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|  | **SIM Leadership Team**  **Friday, Sept. 5th 2014**  **12:00 p.m.-1:30p.m.**  **Main Conference Room**  **221 State Street** |

Attendance: Absence:

Stefanie Nadeau, Director, OMS/ DHHS Terry M. Hayes, Representative, Maine State Legislature

Anne Head, Commissioner, Professional and Financial Regulations Michael D. Thibodeau, Senator, Maine State Legislature

Randy Chenard, SIM Program Director , DHHS Richard Rosen, Deputy Commissioner, DAFS

Kevin S. Flanigan, MD, Medical Director, OMS/DHHS Mary Mayhew, Commissioner, DHHS Jim Leonard, Deputy Director, OMS/DHHS Holly Lusk, Senior Policy Advisor, Governor’s Office, Chair

David Simsarian, Director, Business Technology, DHHS

| **Agenda** | **Discussion** | **Next Steps** |
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| **Review and acceptance of August SIM Maine Leadership Team minutes** | * Minutes were accepted without revision. * It was asked if Holly had been able to review the draft Accountable Communities contracts and Jim Leonard and Stefanie Nadeau confirmed that both Holly and Carly had looked them over. They did not have any concerns, and it was stated that Carly initial impression was that it would not need to be reviewed by the AGs office. It was shared that while they are waiting for all the contracts to be signed, operations are moving forward as though they were already signed, data is flowing based on contractual language. |  |
| **SIM August Steering Committee Report**  **Objective: Review the August SIM Steering Committee Report** | * Dr. Flanigan explained that Risk Management is a very active agenda item in the Steering Committee. He summarized that they introduced the Lewin Group, who is doing the SIM evaluation. Change fatigue was discussed in the Steering Committee meeting and there was general consensus that with correct leadership change will be much easier to implement. * Care Coordination is still a huge risk, and this risk had started in the Delivery System Reform subcommittee, but has grown out of that committee and will be discussed in the other subcommittees, it was explained that this is a slow process since the subcommittees meet on a monthly basis. Randy stated that he expected funding requests to come out of the mitigation process. * Dr. Flanigan explained the Consumer Education risk that the Steering Committee had formed a small workgroup to discuss the issue, and it focuses on the ability of providers to effectively educate patients about chronic condition management and working in a team. The workgroup decided to align this risk with the VBID pillar and the ability to reimburse for the time and ability for providers to run with team based management. * Risk 24 is still an issue as the PCMH pilot is scheduled to end in December and 75 Health Homes will lose part of their revenue stream, MaineCare has committed to funding their portion, but most private insurers will end or replace it with something else. CMMI is aware of the concern surrounding this and should be reporting back soon on how it will move forward. * Work on Risk 27, Measure Alignment across payers, is moving forward. IHOC has provided a draft of their measures which is very helpful and there is a draft being worked on with representatives from different payers and the health systems to whittle down and align measures across initiatives. * Dr. Flanigan discussed the Leadership development objective, explained that it was taken to the Steering Committee on whether or not it should be funded and what shape or form it should take. If it does not move forward, then there will be several hundred thousand dollars freed up. The Steering Committee has decided that it is important to fund, and now Dr. Flanigan will be conducting a gap analysis to find out what the provider community needs, and then they will see if there is a curriculum in existence that will address the needs or if they need to create one. * Randy stated that there was a discussion on the lack of consensus and clarity on the definitions of the strategic pillars. He said they had developed a draft and were hopeful that the Steering Committee would improve upon it, but there was heated discussion around the draft’s starting point, so they plan to ask the Technical Assistance offered by CMMI to work on this. Dr. Flanigan explained that they need help articulating what a team-based healthcare system will look like in 2018. Commissioner Head asked if there were groups or entities that are developing this vision currently. Randy said that is why they are giving this to the TAs. Dave suggested that this not be just a generic question, but they should incorporate specific activities that are funded through the SIM. Dr. Flanigan advised that the TAs will require their paperwork so they can map what SIM grant activities and changes will lead to in the future. He said it is also important to remember that changes will continue even after the grant is done. | Randy will have TAs look at SIM pillars and activities and have them map out how these will transform healthcare in Maine. |
| **Maine Leadership Team Roster and Engagement**  **Objective: Discuss MLT membership and discuss appropriate engagement levles as other SIM governance committees become more fully engaged** | * Randy distributed MLT roster to the group, he stated that there hasn’t been a lot of legislative participation and with the Lewin Group to start evaluating SIM, he feels that it may be important to look at membership. * There was discussion about the Delivery System Reform wondering about the MLT and asking who are members and where all their work is bubbling up to. Stefanie stated that the committee roster is posted online and SIM governance structure has been clearly explained. Randy said that this subcommittee is now asking for reports to be sent back down to them. It was discussed that the Steering Committee was created to be very active and offer guidance on the work of the subcommittees, the MLT was designed to consider new funding requests and look at contractual agreements. Most all the funds have been earmarked to current objectives, and it was stated that they should read the minutes, that way they understand that there isn’t a lot of room in the budget for added work unless there are tradeoffs. Randy said he had the feeling that there will be some scrutiny of the budget, and funding requests/tradeoff recommendations coming on the horizon. Commissioner Head she it was good for them to be prepared for this, by specifying what information they will need to make decisions on these future requests. Dave suggested a funding request document that put some onus on their ability to prove why the hypothetical new objective would be more impactful to the work of SIM than something is is currently being funded. Randy stated that there are some funds free at this point, about $1 million. He said there will be a flurry of activity coming up the pike and there weren’t any action items at this point, but he brought it up as something to keep an eye on. | . |
| **Steering Committee Membership discussion**    **Objective: Obtain MLT direction on the need to retain different representation for independent hospitals on the Steering Committee** | * Dr. Flanigan summarized that when the Steering Committee members were considered they had asked Franklin Memorial Hospital to participate to represent a small, independent hospital. They have now become an affiliate of MaineHealth, they are trying to decide if there is now a gap of representation. During the conversation it was pointed out that FMH had said in the newspaper that they are now part of the “MaineHealth Family”. MaineHealth already has a representative on the Steering Committee, and it was reiterated they need to decide if the Steering Committee has the necessary representation having two people from the same health system. * Stefanie pointed out that FMH has had active representation by their CEO, and she has done well voicing the perspective of the small hospitals. It may be a good idea to just add another seat to the table and allow her to continue. Commissioner Head said she disagreed, as adding new seats opens up a precedent that they really wouldn’t want. She stated that it may be best to ask the Maine Hospital Association if they have anyone in mind, and retain FMH until they can find a replacement. It was suggested that they as MaineHealth who they would prefer to represent them in the Steering Committee by Stefanie advised that it was FMH whose role has changed, so they need to replace that seat with someone else. | Dr. Flanigan will reach out to the Maine Hospital Association for potential candidates to represent a small, independent hospital at the Steering Committee meetings. |
| **Health Home expansion - support of the additional 23 HHs**    **Objective: Update MLT that on meeting between SIM State Core team and Lisa Letourneau, Executive Director of Maine Quality Counts, to occur on 9/5/14.** | * The conversation held right before the MLT meeting was summarized for those who weren’t in attendance. Randy said that they had a discussion about what the model for ongoing support will look like for the 23 new Health Homes plus any future Health Homes that come on board. They are trying to get on the same page; he said their proposal looked good from a model perspective but will be having future discussions with Quality Counts on funding. |  |
| **Quick discussion regarding CMMI feedback on SIM Ops Plan** | * Randy advised that they submitted the Ops Plan to CMMI at the end of July and have since received the first set of responses. They have some aggressive deadlines to answer any questions that CMMI asked, and are feverishly work on this. |  |