

**Workgroup: ACI**

**Date: September 16, 2014**

**Time: 3:00 to 5:00 pm**

**Location: MaineGeneral Medical Center**

 

**Attendance:** Mike Hachey, Mercy; David Winslow, Maine Hospital Association; Carl DeMars, MD, Mid Coast; John Yindra, MD, Maine Community Options; Jim Kane, Central Maine Health; Jeff Smorzcewski, Aetna; Peter Kraut, MaineCare; Stephanie Martyak, MaineCare; Stephanie Peters, MaineHealth; Ben Townsend, Kozak & Gayer; Steve Ryan, Maine Network for Health; Randy Chenard, SIM Program; Chris Brawn, State Employee Health Comission; Gordon Smith, Maine Medical Association; Susan Gallagher, Universal American; Jude Neveux, Universal American; Frank Bragg, MD, Eastern Maine Health; Pat Denning, Harvard Pilgrim Health Care; Judiann Smith, Spurwink; Kristen Brasslet, Eastern Maine Health; Pam Beaule, St. Mary’s; Renea Rice, Eastern Maine Health; Tom Violette, Eastern Maine Health; Lisa Nolan, MHMC.

**Staff:**  Blake Hendrickson, MHMC; Frank Johnson, MHMC.

| **Topics** | **Lead** | **Notes** | **Actions/Decisions** |
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| 1. **Presentation of Maine Community ACO**
 | Jude Nevuex | Jude Nevuex provided an overview of the Medicare Shared Savings ACO comprised of nine FQHCs in Maine. The Maine Community ACO (MCACO) is a unique delivery model covering approximately 12,800 beneficiaries with Universal American subsidiary, Collaborative Health Systems (CHS) providing administration and clinical support. Jude discussed the challenges related to patient attribution, securing and auditing quality measures, risk sharing for the FQHCs. Jude noted that the payment and risk sharing arrangements pose serious issues for sustainability among the participating FQHCs. The staffing and objectives of the care coordination activities were outlined as were some of the early results demonstrating noteworthy reductions in admissions for COPD and CHF, readmission and ER visits. Despite these successes Jude reported a troubling trend for imaging services. This revelation prompted a discussion on the causes for the imaging variation. Dr. Yindra observed that his experience suggested that the increase in relatively inexperienced mid-level professionals may be a significant contributing factor. Jude indicated that CHS is continuing to examine the data for imaging services. Jude presentation was followed by a general Q&A session.  | There was no action anticipated or taken. This was the final presentation in a series of four updates on the Medicare Shared Savings and Pioneer initiatives in Maine. The intend of this series was to provide a snapshot of the Medicare ACOs operating in Maine, their common and unique characteristics, challenges and prospects for sustainability. Several of the provider system reported on how their Medicare ACO experience has shaped the expansion into the commercial market.  |
| 1. **Dialogue on Accelerating Payment Reform**
 | Frank Johnson | Frank summarized the past eighteen months of ACI presentations that have examined the Medicare ACOs as well as the MaineCare Accountable Communities, the commercial health plans current and planned payment reform initiatives and the efforts of Martin’s Point and InterMed. Key questions/issues related to the three major stakeholders (purchaser, provider, health plans) were presented to generate a group discussion on these and other issues or barriers. The provider representatives offered their observations and cautions. Among the notable comments was the absence of timely, transparent comparable data (EMR translation) to support payment reform, how to address payment reform for practices not linked to health systems, the need for PCP designation to facilitate population-based payments, the potential conflict of selected VBID models with reference pricing, and the proprietary nature of payment models covering fully insured purchasers. Jim Kane also outlined a patient-engagement program using meaningful incentives to change behaviors and to focus resources on high-needs patients.  | This dialogue was not intended to produce specific strategies but to identify issues and ideas that require attention in order to advance payment reform, particularly to accelerate the transition from reliance on FFS payments.  |
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| 1. **Risk/Dependencies**

**Expected Action**  | **DNA** |  |  |
| 1. **Interested Parties Public Comment**
 | **DNA** |  |  |
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| **Next Meeting** |  |  |  |

**Next Meeting: November 18, 2014**

**3:00 to 5:00 @ MaineGeneral Medical Center, Augusta**

**Massachusetts BS/BS will provide an update on their Alternative Quality Contracts.**