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EMERGING LEADER

# Leading from the front

TOYIN AJAYI ISN'T AFRAID TO ROLL UP HER SLEEVES WHILE DELIVERING CARE TO SOME OF THE STATE'S NEEDIEST PATIENTS

Commonwealth Care Alliance's new chief medical officer has her hands full.

Toyin Ajayi oversees a variety of roles at the 810-person organization, which manages \$800 million in insurance premiums and provides care

to Medicaid and Medicare patients who typically have severe physical and mental disabilities.

Fortunately, she has the education and experience to keep her head above water, a range of career stops that saw Ajayi provide HIV services to patients in

**Age:** 35

**Residence:**  
Cambridge

San Francisco and improve childbirth outcomes in Sierra Leone.

Ajayi sat down with reporter Jessica Bartlett months after moving into the new role in December to talk about the challenges of the job, and how her organization provides care to a population of patients with complex and varied medical needs.

## In a nutshell, what does Commonwealth Care Alliance do?

Commonwealth Care Alliance is a nonprofit hybrid payer and health delivery organization. We were founded in Massachusetts in 2003 and focus exclusively on taking care of dual eligible individuals (those on both Medicaid and Medicare) ... which, overwhelmingly, is a population with

### ► CLOSER LOOK

#### TOYIN AJAYI

**Title:** Chief medical officer, Commonwealth Care Alliance

**Education:** Bachelor's degree in human biology, Stanford University, 2002; master's degree, University of Cambridge, 2004; doctorate in medicine, King's College London, 2008



W. MARC BERNSAU

significant physical, behavioral health and social challenges. We provide care coordination, full spectrum primary care, behavioral health integration and supports, and integration to 17,000 individuals in the state.

**What's your role, specifically?** My role is an expansive role, but oversees all our clinical delivery and clinical authorization services, and makes sure we integrate with the rest of our services – our operations, payment process, policies, regulatory needs, governance structures.

**What do you see as your biggest challenge?** The biggest challenge is the biggest opportunity for me. I'm a practicing physician and continue to see patients. I have a primary care physician panel of 40 women above 65 who are homeless or formerly homeless ... I think balancing administrative duties with clinical duties is a challenge, but to me it's at the heart of what we do – being able to go from caring for an individual and getting to a point of understanding them ... and then translating into programs that help across the population.

**Why do you continue to see patients?**

I'm here to try to help people who have been underserved by systems of care, who are vulnerable and who have significant needs, to better navigate that world and give them access to resources to hopefully enable them to live richer and healthier lives. The only way to do that is talk to people and see how people experience that and to learn from them.

**How were you inspired to be a leader?** I was mentored by some fantastic people. That's what in part gave me a taste of my interest in systems, but the way people's skills can be married with process and operational rigor to try to improve outcomes.

**How would you describe your leadership style?** My leadership style is very hands on. It's important to lead by example, to understand the issues and be able to model what I think is best practice for team work and collegiality.

I'm fortunate to work with people very skilled at their jobs, and creating space for people to excel by creating expectations for excellence and working with folks to develop metrics and asking folks to be accountable for that. While, at the higher level, (I'm trying to) demonstrate the commitment to excellence in clinical care and commitment to operational rigor. It's something I aim to model in my day-to-day life.