

 **Maine State Innovation Model Leadership Meeting**

**Date:** 2/25/2014

**Time:** 12:00pm-1:30pm

**Location:** 221 State Street, Main Conference Room

**Head of Meeting:** Holly Lusk- Senior Policy Advisor, Office of the Governor

**Minute Taker:** Sybil Mazerolle**,** Planning and Research Associate, OMS

**Attendees:**

Dr. Kevin Flanigan- Medical Director, DHHS Office of MaineCare Services

Randy Chenard- SIM Program Manager, DHHS

Anne Head- Commisioner, Department of Professional and Financial Regulations

Jim Leonard- Deputy Director, DHHS Office of MaineCare Services

Mary C. Mayhew- Commissioner, Department of Health and Human Services

Stefanie Nadeau- Director, DHHS Office of MaineCare Services

David Simsarian- (Unsure of Job title), DHHS

**Agenda:**

 **Item 1: SIM Quarterly Status Report Review- Randy Chenard**

Mr. Chenard began by explaining the SIM status report excel sheet, and how to interpret the color codes. He then began to go over the overview of the Quarter’s Project Activities. There was a suggestion made by Commissioner Mayhew about the organization of the bullet points in the Overview of Quarter’s Project Activities, page 1, that she would like addressed for clarity. Mr. Chenard said he would look into making some adjustments.

Mr. Chenard advised that the trend for the objectives was moving forward positively. In FFY14 Q2, all objectives that had been coded as red in the previous quarter have moved to yellow, and there were some objectives that had been in yellow that moved to green. Mr. Chenard spoke to the progress of the Data Infrastructure Workstream and highlighted that Objectives 1 & 4 had previously been coded as yellow in Q1, but had now moved to green, but also advised that Objective 5 was still coded yellow for this quarter.

Commissioner Mayhew questioned if any assessment had been done on barriers in accessing information for providers using HIN. She stated that she wants to be sure that providers, such as Emergency Department MDs, have it ingrained to log in and use HIN. She related this to the Prescription Monitering Program (PMP), and wanted to see data on who is accessing PMP and how frequently. How can that be related to HIN and getting providers logging in and accessing the portal.?

The question was then posed on whether or not the MHDO (??) legislation would affect the outcomes of any of the Data Infrastructure objectives. Mr. Leonard stated that the legislation should pass, otherwise the information that the providers will be accessing at will look differently than what is currently envisioned.

Discussion turned to Objective 5, the Patient Portal “Blue Button” pilot. Ms. Lusk asked why this initiative was important. Dr. Flanigan said the idea was to create a robust patient portal that will give them access to their comprehensive medical information. That a patient who is more informed about their health issues, the easier it would be for them to be a contributing member to their own healthcare team. Commissioner Mayhew asked what part of this information will actually be helpful. Mr. Leonard advised that the question was still being looked into whether not this is effective to outcomes. Is the information accurate? Errors can occur. And will consumers be able to easily interpret lab results, etc. Commissioner Mayhew asked if it was a question of Cost of Care or a question of how to get people to look at the information? It was mentioned the delay to objective was due to not having yet selected a pilot partner.

Ms. Lusk then stated that, while the steering committee would have no problem interpreting these handouts and documents, for her and the legislators that participate, it would be helpful to have a “Why?” to the SIM grant objectives. Commissioner Mayhew advised that she would like Mr. Chenard to “take a stab” at making a quick definition “Executive Summary” to make the definitions of the objectives more broad.

She then stated that she wanted more focus on the goals of the objectives, wants them simplified to push at the Steering Committee. She wants to know the risks to the programs that are keeping us from hitting goals and having the Steering Committee use their expertise to guide us to reaching appropriate robust goals. Leadership does not want a two hour information dump at the Steering Committee meeting, they want more structure and focus. Detailed key points and structure reports around deliverables. Leadership needs to be more proactive in how to stimulate Steering Committee to certain questions. She wants a more action-oriented agenda and more engagement from participants to get feedback. Dr. Flanigan stated that he plans on reaching out to individual Steering Committee members before meetings to get them thinking about certain topics.

Mr. Leonard then spoke to the progress of MaineCare’s objectives. He advised that the SPA for the Accountable Communities was not submitted in the first quarter as planned due to concerns that CMS had about the model. However, SPA will be submitted this Friday. For Stage B, the Behavioral Health Homes the SPA has been submitted, there are weekly calls with providers to discuss implementation and there are some questions on certain rates, but overall outlook is positive.

Objective 3 is progressing well, there have been some contracting and administrative issues, but it is still going forward. Objective 4, Mr. Leonard stated, is also progressing on track.

Commissioner Mayhew stated that she was impressed by the MaineHealth presentation. She said she does not want to overwhelm providers with data collection. Ms. Nadeau said that she would be sitting down with Mr. Leonard and Ms. Probert to make decisions on data collections. She wants to be sure that data collection isn’t scaring away potential participants. Commissioner Mayhew said that they need to make sure that they get a correct picture of which measures are applicable and meaningful. There needs to be discussion on packaging the information and presenting it to providers, and whether it’s MaineCare that needs to address it or SIM. She offered that maybe it should be the SIM Steering Committee that should be driving the connection between the data and the goals of the objectives.

Commissioner Head asked what the issue was, if providers were overwhelmed, because she doesn’t even have to look at the portals and she is overwhelmed at what is being asked. Dr. Flanigan said it was a communication issue, MaineCare only has two portals, there are more portals for Medicare, etc. but unfortunately, this new portal that was added by MaineCare was the one that broke the camel’s back so to speak. Commissioner Mayhew said that they need to evaluate what data is absolutely essential for the first year, because if the providers start backing out because of “portal fatigue” then there won’t be any initiatives to implement. Dr. Flanigan mentioned that the Accountable Communities is a shared savings model and the providers need to hit benchmarks to get those saving, which requires certain data in order for the benchmarks to be calculated. Commissioner Mayhew stated that the MaineHealth presentation was bringing forward their concerns trying to engage their own entities to participate due to the data burdens.

 **Item 2: SIM Risk Log Review- Randy Chenard**

Mr. Chenard introduced the SIM Risk Log, explained it’s organization and how it demonstrates the potential issues some objectives may encounter and how gave them ratings on how detrimental they may be to the success of the objectives. Mr. Chenard will be updating the leadership team on each risk factor and the team can veto or push for addressing the issues. Commissioner Head asked what the “Deloitte Shared Saving Methodolgy” was. It was explained that there was a delay in getting CMS to accept the definition on the risk of paying out on random variation. Mr. Chenard stated that he would be sending out a copy to the leadership team to allow for edits.

 **Adjournment:**

The meeting adjourned at 1:30pm.