

**Subcommittee: Evaluation**

**Date: January 6, 2016**

**Time: 2:00 to 4:00 pm**

**2 Anthony Avenue, Augusta, ME** 04333

**Co-Chairs**: Kathy Woods (Lewin)

**Core Member Attendance:** Jay Yoe (DHHS/OCQI), Peter Flotten (MHMC), Katherine Pelletreau (ME Assoc. of Health Plans), Peter Kraut (DHHS/MaineCare), Sadel Davis (UPC of Maine), Jim Leonard (DHHS/MaineCare), Poppy Arford (Consumer), Shaun Alfreds (HealthInfoNet), Amy Dix (Office of MaineCare Services), Chuck Pritchard (Maine Quality Counts), Andrew MacLean (Maine Medical Association), Debra Wigand (Maine CDC)

**Interested Parties & Guests**: David Hanig (Lewin), Tanya Disney (Lewin),Jade Christie-Maples (Lewin), Brian Robertson (Market Decisions), Mark Noyes (Market Decisions), Curtis Mildner (Market Decisions), Randy Chenard (Maine SIM), Jennifer MacDonald (MaineCare), Nadine Edris (University of Southern Maine), Catherine Chichester (Co-Occurring Collaborative Serving Maine), Kristine Ossenfort (Anthem BCBS), David Winslow (Maine Hospital Association)

**Unable to attend**: Amy Wagner (DHHS/OCQI), Simonne Maline (Consumer), Sheryl Peavey (DHHS/Commissioner’s Office), Cindy Seekins (Parent of Consumer), Angela Cole Westhoff (Maine Osteopathic Association)

| **Topics** | **Lead** | **Notes** | **Actions/Decisions** |
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| 1. **Welcome and Introductions** | **Woods** |  |  |
| 1. **Goals of meeting** | **Woods** | * Project Updates from late starting initiatives:   + Accountable Communities   + Provider training on Autism Spectrum Disorder and I/DD   + MHRT/C Curriculum Development * Rapid Cycle Improvement – Next Steps * Results from Governance Structure Survey * Consumer Interview Tool Review |  |
| 1. **Meeting minutes review** | **Woods** | * Minutes from the December meeting were approved without changes. | * Lewin will have the minutes posted on the Maine SIM website. |
| 1. **Project Update: Accountable Communities** | **Kraut** | * An update was given to members on the approach and status of the MaineCare Accountable Communities program. The first year of implementation was completed in July 2015. For the second year, one of the ACOs has significantly expanded the number of practices participating. This has increased the attributed MaineCare members from 30,000 to 45,000. Analysis to identify impacts from year 1 will be forthcoming (May 2016 at the earliest). * The subcommittee members then discussed how to measure which interventions and populations the AC participating providers are using to ensure cost savings. It was noted that about half of new participating practices are also health homes, while in the first year all participants were health homes. Additionally, there are non-medical services that may be implemented to influence cost savings. | * OCQI/MaineCare/Lewin will coordinate additional discussions regarding how to evaluate AC impacts for the 2016 ME SIM annual evaluation. |
| 1. **Project Update: Provider training on serving youth and adults with Autism Spectrum Disorder and I/DD** | **MacDonald** | * Jen MacDonald gave an update on the effort to improve provider training related to Autism Spectrum Disorder and I/DD. Specifically, the initiative was undertaken to address knowledge and service gaps to ensure providers are able to better serve this patient population. * Initial research conducted for the initiative indicated that more anti-psychotic medications are prescribed to individuals with I/DD than to individuals with psychological conditions because they are being used to control behaviors and relieve caregiver stress. Maine is 11th in the nation for off-label use of prescription medications. * The initiative includes curriculum development to help providers recognize common reasons why individuals have behavior issues. Most significantly, individuals in this population experience pain that they are not able to communicate about. * The initiative also includes technical assistance, and provider training/workforce development that aim to create expectations for how best to conduct assessments for this population in the care setting. Training to date has been delivered to health homes. * The subcommittee members discussed how this initiative should be evaluated. MacDonald noted that evaluations are collected after each training. Members suggested provider surveys could assess why providers have or have not implemented changes based on these trainings. It was explored whether certain diagnoses could be used to measure uptake of improved practices. | * OCQI / Maine Leadership Team will consider committee feedback and provide further direction regarding inclusion of this initiative in the 2016 overall SIM evaluation or if other evaluation methods will be deployed. |
| 1. **Project Update: Mental Health Rehabilitation Technician/Community Certification curriculum development** | Chichester | * The subcommittee was introduced to workforce development activities focused on case managers and coordinators for health homes by Catherine Chichester. * The launch of the initiative involved a literature review to identify models specific to case managers in health home care arrangements. This was supplemented with interviews of case managers working in health homes currently and their supervisors. * A competency framework was then developed which has been included for consideration as the MHRT/C certification requirements are updated. * In addition to the certification requirements, an open access resource is in development to provide tip sheets to case managers on a range of issues. The goal will to eventually develop a learning management system that allows for the tracking of managers as they move through training resources. | * OCQI / Maine Leadership Team will consider committee feedback and provide further direction regarding inclusion of this initiative in the 2016 overall SIM evaluation or if other evaluation methods will be deployed. |
| 1. **Rapid Cycle Improvement: Next Steps** | **Yoe** | * Notes from the break-out Rapid Cycle Improvement discussions during the Annual Meeting are still under review. | * Themes and focus areas being developed for further exploration with the group during future meetings. |
| 1. **Results from Governance Structure Survey** | **Chenard** | * The response to the SIM Governance survey was relatively low. Those who responded found the participation in SIM governance meaningful, but there was limited detail or ideas for what to improve upon. | * Steering and Maine Leadership are currently reviewing what the most valuable discussions are to have within/across the governance structure. |
| 1. **Consumer Interview Tool Review** | **Robertson** | * An update was given on preparations for the second round of consumer interviews. Specifically, Market Decisions has proposed the addition of follow up questions in the following areas:   + Communications and Patient Engagement   + Coordination of Care   + Expectations and Outcomes   + General Dissatisfaction * Members discussed using consumer representatives on other subcommittees as a resource for a review of the proposed interview tool. | * Members asked to review proposed changes and offer written feedback before the next meeting in February. * Lewin will coordinate a meeting with consumer representatives to gather their feedback on the interview tool (scheduled for 1.29.2016). |
| 1. **Public Comment** | **Woods** | No additional feedback provided |  |
| 1. **Next Steps** | **Woods** | * Next Meeting - February 3, 2016, 2-4 pm   Pine Tree Room  2 Anthony Avenue, Augusta   * Future Discussion Topics   + Continue Rapid Cycle Improvement Discussions   + Review/revision of Consumer, Provider, Stakeholder interview tools   + Target setting progress for Commercial & Medicare- progress update   + Follow up on clinical data risk and other identified risks as necessary |  |

**Next Meeting: Wednesday, February 3, 2015 from 2:00 pm to 4:00 pm**

**Pine Tree Room 2 Anthony Avenue, Augusta, Maine Please NOTE- this is a FRAGRANCE FREE building**

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| **Workgroup Risks Tracking** | | | | |
| **Date** | **Risk Definition** | **Mitigation Options** | **Pros/Cons** | **Assigned To** |
| 6/24/2015 | Delays in access to Medicare data | DUA is with CMS for approval. Once received, data will be transferred.  **Risk has been resolved, as Medicare data was received in July.** | Resolved | **Andy Paradis / Kathy Woods / Peter Flotten** |
| 6/24/2015 | Once access to Medicare data is granted there are still issues related to processing delays and the lag time of available claims information e.g. July 2015 will receive Medicare claims data for calendar year 2014 & pharmacy data for calendar year 2013; | Limited ability to influence. Note that Lewin has received Medicare data. | Limited ability to influence- inform Steering Committee as relates to evaluation process | **Kathy Woods, Amy Wagner** |
| 6/24/2015 | Potential delays in timely access to Commercial data due to time lags in release of data | There is a four month lag for data at this time, but it is anticipated that data through March 2014 will be sent to Lewin in July 2015. Limited ability to influence. Note that Lewin has received commercial data. | Limited ability to influence- inform Steering Committee as relates to evaluation process | **Kathy Woods, Amy Wagner** |
| 6/24/2015 | Lack of access to clinical data for evaluation analysis purposes | This issue will be sent to the Data Infrastructure Subcommittee for consideration.  10/28 – This topic was discussed again with the Evaluation Subcommittee members. A small group will likely be convened to discuss priorities and next steps for this issue. Jim Leonard volunteered to facilitate next steps. | Both core measures and SPA reporting requirements include clinical data measures. | **Jim Leonard; Kathy Woods, Amy Wagner** |
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| **Dependencies Tracking** | | | |
| **Payment Reform** | **Data Infrastructure** | **Delivery System Reform** | **Other** |
|  | Lack of access to clinical data for evaluation analysis purposes |  |  |