: A single statewide network, Idaho Health Data Exchange

Governance: Strong public-private collaborative framework



Indiana

HIE: Multiple, independent local HIEs, no statewide architecture

Governance: Limited centralized authority

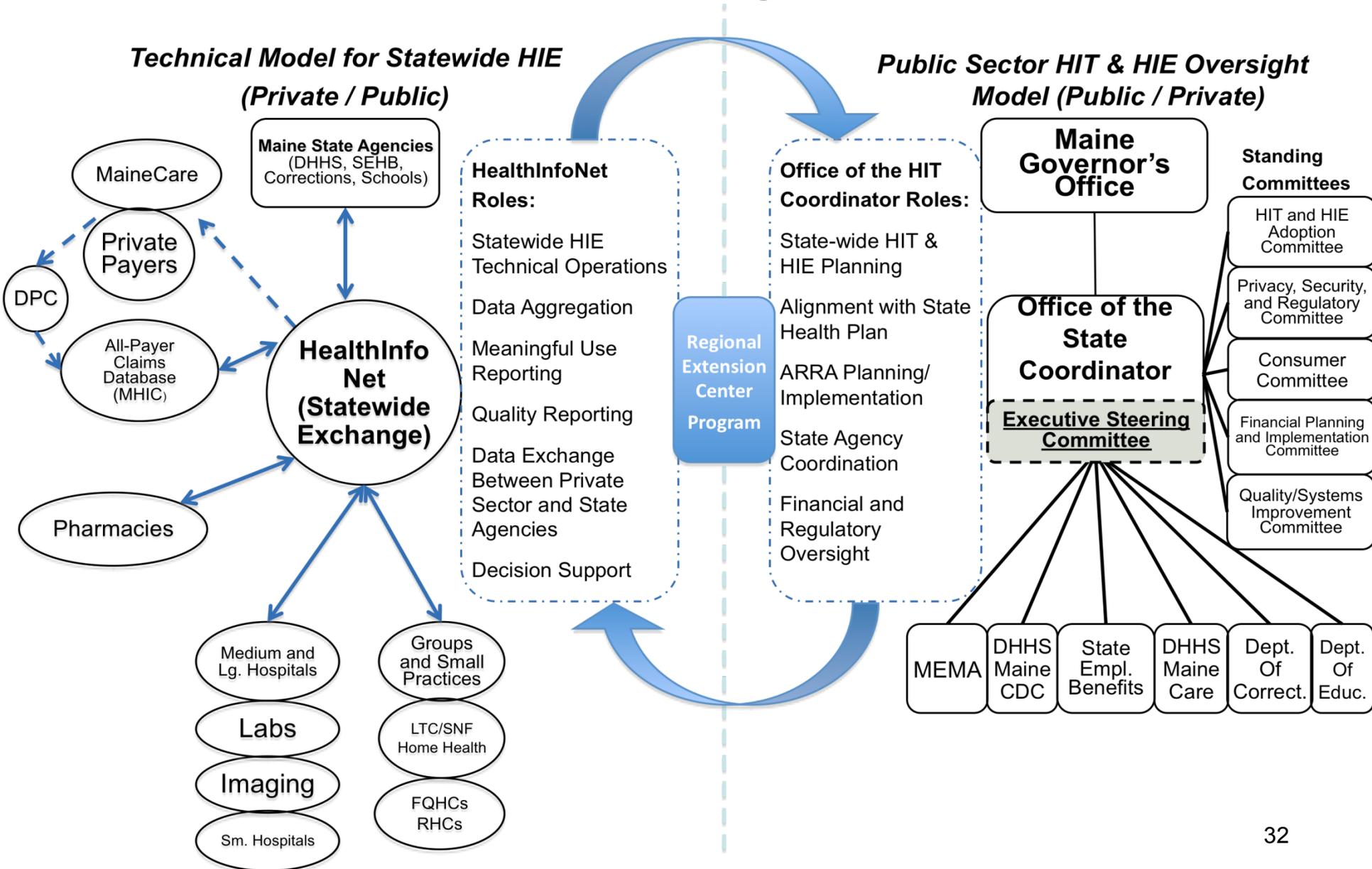


New York

HIE: Local HIEs linked through common policies, technical specifications, and shared services

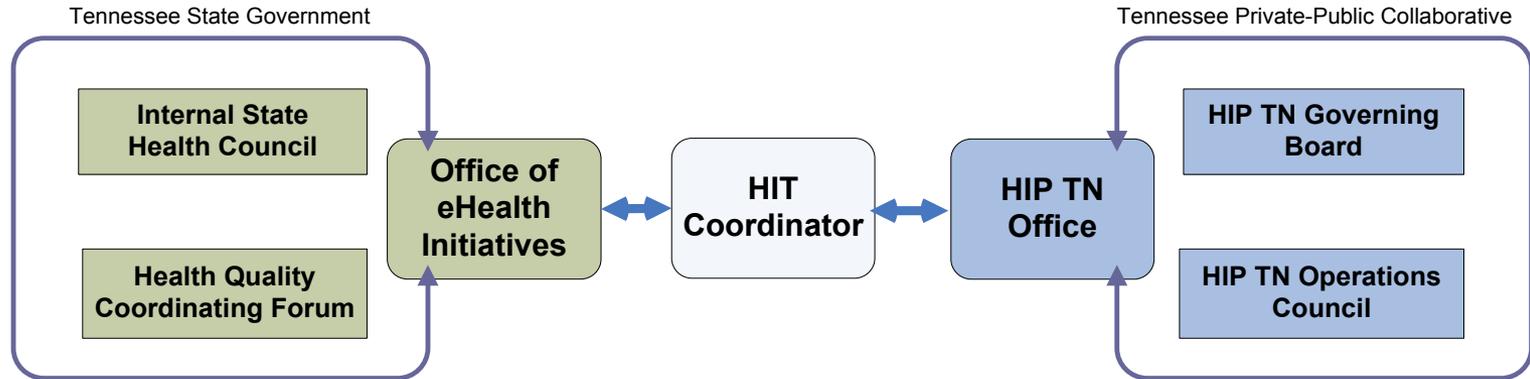
Governance: Strong public-private collaborative framework

Maine HIE Governance—Organizational Components



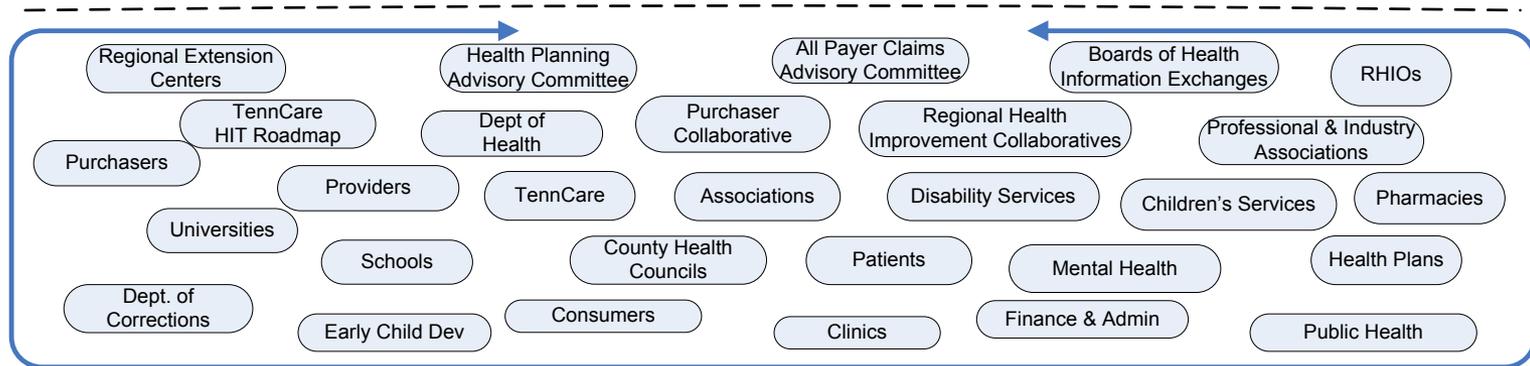
Tennessee Overview

OVERVIEW: Coordination of Health Information Exchange in Tennessee



WORK GROUPS

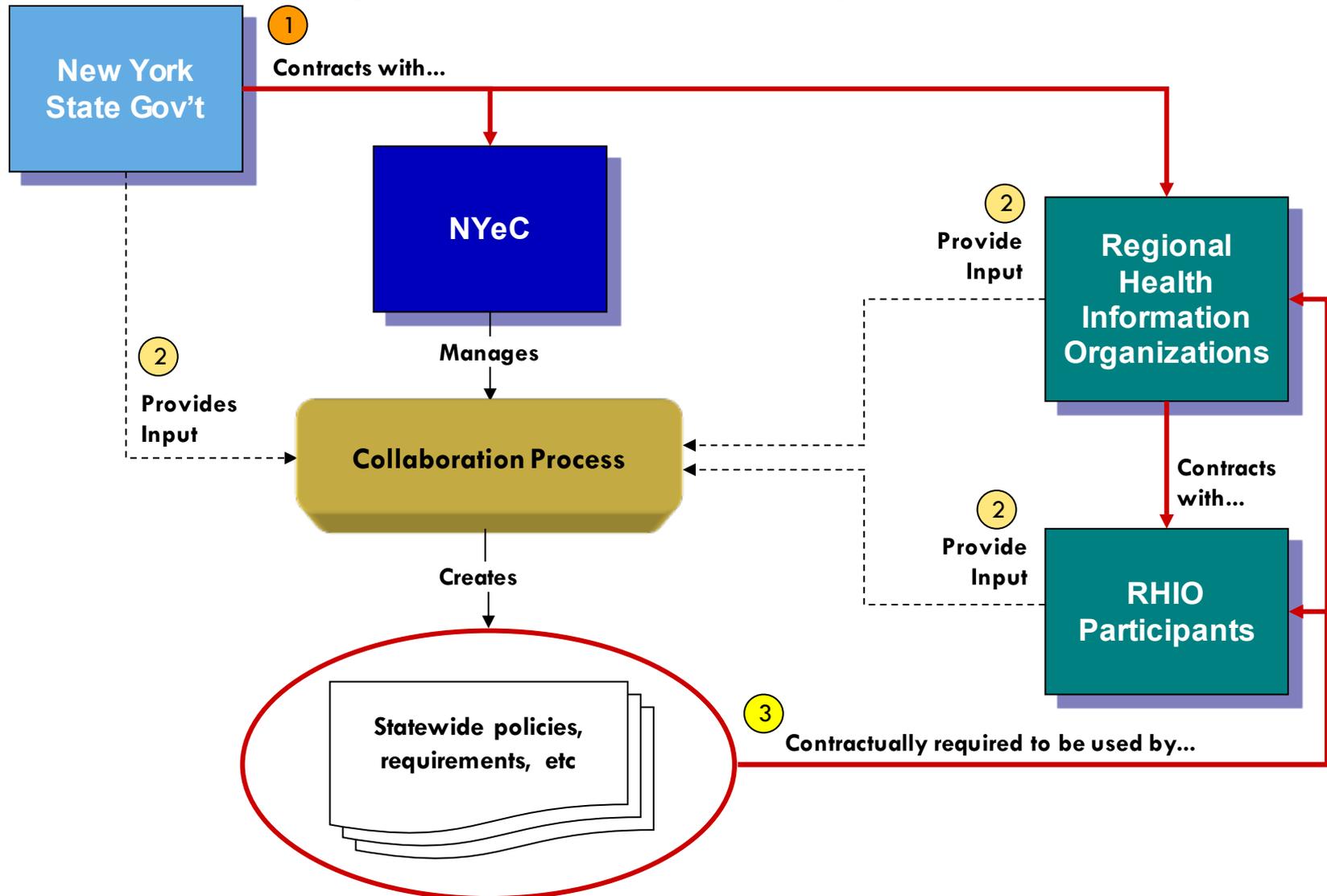
Drawn from Pool of Stakeholders and Ongoing Related Collaborative Efforts



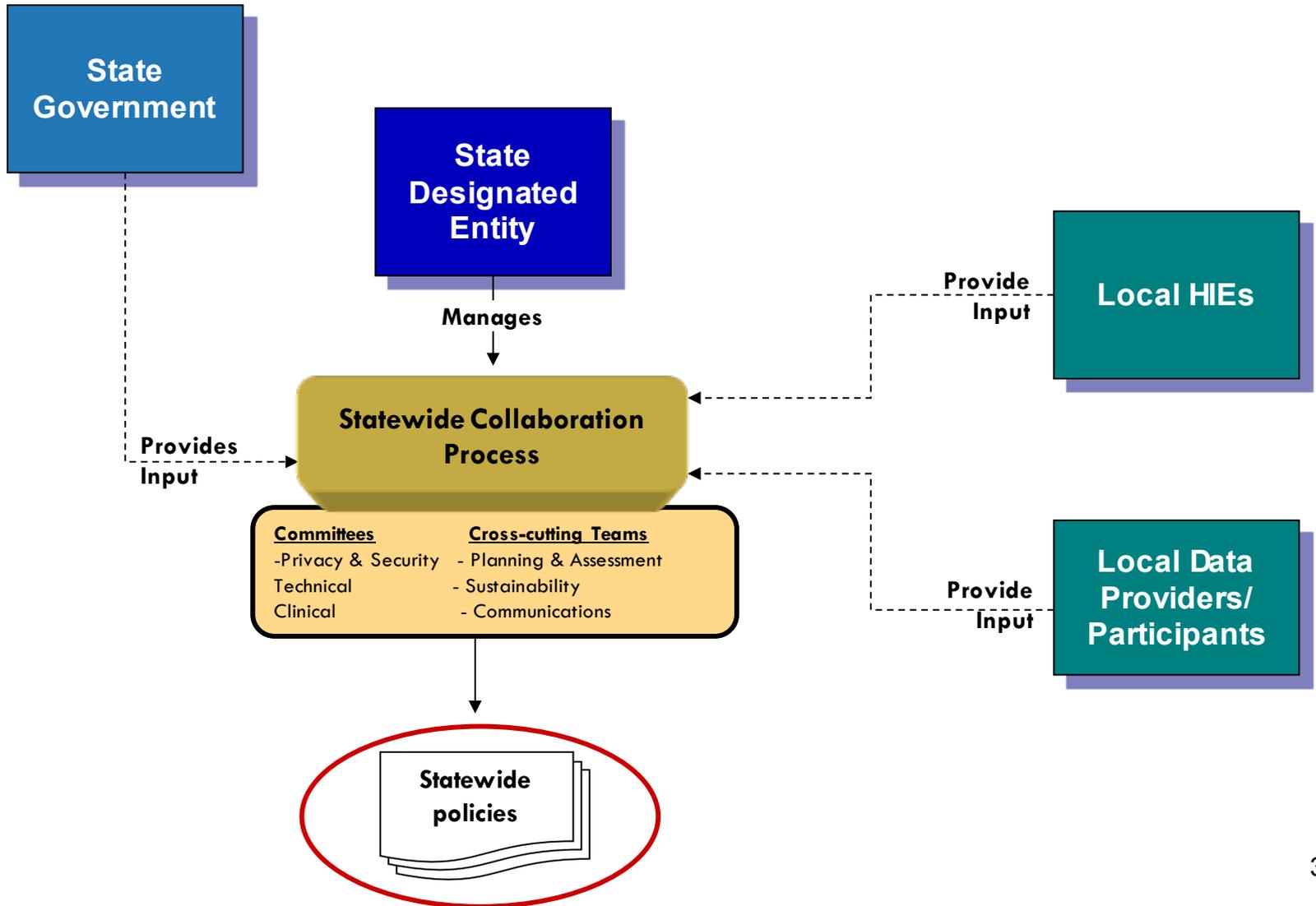
Stakeholders & Interest Groups From Within and From Across The State

Source: TN State HIE Program Application, Oct 2009

Statewide HIE Governance Relationships/Accountability in New York



Colorado—SDE Governance and Organizational Components



Steps to Operationalizing HIE Governance

- Accountability framework
 - Set public policy goals (targets for HIE, impacts)
 - Set requirements related to HIE (e.g., use of standards, privacy protections, endorse State plan, milestones)
 - Define organizational accountabilities
 - Identify oversight mechanisms (reporting, audit, etc.)
- Governance body
 - Choose a legal entity (plan for interim, permanent)
 - Develop leadership (expertise/vision, build relationships, business savvy)
 - Engage stakeholders (processes for input and consensus)
 - Develop organizational policies, structures, processes
 - Agree on data-sharing policies
 - Enable business operations (including provisions for technical architecture and operations) in an appropriate timeframe

Lessons Learned from States' Experiences

- Evaluating the relative pros and cons of various approaches to establishing governance
 - Take into account the existing landscape and cultural preferences for an approach to how roles and relationships are defined within a State.
 - An invaluable foundation for successful HIE development is "social capital"—stakeholder investment in the vision, mission, and approach to achieving HIE implementation.

Key Factors to Consider

- Staging, sequencing, and managing the project effectively
- Ability to engage adequate staff, necessary expertise
- Managing procurement processes effectively
- Ability to achieve credible participation in decision making by both public and private stakeholders
- Incubation from disruptive political changes (in the face of high turnover among governors)
- Ability to blend public and private resources, matching funds
- Flexibility to respond to the evolving HIE landscape (e.g., changing marketplace conditions, advances in the HIE industry, and continued evolution in nationwide HIE infrastructure development)

HIE Governance Is Evolutionary

- Governance frameworks will evolve: Models will continuously change due to State characteristics, strategy, and stages of development
 - Technical architecture
 - Scope of role related to technical operations
 - Staff/expertise
 - Marketplace complexities
 - Financing
 - Funding streams influence control and involvement of stakeholders
 - State Policy, Regulatory Requirements, and Trust
 - Accountabilities will be determined locally based on State law, regulatory structures, and stakeholder trust

For More Information

State HIE Toolkit

www.statehieresources.org

State-level HIE Consensus Project

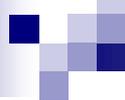
State HIE Leadership Forum

www.slhie.org

State HIE Cooperative Agreement Program

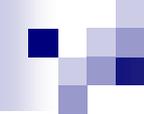
statehiegrants@hhs.gov

- For further information, please contact:
- Lynn Dierker, RN
- Lynn.dierker@ahimafoundation.org



Module 1: Discussion

- Has your agency incorporated a clearly defined governance structure into your health IT and HIE planning activities thus far? If so, is there a particular model or agency's experience you have been drawing from?
- Does your agency have a plan for governance related to health IT and HIE activities?
- If so, what resources and/or levers are you currently/or are you anticipating using to help support this governance structure?



Statewide HIT Plan and Governance Discussion

February 25, 2010

Rick Shoup, PhD

Director, Massachusetts eHealth Institute

(a division of the Massachusetts Technology Collaborative)

and Massachusetts State HIT Coordinator

Agenda

- Overview of the Massachusetts eHealth Institute (MeHI)
- Health Information Technology for Economic & Clinical Health (HITECH) Act
 - Health information exchange (HIE)
 - Regional extension center (REC)
- HIT goals
- Governance and communications
- Summary and questions

Overview: Massachusetts e-Health Institute Established with Vision of EHR and HIE Adoption by 2015

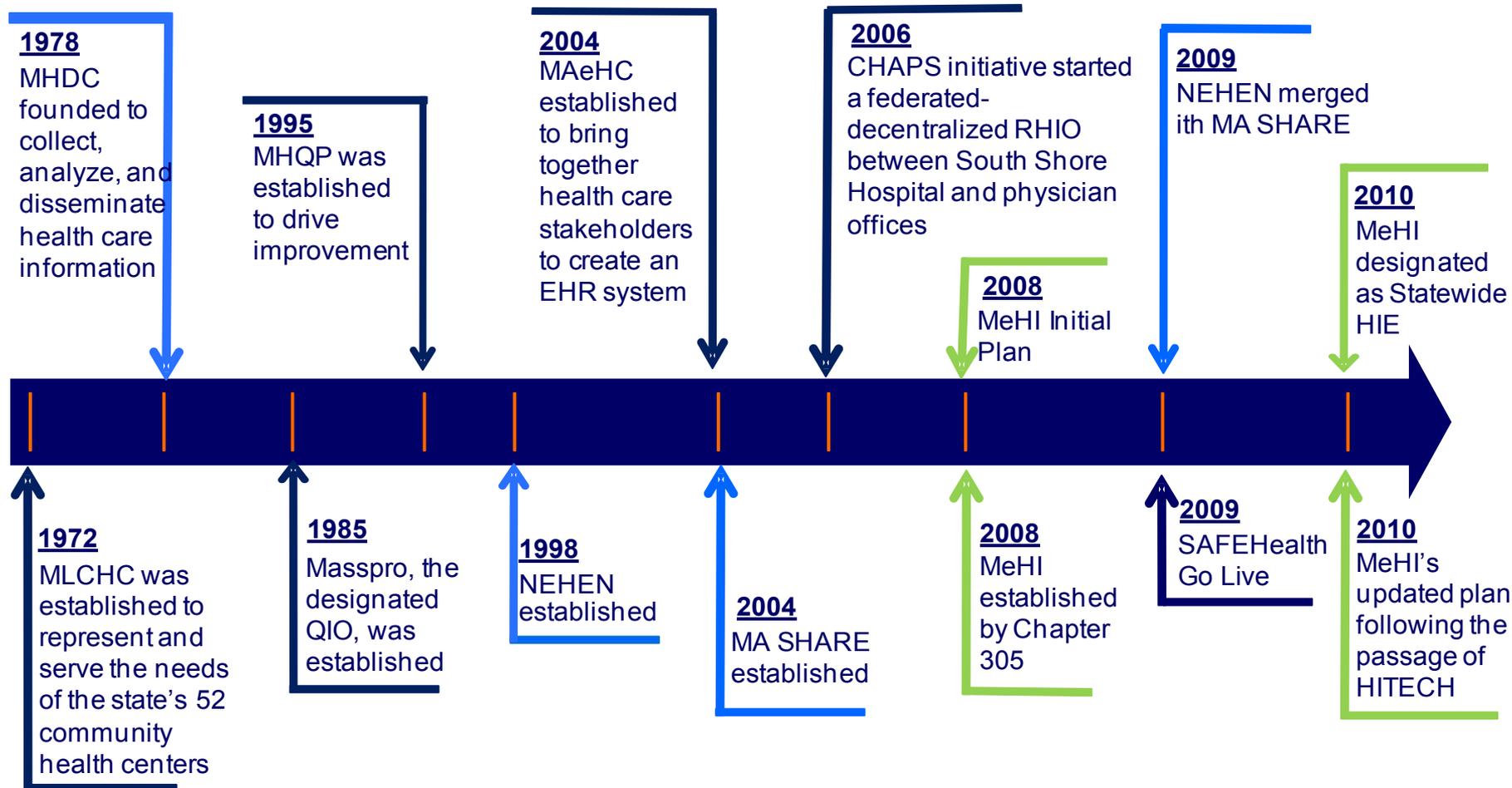
- Massachusetts e-Health Institute (MeHI) established within the Massachusetts Technology Collaborative through Chapter 305 of the Acts of 2008
 - Mission to promote implementation of electronic health records in all provider settings as part of an interoperable health information exchange
- State appropriated \$15M for 2009: annual funding subject to appropriation through 2014
- Development of 6-year plan for statewide deployment of electronic health records and health information exchange
- Close alignment between MeHI, MassHealth (Medicaid), and Department of Public Health
- Use of implementing organizations to assist in the execution of the plan through community engagement, technology selection, project management, training, etc.
- HIT efforts in Commonwealth support health care reform

Agenda

- Overview of the Massachusetts eHealth Institute (MeHI)
- Health Information Technology for Economic & Clinical Health (HITECH) Act
 - Health information exchange (HIE)
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- HIT goals
- Governance and communications
- Summary and questions

Strong History of HIE in Massachusetts

The key drivers of success in current Massachusetts HIE activities include a high level of collaboration and coordination among entities, the willingness of the private sector to fund these activities, and the depth and breadth of HIE expertise within the State.



Agenda

- Overview of the Massachusetts eHealth Institute (MeHI)
- Health Information Technology for Economic & Clinical Health (HITECH) Act
 - Health information exchange (HIE)
 - Regional extension center (REC)
- HIT goals
- Governance and communication
- Summary and questions

HITECH Opportunity: Statewide Health Information Exchange

- Awards to states and qualified State Designated Entities (SDEs) to develop and advance mechanisms for information sharing across the health care system
- Grants to establish and implement appropriate governance, policies, and network services within the broader national framework to rapidly build capacity for connectivity between and among health care providers
- Areas of focus include the following:
 - Governance
 - Finance
 - Technical infrastructure
 - Business and technical operations
 - Legal/policy
- Requirements
 - Quarterly evaluations
 - Develop privacy and security requirements
 - Directories and technical services to enable interoperability
 - Coordinate with Medicare and State public health programs
 - Remove barriers hindering effective HIE
 - Ensure effective governance and accountability model in place
 - Convening of health care stakeholders

Statewide HIE Concepts

In order to meet Federal and State requirements (including Chapter 305) AND support health care reform initiatives, the HIE technical architecture must support:

Principles of the Federal Privacy Framework

The degree of anticipated patient control must be consistent with State and Federal policy and will be key in selecting technical approaches for HIE (e.g., patient consent applied universally vs. patient control by provider/ geography/ provider group/ other).

Public Health Reporting

Current electronic reporting pilots have successfully transmitted data to an HL-7 gateway, but additional investment is required to scale the solution to small office providers.

Reporting for Quality and Other Initiatives

The HIE must facilitate routing of appropriate data to appropriate reporting tools and support the possible linkage to registries in the future.

Bidirectional Data Exchange

Ultimately, HIE participants (including patients) must be able to contribute data, allowing others to retrieve data from the HIE (with consent applied). Potentially create a portal capability for those who are close to retirement, etc. and choose not to invest in full fledged EHR functionality before 2015.

Exchange of Standardized Clinical Data Summaries

In order to provide clinicians with actionable data at the point of care (integrated with provider EHRs), the HIE must adopt, use, and support the standards needed to exchange of summary data, including the CCD, among various clinical settings.

Financial Sustainability

Given Federal funds will not support the entire HIE infrastructure, the HIE must provide value to stakeholders willing to support it financially.

Interstate Collaboration Critical for HIE

Massachusetts helped form a New England coalition focused on collaborating on issues pertinent to eHealth activity in this region, including State agencies, quasi-public agencies, nonprofits, and other organizations in the following states:

- Connecticut
- Maine
- Massachusetts
- New Hampshire
- Rhode Island
- Vermont

Group meets monthly to share, learn, and identify priorities for focus among the New England states in health IT

- Share best practices, manage overlapping patients
- Work jointly on issues pertinent across our states
- Optimize opportunities relevant to health information technology

Initial opportunities for collaboration have been identified including:

- Address overlap in development of the health information exchange systems in New England
- Agree on full education curriculum for providers and future workforce
- Create centers of excellence for the various EHR systems
- Privacy policy harmonization
- Regional Master Patient Index
- Interstate governance

Agenda

- Overview of the Massachusetts eHealth Institute (MeHI)
- Health Information Technology for Economic & Clinical Health (HITECH) Act
 - Health information exchange (HIE)
 - Regional extension center (REC)
- HIT goals
- Governance and communication
- Summary and questions

HITECH Opportunity: Regional Extension Center

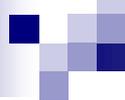
- Synergy between HIE and REC under MeHI
- REC would offer technical assistance, guidance, and information on best practices to support and accelerate health care providers' efforts to become meaningful users of EHRs.
- Prioritization to primary care physicians, underserved and other special-needs populations
- Scope of services include:
 - Education and outreach to providers
 - Part of national learning consortium
 - Vendor selection and best practices
 - Implementation and project management
 - Practice and workflow redesign
 - Functional interoperability and health information exchange
 - Privacy and security best practices
 - Progress to meaningful use (EHR meets established criteria)
 - Financing package

Agenda

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- Summary and questions



MeHI Strategic Plan Goals and Objectives

- Goal 1:** Improve access to comprehensive, coordinated, person-focused health care through widespread provider adoption and meaningful use of EHRs.
- Goal 2:** Demonstrably improve the quality of health care across all providers through HIT that enables better coordinated care, providers useful evidence-based decision support applications, and can report out quality measurement.
- Goal 3:** Slow the growth of health care spending through efficiencies realized from the use of HIT.
- Goal 4:** Improve the health of the Commonwealth's population through public health programs, research, and quality improvement efforts enabled through efficient, reliable, and secure health information exchange processes.

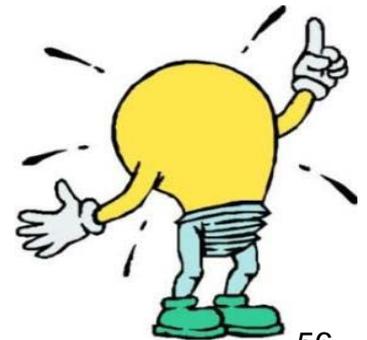
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Governance Structure—Key Components

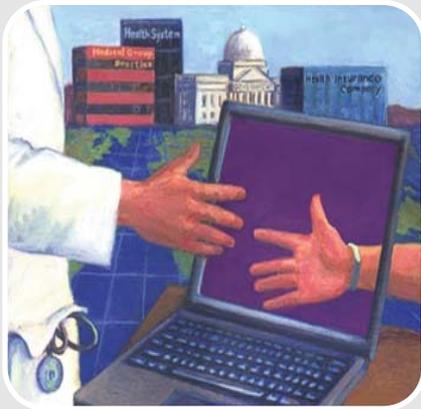
Defining a governance entity role and functions—establishing a convening and coordination structure, including personnel and processes for maintaining transparency and generating multi-stakeholder buy-in and trust required to foster public-private collaboration.

Defining accountabilities, oversight provisions, and protocols—establishing mechanisms to ensure that milestones are achieved across providers such that the public benefit is served and public trust is maintained via organizations and practices that are appropriate and secure.



MeHI Governance

While developing a governance approach to ensure public-private collaboration, MeHI will consider the following:

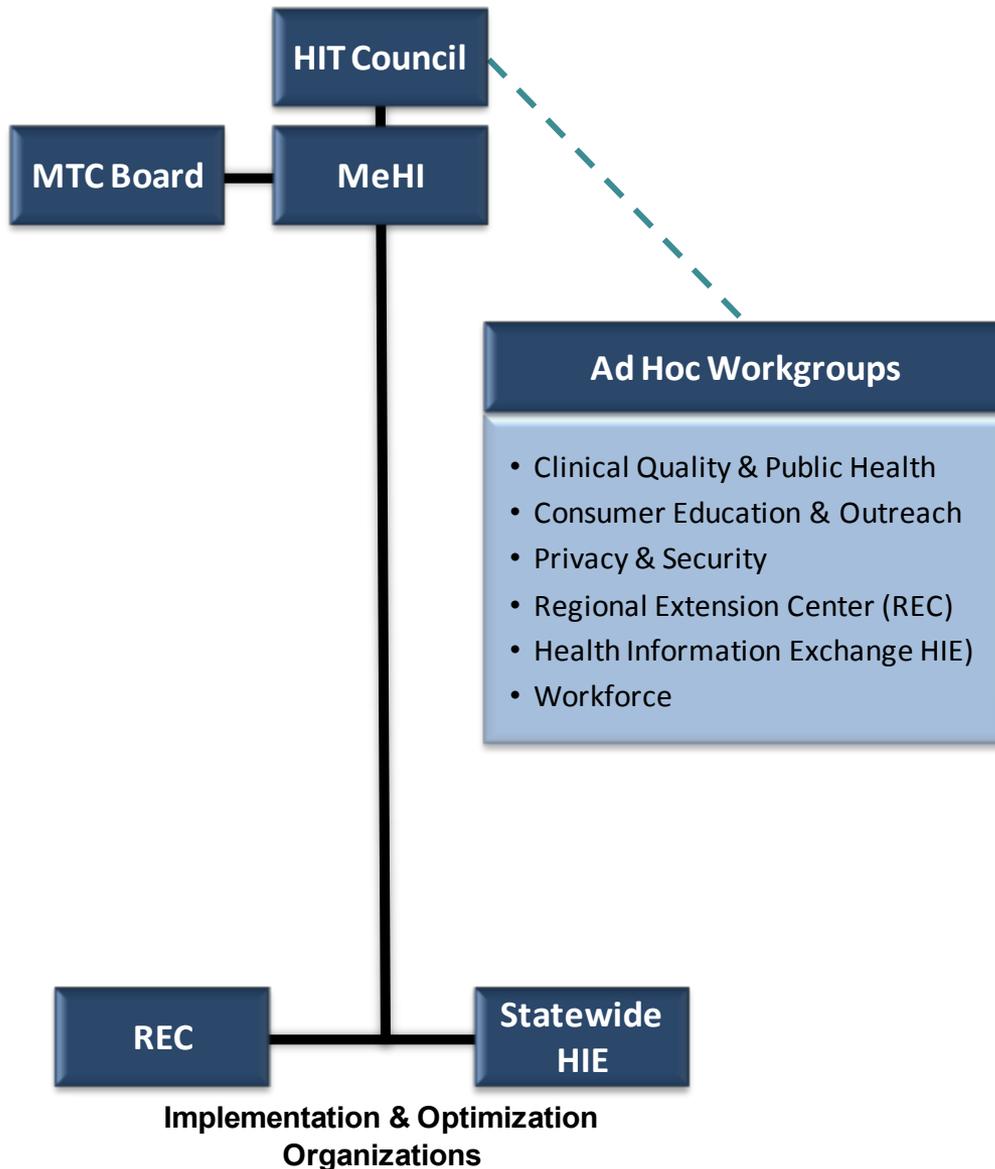


- Support the ability to utilize existing public and private sector technologies where appropriate.
- Leverage the wealth of knowledge residing in both sectors.
- Ensure that appropriate conflict of interest controls are in place to protect both public and private stakeholders participating in the collaborative approach.
- Promote transparency in the efficient utilization of funds to support prioritized programs.
- Promote teaming of resources across both the private and public sectors where appropriate.
- Ensure sustainability.

Key Stakeholder Involvement

- Development of 6-year plan in 2008 involved interviews with 75 key stakeholders across all health care sectors
- Strategic plan in 2009 included dozens of key stakeholder meetings over 3 months
- Concerns in private sector about state's "role"
- Acknowledgement and acceptance of the value of MeHI's role as convener, enabler, facilitator, and coordinator
- Value of strong MeHI / Medicaid / Department of Public Health collaboration with private stakeholders

MeHI Stakeholder Engagement



Public

- Combines Federal, State, and other funds into an eHealth fund (with MTC/MeHI as the REC and HIE) to support implementation activities
- Provides oversight, coordination, and auditing function for the Implementation and Optimization Organizations (IOOs) and participating entities
- Develops certification requirements (ensuring compliance with State policies & procedures) and contracts with IOOs
- Develops and maintains the strategic and operational plans

Public/Private Collaboration

- **Advises HIT Council on developing a sustainable and secure exchange of health information across non-affiliated health care entities (e.g., two providers that are not business associates)**
- **Advises on services supported by the HIE and REC**
- **Advises on development of operational policies, functional and technical requirements, and privacy and security policies**

Private

- **REC:** Certified IOOs will provide comprehensive support for EHR adoption and optimization towards meeting meaningful use
- **Statewide HIE:** Certified IOOs will develop technical infrastructure for, and facilitate adoption of, a statewide HIE

Ad Hoc Workgroups Important Component of Governance

Align number of workgroups with HIT Plan

- Quality and Public Health Reporting
- Consumer Education and Outreach
- Privacy and Security
- REC and Technical Workgroup
- HIE
- Workforce Development
- Ad hoc workgroups to support and inform multiple projects in Massachusetts beyond MeHI

Ad Hoc Structure

- Core group of participants per workgroup with pool of available stakeholders able to support specific initiatives
- MeHI will provide staff support to workgroups

Communication Channels

- Outreach channels and medium
 - Web
 - Town halls
 - Speaking engagements
 - E-newsletters
 - Social media (LinkedIn, Twitter, blogs)
 - Educational and peer learning
 - Cable
 - TV
 - Print media (op/eds., letters to the editor, etc.)
 - Radio
 - MassHealth virtual gateway
 - MMIS (Medicaid Management Information System)

Communication Audience

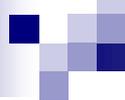
- Internal – HIT Council, MTC Board, EOHHS
- External
 - Consumers
 - Clinical practitioners (MD, PM, NP, etc)
 - Hospitals, community health centers, IPA (etc.)
 - Industry associations
 - Government/legislature
 - Academics
 - Community colleges
 - Community outreach groups
 - Media
 - Vendors
 - Payers
 - Employers

Summary

- MeHI created to promote adoption of electronic health records and a health information exchange in Massachusetts
- HITECH Act also enabled development of regional extension center within MeHI and support of the health information exchange
- Continued coordination with MassHealth/Medicaid critical
- Continued regional coordination with New England States
- Ongoing communication efforts essential

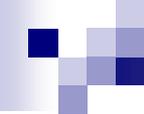
Richard Shoup, PhD
Director, Massachusetts eHealth Institute
(A Division of Massachusetts Technology Collaborative)
info@masstech.org

Massachusetts eHealth Institute Web site: www.maehi.org



Module 2: Discussion

- What obstacles has your agency faced and what lessons have you learned regarding how to set up a statewide governance structure?
- Has your agency been able to successfully apply any of the lessons that you learned to date? If so, how?



Massachusetts Office of Medicaid—Role in HIE Governance

Presented by

Philip Poley, Chief Operating Officer,

Office of Medicaid

February 25, 2010



MassHealth-Statewide HIT Context

- MassHealth-Statewide HIT Context
- MassHealth Overview
- Collaboration between MassHealth and MeHI
- Alignment of MassHealth Goals with State and Federal HIT Goals
- MassHealth Short- and Long-Term Goals

State HIT Organizational Structure

- In 2008, Chapter 305 – “An Act to Promote Cost Containment, Transparency, and Efficiency in the Delivery of Quality Health Care” was passed by the Massachusetts Legislature.
- Section 4 of Chapter 305 established the HIT Council and Massachusetts e-Health Institute (MeHI).
- The HIT Council consists of nine members including:
 - The Secretary of EOHHS who serves as the chair of the HIT Council
 - The Director of the Office of Medicaid
 - The Secretary of Admin/Finance or designee
 - The Executive Director of Health Care Quality and Cost Council
 - Five Governor appointees (including an HIT expert, law and health policy expert, and an expert in health information privacy and security)

Overview of Massachusetts HIT/HIE Stakeholders

- Massachusetts HIT/HIE/EHR stakeholders include:
 - Many national experts
 - Large prominent health care institutions and facilities
 - Several medical schools and health care research institutions
 - Many organizations with history of HIT/HIE involvement
 - MHDC
 - MHQP
 - MAeHC
 - MA SHARE
 - NEHEN



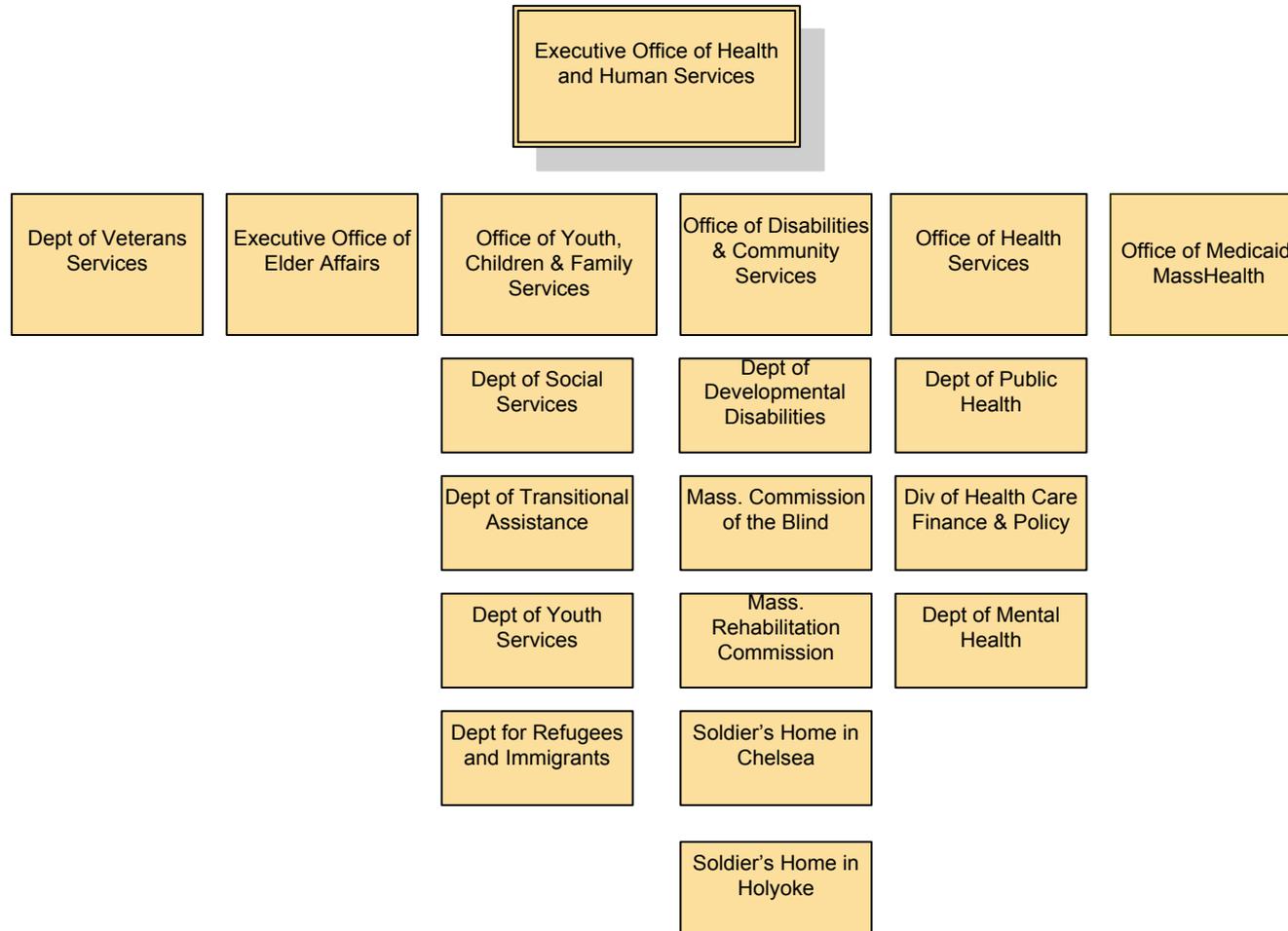
MassHealth Overview

- MassHealth-Statewide HIT Context

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Organizational Overview of Massachusetts EOHHS



Overview of MassHealth

- EOHHS administers MassHealth under a Medicaid Research and Demonstration Waiver that expands coverage to families at up to 300% of the Federal Poverty Level and provides community supports to elders and persons with disabilities through a number of Home and Community-Based Service Waivers.
- Currently, MassHealth provides comprehensive health coverage to nearly 1.24 million eligible low-income children, families, people with disabilities and seniors throughout the Commonwealth.
- Approximately 735,000 of the 1.24 million members are enrolled in MassHealth Managed Care Programs:
 - 4 Medicaid managed care organizations (MCOs), with a total enrollment of 445,000 members
 - 11,700 seniors enrolled in four Senior Care Options Medicare/Medicaid integrated managed care plans
 - Primary Care Clinician Plan (PCC Plan), with a total enrollment of 290,000 members

MassHealth Operational/Technical and Programmatic Context

Operational/Technical

- EOHHS offers robust functionality to consumers and providers via the Virtual Gateway Web portal, which is supported by a robust Enterprise Service Bus (ESB) information exchange infrastructure.
 - The Virtual Gateway receives an average of 300,000 hits per month by authorized providers viewing/submitted patient/client information .
- Recently implemented a new MMIS (Medicaid Management Information System)—average of 9,000 users and 1M transactions daily
- MassHealth is the eligibility “back office” for two other public programs that, with MassHealth, comprise the Massachusetts Health Care Reform initiative
- Deploying Enterprise Document Management and VOIP to transform the operational environment
- Preparing an RFP for EOHHS-wide Common Client Index tool
- Participating in all payer claims database project initiated by Division of Health Care Finance and Policy

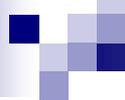
Programmatic

- Developing a statewide, all-payer Patient Centered Medical Home (PCMH) model of Care
 - Project to enhance the MassHealth PCC Plan is tied to this initiative
- Re-procuring MCO contracts and Behavioral Health carve out contract
- Developing a Medicare/Medicaid Dual Eligible program for non-elderly, disabled dual eligibles
- Payment Reform on the horizon
- Awarded Robert Wood Johnson Maximizing Enrollment for Kids grant aimed at enhancing enrollment and retention in CHIP
 - A major focus is on reducing caseload volatility (“churn”)

Patient Centered Medical Home (PCMH)

- EOHHS is working with a broad group of stakeholders to establish a Patient Centered Medical Home (PCMH) delivery model of care across both all payers.
- Currently, EOHHS has received funding from the Commonwealth Fund to support the transformation of 14 community health centers into patient-centered medical homes over a 4-year period.
- A PCMH demonstration project involving a targeted group of Primary Care Providers (PCCs) with approximately 50,000 PCC Plan members is currently in development with an implementation date scheduled for some time in 2010.
- The ultimate goal of EOHHS is to expand the PCMH delivery model to all providers statewide over the next few years

Meaningful use of HIT is seen as a key element supporting practice transformation



Collaboration between MassHealth and MeHI

- MassHealth-Statewide HIT Context
- MassHealth Overview

- Collaboration between MassHealth and MeHI

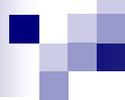
- Alignment of MassHealth Goals with State and Federal HIT Goals
- MassHealth Short- and Long-Term Goals

Current MeHI/MassHealth Activities

- Joint participation in regularly scheduled HIT Council Meetings
- Joint participation in MassHealth HIT Steering Committee focused on developing and implementing ARRA-funded Medicaid HIT incentive payments
- Daily communication
- Joint involvement in the development of key HIT documents and deliverables
- Development of an Interagency Service Agreement (ISA) between MeHI and MassHealth for the following types of activities:
 - Data sharing agreements
 - Joint planning and system design
 - EHR Certification support of MassHealth providers
 - IOO support for MassHealth Primary Care Providers

Value of MeHI and MassHealth Collaboration

- Optimization of both State and Federal funding
- Alignment of both statewide and MassHealth HIT strategies and planning
- Optimization of MeHI/EHS/MassHealth staff as content experts
- Optimization of State HIT assets
- Optimization Stakeholder Involvement across MeHI and EHS/MassHealth initiatives
 - Sharing of stakeholder contact lists
 - Coordination of stakeholder communications
 - Coordination of adhoc HIT workgroups to prevent duplication of effort and “burnout” by stakeholders



Alignment of MassHealth Goals with State and Federal HIT Goals

- MassHealth-Statewide HIT Context
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Alignment of MassHealth and MeHI Objectives

- State HIT strategic plan and Chapter 305 objectives are tightly aligned with CMS Medicaid HIT incentives.
- Medicaid HIT incentive funds provide a significant source of financing to achieve the adoption and meaningful use goals of Chapter 305.
 - Chapter 305 meaningful use goals and CMS meaningful use certification requirements are closely aligned.
- Widespread adoption and meaningful use of HIT is seen as a critical support to the statewide, all-payer Patient Centered Medical Home Initiative.
- MeHI's focus of IOO support on PCCs, nurse practitioners, and community health centers aligns with the Commonwealth's commitment to supporting and enhancing primary care.
- MeHI IOO certification will be instrumental in encouraging rapid adoption of HIT by MassHealth providers.

Comparison of Statewide HIT Plan vs. Medicaid HIT Plan

- Statewide HIT Plan
 - Focus on HIT planning for the entire Commonwealth
 - Assessment/strategy for all payers and providers connecting to statewide HIE
 - Planning for implementation and operation of statewide HIE
 - Planning for implementation and operation of statewide REC
- State Medicaid HIT Plan
 - Focus on HIT planning for MassHealth/EHS that is aligned with statewide HIT Plan
 - Assessment/ strategy for MassHealth/EHS to connect with statewide HIE
 - Planning for implementation and operation of Medicaid EHR Incentive Payment Program

MassHealth Short- and Long-Term Goals

- MassHealth-Statewide HIT Context
 - MassHealth Overview
 - Collaboration Between MassHealth and MeHI
 - Alignment of MassHealth Goals with State and Federal HIT Goals
- MassHealth Short- and Long-Term Goals

Short-Term HIT/HIE Focus for MassHealth

- MassHealth recently submitted HIT P-APD
- Preparing joint response to CMS with MeHI on the proposed rules for the EHR Incentive Payment Program and Meaningful Use
- Regional collaboration with New England HIT coordinators and New England Medicaid consortium
 - Potential regional efforts include master patient/provider indices, all payer claims database coordination, governance models, Medicaid incentive payment administration and reporting
- Development of State Medicaid HIT Plan:
 - Planning for Medicaid Incentive Payment Program
 - Collaboration with MeHI on the statewide HIT assessment
 - Collaboration with MeHI on Provider/Consumer Communication Strategy
 - Assessing how existing MassHealth HIT assets can support the statewide HIE with MeHI
 - Assessment of how the HIE will enable support and expand development efforts for the State's All Payer Database
 - Collaboration with MeHI on the development of REC business model with focus on Medicaid Primary Care Provider

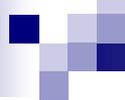
Long-Term HIE/HIT Focus for MassHealth

- Implementation and operation of the Medicaid Incentive Payment Program
- Implementation of HIT strategies outlined in the SMHP and the Statewide HIT Plan
- Continued collaboration with MeHI on the planning and development of the statewide HIE and operation of the REC

The Holy Grail—specific, useful, authorized sharing of clinical information to enhance health care quality and support cost containment goals



Questions?

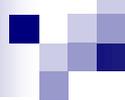


Module 3: Discussion

- What do you think your agency can or has contributed as a stakeholder in statewide health IT and HIE initiatives?
- How might State agencies leverage their funding and resources to support the development of a sustainable statewide governance structure?

Subscribe to the Listserv

- Subscribe to the AHRQ Medicaid—CHIP Listserv to receive announcement about program updates and upcoming TA Webinars and workshops.
- [Click here to subscribe to the listserv](#)—a prefilled message will open; enter your name after the text in the body of the message and send.
- Or follow the instructions below:
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 - On the subject line, type: Subscribe
 - In the body of the message type: sub Medicaid-SCHIP-HIT and your full name. For example: sub Medicaid-SCHIP-HIT John Doe
- You will receive a message asking you to confirm your intent to sign up.



Comments and Recommendations for Future Sessions

- Please send your comments and recommendations for future sessions to the project's e-mail address:

Medicaid-SCHIP-HIT@ahrq.hhs.gov

Project Information

Please send comments and recommendations to:

Medicaid-SCHIP-HIT@ahrq.hhs.gov

or call toll-free:

1-866-253-1627

<http://healthit.ahrq.gov/Medicaid-SCHIP>

RESOURCES

- STATE HIE TOOLKIT

[HTTP://STATEHIERESOURCES.ORG/](http://statehieresources.org/)

State Health Information Exchange Toolkit

Welcome to the State Health Information Exchange Toolkit. The Toolkit is a compilation of resources provided under the auspices of the State HIE Program sponsored by the Office of the National Coordinator for Health IT (ONC). The Toolkit is designed to support State HIE Leadership Forum participants – the State HIE Program applicants and recipients of cooperative agreements who are either HIT Coordinators or leaders of state designated entities – with practical “how to” guidance on developing and implementing plans for achieving statewide Interoperability that align with State HIE Program milestones. As a dynamic resource, the Toolkit will be regularly updated to reflect the ongoing experiences and needs of states as well as the growing body of lessons learned about what constitute “best practices” in statewide HIE. Throughout the Toolkit are some examples from the field of state HIE development as it has been evolving to date. However, information and examples from ONC approved strategic and operational plans and the latest updates on ONC Program guidance will be integrated into the Toolkit as it becomes available. [Learn More ▶](#)

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- ▶ General Planning
- ▶ Governance
- ▶ Technical Infrastructure
- ▶ Finance
- ▶ Nationwide Health Information Network
- ▶ Grants Management
- ▶ Terms & Acronyms

Toolkit Highlights

General Planning
This module serves as a resource for states in their development of Strategic and Operational Plans. Valuable checklists are provided as helpful guides for states in various stages of effort.

Governance
As a critical component of planning, states must establish HIE governance and oversight roles and functions. These are key to facilitating successful statewide HIE implementation to meet key milestones for interoperability and for managing ongoing compliance with prevailing data sharing policies and laws.

Technical Infrastructure
This section offers information on the development and implementation of a statewide technical infrastructure to support interoperability and the priorities outlined as part of the State HIE Program.

Finance
This financing module provides background information and guidance to assist State HIE Cooperative

Governance

As a critical component of planning, states must establish HIE governance and oversight roles and functions. These are key to facilitating successful statewide HIE implementation to meet key milestones for Interoperability and for managing ongoing compliance with prevailing data sharing policies and laws. This module focuses on establishing an effective operational governance structure. It provides information to help understand the functions associated with achieving broad-based stakeholder collaboration, trust and consensus on an approach for statewide HIE. This module contains the following information:

Page Contents

- 1 Governance
 - 1.1 Governance Overview
 - 1.2 Governance FAQs
 - 1.3 Governance Resources
 - 1.4 Governance Examples & Case Studies
 - 1.5 Links to ONC/Federal Program Documents

1. Why governance is important
2. Description of key functions and roles that are part of effective, collaborative governance
3. Overview of three prevalent models for structuring statewide HIE oversight and governance
4. FAQs that address key issues including critical choices, considerations, and steps in establishing operational governance and oversight
5. Practical resources, including examples, worksheets, and other helpful tools

[Governance Overview](#)
[Governance FAQs](#)
[Governance Resources](#)

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- ▶ Grants Management

WORKSHOP PRESENTERS AND FACILITATORS

Moderator



Stephanie Rizk, MA

Ms Rizk is a health services research analyst at RTI International. She has spent the past 5 years supporting research related to the private and secure exchange of health information and the analysis and reporting of issues related to interstate data exchange. On the Health Information Security and Privacy Collaboration (HISPC) project, she served as project manager for individual State teams, and also led the development of seven multistate collaboratives among the HISPC participants. She has worked closely with staff from other ONC initiatives including the State Level HIE project, the State Alliance for eHealth, the Health Information Technology Standards Panel, and the Certification Commission for Health Information Technology to provide cross-cutting support to states as they engage in HIE planning and implementation processes. Ms. Rizk has coordinated and facilitated numerous Web conferences related to interoperable health information exchange, and has served as an invited speaker for a number of State-based and national Health IT/HIE conferences.

Module 1: State HIE Governance Implications for Medicaid/CHIP Agencies



Lynn Dierker, RN

Ms. Dierker is the director for the State-level Health Information Exchange Consensus Project (SLHIE Project), an initiative sponsored by the Office of the National Coordinator for HIT (ONC) since 2006 under contract to the AHIMA Foundation. In her role, Ms. Dierker focuses on the development of State-level health information exchange (HIE) infrastructure, especially in the context of new Federal law and ONC's State HIE Cooperative Agreement Program. She facilitates the engagement of State-level HIE leaders through the Project's SLHIE Forum and has led Project efforts to advance a body of knowledge about State-level HIE governance, financing, policy, and technical aspects. Ms. Dierker works to coordinate a range of supports for States' HIE planning and implementation efforts. These include tools and resources for shared learning, direct consultation to States, collaborative efforts to develop best practices, and information dissemination.

Ms. Dierker previously served as Director for Community Initiatives with the Colorado Health Institute (CHI), an independent nonprofit health information and policy analysis organization. In that role, she facilitated the launch of the Colorado Regional Health Information Organization (CORHIO), served as the interim executive director, and now serves on the CORHIO Board of Directors. She was appointed by Governor Ritter as a member of the Colorado Health IT Advisory Committee.

Ms. Dierker's background includes a diverse range of experience in health policy and within public and private health care organizations, State government, and philanthropy. She served as staff to Governor Romer's Colorado Health Care Reform Initiative and as President

of the Children's Basic Health Plan Policy Board under Governor Owens. She is currently a member of the board of the Colorado Center for Nursing Excellence. Her former nursing practice was in the areas of oncology and intensive care as well as rehabilitation case management.

Module 2: Statewide HIT Plan and Governance Discussion



Rick Shoup, PhD

As the first director of the Massachusetts e-Health Institute (MeHI), a division of the Massachusetts Technology Collaborative, Rick Shoup is advancing MeHI's mission of expanding the dissemination of health information technology across the Commonwealth. Dr. Shoup assumed his duties as executive director on September 29, 2009 and brings to MeHI over 25 years of experience in healthcare IT management, consulting, product development healthcare analytics, application development, Public Health and teaching. Among numerous other positions, he has served as the Health Care Industry Head for a global health care services and consulting company, the COO for a software company, the CTO for a CRM company and the Chief Information Officer for Tufts Health Plan. In addition, he was a founding member of the Massachusetts Health Data Consortium's (MHDC) CIO Forum in 1995 and was the first managing director of the New England Healthcare EDI Network (NEHEN). Most recently, Dr. Shoup was engaged with the Massachusetts eHealth Institute as a consultant overseeing the development of a state-wide HIT plan for the deployment of Electronic Health Records and a state-wide Health Information Exchange. In addition to providing oversight for the proposed MeHI REC, Dr. Shoup has also been named the HIT Coordinator for the proposed Massachusetts Health Information Exchange.

Module 3: Massachusetts Office of Medicaid—Role in HIE Governance



Philip Poley, MA

Philip Poley is responsible for all operational aspects of the MassHealth program. His role encompasses member eligibility, enrollment and customer service functions as well as provider enrollment, credentialing, customer service, and claims processing. He has responsibility for directing and overseeing MassHealth’s provision of service to other agencies involved in the health care reform effort and, in this role, sets the agency’s information technology policy and ensures that MassHealth IT priorities are understood and fulfilled by the secretariat’s information technology unit. He holds executive leadership positions on the NewMMIS project, the Executive Office of Health and Human Services Cross-Agency IT Steering Committee, the Virtual Gateway Steering Committee, and the secretariat-wide data warehouse/decision support project. In addition, he represents MassHealth on the Massachusetts Health Information Technology Council, a legislatively created body charged with formulating statewide HIT strategy.

Prior to assuming the COO role at MassHealth, Phil held leadership positions within Commonwealth Medicine, the public sector consulting arm of the University of Massachusetts Medical School that helps State agencies improve health care services delivered to vulnerable populations. While there, he served as Chief of Staff to the Medical School’s Deputy Chancellor and established Commonwealth Medicine’s Office of Massachusetts Client Relations. Phil began his Medicaid policy work in 2001 when he served as Chief of Staff to the Massachusetts Medicaid Commissioner. Prior to that time, he held senior analytic positions at the Massachusetts Housing Finance Agency, a quasi-public entity that provides equity and debt for the development of affordable housing.

Mr. Poley received his bachelor’s degree in Political Science from Duke University and master’s degree in Urban and Environmental Policy from Tufts University.