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|  | **SIM Leadership Team****Friday, June 28, 2013****8:30 a.m. – 10:00 a.m.****Commissioner’s Conference Room** |

Attendance:

Holly Lusk, Senior Policy Advisor, Governor’s Office, Chair Jim Leonard, State Coordinator, Health Information, OMS/DHHS

Mary Mayhew, Commissioner, DHHS Kevin S. Flanigan, MD, Medical Director, OMS/DHHS

Anne Head, Commissioner, Professional and Financial Regulations Stefanie Nadeau, Director, OMS/DHHS

Representative Terry M. Hayes Randy Chenard, SIM Project Manager, DHHS

Richard Rosen, Director, Office of Policy and Management David Simsarian, Director, Business Technology, DHHS

 Denise Gilbert, Legislative Coordinator, DHHS, staff

| **Agenda** | **Discussion** | **Next Steps** |
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| **Welcome; Introductions of Chair and Group Members; and Opening Comments from Commissioner/SIM Overview****Welcome; Introductions of Chair and Group Members; and Opening Comments from Commissioner/SIM Overview cont.** | Randy distributed meeting packets (attached) and welcomed all. Following a round of introductions, the Commissioner introduced Holly Lusk as Chair and provided a brief overview of the SIM Grant. The SIM Grant is an initiative **testing** grant to “improve health, improve health care and lower costs through a sustainable model of multi-payer payment and deliver reform, and must be dedicated to delivering the right care at the right time in the right setting.” Maine is one of six states to receive the grant.Maine’s Concept – Maine’s Health Homes and Community Care Teams, through valued based purchasing, will work toward reducing social/behavioral and economic barriers to increase access and improve quality of health care, by supporting and highlighting the importance of primary care providing incentive payments based on quality rather than volume, and facilitates systems’ transformation with more comprehensive real time data using quality measures and evidence based practices. The SIM grant will be used to facilitate and test this delivery system. Some examples of areas where Maine could test early success would be:* Diabetes Management
* Cardiac Care
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| **Chair Remarks** | Holly defined the Chair role as more of a facilitator role rather than a traditional Chair. |  |
| **SIM Framework/ Governance Model Review****SIM Framework/ Governance Model Review cont.** | The Commissioner and Dr. Flanigan identified the 3 components, the State’s partners, and SIM Governance Model:1. **Maine SIM Leadership Team** – the leadership team will meet monthly in the beginning (knowing that a meeting can be called if emergent issues arise) and its role is to review standardized progress reports from the Steering Committee and Work groups, resolve issues if consensus cannot be reached at Steering Committee level, initiate scope adjustment, etc.. *Members requested that reports and information regarding issues needing resolution at the Leadership level be sent out prior to the scheduled meeting for review in preparation of the meeting and any decisions needing to be made.* *It was also clarified that the state held the responsibility of implementing the grant not the leadership team.*
2. **SIM Steering Committee** – Dr. Flanigan, Chair – Committee membership consists of 23 subject matter experts in their fields such as physicians, hospitals, etc. Decisions made by the Steering Committee will be based on consensus. Meetings are scheduled for the second and fourth Wednesdays of the month through October. *Members requested the membership list of the Steering Committee.*
3. **Three Components/State Partners**
4. Payment Reform led by Maine Health Management Coalition using quality measures, payment incentives for services and providing data analytics
5. Transparency led by HealthInfoNet – Providing, collecting data- it is important to know what the end goal is, what data to use, and that it be valuable, valid and actionable.
6. Service Delivery Reform led by Quality Counts

The three State partners (Maine Health Management Coalition, HealthInfoNet and Quality Counts) will establish three work groups based on their component. *Members requested the list of Chairs.*Jim Leonard provided the Team with a brief overview of the High Tech Act adopted in 2009. This act provided $40 billion for the development of a nationwide health information data exchange based on hospital and physician input, leaving out long-term care, home health hospice and behavioral health. The intention of the SIM grant is to integrate and improve data sharing across all these service areas for improved outcomes. | Denise will forward a copy of the membership list.Denise will forward list of Chairs |
| **Operational Plan –Development and Review – Timeline Process** | Randy presented the 6 month timeline for the completion of the “Operational Plan” chart (attached)**June 10** – 28 Operational Plan Development**June 28** – Deadline for Content Submission**July 10** – Steering Committee begins review of the plan  and submits requests for more information**July 27** – Steering Committee Approval for Submission**August 1** – Submission of SIM Operational Plan to CMMI**October 1** – Deadline for CMMI approval to move into implementation phase |  |
| **Questions, Comments, Decisions** | Information sent to the Leadership team by e-mail should have a standardized subject format to be easily accessible by members.Meeting agendas, standardized reports and information regarding emergent issues will be sent prior to scheduled meetings to allow members to prepare.Members requested the list of states awarded the SIM grant.Leadership Team meetings should be scheduled in Legislative Committee rooms for public accessibility.Members of the Leadership Team can participate in meetings telephonically if preferred. | Denise will forward the list of statesDenise will contact Legislative Information to schedule rooms.  |
| **Leadership Team’s Next Meeting** | Meeting date will be forwarded to members following the next Steering Committee meeting scheduled for July 10, 2013 |  |