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|  | **SIM Leadership Team**  **Friday, March 7th 2014**  **12:00 p.m.-1:30 p.m.**  **Main Conference Room**  **221 State Street** |

Attendance: Absence:

Holly Lusk, Senior Policy Advisor, Governor’s Office, Chair Mary Mayhew, Commissioner, DHHS

Kevin S. Flanigan, MD, Medical Director, OMS/DHHS Stefanie Nadeau, Director, OMS/ DHHS

Anne Head, Commissioner, Professional and Financial Regulations Terry M. Hayes, Representative, Maine State Legislature

David Simsarian, Director, Business Technology, DHHS-via phone Michael D. Thibodeau, Senator, Maine State Legislature

Jim Leonard, Deputy Director, OMS/DHHS Richard Rosen, Director, Office of Policy and Management

Randy Chenard, SIM Program Manager, DHHS

| **Agenda** | **Discussion** | **Next Steps** |
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| **Review and Acceptance of Meeting Minutes** | * There was some question whether there were enough people in attendance to make some of the decisions that were necessary during this meeting. Holly asked if other members had been asked if this particular day and time would work for them. Randy said that he had asked preferences from the SIM Leadership members and that everyone had said that the first Friday of every month would be a convenient time for them. Holly asked what the bylaws said would be necessary to table items if participants in a meeting felt there wasn’t enough representation from parties to reach consensus on certain items. It was stated that she would be the one to decide. Holly advised that she felt there were at least enough people to go over and accept the meeting minutes and to get an overview of the agenda items. * In review of the minutes, Holly said that she would like to have a list of those who were not in attendance, and also clarified a question on the title of a piece of legislation that had been referenced in the previous meeting. With those two issues taken care of, the minutes would be accepted. Randy said that Commissioner Mayhew would like to use the DHHS logo on meeting materials for SIM. |  |
| **SIM Risk Log Review- Randy Chenard** | * Mr. Chenard introduced the handout “Maine State Innovation Model Status at a Glance, and explained how it broke down all the objectives from the five workstreams and demonstrated where they lie under the umbrella of the six different pillars that form the SIM goals. He then applied a weighting of importance of each of these objectives. Jim raised a question on the wording for the first pillar, “Strengthening Primary Care”. He stated that he didn’t feel that it was an exact description of the goal, which is to move to “integrated care”. Dr. Flanigan stated that SIM was pushing for a stronger focus on primary care, and that using “transform” wouldn’t be strong enough to convey the correct message. Holly advised that maybe the terminology should be reviewed in the Steering Committee meeting, and would appreciate having Commissioner Mayhew and Director of MaineCare weigh in on the conversation. * Commissioner Head stated that she found the chart very helpful in demonstrating how interconnected the 4 work streams were in working to reach the SIM Pillars. She then asked how Pillars 1 (Strengthening Primary Care) and Pillar 2 (Integrate Physical and Behavioral Health) differed. Jim said that they were similar. Dave said that all the pillars have connection and dependence and stated that Pillar 1 was showing that there was a focus on care delivery in a Primary Care setting rather than the ED, and not to “agonize too much on the headings”. * Dr. Flanigan displayed a power point slide from the Maine SIM Strategic Plan presentation, which broke down the pillars of SIM, with definitions for them. After reviewing the slide Jim withdrew his concern about using the title “Strengthening Primary Care”. Holly then asked Randy how the weighting for the objectives were assigned. Randy advised that they were assigned by him and then vetted to specific members of the SIM core team, and with their input he made a few changes. Holly recommended that things be kept the same until Commissioner Mayhew and Director Nadeau have a chance to review the document. She said she relies on the team’s expertise, to which Dr. Flanigan said that Holly’s input is important as well because she knows what is going on at the Executive level. Holly stated that the Governor would defer to Commissioner Mayhew on this, they won’t “micromanage”. She did ask if it would be important to have an internal discussion on the weightings on the MaineCare Objectives, and make sure that MaineCare is ok with how things are prioritized. Dr. Flanigan responded that Jim and Michelle might weight things a little differently than SIM. He then illustrated on the white board what would happen to objectives like Workforce Development, Leadership Development, Information/Technology, etc. would all fall apart if the ACO and HH models don’t work. * Randy then turned attention to the actual Risk Log, explaining that it was organized by highest to lowest risk score, which is calculated by multiplying “weight”, probability and level of impact to SIM objectives. He advised that the role of the SIM Leadership will be to check to see is anything is missed and if everyone is comfortable with the risk calculations. Commissioner Head asked if on the Log, Risks were listed organized by weight? That was affirmed.   Jim stated that the name of Risk 21(issue of assigning care coordination) was a little confusing. Holly then stated that on some of the detailed risks the Steering Committee needs to be more specific, it can’t be an “If we fail this objective, then we fail”, SIM Leadership cannot fix that problem. Dr. Flanigan said that they can do a better job in articulating the concern. Randy said that it was necessary for “coordination of the coordination”. Dr. Flanigan advised that the last Steering Committee meeting was a good meeting, there were no personal agendas being pushed at the group and people were pulling together as a team. Randy said that leadership wants to be sure that Steering Committee will “own” the risks. Jim asked if it was possible to narrow down the down the owners, maybe in the subcommittees, so the Steering Committee doesn’t get bogged down. Risk 1 (Managed Care legislation) was then discussed, Holly advised that the vote would most likely take place the following Tuesday but did not view it to actually be a problem. Randy said that the SIM Core Team had decided to combined Risks 5 and 12. Jim stated that there were significant complications surrounding the Accountable Communities’ shared savings model with contracted providers. They need to have a rule before they can develop the contracts. There are three issues, one is the CMS response to the SPA that was recently submitted, a quick review is anticipated, but they technically have 90 days to approve the SPA. Then there is the Rule that the AG’s office is working on, but the AG’s office anticipates a finish date of sometime in May of this year, which is when the AC’s are set to be implemented. Then there is the possibility of Emergency Rule-making, both the Rule and the contracts with providers would have to be completed before the AC’s can go live. He specified that these contracts are very involved and require language and points that haven’t been done before. It’s possible that they could be done in a short period of time but since it’s new he is hesitant to give a timeframe. He advised that it would be optimistic that the ACs could be implemented in July.  Holly asked if there were examples from other states of these contracts and language used. Jim stated that Minnesota, but they are mostly using MCOs and it wouldn’t be exactly the same thing. Dr. Flanigan said that the contract is the first step. Some of these providers are already considered “Accountable Communities” just not with the MaineCare population. Holly inquired if there are already metrics in place for how payment will work. Dr. Flanigan responded that the discussions surrounding that have already taken place. Jim added that we will have to rely on well-developed methodologies to get data on outcomes, that it is a very complicated data process due to all the services involved. Deloitte is currently helping with the numbers but it’s MHMC’s first time doing this.   * Randy questioned if Michelle was still “risk owner” for the two risks combined and asked how that was being mitigated. Jim answered that yes, it was still Michelle but the mitigation involves the legal process and working with the AG’s office, providing them with necessary clarifications so the process can move forward. That MaineCare comes to the AG’s office with several issues so it’s how to prioritize so MaineCare doesn’t lose control of the process. Randy stated that his experiences with the AG’s office surrounding the SIM contracts, were somewhat challenging. Commissioner Head questioned whether they were using regular staff at the AG’s office? She asked if there was a way they could look to a consulting group for the contracts. Randy said that SIM had money in the budget to pay for a legal consulting group, but that approach was rejected by the AG’s office. Jim stated that Commissioner Mayhew had advised that there didn’t seem like a good case for Emergency Rulemaking. Commissioner Head asked if there was a way you could contract with someone who could draft the actual Rule. Holly said that would need prior approval from the AG’s office to seek outside representation. She then stated that if it was an issue with the Department, that they should really look to list out the Rule making priorities for the AG’s office. It was stated that Halliday is currently working on the NET for the Department, but that the Accountable Communities rule should be defined as to where it needs to be on the list of Rules needed from the AG’s office, and SIM should look at the budget to see where there are available resources that could pay for contracting someone to help with the contract consultations. * Commissioner Head stated that she couldn’t believe that we were half way through the process and still don’t have the Rules written. Holly said they should ask Fran (from CMS) if the money will go away if we are unable to get stuff done. It was decided that Randy would speak to Fran and OMS would look to prioritize Rule making list for AG’s Office. * Randy introduced Risk #20, “Change Fatigue” of the providers, would innovation be effective if the providers are not equipped to deal with the changes. Holly asked if we were asking the providers to implement the whole “kit and caboodle” or are we going in stages. Dr. Flanigan asked if maybe they should cluster the initiatives to the providers that are best equipped to handle the changes. He stated that the administrators are excited about a new revenue stream but the providers are tired. | Randy asked of the SIM Leadership Committee to review the Risk Log in their free time.  Randy will follow up with Fran from CMS  MaineCare will work to prioritize list of Rules for AG’s office. |
| **SIM Governance Process** | * Randy created a draft of the *Maine State Innovation Model Governance Information and Decision Process Flow Chart*. This was created to demonstrate how the SIM governance process works, and how SIM will govern the work of the MHMC, that there will be a representative from SIM on the PTE board and other relevant MHMC workgroups. The PTE analyzes quality metrics and their recommendations go to MHMC and to SIM, SIM can decide to accept or reject their recommendations. It will address the concern about the unilateral control of metrics by the Coalition. This will be addressed in the next Steering Committee meeting. |  |
| **Leadership Team’s Next Regular Meeting** | April 4th, 2014. Main Conference Room, 221 State Street, Augusta |  |