

Maine Department of Health and Human Services

RFP #201308593 Evaluation of Maine's Office of the State Coordinator, including Health Information Exchange Cooperative Agreement

REQUEST FOR PROPOSAL #201308593, PROPOSAL DUE 9/19/2013
Division of Purchases
Burton M. Cross Building
111 Sewall Street, 4th Floor
9 State House Station
Augusta, ME 04333-009

HealthTech Solutions, LLC (Bidder)



Authorized Contact: Frank Lassiter
HealthTech Solutions, LLC
46 Mill Creek Park
Frankfort, KY 40601
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ORIGINAL

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Cover Page

Please find below the State's Cover Page.

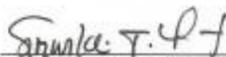
**State of Maine
Department of Health and Human Services
PROPOSAL COVER PAGE
RFP# 201308593**

Request for program evaluation of Maine's Office of the State Coordinator
including Health Information Exchange Program

Bidder's Organization Name: HealthTech Solutions, LLC		
Chief Executive - Name/Title: Frank Lassiter/COO		
Tel: 502-352-2460	Fax:	E-mail: frank@healthtechsolutionsonline.com
Headquarters Street Address: 46 Mill Creek Park		
Headquarters City/State/Zip: Frankfort, KY 40601		
<i>(provide information requested below if different from above)</i>		
Lead Point of Contact for Proposal - Name/Title:		
Tel:	Fax:	E-mail:
Street Address:		
City/State/Zip:		
Proposed Cost:	\$218,727.00	
<i>The proposed cost listed above is for reference purposes only, not evaluation purposes. In the event that the cost noted above does not match the Bidder's detailed cost proposal documents, then the information on the cost proposal documents will take precedence.</i>		

- This proposal and the pricing structure contained herein will remain firm for a period of 180 days from the date and time of the bid opening.
- No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Bidder's proposal.
- No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a proposal.
- The undersigned is authorized to enter into contractual obligations on behalf of the above-named organization.

To the best of my knowledge all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate at the time of submission.


Authorized Signature

9/16/13
Date

Frank Lassiter, Chief Operating Officer (COO)
Name and Title (Typed)

Section I Organization Qualifications and Experience

1.0 Description of the Organization

Present a detailed statement of qualifications and summary of relevant experience and knowledge of Maine OSC, HIE, or Meaningful Use program, references and educational experience directly related to the services position being bid upon. If subcontractors are to be used, provide a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors' organizational capacity and qualifications.

Introduction to HealthTech Solutions

HealthTech Solutions, LLC (HTS) was formally organized in August 2011 for the primary purpose of supporting state government agencies and other public sector entities in developing state-of-the-art eHealth solutions. Sandeep Kapoor, former Chief Technology Officer (CTO) for the Kentucky Cabinet for Health and Family Services (CHFS), leads the HTS consulting team.

HTS consultants bring first-hand experience in working within numerous statewide Health Information Exchanges and Medicaid Electronic Health Record (EHR) Incentive Payment Programs. We are well versed in the State HIE Cooperative Agreement Program and the requirements of the ONC and our staff brings the first-hand experience of launching a fully-operational statewide HIE in the Commonwealth of Kentucky while working for CHFS. Our recent experience includes the delivery of HIT strategic consulting services for the states of Connecticut and Georgia. For this engagement, Dr. Gary Ozanich and Dr. Kelly J. Devers will also serve on the HTS team. Gary was the principal investigator for the assessment of the Kentucky Health Information Exchange (KHIE) under the HIE Cooperative Agreement. In April 2013, Dr. Ozanich was invited by ONC to present on the topic of HIE assessment during a States All Grantee Webinar. Kelly J. Devers, Ph.D. is a Consultant in Healthcare Research, Evaluation and Policy. She received her doctorate from Northwestern University and was a Robert Wood Johnson Scholar in Health Policy Research at the University of California, Berkeley and San Francisco. Dr. Devers currently serves as the Urban Institute's project director for the Agency for Healthcare Research and Quality's (AHRQ) National Evaluation of CHIPRA Quality Demonstrations; the Office of National Coordinator's (ONC) Global Assessment of HITECH programs; the Center for Medicare and Medicaid Services (CMS) Medicaid EHR Incentive Program Technical Assistance Contract; and, the evaluation of the National Cancer Institute's (NCI) pilot of a Community Cancer Centers Program (NCCCP). She has published widely in major journals of health services research and policy, while also acting as a peer reviewer for federal and foundation grants, serving on editorial boards, editing a book and special journal issue, speaking widely, and in 2008-09 advising the presidential transition team.

Since January 2012, HTS has been providing subject matter expertise to CMS in the development of training modules to orient new state EHR Incentive Payment Program staff. In addition to development of training modules, HTS is responsible for enhancing and maintaining the EHR Incentive Program Audit Toolkit for CMS and state staff. HTS recently

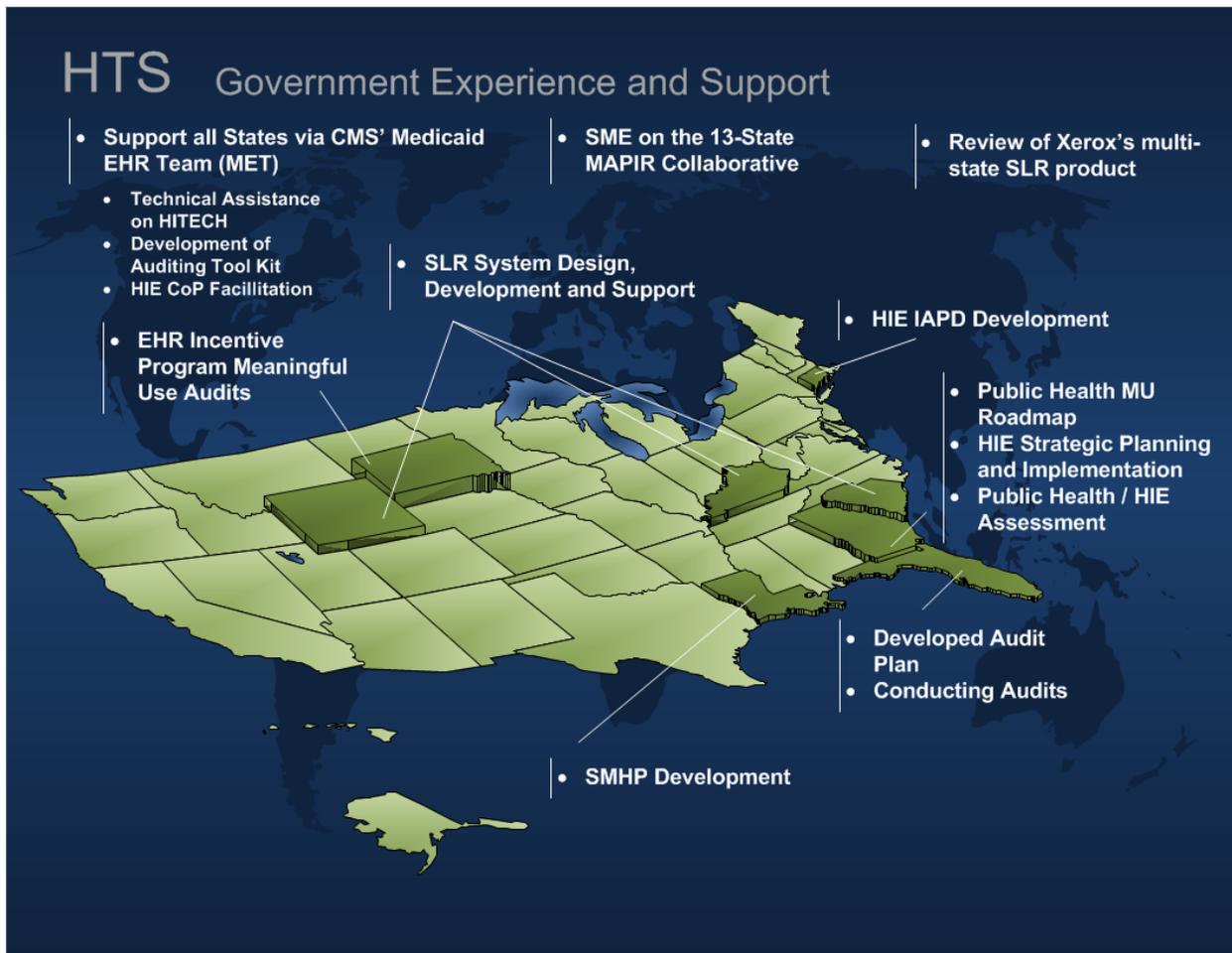
updated the Audit Toolkit for Stage 2 Meaningful Use (MU) changes. As part of their contract with MeT, HTS staff is also responsible for Communities of Practice (CoP) including the Health Information Exchange (HIE) CoP. In addition, HTS consultants are currently providing strategic planning, implementation, deployment, training, and upgrade assistance to a number of states, including South Carolina, Wyoming, Florida, Georgia, South Dakota and Connecticut.

HTS applauds Maine for your achievement of having all 38 hospitals in the state under contract to connect to HealthInfoNet. We also commend your vision, which calls for “...a transformed patient centered health system that uses highly secure, integrated electronic health information systems to advance access, safety, quality, and cost efficiency in the care of individual patients and populations”. At HTS we share your vision and understand the role an efficient and robust HIE program can play in transforming health care.

Because of your advanced HIE state, you require a unique evaluation vendor who not only understands the necessary steps for HIE program evaluation, but also has a clear understanding of the potential for HIE and how it can be mobilized to support healthcare transformation and improve the health and wellbeing of your residents. HTS brings the unique combination of first-hand experience at the state level coupled with a national presence and direct participation in HIT initiatives at the federal level.

In the following pages, we will describe an approach and methodology to the assessment that meets or exceeds your project objectives and provides the Department of Health and Human Services with an independent, objective evaluation of your HIE program. We will describe the qualifications, including the expertise and experience of the HTS team members that will deliver these services, and demonstrate how our consultants’ unique and detailed HIE experience will provide Maine with a project team whose combined expertise is unmatched by our competitors. HTS understands the complexity of the implementing and evaluating a statewide HIE, and can relate to the unique needs of the Department of Health and Human Services. We also have a clear understanding of HIT initiatives at a national level.

Our up-front knowledge will reduce not only start-up time and the risks associated with the project, but also conserve the Department of Health and Human Services staffing resources that would otherwise be required to educate and support a less experienced vendor. As the following figure shows, HTS brings a vast reserve of HIE knowledge about the state HIE/HIT landscape nationally, the first-hand experience acquired through our tenure with the Commonwealth of Kentucky’s HIE, and direct experience in designing and implementing a state HIE assessment to satisfy the requirements of the ONC and provide future direction for the program. (See the figure below for our HIT experience nationally.)



2.0 Organizational Description and Qualifications

- Location of the corporate headquarters. Also, describe the current or proposed location where services will be provided or from which the contract will be managed.*
- Attach a certificate of insurance on a standard form (or the equivalent) evidencing the Bidder's general liability, professional liability and any other relevant liability insurance policies that might be associated with this contract.*
- Attach a list of all current litigation in which the Bidder is named and a list of all closed cases for the past five years in which Bidder paid the claimant either as part of a settlement or by decree. For each, list the entity bringing suit, the complaint, the accusation, amount and outcome (Or state there is no current litigation in which the Bidder is named and there are no cases for the past five years in which the Bidder paid the claimant either as part of a settlement or by decree).*

HealthTech Solutions is located at 46 Mill Creek Park Frankfort, KY 40601. The majority of our consultants are located in Frankfort, KY, but the lead evaluator proposed on this



project is located on the east coast within driving distance of Augusta, ME. We also understand that travel to Maine will be necessary and we are fully prepared to attend on-site meetings when needed.

Please see Attachment A for the general liability, professional liability and other policies associated with this contract.

There is no current litigation in which HealthTech Solutions is named and there are no cases for the past five years in which HealthTech Solutions paid the claimant either as part of a settlement or by decree.

3.0 Organizational Experience

Briefly describe the history of the Bidder's organization, especially regarding skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. Include similar information for any subcontractors.

As mentioned above, HTS has a clear understanding of HIT initiatives at a national level and has the unique qualities needed for a comprehensive evaluation of Maine's HIE. HTS contracted in late 2011 with a Fortune 500 IT firm to provide an eHealth strategy and road map for their national health information exchange vertical. HTS staff analyzed the firm's existing products and capabilities and provided strategic guidance and direction for expanding their HIE business. HTS assisted this same Fortune 500 firm to establish connectivity via multiple EHR vendors to a statewide immunization registry.

HTS also contracted with the Georgia Department of Community Health (GDCH) and the Georgia Health Information Exchange (GHIE), which included serving as consultants to GDCH and the Health Information Exchange's policy and advisory committees. This included providing subject matter expertise on technology issues, including architecture, standards and interoperability; business operations, including financial sustainability; and the development of statewide HIE policies and requirements that will govern the secure electronic exchange of health information. The HTS team was also engaged over a two-month period to provide consulting services to a sister agency, the Georgia Department of Public Health, to develop a plan for interoperability of public health systems (including the electronic health records systems used by Georgia's Public Health Districts) with the GHIE.

HTS staff lead an HIE Community of Practice for states under their Urban Institute contract with CMS. Responsibilities include presenting at monthly webinars, writing white papers on HIE topics and responding to states' questions on HIE topics.

While employed at the Commonwealth of Kentucky, HTS staff led development of the Kentucky Health Information Exchange (KHIE). The KHIE, which went live on April 1, 2010, was one of the nation's first operating state HIEs. In August 2011, the KHIE was awarded the first Medicaid

and Public Health HIE Collaboration Award from CMS, the Centers for Disease Control and Prevention (CDC), and the Association of State and Territorial Health Officials (ASTHO).

Dr. Gary Ozanich, Project Director/Lead Evaluator, has more than 5 years of experience in conducting assessments of health information exchange. He is the principal investigator for the assessment of the Kentucky Health Information Exchange under the Cooperative Agreement Grants, and was the principal investigator for the assessment of the impact of health information exchange on the Medicaid population of Kentucky under a Medicaid Transformation Grant. In April, 2013, he was one of three researchers selected by ONC and Deloitte Consulting to present on the topic of “Health Information Exchange Assessment” to the State All Grantee Webinar. In recognition of his HIE research expertise, Dr. Ozanich is National Chair of the HIMSS Health Information Exchange Committee and serves on the National e-Health Collaborative Consumer Engagement Advisory Council. He is a speaker at numerous national conferences and events on the topics of HIE sustainability and meaningful use, and has peer reviewed articles and presentations on the topics.

Dr. Kelly Devers who will serve as the Healthcare Research, Evaluation, and Policy Consultant for the project has completed recent research on Health Information Technology (HIT), particularly federal and state programs designed to increase provider’s adoption and meaningful use of electronic health records (EHR’s).

Given our group’s experience with health information exchange, health information technology, and the assessment requirements for the State Cooperative Agreement Grant and for the Maine Office of State Coordinator for Health Information Technology, we have the following unique characteristics that make HTS especially qualified to perform the required work activities:

1. Practical understanding of and experience with ONC and CMS priorities and an in-depth insight into the state specific requirements for Maine.
2. Previous development, validation, and use of survey instruments and focus group protocols for HIE and HIT assessments.
3. Implementation and analyses of more than a dozen HIE focus groups across a broad scope of stakeholders.
4. Survey and structured interview use and analyses to assess ONC and CMS requirements for HIE and HIT.
5. Completion of a laboratory census across a state to the achievement of a 96% response rate and the successful capture of all measures as required by ONC.
6. Comprehensive understanding and previous use of secondary data sources used in analyses for as e-prescribing, consumer engagement and unaffiliated provider exchange of data.

7. Experience in the use of network traffic analyses, audit logs and vendor data to measure HIE performance and progress for key program areas.
8. Unique skills and knowledge in the area of HIE sustainability, including the integration of financial analysis with the results of the assessment for the development of financial models, benchmarks, and timelines.
9. The comprehensive integration of assessment results into an HIE Strategic and Operational Plan as required by ONC.

4.0 Description of Experience with Similar Projects

a. Provide a description of up to five projects that occurred within the past five years which reflect experience and expertise needed in performing the functions described in the "Scope of Services" portion of this RFP. For each of the five examples provided, a contact person from the client organization involved should be listed, along with that person's telephone number. Please note that contract history with the State of Maine, whether positive or negative, may be considered in rating proposals even if not provided by the Bidder.

b. If the Bidder has not provided similar services, note this, and describe experience with projects that highlight the Bidder's general capabilities. Briefly describe the history of the Bidder's organization, especially regarding skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. Include similar information for any subcontractors.

Similar Project Experience

HTS staff has on average 25 years of health and human services experience. HTS staff includes a former CIO and CTO who have experience supporting statewide Health Information Exchanges. HTS staff possesses extensive knowledge of Meaningful Use and the Medicaid EHR Incentive Payment Program. HTS serves as subject matter experts on the Medicaid EHR Team (MeT) contract with CMS through the Urban Institute to provide technical assistance to states for EHR Incentive Payments. HTS staff also lead the HIE Community of Practice for MeT.

HTS has implemented incentive payment systems in the states of Kentucky, South Carolina and Wyoming. HTS has consulted on the Wyoming Department of Health's HIE to assist in integrating EHR systems with the Immunization Registry via the HIE. HTS personnel are conducting audits in Florida and South Dakota to ensure that providers are meeting meaningful use. HTS personnel have presented on numerous national conferences on various aspects of the EHR incentive program, including HIMSS, MMIS/MESC, National Legislators Conference, ONC, NGA, World Managed Care and HITECH.

In addition to the contracts listed above, while employed at the Kentucky Cabinet for Health and Family Services, HTS personnel were key resources in the implementation of

Kentucky's statewide Health Information Exchange and Kentucky's solution for Medicaid EHR Incentive Payment Program—Phase I, AIU (Adopt, Implement, Upgrade) and Phase II MU (Meaningful Use). The Kentucky program supported the Department for Medicaid Services in being the first state in the nation to issue EHR Incentive Payments to an eligible hospital and one of the first four states to issue payments to eligible professionals. As a result of our collective experience in HIE and HIT at the state-level, we have a working understanding of the HIE Cooperative Agreement Program requirements and the requirements for the EHR Incentive Payment Program.

Below we will describe our experience with the Kentucky Health Information Exchange, Kentucky Medicaid Transformation Grant, Georgia Department of Community Health, Connecticut Department of Social Services, and the Florida Agency for Healthcare Administration.

Kentucky Health Information Exchange—As Senior Research Associate at the Center for Applied Informatics at Northern Kentucky University, Dr. Gary Ozanich has been the principal investigator for the “Assessment of the Kentucky Health Information Exchange” since the inception of the Cooperative Agreement Grant in April, 2009. Debra Hertz was the research assistant to the assessment in 2012-2013. In addition, Dr. Ozanich chairs the Business Development & Finance Committee for the Coordinating Council of the Kentucky Governor's Office of Electronic Health Information (GOEHI). As of September 2013, the Kentucky Health Information Exchange (KHIE) had 361 live connections and 449 signed participation agreements covering 1,027 locations. The assessment includes all ONC priorities, and other GOEHI requirements, including assessment of performance, barriers to adoption, critical success factors, consumer engagement, and sustainability. The methodologies employed include secondary data analysis, network and server log analysis, survey questionnaires, structured interviews, focus groups, and financial analysis (e.g., price sensitivity, cash flow modeling). Under the assessment, consumer engagement is being measured through the use of the National eHealth Collaborative Consumer Engagement Research Tool (CERT) for 48 provider organizations. This is one of the largest consumer engagement research projects in the nation and the largest for any health information exchange.

Contact: Polly Mullins-Bentley (KY State HIT Coordinator), Telephone: 502-564-7992 ext. 2809 E-Mail: polly.mullins-bentley@ky.gov

Kentucky Medicaid Transformation Grant –As Senior Research Associate at the Center for Applied Informatics at Northern Kentucky University, Dr. Gary Ozanich has been the principal investigator for the “Assessment of the Kentucky Medicaid Transformation Grant” during 2010-2011. This grant provided the foundation for developing an HIE in Kentucky for the purpose interconnecting 6 hospitals with a large Medicaid population and the Kentucky Cabinet for Health and Family Services to exchange claims and clinical data. The purpose of the assessment was to measure network performance, traffic, characteristics of data exchanged and the impact on costs and care quality related to three chronic disease states after the introduction of the HIE. This project became the foundation for the KHIE Assessment under the Cooperative

Agreement Grant. Findings from the assessment were published in the Journal of Health Information Management. (Refer to Dr. Ozanich's resume in the appendices for citation.)

Contact: Polly Mullins-Bentley, (KY State HIT Coordinator), Telephone: 502-564-7992 ext. 2809 E-Mail: polly.mullins-bentley@ky.gov

Georgia Department of Community Health - HTS provides subject matter expertise to the Georgia Department of Community Health on HIE and Meaningful Use. HTS personnel have developed a technical roadmap for the Public Health MU measures and participated as subject matter experts on the 13-state Medical Assistance Provider Incentive Repository application (MAPIR) collaborative. HTS also completed an assessment of Georgia's central Public Health systems through a contract with Grant Thornton in 2012. This assessment provided a gap analysis and implementation plan for integrating the Immunization, Disease and Condition Reporting, and State Lab functions with the state HIE in Georgia the primary goal of which was to help providers meet meaningful use. HTS contracted with the Georgia Department of Community Health (GDCH) and the Georgia Health Information Exchange (GHIE), which included serving as consultants to GDCH and the HIE's policy and advisory committees. This included providing subject matter expertise on technology issues, including architecture, standards and interoperability; business operations, including financial sustainability; and the development of statewide HIE policies and requirements that will govern the secure electronic exchange of health information. GDCH engaged HTS staff to assist with vendor selection from two HIE RFPs including one for Direct services and a second RFP for a query based HIE vendor to run Georgia's statewide HIE. The HTS team was also engaged over a two-month period to provide consulting services to a sister agency, the Georgia Department of Public Health, to develop a plan for interoperability of public health systems (including the electronic health records systems used by Georgia's Public Health Districts) with the GHIE.

Contact: Kelly Gonzalez, (GA State HIT Coordinator) Telephone: Office: 404-654-5703 Mobile: 404-227-3013 (307) 777-5414, E-Mail: kegonzalez@dch.ga.gov

Connecticut Department of Social Services - HTS was contracted by the state of Connecticut to develop a strategic road map for health information exchange for the Medicaid recipients. Working with various stakeholders in the state, HTS personnel reviewed the current state and helped develop a desired state as well as a road map. Also, HTS personnel helped in the budget development of the Implementation Advance Planning Document (IAPD). This IAPD was approved by CMS resulting in the state receiving a multi-million dollar grant to implement the strategy.

Minakshi Tikoo, MBI, PhD, CT State HIT Coordinator and Director of Evaluation | Biomedical Informatics Center (BMIC), Telephone: 860-679-5559, E-Mail: tikoo@uchc.edu

Florida Agency for Healthcare Administration- Since August 2012, HTS has been engaged by the State of Florida Agency for Health Care Administration (AHCA) to provide professional audit services for Florida's Medicaid EHR Incentive Payment Program. HTS



serves as a subcontractor to KPMG on this contract. HTS is currently conducting desk and on-site audits in accordance with the AHCA’s CMS-approved audit plan.

Contact: Heidi Fox, Telephone: Contact 1: (850) 412-3794, Contact 2: (850) 412-3749, E-Mail: Heidi.Fox@ahca.myflorida.com

5.0 Key Personnel and Qualifications

- a. Attach an organization chart showing the key staff for this project and their functional and reporting relationship to other elements of the organization. (or state sole proprietor)
- b. List the names and titles of all key staff for this project including the name and title of the manager who will be accountable for this project (or state sole proprietor). The Bidder should also list which project staff will be transitional (if any) or permanent. Attach: resume and/or job description consistent with the organization chart requested above.

See the attached organizational chart in Section V, 1.0 – Organizational Chart.

Key staff - HTS has proposed staff for the Department of Health and Human Services Program Evaluation of Maine’s Office of the State Coordinator Health Information Exchange Cooperative Agreement project who possess many years of experience with HIE and HIE evaluations. We have proposed a multi-faceted team which includes experience in HIE governance, outcomes measurement, HIE architecture and Meaningful Use. Listed below are the permanent staff we propose to use and their designated roles on the project. We have also documented our staff’s relevant experience in the table below.

- Project Director/Lead Evaluator – Gary Ozanich, PhD
- Lead HIE/MU Consultant – Sandeep Kapoor, PMP
- Consultant, Healthcare Research, Evaluation, and Policy – Kelly Devers, PhD
- Project Manager – April Smith
- Senior HIE/MU Consultant – Kathy Frye, PMP
- Senior HIE Policy Consultant – Theresa Glore, MS
- Research Assistant – Debra Hertz, MS

See Section V, 3.0 for staff resumes.

	HIE Governance	HIE Architecture	Outcomes Measurement	Meaningful Use
Gary Ozanich				

Sandeep Kapoor				
Kelly Devers				
April Smith				
Kathy Frye				
Theresa Gloré				
Debra Hertz				

Section II Specifications of Work to be Performed

1.0 Services to be Provided

Refer to Part I & Part II of this RFP. Discuss the Scope of Services referenced above in this RFP and what the Bidder will offer. Give particular attention to describing the methods and resources you will use and how you will accomplish the tasks involved. If subcontractors are involved, clearly identify the work each will perform. Include documentation that the bidder understands the goals and objectives of the RFP and the importance of Health Information Technology in the existing HITECH Act and in emerging health care initiatives.

HTS will conduct a state-level program evaluation of Maine’s Health Information Technology and Exchange Program. The evaluation will consist of two components: 1) Evaluation of the State’s Health Information Exchange Cooperative Agreement with HealthInfoNet, a private non-profit Maine company which operates the state-wide HIE; and 2) Evaluation of the Office of the State Coordinator for HIT program and MaineCare Meaningful Use and recommendations for continued integration of HIT and a sustainable HIT effort.

HTS will follow the prescribed approach for data gathering and analysis as described in the ONC Evaluation Template. The evaluation population will include: Maine’s HIE program; the Health Information Exchange vendor (HealthInfoNet), evaluation stakeholders, key HIE stakeholders, and key priority areas (i.e. participation of Laboratories, Pharmacies, and Providers in the HIE). Data collection will employ various techniques including document review, individual interviews, focus groups, questionnaires, and review of the secondary data specified in the RFP. HTS will provide draft reports as required by the OSC, and formally present the final report to the OSC, stakeholders, and other parties.

HTS will assess the progress made to meet the goals and objectives of the OSC Program; evaluate how the OSC has fostered integration of HIT into existing and emerging health care initiatives; and develop recommendations for how OSC can continue to progress toward meeting its goals and objectives. The recommendations section will include options for the OSC framework for further integration and sustainability of HIT to complement emerging and future health care initiatives including, but not limited to, the State’s Meaningful Use program, Telehealth, increasing the use of HIT for all types of providers (for example, behavioral health and long term care), MaineCare’s Health Home program, the State Innovative Model (SIM) grant, high-speed broadband connection, CDC reporting registries, designation of a State-wide HIE, recommendations from efforts such as the LD1818 work group, the Legal Work Group (LWG), MHDO efforts, and other HIT related initiatives that complement the State’s efforts to meet the “AIMS” of the RFP.

AIM 1: Evaluate the progress made by the OSC coordination of HIT programs to meet goals and objectives;
AIM 2: Identify emerging and future initiatives with HIT components that the OSC program can help inform or complement;
AIM 3: Perform a gap analysis of the current status of goals and objectives and the desired state, and identify HIT needs to meet the emerging and future initiatives;
AIM 4: Make recommendations to continue the progress toward meeting goals and objectives (including updating goals and objectives as needed), and further integration and sustainability of OSC/HIT programs to complement emerging and future health care initiatives such as the Health Homes, SIM, and payment and health care service reforms.

A multiple methodological approach will be used in achieving the aims of the evaluation, bringing evidence to bear on the research questions, and developing actionable results in an assessment. This approach provides the richest data, triangulation on the questions, and cross-measurement validity. HTS has substantial experience in using this approach for HIE research and addressing requirements under HITECH and using the results to drive governance policies and strategic and operational plans.

The services provided will consist of refining the research plan, instrument design, collection of secondary data, fielding the primary research, data collection, data synthesis and analysis, preparation of final reports, and dissemination of the final report and recommendations. These activities will be accomplished within the reporting requirements, including draft reports, stakeholder input and discussions, timelines, and other performance indicators required under the RFP. These requirements are delineated in a detailed project plan that is included under Section 2.0 (Implementation Work Plan) of

this proposal, which addresses each of the Department of Health and Human Services' seven evaluation goals.

The methodologies used and data collected will serve multiple purposes across the aims for both the HIE and OSC HIT assessments. Thus, the project requires a careful focus on instruments designed to collect data and that each serve multiple purposes. In this approach, there are numerous pitfalls that must be avoided. For example, it is our experience that survey questionnaires have significant problems when they are used beyond a small pool of HIE savvy individuals.

An illustration is when clinicians are asked about health information exchange in a survey, we have found that they typically confuse the EHR and HIE and that responses tend to be about their EHR implementation experience and local HIT team. This results in confusing data and the risks of incorrect conclusions and bad planning. Conversely, we have found that focus groups with a well-designed protocol and facilitated by a knowledgeable researcher provide rich data which can be used for assessment and planning across a full range of aims. Likewise, our experience indicates that structured interviews with a design by subject class and conducted by phone or in-person yields valid and reliable results.

Secondary data analysis requires expertise in health information exchange. This requires an understanding of the dynamics of this rapidly evolving area including technology, HIE diffusion/adoption issues, healthcare delivery across the continuum of care, payment reform, accountable care, population management and analytics, and healthcare finance and economics. In order to meet the aims of this RFP, secondary analysis must go beyond description to support inference and explanation.

The aims of the evaluation, related evaluation research questions, and multiple data collection and analyses methods for both the HIE and OSC HIT Assessments are well explicated in the RFP. HTS staff has conducted similar research using all of the data collection and analysis methods meeting the ONC evaluation requirements and measuring performance of a statewide HIE in meeting progress goals and developing a sustainable state HIT plan. HTS is uniquely qualified to bring the results to bear in an assessment that measures performance and provides building blocks to support sustainability and an updated state HIT plan.

Issues involved in undertaking the data collection and analysis in a valid and reliable manner while meeting the twin aims of the HIE evaluation and OSC HIT Assessment are summarized in the table below.

Collection Method	Key Issues in HIE Research
Document Review	<ul style="list-style-type: none"> • Core knowledge -HIE technology including interfaces -Workflow integration

	<ul style="list-style-type: none"> -HIE in the continuum of care -Exchange between unaffiliated providers -HITECH requirements and ONC assessment requirements -Goals and objectives of Maine OSC Program -HIE value propositions -Models of HIE sustainability -Federal funding sources (e.g., CMS Innovation Grants) <ul style="list-style-type: none"> • Understanding of HIE models of governance • HIE diffusion and adoption -Standards and interoperability -Economic barriers to adoption -Provider barriers to adoption -Finance and reimbursement <ul style="list-style-type: none"> • Understanding HIE in the context of healthcare reform -Meaningful Use -Accountable Care -Population management -Analytics and informatics <ul style="list-style-type: none"> • Integration of document review with primary research • Trend and statistical analyses in a new and dynamic market
Secondary Data	<ul style="list-style-type: none"> • Knowledge of relevant secondary sources • Experience in using these secondary sources for HIE assessment • Integration of secondary sources with primary research • Trend and statistical analyses in a new and dynamic market
Interviews	<ul style="list-style-type: none"> • Structured questionnaire development on a vertical basis (e.g., subject category such as provider, policymaker, etc.) • Subject recruitment for in-person or phone interviews • Recruiting a statistically valid subject pool (e.g., not just early adopters) • HIE knowledgeable pool of subjects • Integration with secondary research and other primary sources
Focus Groups	<ul style="list-style-type: none"> • Very rich source of assessment data • Scoping the parameters of topics • Development of focus group protocol • Knowledgeable facilitator • Intra-organization groups vs. Inter-organization groups • Subject recruitment • Roles of recruited subjects and their relationship to HIE • Integration with secondary research and other primary sources

Questionnaires	<ul style="list-style-type: none"> • Highly problematic methodology • Instrument construction to focus on HIE • Subject responses about EHR or HIT instead of HIE • Subject recruitment (methods, access, incentives, participation) • Recruiting a statistically valid subject pool (e.g., not just early adopters) • Limited inferential generalizability from forced-response questions • Format limitations including complexity of coding open-ended questions in a complex area • Risk of incorrect conclusions though lack of shared definitions and HIE understanding with and between subjects. • Integration with secondary research and other primary sources
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2.0 Implementation Work Plan

Provide a realistic work plan for the implementation of the program through the first contract period. Display the work plan in a timeline chart. Concisely describe each program development and implementation task, the month it will be carried out and the person or position responsible for each task. If applicable, make note of all tasks to be delegated to subcontractors. This must be consistent with your staffing and budget.

Please see the proposed implementation work plan below which assumes a project start date of October 1, 2013 and a project end date of February 18, 2014. Each task on the proposed work plan outlines the HTS resources responsible. Please note that no subcontractors will be used. The resources designated on the work plan are consistent with our staffing and budget plans.

ID	Task Name	Duration	Start	Finish	Predecessors	Resource Names
1	Project Management Tasks	94 days	Tue 10/1/13	Fri 2/7/14		
2	Kickoff Meeting	1 day	Tue 10/1/13	Tue 10/1/13		Sandeep Kapoor,Gary Ozanich,Maine OSC,April Smith,Debra Hertz,Theresa Glore,Kathy Frye,Kelly Devers
3	Identify StakeHolders and Subject Matter Experts (SMEs) for state	2 days	Tue 10/1/13	Wed 10/2/13		Maine OSC,HTS Project Staff
4	DELIVERABLE: Develop Project Plan	3 days	Fri 10/4/13	Tue 10/8/13		April Smith,HTS Project Staff
5	Submit to OSC	1 day	Wed 10/9/13	Wed 10/9/13	4	April Smith
6	Walkthrough of Project Plan with OSC	1 day	Thu 10/10/13	Thu 10/10/13	5	HTS Project Staff,April Smith,Gary Ozanich
7	OSC Review of Project Plan	5 days	Fri 10/11/13	Thu 10/17/13	6	Maine OSC
8	Receive comments from OSC	1 day	Fri 10/18/13	Fri 10/18/13	7	Maine OSC,HTS Project Staff
9	Update Project Plan Deliverable	1 day	Mon 10/21/13	Mon 10/21/13	8	April Smith,HTS Project Staff
10	OSC Review and Approval	1 day	Tue 10/22/13	Tue 10/22/13	9	Maine OSC
11	Manage and Maintain Project Plan Ongoing	94 days	Tue 10/1/13	Fri 2/7/14		April Smith
12	Define and Support Project Governance	94 days	Tue 10/1/13	Fri 2/7/14		
13	Bi-weekly Reports	94 days	Tue 10/1/13	Fri 2/7/14		April Smith,Debra Hertz
14	Communicate with Stakeholders/Study Population	94 days	Tue 10/1/13	Fri 2/7/14	10	
15	Develop approach to contact and report on stakeholders	11 days	Tue 10/1/13	Tue 10/15/13	10	Sandeep Kapoor,Gary Ozanich,April Smith,HTS Project Staff,Kathy Frye,Theresa Glore,Kelly Devers
16	Submit questionnaire for review	2 days	Wed 10/16/13	Thu 10/17/13	15	Maine OSC,HTS Project Staff,April Smith,Debra Hertz,Gary Ozanich
17	Report bi-weekly on contacts made	94 days	Tue 10/1/13	Fri 2/7/14		Gary Ozanich,HTS Project Staff,April Smith
18	Data Collection	94 days	Tue 10/1/13	Fri 2/7/14		
19	Develop approach for collecting program data	11 days	Tue 10/1/13	Tue 10/15/13		Gary Ozanich,Debra Hertz,HTS Project Staff,April Smith,Kelly Devers,Theresa Glore
20	Submit data collection approach to OSC	0 days	Wed 10/16/13	Wed 10/16/13		Gary Ozanich,Debra Hertz,HTS Project Staff,April Smith
21	Receive approval from OSC on data collection approach	4 days	Thu 10/17/13	Tue 10/22/13	20	Maine OSC
22	Report bi-weekly on data collection	94 days	Tue 10/1/13	Fri 2/7/14		April Smith,HTS Project Staff,Debra Hertz,Gary Ozanich,Kathy Frye
23	Data Analysis	94 days	Tue 10/1/13	Fri 2/7/14		
24	Develop approach for data	11 days	Tue 10/1/13	Tue 10/15/13		Gary Ozanich,Debra Hertz,April Smith,HTS Project Staff,Kathy Frye,Sandeep Kapoor
25	Submit data analysis approach to OSC	1 day	Wed 10/16/13	Wed 10/16/13		Gary Ozanich,Debra Hertz,HTS Project Staff,April Smith
26	Receive approval from OSC on data analysis approach	4 days	Thu 10/17/13	Tue 10/22/13	25	Maine OSC
27	Report bi-weekly on data analysis including high-level observations	94 days	Tue 10/1/13	Fri 2/7/14		Gary Ozanich,Debra Hertz,HTS Project Staff,Kathy Frye,April Smith
28	Effective and Timely Reporting	94 days	Tue 10/1/13	Fri 2/7/14		
29	Develop approach for reporting analysis	16 days	Tue 10/1/13	Tue 10/22/13		April Smith,Sandeep Kapoor,Debra Hertz,Gary Ozanich,Kathy Frye,Theresa Glore,Kelly Devers
30	Submit data analysis and reporting protocol to OSC for approval	1 day	Wed 10/23/13	Wed 10/23/13		April Smith,Sandeep Kapoor,Gary Ozanich,Kathy Frye
31	Receive approval from OSC for data reporting protocol	5 days	Thu 10/24/13	Wed 10/30/13	30	Maine OSC
32	Report bi-weekly on data reporting protocol including high-level observations	94 days	Tue 10/1/13	Fri 2/7/14		Gary Ozanich,Debra Hertz,HTS Project Staff,Kathy Frye,April Smith
33	Final Evaluation Report					
34	Develop framework reports	21 days	Tue 10/1/13	Tue 10/29/13		Gary Ozanich,Debra Hertz,April Smith,HTS Project Staff,Kathy Frye,Sandeep Kapoor
35	Submit initial draft report to OSC	7 days	Wed 10/30/13	Thu 11/7/13		Gary Ozanich,HTS Project Staff,Kathy Frye,Debra Hertz,April Smith
36	Receive approval from OSC on first draft report	7 days	Wed 11/13/13	Thu 11/21/13		Maine OSC
37	Submit second draft report to OSC	11 days	Wed 11/27/13	Wed 12/11/13		Gary Ozanich,HTS Project Staff,Kathy Frye,Debra Hertz,April Smith
38	Receive approval from OSC on second draft report	7 days	Wed 12/18/13	Thu 12/26/13		Maine OSC
39	Submit final report to OSC	10 days	Thu 1/2/14	Wed 1/15/14		Gary Ozanich,HTS Project Staff,Kathy Frye,Sandeep Kapoor,Debra Hertz,April Smith
40	Receive approval from OSC on final report	7 days	Thu 1/16/14	Fri 1/24/14		Maine OSC
41	Final Presentation of Report to Sponsors	1 day	Mon 2/3/14	Mon 2/3/14		April Smith,Debra Hertz,Gary Ozanich,Kelly Devers,Kathy Frye,Maine OSC,Sandeep Kapoor
42	Project Closeout Activities	12 days	Mon 2/3/14	Tue 2/18/14		April Smith,Debra Hertz

Section III Cost Proposal

1.0 General Instructions

a. The Bidder must submit a cost proposal that covers the entire period of the contract, including any optional renewal periods. Please use the expected contract start date of October 1, 2013 and an end date of February, 2014 in preparing this section.



b. The cost proposal shall include the costs necessary for the Bidder to fully comply with the contract terms and conditions, RFP requirements and any amendments to those requirements and the responses provided in the bidder's proposal. For information that is not applicable, please identify it as such by indicating N/A, and explain.

c. Failure to provide the requested information, or to follow required response format may result in the exclusion of the proposal from consideration, at the discretion of the Department.

d. No costs related to the preparation of the proposal for this RFP or to the negotiation of the contract with the Department may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.

2.0 Budget Forms

Bidders are to complete and submit a budget form to provide a breakdown of expenses in performing the services as described in this RFP and in the Bidder's proposal. The budget form is provided in Appendix B of this RFP.

**State of Maine
Department of Health and Human Services
COST PROPOSAL FORM**

RFP# 201308593

Request for program evaluation of Maine's Office of the State Coordinator
including Health Information Exchange Program

Part IV, Section III of this RFP template addresses the use of a cost proposal form. The use of this form is required so that all cost proposals can be based on an 'apples-to-apples' basis.

Bidder's Organization Name: HealthTech Solutions, LLC

Cost Proposal Form

Personnel Expenses		Amount
Gary Ozanich, PhD	<u>Title</u> - Project Director/Lead Evaluator. <u>Function</u> - will oversee and conduct all activities associated with refining the research plan, instrument design, collection of secondary data, fielding the primary research, data collection, data synthesis and analysis, preparation of final reports, and dissemination of the final report and recommendations. 40% of FTE	\$46,107.00

	<u>Fully Burdened Rate</u> - \$190	
Sandeep Kapoor, PMP	<u>Title</u> - Lead HIE/MU Consultant <u>Function</u> - will provide oversight and technical assistance to activities associated with HIE architecture and Meaningful Use. Will provide guidance to the team around national HIE activities. <u>5% of FTE</u> <u>Fully Burdened Rate</u> - \$220	\$7,627.00
Kelly Devers, PhD	<u>Title</u> – Consultant - Healthcare Research, Evaluation, and Policy <u>Function</u> - will provide research and analysis in relation to data collection, data synthesis and analysis, preparation of final reports, and dissemination of the final report and recommendations. <u>7% of FTE</u> <u>Fully Burdened Rate</u> - \$220	\$11,000.00
April Smith	<u>Title</u> – Project Manager <u>Function</u> - will provide all project management tasks associated with the project. Will be responsible for delivery of deliverables on-time. Will be primary contact for Maine OSC staff. <u>50% of FTE</u> <u>Fully Burdened Rate</u> - \$175	\$60,667.00
Kathy Frye, PMP	<u>Title</u> – Senior HIE/MU Consultant <u>Function</u> - will provide HIE and Meaningful Use technical assistance and guidance for the project. <u>10% of FTE</u> <u>Fully Burdened Rate</u> - \$175	\$6,067.00
Theresa Glore	<u>Title</u> - Senior HIE Policy Consultant <u>Function</u> – will provide HIE and Meaningful Use policy oversight for the project. <u>10% of FTE</u> <u>Fully Burdened Rate</u> - \$175	\$12,133.00
Debra Hertz	<u>Title</u> – Research Assistant <u>Function</u> – will provide assistance to the Lead Evaluator for all activities associated with refining the research plan, instrument design, collection of secondary	\$46,800.00

	data, fielding the primary research, data collection, data synthesis and analysis, preparation of final reports, and dissemination of the final report and recommendations. <u>75% of FTE</u> <u>Fully Burdened Rate - \$90</u>	
Travel Expenses	Lodging, air fare, rental car, gasoline, airport fees, mileage reimbursement	\$25,276.00
Supplies	Paper, general office supplies, copying costs, printer, toner	\$700.00
Outreach and Surveys		\$1,000.00
Other (ex. phones, licenses, copier lease)	Conference line costs, webinar fees, long distance charges	\$1,350.00
Total Cumulative Projected Cost		\$218,727.00

3.0 Budget Narrative

Bidders are to include a brief budget narrative to explain the basis for determining the expenses submitted on the budget form. (Please note: The budget narrative will not count against the narrative page limited stated in PART IV, Section A., subsection 3.)

HTS has proposed a fixed price budget of \$218,727 for the “Evaluation of Maine’s Office of the State Coordinator including Health Information Exchange Cooperative Agreement” project. This budget is based on personnel costs of \$190,401. (Please see the table above in section 2.0 Budget Forms for a breakdown of the cost for each personnel proposed on the project.) In addition to personnel costs, HTS has proposed travel expenses in the amount of \$25,276 for HTS staff to travel to Maine for face-to-face meetings with Maine OSC staff and stakeholders. The travel budget breakdown consists of \$19,126 for lodging and per diem for an estimated 55 FTE days on-site, \$2,750 for rental car costs, \$3,000 for gasoline and \$400 for airport charges. While other vendors may propose more virtual meetings with stakeholders, HTS plans to conduct many of the stakeholder sessions face-to-face. We also

propose a budget of \$700 for supplies, \$1,000 for outreach/survey costs and \$1,350 for conference line, webinar and long distance costs.

Section IV Economic Impact within the State of Maine

The evaluation of the Office of the State Coordinator (OSC) Program represents a positive economic impact to Maine and long-term investment in advancing and improving the OSC and furthering statewide electronic health information exchange (HIE) and meaningful use of health information technology (HIT). The benefits of HIE and meaningful use have been widely reported for improved quality of care, patient safety, and health outcomes at the patient-level—with the aggregate impact expected to have substantive impact toward reduced Medicaid expenditures and healthcare costs in general. Beyond improving the quality of care and reducing healthcare costs, a healthier population and lower healthcare costs represent not only reduced costs to the state, but important marketing tools when promoting economic development and in bringing new industry and jobs to Maine. To this end, as former state HIE staff and contractors, HTS understands the value and economic impact of HIE to the state. This understanding underscores our approach, including our awareness of the importance of the “return-on-investment” that HIE has the potential to deliver to state government and its stakeholders and the importance of maximizing its benefit through the informed decision-making that this evaluation will support.

In addition, HealthTech Solutions personnel will be on-site in Maine approximately 55 days over a four-month period performing the scope of work as described in this proposal. The estimated direct economic impact to the Maine economy and State revenues is \$31,051 and will include:

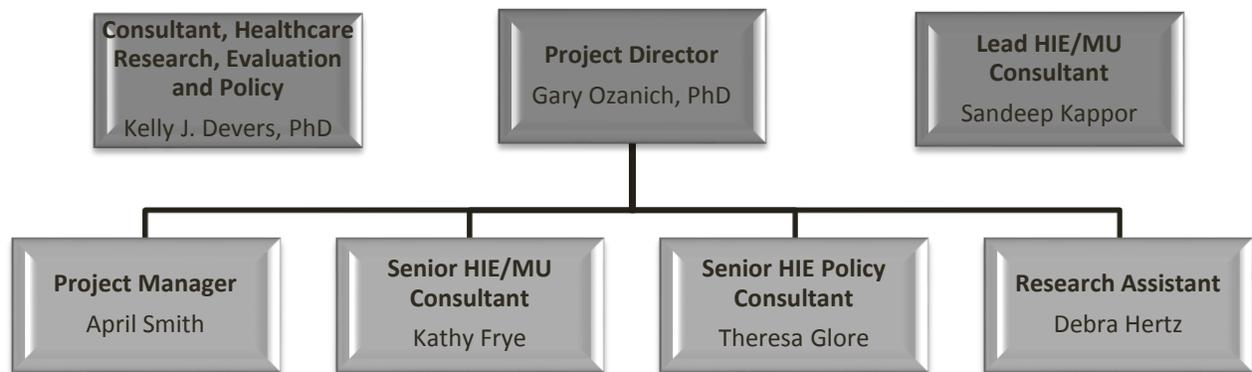
- Approximately 55 days of lodging and per diem for a total cost of \$17,875, plus \$1,251 at 7 percent state tax rate, for an estimated total of \$19,126.
- Rental car expense at approximately \$2,500 subject to 10 percent state tax for an estimated total of \$2,750.
- \$3,000 (including state excise taxes) for gasoline for in-state travel.
- Approximately \$400 in fees and miscellaneous airport charges.
- HTS personnel can also be reasonably expected to spend an additional \$50-\$100 per day toward purchase of personal items, souvenirs, and other miscellaneous expenses for an estimated total of \$5,500 plus another \$275 in state sales tax revenue.

Section V Required Proposal Attachments

1.0 Organizational Chart

Attach an organizational chart of the bidder responding to this RFP. The organizational chart must include the program/component being proposed. Each position must be identified by position title and correspond to the personnel job descriptions required in Item No. 3 below.

Please see below the HTS organization chart for the “Evaluation of Maine’s Office of the State Coordinator, including Health Information Exchange Cooperative Agreement” project.



2.0 Job Descriptions

Attach job descriptions for all staff assigned to the project being proposed in this RFP. Job descriptions must include minimum qualifications. If your organization administers programs other than the one being proposed in this RFP, include job descriptions of the Executive Director and chief fiscal officer and any other key management staff who will be responsible for carrying out the objectives of the program/component being proposed.

Project Director/Lead Evaluator – Master’s or PhD degree from an accredited college or university. Two years prior experience in conducting research projects in health informatics, meaningful use, and health information exchange under federal, state, and other grants. Membership on national eHealth and/or HIT committees. Prior experience with developing actionable results in an assessment, a multiple methodological approach. Two years prior experience with collection methods for HIE evaluations including experience with document reviews, interviews, focus groups and questionnaires, Able to perform independent evaluation, selection, and application of standard techniques,

procedures and criteria. Demonstrated experience working with representatives from State and Federal government, health IT leaders in industry, vendor user groups, and/or standards committees. Familiarity with Federal and State Health IT architecture requirements.

Consultant, Healthcare Research Evaluation and Policy – Master’s or PhD degree from an accredited college or university. Five years prior experience in conducting research projects in health informatics, healthcare or meaningful use. Prior experience with developing actionable results in an assessment, a multiple methodological approach. Two years prior experience with collection methods for healthcare evaluations including experience with document reviews, interviews.

Lead HIE/MU Consultant – Bachelor’s degree from an accredited college or university in information systems, engineering, health information management, health informatics, or a closely related field or equivalent experience. Minimum of 3 years Solution Architecture experience. Demonstrated prior experience in Health Information Technology (minimum of 2 years). Able to perform independent evaluation, selection, and application of standard techniques, procedures and criteria. Demonstrated experience working with representatives from State and Federal government, health IT leaders in industry, vendor user groups, and/or standards committees. Familiarity with Federal and State Health IT architecture requirements.

Project Manager - Bachelor’s degree from an accredited college or university or equivalent experience. Minimum of 10 years project management experience preferably with at least two years of HIE project management experience. Demonstrated prior experience in Health Information Technology (minimum of 2 years). Able to perform independent evaluation, selection, and application of standard techniques, procedures and criteria. Demonstrated experience working with representatives from State and Federal government, health IT leaders in industry, vendor user groups, and/or standards committees. Familiarity with Federal and State Health IT architecture requirements.

Senior HIE/MU Consultant – Bachelor’s degree from an accredited college or university in information systems, engineering, health information management, health informatics, or a closely related field or equivalent experience. Minimum of 3 years HIT/HIE/MU experience. Able to perform independent evaluation, selection, and application of standard techniques, procedures and criteria. Demonstrated experience working with representatives from State and Federal government, health IT leaders in industry, vendor user groups, and/or standards committees. Familiarity with Federal and State Health IT architecture requirements.

Senior HIE Policy Consultant - Bachelor’s degree from an accredited college or university or equivalent experience. Minimum of five years experience with research, analysis, technical writing, experience with HIE/HIT policy. Minimum of five experience with federal grant opportunities preferably with ONC. Demonstrated experience working with

representatives from State and Federal government, health IT leaders in industry, vendor user groups, and/or standards committees.

Research Assistant – Bachelor’s degree from an accredited college/university or equivalent experience. Two years prior experience in conducting research projects in health informatics, meaningful use, and health information exchange under federal, state, and other grants. Prior experience with collection methods for HIE evaluations including experience with document reviews, interviews, focus groups and questionnaires.

3.0 Staff Resumes

Attach up-to-date résumés of current staff members that match up with the job descriptions requested above. Position titles must be the same as the position titles on each job description and on the organization chart. (If responding as a sole proprietor, the resume should provide documentation that the sole proprietor has the necessary skills to perform required work.)



GARY OZANICH, PhD – PROJECT DIRECTOR/LEAD EVALUATOR

Education

Ph.D. University of Wisconsin-Madison, (1982) Major: Mass Communications, Minor: Economics

M.A. Michigan State University (1975) Major: Telecommunications

B.S. Michigan State University (1973) Major: Zoology

Academic Employment

Senior Research Associate, Center for Applied Informatics, College of Informatics, Northern Kentucky University. Conduct research projects in health informatics, meaningful use, and health information exchange under federal, state, and other grants and contracts. (2010-current)

Director, Strategic Initiatives, College of Informatics, Northern Kentucky University (2007-2010)

Founding Director, Graduate Program Health Informatics, College of Informatics, Northern Kentucky University. Highly successful graduate program with 127 students enrolled in the first 12 months (2007-2010)

Interim Associate Dean, College of Informatics, Northern Kentucky University (2005-2006)
Visiting Associate Professor, University at Buffalo-State University of New York, School of Informatics, Department of Communication (1999-2003)

Associate Director, Institute for Tele-Information, Graduate School of Business, Columbia University (1992-1994)

Assistant Professor, Department of Telecommunications, Michigan State University (1982)

Industry Employment/Engagement

Chair, Health Information Exchange Committee, Health Information Management Systems Society, Member, Healthcare Information Exchange Committee (National Committee), (FY2014).

Member, Consumer Engagement Advisory Council, National eHealth Collaborative (2013-current)

Chair, Kentucky Health Information Exchange, Business Development & Finance Committee. Responsible for oversight and planning for sustainability, strategic planning, and business development assessment. (2010-current)

Senior Vice President, Access Media International (USA), Senior Vice President. Conducted consulting and venture capital activities primarily involving Internet, telecommunication, and information technology including analysis of business models, forecasting and due diligence activities. (1996-1998)

Vice President, Director of High Yield Research, Gruntal & Company, Vice President. Managed research department including function of Supervisor Analyst (1995-1996)

Vice President, Prudential Securities Global Finance and Investment Banking. Sell-side analyst responsible for the analysis of technology, telecommunications and media companies. (1989-1991)

Associate Director, Bear, Stearns & Company, High Yield Bond Group. Responsible for the analysis of overall high yield securities market for investment banking and sales and trading. In addition, conducted specialized research in technology and telecommunications industries. Member of Debt Subcommittee of Commitment Committee. Direct involvement in numerous underwritings. (1987-1989)

Vice President, Donaldson Lufkin & Jenrette Securities Corporation, Taxable Fixed Income Division. Responsible for the analysis of telecommunications and media companies. (1985-1987)



Associate, Information Industry Consulting Practice ,Booz-Allen & Hamilton, Inc. Worked principally on engagements within the common carrier sector. Assignments involved strategic planning and market research for enhanced business and consumer services through broadband networks. (1984-1985)

Director, New Electronic Media, Link Resources/International Data Corporation, Conducted market research and provided consulting services to a wide range of international clients in the area of new technologies. (1982-1984)

Relevant Books and Peer Reviewed Articles

Health Informatics. New York: McGraw-Hill & Co. (In process, publication date: January, 2015).

“Analytical Tools: Finance and Valuation.” In Alan B. Albarran, Sylvia M. Chan-Olmsted and Michael Wirth, eds., in Handbook of Media Management and Economics. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers. (2005).

“Structure and Change: A Telecommunications Industry Overview,” with Wirth, Michael O. In Alison Alexander, James Owers, Rod Carveth, Ann Hollifield and Al Greco, eds., Media Economics: Theory and Practice, 3rd edition. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers. (2004).

“Using Financial Measures to Predict Technological Development” In Joey Reagan, ed. Applications of Research to Media Industries. Dubuque: Kendall/Hunt. (1992)

Ozanich,G., Chrisman, K., Dolen, R., Riddell, M., Cole, L. (2011). “State Health Information Exchange: Factors Shaping Sustainability and Value.” Journal of Health Information Management 25:48-55.

Zhang, X., Martz, W., and Ozanich, G. (2007) “Adapting the MSIS Curriculum for Healthcare.” Proceedings of the Americas Conference on Information Systems, Keystone, Colorado, August 9-12, 2007.

Relevant Conference Presentations

“Health Information Exchange: The Continuing Debate Between Public and Private Models,” Health IT Summit at Austin, Cosponsored by AHIMA and Institute of Health Technology Transformation, Austin, TX. December 11, 2013 (upcoming).

“Consumer Engagement and ACOs,” Dartmouth ACO Learning Network Clinical Transformation Workgroup Webinar, August 19, 2013.

“Meaningful Use and Accountable Care: New Course Content, New Students, and New Jobs.” 2013 American Health Information Assembly on Education, July 22, 2013, Baltimore, MD.

“Pragmatic Tools to Pragmatic Tools to Accelerate Progress toward Consumer Engagement in eHealth.” National eHealth Collaborative Webinar, May 14, 2013.

“Health Information Exchange Assessment” All State Grantee Webinar organized by ONC and Deloitte Consulting, April 22, 2013.

“Driving Healthcare Transformation: The Critical Role of Health Information Exchange.” HIMSS Virtual Exhibit and Conference, November 7, 2012.

“Accountable Care: New Processes and Workforce Roles.” 2012 American Health Information Conference and Exhibit, October 1, 2012, Chicago, Illinois.

“State HIEs, RHIOs and ACOs: The Evolving Market Structure.” HIMSS12, February 21, 2012, Las Vegas, NV.

“Kentucky Health Information Exchange Business Development and Sustainability Plan.” 2011 Kentucky eHealth Summit, Erlanger KY, September 7, 2011.

“Real-Time Data and Electronic Health Records.” 9th Annual Health Care Quality Congress, Boston, August 3, 2011.

“Challenges Establishing and Sustaining Health Information Exchanges.” Meaningful Use of Electronic Health Records Conference, World Congress, Vienna, VA, May 24, 2011.



SANDEEP KAPOOR, PMP - LEAD HIE/MU CONSULTANT

Background

Sandeep Kapoor is founder and President of HealthTech Solutions (HTS), and was the chief technology officer for the Cabinet for Health and Family Services. He was implementation lead for the Commonwealth of Kentucky’s MMIS, which was certified in 2007. He also served as the technical lead on the Pharmacy Benefits Management System implementation and as a technical advisor on the Kentucky Managed Care Implementation. Sandeep led the multi-state (12-state) collaborative on Affordable Care Act (ACA) and Medicaid eligibility, and he was one of the original developers of Kentucky’s current integrated eligibility system, KAMES. Under Sandeep’s direction, Kentucky was one of the first states in the nation to issue Medicaid



EHR Incentive Payments. He is associated with several national efforts such as SLR, ONC's CoP, NGA, NASCIO, ASHTO, NASMD, etc. Sandeep served as the key technical person on Kentucky's eHealth efforts and worked closely with CMS and ONC on the HITECH efforts. As CTO, he served as the cabinet's technical advisor on numerous IT procurements including child support modernization, eligibility and enrollment modernization.

Professional and industry experience

HealthTech Solutions Frankfort, Kentucky

Oct 2011–Present

Served as CEO of an IT consulting company. Contracts include the Urban Institute to assist the Centers for Medicare & Medicaid Services with training and subject matter expertise to all states on the Medicaid EHR Incentive Payments. Served as technical architect for South Carolina's EHR Incentive Payment system which successfully implemented a new version of their software in February 2012. Served as a technical consultant to the National Academy for State Health Policy (NASHP) to assist 10 states with implementation of health benefit exchanges and Medicaid eligibility & enrollment systems.

Commonwealth of Kentucky Frankfort, Kentucky

1994–Sept 2011

Systems Architect/Technical Lead on Kentucky's implementation of the statewide health information exchange and state level repository for Medicaid incentive payments. Kentucky was among the first states to make payments in January of 2011 and Sandeep was responsible for all aspects of this program. Kentucky was the pilot state selected by CMS for the validation of all interfaces with the National Level Repository. Sandeep interfaced with both CMS policy and technical people on a routine basis and co-presented along with CMS at various conferences including HIMSS, MMIS, eHealth, World Managed Care, ONC workshops etc. Sandeep also designed the Meaningful Use system which is being used by KY for the year two Medicaid incentive payments. Sandeep was responsible for the overall technology infrastructure and road map for a statewide Health Information Exchange. This included synergies and reuse of technical artifacts across all health and human services programs in the state including Public Health, Medicaid, and Office of Health policy.

Worked as the chief technical officer of the Cabinet of Health and Family Services. This involves evaluating current infrastructure, reviewing new technologies, suggesting changes to the business model and leading the Enterprise Architect group. Technical lead on the successful implementation on the Medicaid modernization efforts and is the key technical person on the eHealth efforts and works closely with CMS and ONC on the HITECH efforts. Responsible for IT strategic planning on Health Benefit Exchange and the new Medicaid eligibility system.

Prior to joining the CHFS, worked as the technical project manager on the state-wide accounting system (MARS). The project involves upgrading from the current version of the

product to a new state of the art system developed using JAVA. Responsibilities include functional gap analysis, Hardware/software sizing, architecture review, coordinator for all technical issues.

Worked as a Consultant on various Kentucky Revenue Cabinet systems. Responsibilities include developing new systems, advising the client on strategic technology decisions, and supporting existing systems. The environment includes both legacy systems as well as state of the art Intranet/Client server systems. Mr. Kapoor is a technical advisor to the Revenue Cabinet and helps evaluate various software and hardware procurements. Responsibilities included system design and development, Trouble shooting, Batch Support, Training the Client, Data and process modeling. Worked on various projects in different capacities, the projects included: Carry Concealed Deadly Weapon system for Kentucky State Police; Compliance and Accounts receivable system; Consolidated Corporation system; and Electronic Filing system for Individual Income Tax.

***BDM Corporation/State of Missouri
Missouri***

1994–1995

Worked as a Consultant/Technical Analyst on the FAMIS project for Missouri Department of Family Services. Responsibilities included designing the technical architecture, quality assurance of the data and process model, and IEF template design.

***CBS Inc. /Commonwealth of Kentucky
Frankfort, Kentucky***

1991–1994

Analyst/Programmer on the KAMES system for Kentucky Human Resources Cabinet. This is the statewide system for TANF, Medicaid and Food Stamps.

TCS, Madras India

1989–1991

Was involved as a programmer for Development of Compiler routines for a RISC based processor and a syntax-check editor for Pascal. Programmer for an insurance system for U.K. based Sun life Assurance.

Technical skills

.Net, C, Java, COBOL, Word, Excel, PowerPoint, Visio, IEF, Oracle Developer, MS Access, Neon Shadow Direct, Expedito, TELON, Visual Studio, Informatica, Microstrategy, Business Objects, Databases – Oracle, SQLServer, DB2, IMS, VSAM

Publications and speaking engagements

- Speaker, MMIS Conference 2011, 2010, 2009, 2008, 2007, 2006
- Speaker, World Managed Care Conference 2011
- Speaker, Medicaid HITECH Conference 2010, 2011
- HIMSS, 2011
- Various speaking engagements across Kentucky for the Kentucky Health Information Exchange and Medicaid EHR Incentive Program.



KELLY DEVERS, PhD – CONSULTANT, HEALTHCARE RESEARCH, EVALUATION, AND POLICY

Education

Post-Doctoral Fellowship, Robert Wood Johnson Scholars in Health Policy Research Program, University of California-Berkeley and San Francisco, 1994-1996
Ph.D., Sociology, Northwestern University, 1994
M.A., Sociology, Northwestern University, 1988
B.A., Sociology, University of Pennsylvania, 1987

Areas of Expertise

Organization and delivery of health care and their impacts on access, cost, and quality.
Qualitative and mixed research and policy evaluation methods.

Recent research topics include:

- Health Information Technology (HIT), particularly federal and state programs designed to increase provider’s adoption and meaningful use of electronic health records (EHR’s)
- National and state health policy reform implementation, particularly those related to provider payment, delivery system reform, and their impacts on quality and cost
- Newer models of health care delivery, such as patient-centered medical homes (PMCHs) and accountable care organizations (ACOs)
- Hospitals, medical groups, and clinicians’ (e.g., doctors, nurses) competitive strategies and responses to changes in policy and regulation, insurance markets and products, payment methods, and consumer expectations.
- Quality improvement, particularly hospitals and medical groups efforts to improve performance through system redesign and other approaches, such as Lean/Toyota Production Systems (TPS), Six Sigma, learning collaboratives, and community partnerships

For additional information, see funded research.

Professional Experience

Urban Institute, Health Policy Center

June 2009-Present

Senior Fellow, Major responsibilities:

- Conduct original, timely research on national and state health policy reform proposals and initiatives, particularly those related to provide payment and delivery system reform and their impacts
- Disseminate research results through a variety of venues, such as publication of peer reviewed articles and Issue Briefs, participation in health services and policy research conferences, meetings with policymakers and agency staff, and meetings with other key stakeholders
- Work with the Health Policy Center Director and other key Center staff to develop team



of researchers with expertise in the provider payment, the organization and delivery of care, and their impacts on access, cost, and quality

- Write proposals to secure funding to support Urban Institute Health Policy Center research in these areas

Virginia Commonwealth University, Department of Health Administration

Director, Doctoral Program in Health Services Organization and Research
(Appointed, effective, June, 2009 but left prior to officially assuming position)

Major responsibilities:

- Conduct a review of the doctoral program and develop a strategic plan for strengthening it over the next 5 years
- Working with the department chair and alumni to increase funding
- Increase enrollment and recruit and retain the nations' top students
- Review and modify doctoral program curriculum as necessary to ensure that it is well-aligned with the field's current standards and competency areas, as well as the programs area of focus and expertise
- Build bridges to, or strengthen ties with, other departments and programs within the School of Medicine and University (e.g., public policy, business, economics) to strengthen the departments doctoral program

Presidential Transition Team, White House Office of Health Reform Dec 2008-March 2009

Advisor, "Americans Speak on Health Reform: Report on Health Care Community Discussions," see <http://www.healthreform.gov/> and <http://www.healthreform.gov/reports/index.html>

Departments of Health Administration and Family Medicine, Virginia Commonwealth University July 2007-June 2009

Associate Professor with Tenure

Major responsibilities:

- Conducting funded research.
- Mentoring students doctoral and master's level students, including providing advice to students during their master's internships and input into their management studies
- Teaching:
 - 1) Required doctoral- and masters-level courses in organization theory and behavior, and their application to the study of health care markets, organizations (i.e., hospital, medical groups), and their impact on outcomes (i.e., access, quality, and cost)
 - 2) Modules in the executive patient safety fellowship program.
 - 3) Summer institute in qualitative and mixed research methods
- Serving on Department committees as assigned
- Named Director, Doctoral Program in Health Services Organization and Research (to be effective June, 2009 but left prior to assuming the position).

Departments of Health Administration and Family Medicine, Virginia Commonwealth University

Prior Positions:

Research Associate Professor

May 2004-June 2007



Adjunct Associate Professor

August 2003-May 2004

Center for Studying Health System Change

March 2000-December 2003

Health Researcher II

Major responsibilities include:

- Help oversee the design and implementation of site visits to 12 communities with project management team, particularly methodological issues in qualitative and mixed methods research
- Provide ongoing training in qualitative and mixed methods research to Center staff and outside research associates
- Work with site visit director to manage the development and maintenance of the data base for managing and analyzing site visit data (Atlas.ti)
- Oversee development of all pre-site and on-site provider team interview protocols
- Serve as provider research team leader, including identifying research questions, developing analysis plans, and assessing interim findings
- Serve as lead or contributing author on manuscripts and center publications
- Contribute to the development of site visit research dissemination strategy

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ), Center for Organization and Delivery Studies

1996-March 2000

Senior Research Fellow

Major responsibilities include:

- Conducted original research using Agency databases
- Wrote request for proposals and managed contracts and grants
- Served on Agency and Department wide work-groups as assigned

Selected Activities in Areas of Responsibility

Wrote Request for Proposal (RFP) entitled "Accelerating the Cycle of Research through a Network of Integrated Delivery Systems," (AHRQ-00-0003)

Member, National Advisory Board, Evaluation of AHRQ's Pre- and Post- Doctoral Training Programs

Member, Agency-wide Task Force, Preventing Errors in Health Care

Research in Progress

Devers, K., Gray, B., Ramos, C., and A. Shah, "The Potential Use of Electronic Health Records to Improve Research on the Health and Health Care of Small Populations," White paper prepared for the Assistant Secretary for Planning and Evaluation, in progress.

Gray, B., Devers, K., Ramos, C., Shah, A., Blavin, F., and T. Waidmann, "The Challenge of Small Populations for Research on Health and Health Care: Examples from Four Under-studied Populations," White paper prepared for the Assistant Secretary for Planning and Evaluation, in progress.

Devers, K., Blavin, F. and A. Shah. "Variation in HITECH Implementation and Providers' Willingness and Ability to Achieve "Meaningful Use": Insights from Diverse Regions of the

Country,” Issue brief and manuscript prepared for the Office of the National Coordinator for Health IT, in progress.

Blavin, F., Ramos, C., Shah, A., and K. Devers, “Lessons Learned” Report for ONC: Health Information Technology Literature Review,” Draft report prepared for the Office of the National Coordinator for Health IT, May 2013.

Cafarella Lallemand, N., Richardson, E., Devers, K. and L. Simpson, “Evaluation Highlight No. 4: How is the CHIPRA Quality Demonstration Elevating Child Health Care on State Health Policy Agendas?” Rockville, MD: U.S. Agency for Healthcare Research and Quality, in progress.

Devers, K., Blavin, F. and E. Kurtzman, “The Use of Health Information Technology to Improve Quality: Where are We and What are the Key Issues to Watch?” Robert Wood Johnson Family Foundation Issue Brief, in progress.

Fishman, E., Burton, R., Devers, K., J. Macri, and J. Bern, “Synergies: How HITECH’s Medicaid EHR Incentive Program and States’ Medical Home Efforts Can Strengthen Each Other,” Medicaid EHR Incentive Payment Technical Assistance Team (MeT) white paper, in progress.

Devers, K.J., Carman, K.L, K. Paez, S. Garfinkel, Smeeding, L, and Harrison, M, “How to Successfully Implement Lean Quality Improvement Initiatives in Health Care? Learning from Six Health Care Organizations Journey,” in progress.

Carman, K.L., Devers, K.J., McGee, J.M., Dardess, P.M., Hibbard, J.H., and R.M. Frankel, “Talking about Hospital Quality Data: Reactions and Reality from Patients and Doctors,” in progress.

Publications

Devers, K., N. Lallemand, R. Burton, L. Kahwati, N. McCall, and S. Zuckerman. 2013. “Using Qualitative Comparative Analysis to Study Patient-Centered Medical Homes: An Introductory Guide.” Funded and posted by Center for Medicare and Medicaid Services, Center for Medicare and Medicaid Innovation (CMMI), September-October, 2013

Devers, K.J., Foster, L., and C. Brach, “Nine States’ Use of Collaboratives to Improve Children’s Health Care Quality in Medicaid and CHIP,” *Academic Pediatrics*, (October, 2013).

Burton, R., Hill, I., and K. Devers, “Evaluation Highlight No. 3: How are CHIPRA Quality Demonstration States Working to Improve Adolescent Health Care?” Rockville, MD: U.S. Agency for Healthcare Research and Quality, August, 2013
<http://www.ahrq.gov/policymakers/chipra/demoeval/resources/highlight03.pdf>

McMorrow S., Christensen A., Natzke B., Devers, K., and R. Peters. “Evaluation Highlight No. 2: How are States and Evaluators Measuring Medical Home Implementation in the CHIPRA Quality Demonstration Grant Program?” May 2013, Rockville, MD: U.S. Agency for

Healthcare Research and Quality.
http://www.urban.org/health_policy/url.cfm?ID=412843

Ferry, G.A., Ireys, H.T., Foster, L., Devers, K.J., and L. Smith, "Evaluation Highlight No. 1: How are CHIPRA Quality Demonstration States Approaching Practice-level Quality Measurement and What are They Learning?" January 2013, Rockville, MD: U.S. Agency for Healthcare Research and Quality.
<http://www.ahrq.gov/policymakers/chipra/demoeval/resources/highlight01.pdf>

Gold, M., McLaughlin, C., Devers K., Berenson R., and RR. Bovbjerg, "Obtaining providers' 'buy-in' and establishing effective means of information exchange will be critical to HITECH's success," *Health Affairs*, 2012;31(3):514-526.

Flood, A.B., Fennel, M.L, and K.J. Devers, "Health Reforms as Examples of Multilevel Interventions in Cancer Care," *Journal of the National Cancer Institute*, 2012;(44): 80-85.
Devers, K.J., "The State of Quality Improvement Science in Health: What Do We Know About How to Provide Better Care?" Princeton, NJ: Robert Wood Johnson Foundation, November 2011. http://www.rwjf.org/qualityequality/product.jsp?id=73634&cid=XEM_205605

Devers, K.J., Berenson, R., Coughlin, T. and J. Macri, "Innovative Medicaid Initiatives to Improve Service Delivery and Quality of Care: A Look at Five State Initiatives," Kaiser Family Foundation, September 2011. <http://www.kff.org/medicaid/upload/8224.pdf>

Berenson, R., Devers, K., Burton, R. "Will the Patient-Centered Medical Home Transform the Delivery of Health Care?" Princeton, NJ: Robert Wood Johnson Foundation, August 2011. <http://www.rwjf.org/pr/product.jsp?id=72660>.

Kurtzman, E.T., O'Leary, D., Sheingold, B.H, Devers, K.J., Dawson, E.M., and J.E. Johnson, "Performance-based payment incentives increase burden and blame for hospital nurses," *Health Affairs*, 2011 Aug;30(8): 211-218.

Berenson, R., Devers, K., Burton, R. Patient-Centered Medical Home Recognition Tools: A Comparison of Ten Surveys' Content and Operational Details. Baltimore, MD: Centers for Medicare and Medicaid Services, May 2011.
http://www.cms.gov/reports/downloads/Burton_PCMH_Recognition_Tools_May_2011.pdf

Devers, K.J., "Qualitative methods in health services and management research: pockets of excellence and progress, but still a long way to go," *Medical Care Research and Review*, 2011 February 1, 2011 68: 41-48

Bradley, C.J., Penberthy, L., Devers, K.J., and D.J. Holden, "Health Services and Data Linkages: Issues, Methods, and Directions for the Future," *Health Services Research*, 2010 Oct;45(5p2): 1468-1488.

Chukmaitov, A., Devers, K., Harless, D.W., Menachemi, N., and R.G. Brooks, "Strategy, Structure, and Patient Quality Outcomes in Ambulatory Surgery Centers (1997-2004)," *Medical Care Research and Review*, published online 2010 September 9.

Jones, R.M., Devers, K.J., Kuzel, A.J., and S.H. Woolf. "Patient-reported barriers to colorectal cancer screening: a mixed-methods analysis," *American Journal of Preventive Medicine*, 2010 May;38(5): 508-516.

Rothemich, S.F., Woolf, S.H., Johnson, R.E., Devers, K.J., Flores, S.K., Villars, P., Rabiou, V., and T. McAfee, "Promoting primary care smoking-cessation support with quitlines: the QuitLink Randomized Controlled Trial," *American Journal of Preventive Medicine*, 2010 Apr;38(4): 367-374.

Krist, A.H., Woolf, S.H., Johnson, R.E., Rothemich, SF, Cunningham, T.D., Jones, R.M, Wilson, D.B., and K.J. Devers, "Patient Costs as a Barrier to Intensive Health Behavior Counseling," *American Journal of Preventive Medicine*, 2010 Mar;38(3):344-8.

Devers, K.J., and R. Berenson, "Accountable Care Organizations (ACOs): What are they and Can they Reduce Costs while Improving Quality?," *Urban Institute Issue Brief*, October 1, 2009 (<http://www.urban.org/publications/411975.html>)

Chukmaitov, A.S., Bazzoli, G.J., Harless, D.W., Hurley, R.E., Devers, K.J., and M. Zhao, "Variations in inpatient mortality among hospitals in different system types, 1995 to 2000," *Medical Care*, 2009 Apr; 47(4): 466-473.

Krist, A.H., Woolf, S.H., Frazier, C.O., Johnson, R.E., Rothemich, S.F., Wilson, D.B., Devers, K.J., and J.W. Kerns, "An electronic linkage system for health behavior counseling effect on delivery of the 5A's," *American Journal of Preventive Medicine*, 2008 Nov;35(5): S350-S358.

Devers, K.J., Commentary on "Economics of Specialty Hospitals," *Medical Care Research and Review*, 2008, v. 65, no. 5, pp. 554-563

Bradley, E., Curry, L., and Devers, K.J., "Qualitative Data Analysis for Health Services Research: Developing Taxonomy, Themes, and Theory," *Health Services Research*, 2007 Aug; 42(4):1758-72

North American Primary Care Research Group; Kuzel, AJ, Diaz, V., and Devers. "The UK National Health Service and pay-for-performance: lessons for the United States," *Annals of Family Medicine*, 2006, May-Jun;4(3):275-6.

Woolf, S.H., Krist, A.H., Johnson, R.E., Wilson, D.B., Rothemich, S.F., Norman, G.J., and K.J. Devers, "A Practice-Sponsored Website to Help Patient Pursue Healthy Behaviors: An ACORN Study," *Annals of Family Medicine*, 2006, Mar-Apr; 4(2): 148-52

Greenwald, L., Cromwell, J., Adamache, W., Bernard, S., Drozd, E.M., Root, E., and K. Devers, "Specialty vs. Community Hospitals: Referrals, Quality, and Community Benefit," *Health Affairs*, v. 25 (1), January/February, 2006, pp. 106-118

Kuzel, A.J., and K. Devers, "Current Insurer Strategies for Pay-for-Performance and Implications for Physicians," *Richmond Academy of Medicine Newsletter*, September/October, 2005

Pham, M., Devers, K.J., Kuo, S., and Berenson, R., "Health Care Market Trends and the Evolution of Hospitalist Use and Roles," *Journal of General Internal Medicine*, v.20 (1), February 2005

Devers, K.J. Book Review of *Qualitative Methods and Health Policy Research* by Elizabeth Murphy and Robert Dingwall. New York: Aldine de Gruyter, 2003. *Qualitative Health Research*, v. 17, no. 7, September 2004, pp. 1020-1021

Devers, K.J., Pham, M., Liu, G., "What is Driving Hospitals' Patient Safety Efforts?" *Health Affairs*, March/April, 2004, v. 23, no. 2, pp. 103-115

*One of Health Affairs 25 most frequently read articles for 2004.

Pham, M., Devers, K.J., May, J., and Berenson, R., "Financial Pressures Spur Physician Entrepreneurialism," *Health Affairs*, March/April, 2004, v. 23, no. 2, pp. 70-81

*One of Health Affairs 25 most frequently read articles for 2004.

Devers, K.J. and Liu, G., "Leapfrog Patient-Safety Standards Are a Stretch for Most Hospitals," *Center for Studying Health System Change, Issue Brief No. 77*, February, 2004
Casalino, L., Devers, K.J., and Brewster, L., "Focused Factories? Physician-Owned Specialty Hospitals and Ambulatory Surgery Centers," *Health Affairs*, November/December, 2003, pp. 56-67

Devers, K.J., Brewster, L., and Ginsburg, P. "Specialty Hospitals: Focused Factories or Cream Skimmers?" *Center for Studying Health System Change, Issue Brief No. 62*, April 2003

*Winner of the Health Services Research Impact Award, AcademyHealth

Casalino, L., Devers, K.J., Lake, T., Reed, M. and Stoddard, J., "Benefits of and Barriers to Large Medical Group Practice in the United States," *Archives of Internal Medicine*, September 8, 2003, v. 163, no. 13, pp. 1958-1965

Lesser, C., P. Ginsburg, and K. Devers, "The End of an Era: What Became of the "Managed Care Revolution" in 2001?" *Health Services Research*, February, 2003, v. 38, no. 1, part II, pp. 337-356

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Devers, K.J., Brewster, L., Casalino, L., "Changes in Hospital Competitive Strategy: A New Medical Arms Race?" *Health Services Research*, February, 2003, v. 38, no. 1, part II, pp. 477-470

Lake, T., Devers, K.J., Brewster, L., and Casalino, L., "Something Old, Something New: Recent Developments in Hospital-Physician Relationships," *Health Services Research*, February, 2003, v. 38, no. 1, part II, pp. 471-488

Reed, M., Devers, K. and Landon, B., "Physicians and Care Management: More Acceptance

Than You Think," Center for Studying Health System Change, Issue Brief no. 60, January 22, 2003

Devers, K.J., "Quality Improvement by Providers: Market Developments Hinder Progress," Health Affairs, September/October, 2002, v. 21, no. 5, pp. 201-209

Friedman, B.F., Devers, K.J., Steiner, C., and Fox, S., "The Use of Expensive Health Technologies in the Era of Managed Care: The Remarkable Case of Neonatal Intensive Care," Journal of Health Policy, Politics, and Law, v. 27, no. 3, June 2002, pp. 441-464

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Devers, K., Christianson, J.B., Felland, L.E., Felt-Lisk, S., Rudell, L., and Hargraves, J.L. "Highly Consolidated Market Poses Cost Control Challenges," Center for Studying Health System Change, Community Report No. 6, Winter 2001

Strunk, B., Devers, K.J., and Hurley, R., "Health Plan-Provider Showdowns on the Rise," Center for Studying Health System Change, Issue Brief No. 40, June, 2001

Devers, K.J. and Frankel, R.M., "Practical Advice for Getting Qualitative Research Published," Education for Health, Education for Health, v. 14, no. 1, 2001, 109-117

Devers, K.J. and Frankel, R.M., "Study Design in Qualitative Research-2: Sampling and Data Collection Strategies," Education for Health, v. 13, no. 2, 2000, pp. 263-271

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Bloom, J.R., Devers, K., Wallace, N.T., and Wilson, N., "Implementing Capitation of Medicaid Mental Health Services in Colorado: Is "Readiness" a Necessary Condition?" Journal of Behavioral Health Services Research, v. 27, no. 4, 2000, pp. 437-445

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Devers, K.J. "How Will We Know "Good" Qualitative Research When We See It?, Health Services Research, December 1999, v.34, no. 5, Part II, S1153-1188

Friedman, B., Devers, K.J., Hellinger, F., and Fraser, I., "Carve Outs and Related Models of Contracting for Specialty Care" The American Journal of Managed Care, v. 4, June 25, 1998,

pp. SP11-21

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Devers, K.J. "The Challenges of Implementing Market-Based Reform for Public Clients," Chapter in *Competitive Managed Care: The Emerging Health Care System*, San Francisco, Jossey-Bass, 1997

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Devers, K.J., Shortell, S.M., Gillies, R.R., Anderson, D.A., Mitchell, J., Morgan, K.M., "Implementing Organized Delivery Systems: An Integration Scorecard," *Health Care Management Review*, v. 19, no. 3, pp. 7-20

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Zimmerman, J.E., Shortell, S.M., Rousseau, D.M., Duffy, J., Gillies, R.R., Knaus, W.A., Devers, K.J., Wagner, D.P., and Draper, E.A., "Improving Intensive Care: Observations Based on Organizational Case Studies in Nine Intensive Care Units: A Prospective, MultiCenter Study," *Critical Care Medicine*, October 1993, v. 21, no. 10: 1433-1451

Zimmerman, J.E., Shortell, S.M., Knaus, W.A., Rousseau, D.M., Wagner, D.P., Gillies, R.R., Duffy, J., Devers, K.J., "The Value and Cost of Teaching Hospitals: A Comparison of Intensive Care Units," *Critical Care Medicine*, October 1993, v. 21, no. 10: 1432-1442

Shortell, S.M., Zimmerman, J.E., Gillies, R.R., Duffy, J., Devers, K.J., Rousseau, D.M., Knaus, W.A., "Continuously Improving Patient Care: Practical Lessons and an Assessment Tool from the National ICU Study," *Quality Review Bulletin*, May, 1992, v. 10, no. 4: 150-155

Shortell, S.M., Rousseau, D.M., Gillies, R.R., Devers, K.J., Simon, T.L., "Organizational Assessment in ICU's: Construct Development, Reliability, and Validity of the ICU Nurse-Physician Questionnaire," *Medical Care*, v. 29, 1991: 709-727

Devers, K.J, "The Changing Role of the Autopsy: A Social Environmental Perspective," *Human Pathology*, February, 1990, v. 21, no. 2

Research Experience

Current Urban Institute Projects

- Project Director for CMS Medicaid EHR Incentive Program Technical Assistance contract, which has a total budget of \$8 million over 36 months and provides analysis, training, and technical assistance to support CMS and State Medicaid Agencies in the implementation of the program, which is designed to make incentive payments to

providers that meaningfully use certified electronic health records. Includes interfacing with CMS project officers, daily management of related UI staff and subcontractors at AIR, Brilljent, HealthTech Solutions, and HMA (MeT team), and responsibility for quality, cost, and timeliness of deliverables and overall MeT performance(CMS Contract Number: HHSM-500-201 0-00024T),

- Urban Institute’s Project Director for Office of the National Coordinator for Health IT (ONC)’s global assessment of the initiatives in the Health Information Technology for Economic and Clinical Health Act (HITECH), including quantitative research on level of EHR adoption and health information exchange (HIE) in local markets and its impact on quality and cost and site visits in selected markets to determine the impact of HITECH activities on facilitating broader use of health IT, as a subcontractor to Mathematica Policy Research.
- Project Director and Co-investigator for an Urban Institute study funded by the Assistant Secretary for Planning and Evaluation examining the feasibility of using electronic health record (EHR) data to conduct research on small populations of patients that have been traditionally understudied. Includes interfacing with ASPE project officer, daily management of related UI staff, and responsibility for quality, cost, and timeliness of deliverables (HHS Contract Number: HHSP23320095654WC).
- Urban Institute’s Project Director for the Agency for Healthcare Research and Quality (AHRQ’s) National Evaluation of 18 states’ CHIPRA-authorized quality demonstrations, including 12 states’ Medicaid/CHIP medical home demonstrations, as a subcontractor to Mathematica Policy Research.
- Urban Institute’s Project Director for CMS project titled “Improving quality of care in Medicaid and CHIP through increased access to preventive services.”
- Team member on the evaluation of 8 states’ Multi-payer Advanced Primary Care Practice (MAPCP) demonstrations, as a subcontractor to RTI.
- Contributor to RWJF Quick Strike Series of Issue Briefs on Quality.

Research Reports

McCall et al, MAPCP Evaluation Design Plan and Annual Report, (forthcoming).

Ireys, H., Foster L., Christensen, A., Smith, L., Anglin, G., Trenholm, C., McLaughlin, C., Haelen, A., Natzke, B., Devers, K., Burton, R., Kenney, G., McMorrow, S., and L. Simpson, “Summary of the Design Plan for the National Evaluation of the CHIPRA Quality Demonstration Grant Program,” Evaluation Design prepared for the Agency for Healthcare Research and Quality, July 2012.

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Holden, D., Treiman, K., Calderon Arena, L., Tzeng, J., Green, S Adams, E, and K. Devers, “Integrated Evaluation Report: Overall Findings for NCI’s Community Cancer Centers Program Pilot,” Final report prepared for the National Cancer Institute, January 2012.

<http://ncccp.cancer.gov/files/Integrated-Evaluation-Report.pdf>

Completed

Lead Organizational Health Services Researcher, Evaluation of the NCI’s National



Community Cancer Centers Program (NCCCP) Pilot
National Cancer Institute (NIC), Solicitation No. RFQ-NCI-70048-NV
Project Period: September 1, 2007 to August 31, 2008 for the base year of funding, with three option years of funding upon approval from NCI.
Principal Investigator: Deborah Holden, Ph.D., Research Triangle Institute (RTI) International

Associate Project Director, American Institutes for Research (AIR) ACTION Network
Agency for Healthcare Research and Quality (AHRQ) ACTION Program
5-year master task order contract
Project Period: March 2006-March 2011
Total Project Budget: Ability to compete for approximately \$30 million over 5 years
AIR'S ACTION Network has won approximately \$3 million of research since the program began.

Consultant, "ACTION RFTO #5—"Reducing Waste and Inefficiency through Process Redesign: Case Studies of Lean/Toyota Production System (TPS) in Healthcare"
Agency for Healthcare Research and Quality (AHRQ) ACTION Program
Project Period: July 2008-February, 2012
Principal Investigators: Kristin Carman, Ph.D. (AIR) with Mayo Clinic, New York City Health and Hospitals Corporation, St. Vincent-Indianapolis, and Virtua Health

Co-Investigator and Steering Group Member, "ACTION RFTO #3—"Reducing Waste and Providing More Efficient Care through Redesign of Delivery Processes"
Agency for Healthcare Research and Quality (AHRQ) ACTION Program
Project Period: August 2007-August 2009
Principal Investigators: Kristin Carman, Ph.D. (AIR) and Walter F. Stewart, Ph.D. (Geisinger Health System)

Care Continuum Alliance (formerly DMAA). Unrestricted grant to study innovative chronic care coordination and prevention programs, particularly those involving greater linkages between health plans, health systems, or physician practices and community based organizations (Berenson, PI)

Joint Project with the Kaiser Family Foundation (KFF) on Innovative Medicaid Initiatives to Improve Service Delivery and Quality, including patient-centered medical home programs (PCMHs) and Health Information Technology (HIT) efforts (Berenson, PI)

Co-Investigator, "An Interactive Preventive Health Record to Promote Patient Centered Care,"
Agency for Healthcare Research and Quality (AHRQ), Grant No.: 1 R18 HS017046-01,
Principal Investigator: Alex H. Krist, M.D., M.P.H.
Project Period: September, 2007-September, 2010
(Left this project when I left the Virginia Commonwealth University)

Co-Investigator, "A Comprehensive Practice-Friendly Model for Promoting Healthy Behaviors," Robert Wood Johnson Foundation
Principal Investigator: Steven H. Woolf, M.D., M.P.H.

Project Period: July 2005—July 2007

Co-Investigator, “QuitLink: A leveraging solution to tobacco counseling.”
Agency for Healthcare Research and Quality (AHRQ), Grant No.: 1 R21 HS014854-01
Principal Investigator: Dr. Stephen Rothemich, VCU Department of Family Medicine
Project Period: September /2004 – August 2006

Task Leader, “Hospital CAHPS: Physician-Patient Communication about Quality Reports.”
Agency for Healthcare Research and Quality (AHRQ), Grant No. U18 HS 13193
Principal Investigator: Dr. Stephen Garfinkel
Project Period: January 2004-December 2005

Qualitative Methods Consultant, “Patient-Reported Barriers to Colorectal Cancer Screening,”
National Cancer Institute, Grant
Principal Investigator: Steven H. Woolf, M.D., M.P.H.
Project Period: May 2005-May 2007

Co-Principal Investigator, “Physician Referral Patterns to Specialty Hospitals.”
Center for Medicare and Medicaid Services, Project No.: CMS-500-00-24 Task Order 12
Principal Investigator: Dr. Jerry Cromwell, RTI International
Project Period: July 2004-March 2005

Research Consultant, “Diversity in Health Services Research,” AcademyHealth project
funded by W.K. Kellogg Foundation, Grant Reference No. P0099072
Principal Investigators: Marie Briones-Jones and Virginia Van Horne
January 2004-December 2004

Co-Investigator, “Capitating Medicaid Mental Health Services in Colorado,” NIMH Grant
#1R01MH5413601
Principal Investigator: Joan R. Bloom, Professor, Health Services and Policy Analysis, School
of Public Health, University of California, Berkeley, August 1995 to August 1996

Project Coordinator, “Health Systems Integration Study”
Principal Investigator: Stephen M. Shortell, A.C. Buehler Distinguished Professor of Hospital
and Health Services Management, Organizational Behavior, August 1992 to July 1994

Principal Investigator, Dissertation Grant, Agency for Healthcare Research and Quality
(AHCPR), Department of Health and Human Services, 1991-92

Research Assistant, “A National Program to Improve the Quality of ICU Services,” AHRQ
(then AHCPR) Grant #18-C-99054/3-01
Principal Investigator: Stephen M. Shortell, A.C. Buehler Distinguished Professor of Hospital
and Health Services Management, Organizational Behavior, Principal Investigator, May
1989 to August 1991

Other Teaching Experience:



AcademyHealth, Boston, MA
Faculty, “Enhancing Your Methodological Toolbox: An Introduction to Qualitative Research,” AcademyHealth Methods Seminar, Boston, MA Wednesday, June 20, 2005 and June, 2009

AcademyHealth, San Diego, CA
Faculty, “Qualitative Data Analysis Software: Choosing a Program That’s Right for You, AcademyHealth Methods Seminar, San Diego, CA Sunday, June 5, 2004

Association of Health Services Research (AHSR), Washington, DC
Faculty, “Qualitative Data Analysis as an Attractive Nuisance,”
Washington DC, June 22, 2002 and CyberSeminar, December 12, 2002

Association of Health Services Research (AHSR), Atlanta, GA
Faculty, Methods Seminar, "More than Just a Conversation: Using Qualitative Interviews to Answer Health Service Research Questions," June 9, 2001

Association of Health Services Research (AHSR), Boston, MA
Faculty, Fall Seminar Series, “Qualitative Methods,” October 26-27, 1999

U.S. Government Accounting Office (GAO), Health Care Team, Washington, D.C.
Faculty and Consultant, “Qualitative Research and Evaluation Methods: Seminar Series,” November, 2001 to January, 2002

Northwestern University Medical School, Chicago, Illinois
Lecturer, “Allocation of Health Care Resources: The Case of Adult Intensive Care Units,”
Ethics and Human Values Program, January to February, 1994

Northwestern University Medical School, Chicago, Illinois
Graduate Assistant, “Physician and Society,” Ethics and Human Values Program, September 1993 to December 1993

Northwestern University, College of Arts and Sciences, Department of Sociology
Lecturer, “Sociology of Medicine,” January 1992 to March 1992 and April 1991 to June 1991

Recent Presentations

Presenter, Nine States’ Use of Collaboratives to Improve Children’s Health Care Quality in Medicaid and CHIP, AcademyHealth, June 23, Baltimore, MD

Co-Author on Presentation, Variation in HITECH Implementation and Providers’ Willingness and Ability to Achieve “Meaningful Use”: Insights from Diverse Regions of the Country, AcademyHealth, June 25 2013, Baltimore, MD

Co-Author on Poster Presentation, How are CHIPRA Quality Demonstration States Working to Improve Adolescent Health Care? AcademyHealth, June 22, 2013, Baltimore, MD

Chair, Mixed Methods in Health Services and Policy Research—Expanding the Range of



Uses, AcademyHealth, June 23, 2013, Baltimore, MD

Chair, Accountable Care Organizations: Results of Recent Experiments and Prospects for the Future, AcademyHealth, June 26, 2012, Orlando, FL

Panelist, Health Policy and the Clinical and Translational Science Awards, June 25, 2012, Orlando, FL

Child Health Services Research Interest Group, AcademyHealth June 2012, Orlando FL

Chair, HCFO ARM Panel: Health Reform and Delivery System Organization
AcademyHealth, Tuesday, June 29, 2010, Boston, MA

Chair, The Role of Organizations and Management in Quality Improvement, Tue, June 29, 2010 AcademyHealth, Tuesday, June 29, 2010, Boston, MA

Poster Presentation, The Impact of Community Hospital's Structure on the Implementation of a new NCI Program to Improve Cancer Care, with Debra Holden, Ph.D., Elizabeth Adams, M.S. Sonya Green, MPH, and Heather Kane, PhD, AcademyHealth, Boston, MA

Presenter, The Effect of ACOs on Improving Care and Reducing Costs
Association for Health Insurance Plans (AHIP) Annual Meeting, Las Vegas, NV, Thursday, June 10

Presenter, "PCMH and ACO Implementation: Opportunities and Challenges," American Academy of Family Physicians (AAFP) 2010 Family Medicine Congressional Conference, Panel on Do you PCMH or ACO? Washington, DC, May 11, 2010

Presenter, "Hospitals' Role and Behavior in ACOs: Good Neighbors?" Panel titled: Accountable Care Organizations: A Neighborhood for Medical Homes, Julie Bynum, MD, Sessions Coordinator, Society for General Internal Medicine, Minneapolis, MN, April 29, 2010

Presenter, "Innovative Models of Chronic Care Coordination," Association for Prevention Teaching and Research annual meeting on Friday March 26, Washington, DC 2010
Presenter, "Innovative Medicaid Initiatives to Improve Service Delivery and Quality," Kaiser Commission on Medicaid and the Uninsured, March 25, Washington, DC, 2010

Discussant of "Improvements in State Health Outcomes: State Public Health Systems Performance and State Health Department Responses to America's Health Rankings," for RWFJ HCFO Program, AcademyHealth, Washington, DC February 25, 2010

Chair and Presenter, Health Care Reform and Patient-Centered Care: Health Care Reform & Patient-Centered Care: Using Qualitative & Mixed Methods to Understand & Engage Patients & The Public, AcademyHealth, Chicago, IL, Monday, June 29, 2009

Co-Author on Poster Presentation, "Does Lean/Toyota Production System (TPS) Redesign Work in Health Care? Findings and Implications from a Systematic Literature Review,"



AcademyHealth, Chicago, IL, 2009

Chair and Discussant, Organizational Factors Affecting Hospital Quality & Safety, AcademyHealth, Washington, DC, Sunday, June 8

Co-Author, "Improving Efficiency and Quality of Care through Rheum-PACER (patient-centric electronic redesign)," AcademyHealth, Washington, DC, Tuesday, June 10, 2008

Co-Author, "Ambulatory Surgery Centers' Structure and Process Characteristics Associated with Quality Outcomes after Outpatient Procedures," AcademyHealth, Washington, DC, Monday, June 9, 2008

Presenter, Devers et al., "Understanding Practice Variation in the Implementation and Use of a Comprehensive Model for Promoting Healthy Behaviors," Agency for Healthcare Research and Quality, Practice Based Research Network (PBRN) Meeting Bethesda, MD, May 19, 2007

Poster Presentation, Devers et. al., "Clinician, Staff, and Patient Perspectives on Comprehensive Practice-Friendly Model for Promoting Healthy Behaviors" North American Primary Care Research Group, Tucson, AZ, October 15-18, 2006

Poster Presentation, Krist, et. al., "A Comprehensive Practice-Friendly Model for Promoting Healthy Behaviors. A Prescription for Health Study North American Primary Care Research Group, Tucson, AZ, October 15-18, 2006

Co-Author, Jones, R., Devers, K.J., et al. "Increasing Colorectal Cancer Screening: What We Learn When we Listen to Patients," AHRQ TRIP Meeting, July 12, 2006, Washington, D.C.

Co-Author, Rothemich, S. et al., "QuitLink: Partnering Clinical Practices and Telephone Quit Lines to Leverage an Improvement in the Quality of Tobacco Counseling in Primary Care, AHRQ TRIP Meeting, July 12, 2006, Washington, D.C.

Presenter, "Patient Reported Barriers to, and Facilitators of, Colorectal Cancer (CRC) Screening: Qualitative Study Results" Agency for Healthcare Research and Quality, Practice Based Research Network (PBRN) Meeting Bethesda, MD, May 17, 2006

Chair, "Excellence in Qualitative Research," AcademyHealth Panel, Boston, MA, June 25, 2005 and 2006

Co-Author, "Talking about Hospital Quality Data: Reaction and Reality from Patients and Doctors," 10th Annual CAHPS Users Group Meeting, Baltimore, MD, March 31, 2006

Presenter, "What is Driving Hospitals' Patient Safety Efforts," Center for Health Research, Health Policy and Research Analysis Seminar Series, University of California Berkeley, October 25, 2004

Presenter, "Funding for Qualitative Health Services Research: Opportunities and



Challenges,” Center for Health Research, Health Policy and Research Analysis Seminar Series, University of California Berkeley, October 26, 2004

Presenter, “Understanding and Measuring Aspects of Organizational Performance,” AcademyHealth Meeting, June 7, 2004

Presenter, “Pockets of Progress but A Long Way to Go: Summary of W.K. Kellogg Diversity in Health Services Research Project,” AcademyHealth Meeting, June 6, 2004

Co-Author, “Physician Practice Strategies in the New Millenium: Implications for Access and Cost Containment in Medicare,” AcademyHealth Meeting, June 28, 2003

Key Note Speaker, “Specialty Hospitals: Focused Factories or Cream Skimmers?,” Center for Studying Health System Changer, Specialty Hospital Conference, April 15, 2003

Presenter, “Provider Specialization: Promise and Potential Pitfalls,” University of Michigan, RWJF Scholars in Health Policy Research Lecture Series, March 20, 2003

Presenter, “Understanding Specialty Hospitals,” MedPac Staff, November 12, 2002

Presenter, “Recent Changes in Hospital Competitive Strategy: A New Medical Arms Race,” AHSRHP Meeting, June 25, 2002, Washington, D.C.

Presenter, “Using Qualitative Methods to Study the Implementation and Performance of Adult Primary Care Teams,” AHSRHP Meeting, June 23, 2002, Washington, D.C.

Presenter, “The Return of the Medical Arms Race,” Emerging Health Care Market Trends: Insights from Communities, Center for Studying Health System Change, December 10, 2002, Washington, D.C.

Presenter, “Bridging Quality and Qualitative Methods,” Association for Health Services Research Annual Meeting, June 10, 2001, Atlanta, GA

Presenter, Devers, K.J., Brewster, L., Casalino, L., Lake, T., Stoddard, J., and Rudell, L. “The Resurgence of Hospitals in Local Markets,” Association for Health Services Research Annual Meeting, June 11, 2001, Atlanta, GA

Discussant, “Qualitative Research and Program Evaluation,” American Public Policy and Management (APPAM) Meetings, November 5, 1999, Washington, D.C.

Moderator, Barbara Lyons, Kaiser Family Foundation.

Panelists: Theresa Coughlin, Urban Institute, Marsha Gold, Mathematica Policy Institute, and Jack Meyer, Economic and Social Research Institute.

Presenter, “Qualitative Methods in Health Services and Policy Research,” National Advisory Council Meeting, Agency for Health Care Policy and Research, November 5, 1999, Rockville, Maryland

Presenter, “Can Governments Increase Efficiency While Maintaining Equity?: Lessons from

U.S. Medicaid Managed Care Programs,” Inter-American Development Bank (IDB),
November, 1999, Washington, D.C.
Awards and Fellowships

Robert Wood Johnson Foundation, Profile of Selected Leaders, 2007

Co-Winner, AcademyHealth, HSR Impact Award, February 2006

U.S. Department of Health and Human Services, Secretary’s Award for Distinguished
Service, 2001

AHRQ Administrator’s Citation for Superior Achievement (1999, 2000) and Outstanding
Group Performance (1998, 1999), Agency for Healthcare Research and Quality
(formerly Agency for Health Care Policy and Research)

Robert Wood Johnson Scholars in Health Policy Research Program, University of California,
Berkeley and San Francisco, 1994-1996

MacArthur Summer Research Fellowship, Northwestern University, 1991

Fellow, Center for Health Services and Policy Research, Northwestern University,
1987-89

Reviewer for the Agency for Healthcare Research and Quality (AHRQ)
Special Emphasis Panel, Rewarding Results RFA HS 02—006, July 26, 2002
Temporary Member, Health Services Research Study Section, October 24-25, 2002

Reviewer for National Institutes of Health (NIH)
Reviewer, National Institutes of Health, Health Care System Research Collaboratory, July,
2012, <https://commonfund.nih.gov/hcscollaboratory/>
Temporary Member, National Cancer Institute (NCI), Pilot Projects for Community
Networks Program to Reduce Cancer Health Disparities (U01), October, 2007
Temporary Member, Social Sciences, Nursing, Epidemiology (SNEM 4), June 19-20, 2003
Temporary Member, Health Services Organization and Delivery (HSOD), formerly SNEM 4,
August 2003 to 2005

Reviewer for the Institute of Medicine (IOM)
Draft Report titled “Poison Control and Prevention,” February-March, 2004
Final Report, Forging a Poison Prevention and Control System, National Academy of
Science, August 2004

AcademyHealth
Chair and Reviewer, Organizational Performance and Management Theme, Annual
Research Meeting, 2008 to 2010
Member, Methods Council, June, 2006-Present
Vice-Chair, Methods Council, 2012-Present
Article of the Year Selection Committee, Chair, 2003 to 2006
Article of the Year Selection Committee, Member, 2002



Commonwealth Fund's Harkness Fellowship in Health Care Policy Program
Two day workshop on Qualitative and Mixed Methods, 2005 to present
Methodological Consultant, 2005 to present

Editorial Board Member
Health Services Research
Joint Commission Journal on Quality and Patient Safety
Medical Care Research and Review

Reviewer for the following Journals:
Annals of Family Medicine, Health Affairs, Inquiry, Journal of Health Policy, Politics, and
Law, Medical Care, and Milbank Quarterly

Professional Associations--Member:
AcademyHealth, American Public Health Association, and American Sociological
Association

Robert Wood Johnson Foundation Alumni Advisory Panel
Member, September, 2008 to September, 2010

Robert Wood Johnson Foundation Roundtable on Health and Health Care
Member, August, 2009—December, 2011



DEBRA HERTZ, RESEARCH ASSISTANT

Background

Debra Hertz combines her background in healthcare with her experience in providing health IT solutions. Debra's experience includes the integration of e-prescribing modules into health information exchange systems. Debra specializes in Health Informatics and has conducted research pertaining to the development of the statewide Kentucky Health Information Exchange (KHIE), which included ongoing evaluation and assessment of Kentucky's health information exchange. Interoperability of information exchange was at the focus of the implementation project that Debra Hertz managed, deploying the National Cancer Institute's nationwide bioinformatics and scientific-management information-technology (IT) systems for use in cancer research.

Centre for Applied Informatics (CAI), NKU, KY
RESEARCH ASSISTANT

Aug 2012 – May 2013

Debra conducted research for CAI pertaining to the development of Kentucky Health Information Exchange (KHIE). She worked in conjunction with Kentucky Cabinet for Health and Family Services (CHFS) and Governor's Office of Electronic Health Information (GOEHI) towards statewide implementation of KHIE, including state censuses, preparing reports and presentations. Debra promoted the acceleration of patient engagement in eHealth in Kentucky and encouraged the adoption of NeHC Consumer eHealth Readiness



Tool (CeRT) for across board organizational assessment and real-time progress reports.

Southern Regional Education Board (SREB), Atlanta, GA ***Aug 2012 - Present***

HEALTH INFORMATICS CURRICULUM WRITER

Debra manages a diverse team of educational specialists preparing academics projects for the Southern Regional Education Board's (SREB) Advanced Career Initiative, based on authentic, project-based scenarios in the field of Health Informatics. She coordinates remote meetings with industry specialists and integrates written texts into comprehensive academic courses. Debra creates assessment tools for follow-up research in the testing of knowledge in the field of Health Informatics.

Wood Hudson Cancer Research Laboratory Inc., Newport, KY ***Aug 2012 – May 2013***

CAPSTONE-PROJECT MANAGER

Debra managed the project to deploy the National Cancer Institute's (NCI) nationwide bioinformatics and scientific-management information-technology (IT) systems for use in cancer research. She initiated the implementation project to manage cancer tissue specimens archived in the Biospecimen Repository at the cancer research institute. She worked with the institute's president, IT department and led researchers to assess and review data requirements and plan the integration of a biospecimen management tool for data storage and retrieval. Debra recruited and managed a project team for the deployment of NCI's biospecimen management tool.

Bionest Consultants Ltd, Israel ***1999- 2012***

SENIOR CONSULTANT

Debra researched and analyzed market potential of Healthcare products and devices. She processed raw data into reports and presentations for the Healthcare industry. She compiled and edited the medical documentation for publication. She consulted for a medical internet-based website creating a comprehensive pharmaceutical database.

Arza Community Pharmacy, Israel ***1998- 2010***

PHARMACIST

Debra supervised the pharmacy's conversion to a fully integrated, medication management system. She analyzed the reports of the computerized merchandise control system and trained intern pharmacists in the use of the EHR e-prescription system. She produced monthly reports for the Health Maintenance Organizations. Debra also provided consultation services relating to medication usage.

Aviv Afeka Community Pharmacy, Israel ***1984 - 1998***

PHARMACY MANAGER

Debra managed the pharmacy operations incl. staffing, billing, customer relations, medical records and regulatory compliance. She handled finances and negotiated merchandise purchases from drug companies. Debra collaborated with the major Health Maintenance Organizations (HMOs) to integrate electronic prescription systems.

Sheinken Pharmacy, Israel ***1982 - 1984***

PHARMACIST

Debra dispensed controlled substances according to Ministry of Health rehabilitation procedures and ensured compliance on regulatory documentation. She compounded drugs

and provided patient consultation.

EDUCATION

Northern Kentucky University, KY
Master of Science in Health Informatics, May 2013

National Association of Boards of Pharmacy, IL
Foreign Pharmacy Graduate Examination Committee (FPGEC) Certification, June 2004

Institute of Productivity and Production, Israel
Managerial Information Systems Analysis Certification, June 1986

Hebrew University of Jerusalem, Israel
Bachelor of Science in Pharmacy, Nov. 1982



KATHY FRYE, PMP - SENIOR HIE/MU CONSULTANT

Background

Kathy Frye serves as a senior eHealth consultant for HealthTech Solutions (HTS). She serves as a senior analyst to the Urban Institute providing technical assistance to the Centers for Medicare and Medicaid Services (CMS) and States to deliver training and technical assistance nationally to State Medicaid EHR Incentive Programs. She was responsible for development of a training module for new state Medicaid staff around EHR Incentive Program and provided training on national webinars and at the Medicaid HITECH conference for this module. She also is responsible for updates to the EHR Incentive Audit Toolkit which states use to perform audits of their EHR incentive programs. She co-leads a Community of Practice on HIEs and developed and trained state staff on a quarterly data tool which states use to report progress to CMS on their EHR Incentive programs.

Professional and industry experience

HealthTech Solutions, Frankfort, Kentucky

January 2012–Present

Kathy Frye serves as a senior eHealth consultant for HealthTech Solutions (HTS). She serves as a senior analyst to the Urban Institute providing technical assistance to the Centers for Medicare and Medicaid Services (CMS) and states to deliver training and technical assistance nationally to State Medicaid EHR Programs. She performs research, analysis, technical writing and advises clients on e-health related opportunities.

Commonwealth of KY (CHFS), Frankfort, Kentucky

June 2006–December 2011

CIO/Deputy Executive Director, Cabinet for Health & Family Services

Ms. Frye served as the Deputy Executive Director in the CHFS Office of Administrative and Technology Services (OATS) which is comprised of 300+ staff. She was named Chief Information Officer (CIO) of the cabinet in December 2008. She provided executive management for OATS and provided IT strategic direction for the Commonwealth's largest



cabinet. This included oversight of the Cabinet's IT infrastructure, IT Security, Telecommunications, Desktop Support, Software Development and Network/Security Helpdesks. During her tenure at CHFS, she oversaw the development of numerous mission critical applications including: Kentucky's EHR Incentive Payment Program, the Kentucky Health Information Exchange (KHIE), Kentucky's Prescription Monitoring Program (KASPER), MMIS, Vital Statistics Systems, Child Welfare System, Child Support System, Child Care System, Eligibility & Enrollment Systems, Newborn Screening Case Management System, Health Access Nurturing Development Services and Kentucky Physician's Care. Her experience includes developing and maintaining the online application for the statewide Medicaid, TANF and SNAP eligibility & enrollment system for Kentucky, serving as the branch manager over the Kentucky Child Support system and serving as the statewide HIPAA Coordinator for implementation of the HIPAA privacy law in 2003. In 2011, she served as the IT lead for implementing managed care for over 500,000 Medicaid individuals in Kentucky. This implementation was successfully completed in less than four months.

Kathy also oversaw the implementation of Kentucky's State Level Repository (SLR) which issued EHR Incentive Payments to Medicaid providers across Kentucky. Kentucky was the first state in the nation to issue an incentive payment to a hospital in January 2011 and in May 2011 the National Health IT Coordinator awarded Kentucky a Vanguard award for its efforts with the SLR. Her organization also received the 2011 Public Health and Medicaid Award for Collaboration in Health IT.

Ms. Frye was instrumental in the implementation of the Kentucky Health Information Exchange (KHIE) which went live in April 2010. She served as the chair of the Office of the National Coordinator (ONC) Community of Practice for Public Health Reporting which consisted of presenting KHIE's implementation of state lab reporting and reportable diseases to all states participating in the Community of Practice. Ms. Frye successfully negotiated the first KHIE provider participation agreement with attorneys from the 6 pilot hospitals in 2010. She directly managed the contract for the KHIE technical vendor. She authored the technical portions of Kentucky's Strategic and Operational Plan which was submitted to ONC and approved in February 2011. She presented the KHIE technical infrastructure to many hospitals, providers and healthcare organizations across Kentucky. Ms. Frye and her staff were featured in many publications during her tenure with CHFS including Public CIO magazine and Business Lexington magazine.

Commonwealth of KY (CHFS), Frankfort, Kentucky

November 2005–May 2006

Division Director, Cabinet for Health & Family Services, Office of Information Technology
Ms. Frye served as the Division Director in the Division of Systems Management in the Office of Information Technology. She created strategic, budget and personnel plans for the division and provided management to five branches in the division which were responsible for development and maintenance of all CHFS system applications. She provided management oversight for all modernization projects in the division which included the statewide eligibility system, child support system, child welfare system and vital statistics

systems and provided management oversight for all new web development in the division including KY-CHILD (Kentucky Certificate of Birth, Hearing, Immunization and Lab Data). The five branches in this division are responsible for approximately 200 applications and consisted of approximately 200 staff.

Commonwealth of KY (CHFS), Frankfort, Kentucky ***June 2004–Oct 2005***

Assistant Director, Division of Systems Management

Ms. Frye provided management and technical support to the Division of Systems Management. She monitored efforts with the division and implemented policies and procedures. She developed and implemented strategic, budget and personnel plans for the division. Managed and led special projects with the division. She implemented a Project Management Office (PMO) within CHFS Office of Technology for all IT projects and trained all CHFS Office of Technology project managers on project management policies.

Commonwealth of KY (GOT), Frankfort, Kentucky ***April 2003–May 2004***

Governor’s Office for Technology (GOT) – Information Systems Manager, KASES Project

Ms. Frye served as the Information Systems Manager for the Child Support Systems Branch and supervised all development staff that were responsible for the KASES system. The KASES system is the statewide child support collection and case management system which serves 119 counties across Kentucky.

Commonwealth of KY (GOT), Frankfort, Kentucky ***Jan 1991–March 2003***

Governor’s Office for Technology (GOT) – Systems Consultant,
KAMES Project

Ms. Frye served as a consultant and later as a state employee on the Kentucky statewide eligibility system KAMES and served in various roles on the project from initiation to completion. During the development phase, she was responsible for the analysis and design of four processes in the system Online Application Intake, Interfaces, Reporting and Conversion. She conducted and led Joint Application Design (JAD) sessions with users from the Cabinet for Human Resources and wrote program specifications and design documents. She served as a team leader over development staff and reviewed and approved program specifications and code for consistency to standards and content.

In 2003, she served as the statewide HIPAA Workgroup Coordinator which consisted of coordinating all agencies in state government affected by the HIPAA privacy law. She reported directly to the Executive Director of the Office of Consulting & Project Management in GOT and provided direction and subject matter expertise to all state agencies affected by HIPAA. She served on the board of the HIPAA Action Workgroup of Kentucky (HAWK) which was comprised of various stakeholders across the healthcare community including payers, providers and healthcare organizations.

Cincinnati Gas & Electric, Cincinnati, OH ***June 1989–January 1991***

Programmer/Analyst

Ms. Frye served as a systems consultant/programmer analyst on the billing portion of a customer service system for Cincinnati’s utility company. She analyzed, designed, coded



and maintained a meter reading system used in the field by all CG&E meter readers across Cincinnati. This system linked hand-held meter reader units with the mainframe and used structured methodology including structure charts for the design of the system.

General Electric Appliances, Louisville, KY

June 1988–June 1989

Programmer/Analyst

Ms. Frye served as a systems consultant/programmer analyst to IBM and GE Appliances on an online time and attendance system. This was the first system GE Appliances implemented under IBM hardware. She was responsible for all phases of development. She then maintained the time and attendance system in production. This mission critical system was used throughout the entire plant in GE for all staff to report their time and attendance.

Commonwealth of KY, Frankfort, KY

June 1986–June 1988

Finance & Administration Cabinet, Department of Information Systems

Programmer/Analyst

Ms. Frye served as a team leader and programmer/analyst on a statewide food stamps system and claims system and was responsible for the issuance process of the food stamps system. Wrote programs for the claims system and maintained these programs in production. Created and maintained JCL for the claims system. Maintained IMS COBOL application programs for the food stamps system. Conducted and led meetings with the Cabinet for Human Resources users to determine business needs and wrote design documents and program specifications.

Artcarved Class Rings

June 1985–June 1986

Ms. Frye analyzed, designed, programmed and documented a billing system for the Accounts Receivable department for this class ring manufacturing company. Maintained programs for a pricing card system which created class ring pricing cards for colleges all across the U.S.

Lumbermen's Investment Corporation

June 1982–June 1985

Ms. Frye analyzed, designed and programmed a Loan Investor Tracking system and maintained payroll programs. She implemented a profit sharing system into the payroll system and installed new releases of software packages.



APRIL SMITH, PROJECT MANAGER

Background

April Smith has more than 17 years of information technology project management experience with specialization in health information technology, health information exchange, and health insurance exchange development and implementation.

Full software development life cycle experience. Development of complex project schedules and plans. Project tracking, budgeting and status reporting. Project initiation and planning workshop facilitation. Procurement and contract management. Development and monitoring of performance metrics.

Writing and reporting performance against Centers for Medicare and Medicaid Services Advance Planning Documents. Statutory and regulatory requirement analysis and alignment.

Funding source research. Request for proposal and grant writing. Grants management, processing and administration. Graphic design, technical writing and editing skills. Management of all aspects of publication development with emphasis on documentation, training, and information organization. Special project and event management.

Design and implementation of website components. Web development experience on major development platforms. User training and user acceptance testing coordination.

April has accepted a position with HealthTech Solutions beginning October 2013.

Kentucky Health Cooperative

April 2013 to Present

KENTUCKY HEALTH COOPERATIVE PROJECT MANAGER

- Manage start-up and information technology development activities for the Kentucky Health Cooperative, a nonprofit Consumer Operated and Oriented Plan (CO-OP) established under the Patient Protection and Affordable Care Act.
- PPACA and Commonwealth of Kentucky statutory and regulatory requirement analysis and alignment
- Responsible for all Center for Consumer Information and Insurance Oversight (CCIIO) reporting.
- Coordinate system development and testing activities with the Kentucky Health Benefit Exchange.
- Responsible for analysis and reporting of vendor performance against contract requirements and service level agreements in highly complex environments.

NTTData, Inc.

January 2011 to March 2013

COMMONWEALTH OF KENTUCKY KHIE PROGRAM MANAGER

- Managed day-to-day operations and development activities of Kentucky Health Information Exchange reporting to executive staff of the Governor's Office of Electronic Health Information and Office of Administrative and Technology Services in the Cabinet for Health and Family Services.
- Managed a team of 15 technical analysts and vendor resources tasked with on-boarding a queue of 350 exchange participants with signed agreements and support of 90 live sites.
- Coordinated system development and support activities with the Kentucky Health Benefit Exchange, Office of Health Policy, and Departments for Medicaid

Services and Public Health to identify options for integration of enterprise system functions.

- Provided analysis for and coordination of development activities required to support Meaningful Use attestation by Kentucky providers and hospitals for the Medicaid EHR Incentive Payment Program.
- Served on the working group charged with development of an all payor claims database for the Commonwealth of Kentucky.
- Reported status against performance metrics and milestone requirements of the State HIE Cooperative Agreement to the Office of the National Coordinator for Health Information Technology.

HealthBridge, Inc.

May 2010 to December 2010

OPERATIONS MANAGER

- Managed startup activities and day-to-day operations of the Tri-State Regional Extension Center at HealthBridge, one of 60 such centers funded by the ARRA HITECH Act of 2009 to support primary care providers in adoption, implementation or upgrade of electronic health record systems.
- Hired and managed a team of provider recruitment and practice implementation consultants tasked with recruiting and supporting 1,750 providers through meaningful use milestones and successfully meeting cooperative agreement requirements.
- Managed sub-grantee implementation partner relationships, coordinating activities across contracted entities and reporting to the Office of the National Coordinator for Health Information Technology.
- Maintained communication with the relevant state agencies in the three-state service area to determine state-specific requirements for Medicaid EHR Incentive Programs.

Keane, Inc.

May 2007 to May 2010

COMMONWEALTH OF KENTUCKY EHEALTH PROJECT MANAGER

- Managed Medicaid Transformation Grant-funded Kentucky Health Information Exchange development and implementation activities.
- Provided analysis and support for the Commonwealth of Kentucky Governor's Office of Electronic Health Information ARRA HITECH State HIE Cooperative Agreement activities.
- Managed State HIE Cooperative Agreement strategic and operational plan development activities.
- Managed Kentucky's Health Information Security and Privacy Collaborative (HISPC) projects.

Perot Systems, Inc.

January 1998 to April 2007

PROJECT MANAGER



- Project manager with Catholic Healthcare West web portal team. Managed multiple projects with remote teams, including web-based application development and implementation, corporate content management system hardware and software upgrades and external website redesign. Was responsible for service level agreement performance analysis and managing against contract requirements.

PROJECT COORDINATOR

- Project coordinator for Stanford University Hospital and Clinics clinical laboratory information technology project group, keeping a team of twelve contractors in alignment with Project Management Office (PMO) practices. Projects included replacement of major clinical laboratory system hardware, upgrades of instruments and development of interfaces for outreach laboratory business development. Managed procurement for all team projects, tracked capital and operating budgets and resources for team and completed all financial reconciliation with the Office of the CIO.

PMO DEVELOPMENT

- Supported establishment of project management offices for healthcare information technology outsourcing account startup projects. Established standardized business processes and status reporting requirements in alignment with contract requirements. Wrote policies and procedures manuals, project support materials and documented business processes.

CORPORATE INTRANET WEBMASTER

- Designed, created content for and implemented corporate intranet components for Bell Atlantic, and rebranded sites for Verizon after merger.

APPLICATION SUPPORT, USER ACCEPTANCE TESTING COORDINATOR AND TRAINER

- Provided application support for users of information system for capital construction services and property management business units of Verizon. Acted as liaison between user community and development staff for requirements gathering, enhancement requests and application releases.

FLASH ANIMATION

- Created Flash components and animation for New York State Department of Transportation's post-911 redevelopment website.

WEB DESIGNER

- Designed multi-state "511" traffic and travel information website for transportation engineering client. Site was named "Website of the Year" by the Federal Highway Administration in 2002.
- Designed medical e-commerce site for Cleveland Clinic. Acted as customer liaison for requirements gathering for conceptual design development and issue resolution. Developed templates and style sheets for customer-maintained

sections of the site and managed transition to customer maintenance. Developed operational and end-user documentation.

BUSINESS ANALYST

- Acted as customer liaison for requirements analysis, specification development and testing of global distribution system (GDS) components of National Car Rental's reservation and fleet management system. Participated in the investigation of overall system requirements. Produced system documentation and revised all associated documentation through subsequent releases.
- Developed performance metrics and monitored performance through subsequent releases.
- Coordinated testing with and maintained test environment connections for participating vendors.

Kentucky Collaborative for Teaching and Learning *Jan 1997 to Jan 1998*

COMMUNICATIONS AND TECHNOLOGY COORDINATOR

- Wrote grants and other funding source proposals for Kentucky Collaborative for Teaching and Learning. Developed and maintained grant reporting system. Produced all marketing and educational materials. Implemented local area network, acted as system administrator and supported users.

Downtown Frankfort, Inc. *September 1995 to January 1997*

EXECUTIVE DIRECTOR

- Directed downtown revitalization for Downtown Frankfort, Inc., Frankfort's Main Street program. Jointly funded by city and county government, the agency supported historic preservation, community development and promotion of the downtown. Acted as liaison to city, county and state governments, and tourism and economic development interests. Developed funding sources and secured grants for special projects. Coordinated festivals and special events.

Commonwealth of Kentucky *March 1994 to December 1995*

DIRECTOR OF THE OFFICE OF DEVELOPMENT AND COMMUNICATIONS

- Provided centralized development and communications support to the agencies in the Education, Arts and Humanities Cabinet. Developed funding sources and application process for the statewide Cultural Economics Initiative grant program, and managed grant application and reporting processes through annual cycles. Produced all cabinet-level publications, newsletters, brochures, proposals and other materials for the agencies which included the Kentucky Department of Education, the Kentucky Arts Council, the Kentucky Heritage Council, the Kentucky Historical Society, the Kentucky Department for Libraries and Archives, the Kentucky Environmental Education Council, Kentucky Educational Television, the Kentucky Commission on the Deaf and Hard of Hearing and the Kentucky Teachers' Retirement System. Coordinated cross-

agency grant applications. Wrote speeches and prepared testimony for Cabinet Secretary. Drafted legislation for cabinet agencies.

Commonwealth of Kentucky (Office of the Governor) February 1993 to February 1994

STATE COORDINATOR, KENTUCKY CHILDREN'S INITIATIVE

- Under contract, coordinated statewide collaborative effort to develop strategic plan to streamline delivery of education, health and human services to families and children in Kentucky funded by a grant from The Pew Charitable Trusts. Coordinated work of four state-level work teams and two pilot sites. Researched, wrote and produced final proposal and administered planning grants. Wrote rationale, supporting legislation and executive order creating the Kentucky Commission on Families and Children.

Self-employed

July 1990–January 1993

FREELANCE GRAPHIC DESIGN, TECHNICAL WRITING, EDITING AND ILLUSTRATION

- Worked as freelance graphic designer and independent consultant in desktop publishing, computer graphics and local area network implementation and management.
- Design and production of newsletters, documentation and presentations; writing and editing; technical illustration; and desktop publishing system design, installation and training. Worked with a wide variety of hardware and software frequently translating information to suit the client's needs. Clients included The Prichard Committee for Academic Excellence, The Partnership for Kentucky School Reform, Downtown Frankfort, Inc., Gnomon Press, Kentucky Bar Association, PlanGraphics, Inc., Kentucky Department of Education, Louisville/Jefferson County Information Consortium, Kentucky Environmental Quality Commission, Kentucky Beverage Journal, Kentucky Conservation Committee and the Kentucky Conservation Foundation.
- Taught electronic page layout at the University of Louisville.
- Under contract, managed the Kentucky Book Fair, an annual author fair conducted as a fund-raiser for Kentucky libraries and literacy programs.

Plangraphics, Inc. (GIS Consulting)

March 1989–November 1990

MANAGER, CREATIVE SERVICES DIVISION

- Managed production of all proposals, presentations and other publications for geographic information systems design and implementation consulting firm. Supervised creative services division staff.
- Procured, installed and configured local area network. Managed all network services (monitoring, new user setup, software installation, troubleshooting, backup and maintenance. Advised management on system performance and

necessary upgrades. Produced and maintained system documentation, provided training for support and technical staff.

Education & Professional Affiliations

NTTData (formerly Keane, Inc.) Leadership Training, 2010
Project Management Professional Certification (PMP), Project Management Institute, 2006
Perot Systems Project Management Methodology Training, 1998-2006
Leadership Frankfort, 1996
The Grantsmanship Training Program, The Grantsmanship Center, 1994

Louisville School of Art, Louisville, Kentucky
Bachelor of Fine Arts, 1974
Major: Graphic Design with emphasis on Technical Illustration



THERESA GLORE, SENIOR HIE POLICY CONSULTANT

Background

Expertise in all facets of health planning, community/regional health systems development (including public health and primary care) and technical writing

Professional Experience

HealthTech Solutions, LLC

February 2012- Present

Research, analysis, technical writing and advising clients on e-health related opportunities. Application of community development principles to building state and regional capacity for HIE, strategic planning, program evaluation and assessment. Preparation of Advanced Planning Documents (APDs), grants, etc. Consult and assist clients in responding to federal and state government procurements. Member of CMS-funded technical assistance team for State Medicaid Electronic Health Records Incentive Programs, responsible for preparing content for web-based training and writing a white paper for the Urban Institute on the efforts of ten State Medicaid Agencies to use electronic health information exchange (HIE) to support medical home and integrated care initiatives.

Cabinet for Health and Family Services

April 2009-January 2012

Prepared grant for State HIE Cooperative Agreement (which was scored by the Office of the National Coordinator as one of the top three in the nation) and developed State HIE Strategic and Operations Plan. Developed and led implementation of a structured planning process for 5 stakeholder groups of 60+ individuals to provide input and recommendations for the State HIE Plan, which was developed over a 3-month period. Led information technology gap analysis and served as OATS liaison during the first year of planning for Kentucky Health Benefit Exchange (KHBE), prepared technology sections of the federal



HBE grants and APDs for CMS funding. Prepared Requests for Proposals and Request for Information for Department for Medicaid Services. Prepared health information technology grants. Also, designed Cabinet-specific strategic planning process and trained staff from CHFS departments and agencies on its use during the 2013-2014 budget development process.

Syntiro (formerly known as Maine Support Network)

August 2006-April 2010

Consultant to the Healthy & Ready to Work National Transition Resource Center (Health Resources Services Administration funded National Technical Assistance Center). Provided technical assistance and training to State Title V Children with Special Health Care Needs staff to support transition of youth from pediatric to adult health care, including transition to a patient-centered medical home and acquisition of health insurance coverage. Led state technical assistance calls, developed training and presentations, and wrote policy and practice briefs. Presented at national maternal child health conferences.

Self-Employed Consultant/Writer

February 1996-April 2009

Public Health and Human Services Planning and Program Development

- Maine Department of Public Health: Consultant, Maternal/Child Health Title V Integrated Services Project, (services delivered under subcontract with Maine Support Network). Assisted department in aligning services for children with special healthcare needs to core public health essential services and development of a new service delivery model.
- Louisville Metro (KY) Government: Grant writing and strategic planning
- Jefferson County Departments for Health and Human Services: Project consultant/facilitator to Neighborhood Place Community Assessment and Planning Project
- Process design for community planning groups for the University of Kentucky Center for Health Services Management and Research/ United Way of the Bluegrass "We CAN" health and human services needs assessment project
- Conducted focus groups for the Center for the Study of Social Policy and the Neighborhood Place Cross-Training Project, and the University of Kentucky Center for Health Services Research and Management
- Preparation of marketing materials and alignment of public health services with Medicaid Managed Care (MMC) for public health department negotiations with Kentucky Regional MMC Partnerships
- Kentucky Department for Public Health: Consultant to state public health improvement process and development of state public health strategic plan. Invited speaker for state conference on future of public health in Kentucky.

Commonwealth of Kentucky. Retired in 2004.

Positions included:



Executive Staff Assistant, Commission for Children with Special Health Care Needs (CHFS), Louisville, Kentucky. October 2000-December 2004.

Procurement Branch Manager, Department for Public Health (CHFS), Frankfort, Kentucky. February 2000-October 2000.

Staff assistant to the Executive Director, Division of Local Health Department Operations, Department for Public Health (CHFS), Frankfort, Kentucky. January 1999 – February 2000.

Manager HIV/AIDS, Health Education/Community Health Status Assessment, Behavioral Risk Factor Surveillance, Division of Epidemiology, Department for Public Health (CHFS), Frankfort, Kentucky. October 1990-October 1995.

Other Positions in State Government:

- Delegated, at the request of the Executive Director, to Kentucky's State Health Policy Board to research and write State Health Plan
- Supervisor of Planning and Grants, Kentucky Department for Employment Services
- Supervisor & AIDS Health Education/ Risk Reduction Coordinator, Kentucky AIDS Education Program, Communicable Disease Branch, Department for Public Health
- Primary Care Consultant/Liaison to Federally Qualified Health Centers, Health Resource Development Branch, Department for Public Health

EDUCATION AND CERTIFICATION

B.A., Political Science, Berea College, Berea, Kentucky (Vice-President of Student Government & Student Representative to Board of Trustees)

M.S., Community Development, University of Louisville, Louisville, Kentucky; Primary focus: Community health systems development

Certificate, Health Care Mediation and Conflict Resolution, Program for Health Care

Negotiation and Conflict Resolution, Harvard School of Public Health (Nominated by HSPH for W.K. Kellogg Foundation Community Health Fellowship, for which I was named a finalist)

Certified Health Education Specialist (CHES), National Commission for Health Education Credentialing (Certification is voluntarily inactive)

Other Graduate Study:

McGregor School of Antioch University, Program in Conflict Resolution

Yellow Springs, Ohio; Primary Focus: Group process design and facilitation for citizen participation in government initiatives

4.0 Organizational Status

If legally incorporated in the State of Maine or other jurisdiction, attach a copy of your organization's attested Articles of Incorporation. Specifically, this would usually be Form MBCA-6 (For-Profits) or Form MNPCA-6 (Non-Profits) from the Secretary of State. Also acceptable for non-profits: a copy of authorization from the Federal Department of the Treasury, certifying Exemption under Section 501(c)(3) of the Internal Revenue Code. Public non-profit organizations may provide certification on appropriate agency letterhead, signed by a public official authorized to enter into contracts on behalf of the public entity. If applying for corporate status, attach a copy of your organization's application for incorporation, i.e., unattested copy of your organization's Articles of Incorporation.

Please see attached below HealthTech Solutions, LLC "Articles of Incorporation" in the Commonwealth of Kentucky.

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

LADD
0796020.06
Elaine N. Walker
Secretary of State
Received and Filed
7/28/2011 8:40:25 AM
Fee receipt: \$40.00

Elaine N. Walker
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Articles of Organization
Limited Liability Company

KLC

For the purposes of forming a limited liability company in Kentucky pursuant to KRS Chapter 275, the undersigned organizer hereby submits the following Articles of Organization to the Office of the Secretary of State for filing:

Article I: The name of the company is

HealthTech Solutions, L.L.C.

Article II: The street address of the company's initial registered office in Kentucky is

165 Wimbledon Dr, Frankfort, KY 40601

and the name of the initial registered agent at that address is **sandeep Kapoor**

Article III: The mailing address of the company's initial principal office is

165 Wimbledon Dr, Frankfort, KY 40601

Article IV: The limited liability company is to be managed by **Members**

Executed by the Organizer on Thursday, July 28, 2011

Name of Organizer: **Sandeep Kapoor**

Signature of individual signing on behalf of Organizer: **Sandeep Kapoor**

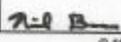
I, **sandeep Kapoor**, consent to serve as the Registered Agent on behalf of the limited liability company.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

sandeep Kapoor

Attachment A Certificate of Liability Insurance

Please see below our general liability, professional liability and other policies associated with this contract.

Client#: 1582876		66HEALTTEC		DATE (MM/DD/YYYY) 09/05/13		
ACORD CERTIFICATE OF LIABILITY INSURANCE						
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.						
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER BB&T Ins Service of Lexington 200 West Vine Street, Ste 300 Lexington, KY 40507 859 224-8899		CONTACT NAME: PHONE (A/C, No, Ext): 859 224-8899 FAX (A/C, No): 866 643-2260 E-MAIL: ADDRESS:				
INSURED Health Tech Solutions LLC 45 Mill Creek Rd Frankfort, KY 40601		INSURER(S) AFFORDING COVERAGE INSURER A: Sentinel Insurance Company, Ltd NAIC # 11000 INSURER B: Homeland Insurance Company of N 34452 INSURER C: INSURER D: INSURER E: INSURER F:				
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
REF. CTR.	TYPE OF INSURANCE	AGG. LIMIT (R/R)	POLICY NUMBER	POLICY PER. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE: <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PERIL ADCT <input type="checkbox"/> LOC		33SBABQ3582	05/14/2012	05/14/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PERSONAL (See occurrence) \$1,000,000 MED EXP (Per one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE COV. <input type="checkbox"/> RETENTION \$		33SBA@Q358Z	05/14/2012	05/14/2013	OWNED SINGLE LIMIT (See occurrence) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROFESSIONAL PARTNER/EXECUTIVE OFFICERS/DIRS? EXCLUDED? Y/N N/A If ins. does not cover, DESCRIPTION OF OPERATIONS below					WC STATU- TORY/LIMITS: <input type="checkbox"/> (N/A) E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Technology Professional Liab		TPP035712	05/14/2012	05/14/2013	\$1,000,000 Occurrence \$1,000,000 Aggregate \$10,000 Retention
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
CERTIFICATE HOLDER				CANCELLATION		
Division of Purchases Burton M Cross Bldg 111 Sewall St. 4th Fl. 9 State House Station Augusta, ME 04333				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 		
ACORD 25 (10/10/05) 1 of 1 The ACORD name and logo are registered marks of ACORD © 1988-2010 ACORD CORPORATION. All rights reserved. #S11039178/M8615549 DKD						





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/05/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION is WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER PAYCHEX INSURANCE AGENCY INC 150 SAWGRASS DR ROCHESTER, NY 14620 (877) 362-6785 SV996 70A	CONTACT NAME PHONE (A/C No. Ext): (877) 362-6785 FAX (A/C No.): (877) 877-0447 E-MAIL ADDRESS: paychex@insurers.com PRODUCER CUSTOMER ID #: 301087184
INSURED HEALTHTECH SOLUTIONS INC 165 WIMBLEDON DR FRANKFORT, KY 40601	INSURER(S) AFFORDING COVERAGE INSURER A: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 422356302231842 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	EXPIR DTD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-SECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (No occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOUND \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS						COMBINED SINGLE LIMIT (Each accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIMB <input type="checkbox"/> OCCUR EXCESS LIMB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROSPECTIVE INACTIVE OR OCCUPATIONAL EXCLUDED? (Mandatory in NY) If yes, describe under SPECIAL PROVISIONS below	NA		UB-78135281-13	04/09/2013	04/09/2014	<input checked="" type="checkbox"/> NO STATE/TERRITORY LIMITS <input type="checkbox"/> CTR OR E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - CA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER DIVISION OF PURCHASES BURTON M CROSS BLDG. 111 SEWALL ST, 4TH FLOOR 9 STATE HOUSE STATION AUGUSTA, ME 04333	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: <i>Mary J. Swan</i>
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