

## Transforming the MHDO Board - June 5, 13

Adapted from November 2012 MHDO Board Retreat and Updated

Demand for health data is increasing in Maine and across the country. There is intense and growing motivation to understand and address cost drivers in health care and disparities in quality of care. Data seeking organizations and individuals are more vocal and urgent about their needs and critical when existing data sources fall short of expectations or fail to deliver their optimum value.

Although the work of the MHDO is highly valued, its board has been challenged in responding effectively to changing market needs and demands in part because of an unwieldy size and structure. To inform payment reform efforts and be effective and relevant in this new landscape, the board needs to be more responsive, nimble and forward looking.

The MHDO Board retreat held in 2012 provided those who attended with an opportunity to focus on the positive and negative aspects of the board and its operations and process during recent times. In our discussions, we heard frustration from board members regarding the cumbersome size of the existing board and discussed options to streamline and enhance the effectiveness and agility of the board.

This concept was endorsed by the LD 1818 Work Group that examined issues around health data in Maine and submitted findings and recommendations to the Legislature. In its report, the Work Group expresses support for:

*1) Continuing the work underway by the MHDO Board to implement its new vision and business imperatives by a Board that is held publically accountable for a disciplined execution of its plans with robust stakeholder involvement. Over the past two years, the MHDO Board has informally transformed itself into a smaller, more responsive and accountable board. The joint Committee for Health and Human Services has the authority under Resolve, Chapter 109 (2011) to report out legislation amending the MHDO statute (created in 1995) to reflect this transformation to a modern-day Board structure that will meet the future needs of the State's health care data organization. The Work Group understands that the MHDO board is preparing a legislative proposal to significantly reduce the size of the MHDO Board in order to be more nimble and effective, while still maintaining representation of a broad group of stakeholders including employers, providers, insurance plans, state agencies and consumers.*

This document outlines the thinking of the board and presents proposals on key aspects of a restructuring effort. It is based on the discussion and thinking the board developed at its retreat.

MHDO's intention is to submit a formal proposal for the Legislature to consider. This proposal must be finalized by September 2013 and we will look for final board approval at the August 2013 Retreat.

### A New Governance Structure

A smaller board – board membership would shrink from 21 to 10.

2 carriers  
2 providers  
2 consumers  
2 employers  
1 DHHS – voting  
1 PFR – voting

### Appointments:

- On the effective date of the new law, all existing positions expire
- New terms are structured in a staggered fashion
- Sitting members will be considered when appointments are made
- Appointments are made by the Governor using the current process

### Powers and Duties of the Board:

There is consensus among the board members that the board will focus on regulatory matters including rulemaking, data submission, privacy and compliance issues, rather than operational, administrative, and technical matters.

### Expectations of Board Members:

With a smaller board will come a deeper level of engagement and higher expectations for attendance and participation.

Board members will be expected to attend all meetings, to be prepared to discuss all agenda items, to be cognizant of developing issues that would inform board decision-making and to follow the procedural requirements that apply to all state agencies.

Additionally, although board members will be appointed in part for their expertise and knowledge about health data and the perspective of their constituency, all appointed board members represent the interests of the public at large rather than

the business interests of the organization that employs them. Individuals appointed by the Governor to serve as MHDO board members are state officials. As such, they are held to a high standard of honesty and integrity and are expected to serve the public in an unbiased and impartial manner at all times. The board is accountable and accessible to the public.

#### Strategic Priorities:

The Board has set the following strategic vision to guide its work into the future.

*Responsive and timely data:* clearly communicating to our clients what data are available and managing data release to published timeframes.

*Accurate data:* ensuring consistency and conformity of claims submissions

*Accessible data:* providing self-service applications where possible and removing barriers to data access.

*Streamlined process:* building efficient processes for data gathering and release.

*Secure data:* protecting the confidentiality of personal health data – electronic threats change and systems must adapt to meet these challenges

The Board has set the following priorities to guide its work into the future.

- Build and Maintain a highly robust and secure data warehouse that is built on an architecture that can support:
  - high volumes of multiple data files at rapid speeds;
  - a set of common data structures available for third party use; and
  - web access to data and reports.
- Create a shared utility that will provide value for multiple entities
- Increase integration between clinical and administrative data
- Develop and implement strategies that position the organization to anticipate and meet the data needs of the future (Work is underway and will be for the next few years with our operational transformation which will give us an infrastructure that is flexible so we can better adjust to the changing needs in the market.)
- Move towards deeper collaboration with other health data stakeholders such as HIN, ME CDC, MHMC, consumers, HIT, EMRs, health systems etc...

### MHDO Board Composition

<b>Past (in statute)</b>	<b>Present (current members)</b>	<b>Future (proposed)</b>
4 Consumers	1 Consumer	2 Consumers
9 Providers	5 Providers	2 Providers
3 Employers	3 Employers	2 Employers
2 Third Party Payors	2 Third Party Payors	2 Third Party Payors
3 State	2 State	2 State
<b>Total: 21</b>	<b>Total: 13</b>	<b>Total: 10</b>