

Testing the Maine Innovation Model
Project Plan for Performance Reporting,
CQI, and Evaluation Support

(a) Anticipated Data Needs

The State will contract the data analytics function to Maine Health Management Coalition's Maine Health Management Coalition Foundation and its data partner, HDMS. (see data collection – Section B) Timely and accurate data (i.e. actionable data) is absolutely critical to care delivery transformation, and the MHMC Foundation has developed an efficient and comprehensive in-house all payer database and analysis capability, and provides real-time data. The agency is also using HDMS to create tools to help identify priority opportunities based on local data, assist health systems in setting targets and benchmarks, measure progress, and determine potential financial impact.

MHMC-F is the independent third party entity through which stakeholder (provider and payer) information can now flow. As such, the MHMC-F database is neither an exclusive provider database nor an exclusive payer database – we characterize this model as a neutral Switzerland for data. This new model is unique. The agency's agenda is as a multi-stakeholder group – with objectives to help employers and consumers get better value (better care/lower cost/high satisfaction), and also help providers with quality metrics, cost of care, and an idea of how they are doing among other providers.

If providers are part of an ACO system, the agency now has an identified population that an employer can discuss with this ACO – both Employer and Provider can look at same data through the trusted, neutral third-party data source.

(b) Description of data collection and performance reporting processes

Data collection will be on two major levels: (1) data collected from providers on common measures, and: (2) data collected for the three-part CMMI evaluation in coordination with the local project Evaluator (see below).

(1) Common quality measures for primary care providers and behavioral health providers will be identified through the established Pathways to Excellence (PTE) process of the project's implementation partner, Maine Health Management Coalition (MHMC). Its foundation, the Maine Health Management Foundation (MHMC-F) is the lead agency for public reporting of quality information in Maine. The MHMC-F data system includes an inclusive all claims database and powerful analytic tools to transform health care claims data to actionable information to drive improvement. This analytic capacity provides performance measurement, analysis and feedback to providers/ employers/ insurers/ to drive delivery system change, and to consumers to drive informed choice of high-value providers through publicly reported data.

(2) We understand that the CMMI evaluator will work with each state to develop standards for data collection and use and data reporting, and for requirements for the data elements that Maine will collect and report to CMMI. We also understand that among the measures of interest for CMMI are quality, access to care, health care cost and utilization patterns, supplemental expenditures, beneficiary experience and population health. The local Evaluator (to be selected through an RFP process during the 6-month planning period of the award) will work closely with both CMMI and the State to develop the data collection and reporting process for the project.

(c) Plans for coordinating data collection efforts with CMMI evaluation contractors

During the initial six-month planning period the State will issue and RFP to identify an Evaluator for the project to assist in the CMMI evaluation process and provide in-state evaluation expertise.

We understand the three-part CMMI evaluation strategy of; (1) overall design and data collection; (2) rapid cycle evaluation of state models, and; (3) impact evaluation. We also understand that a CMMI contractor will help develop methodological and data standards, conduct monitoring and rapid-cycle evaluation to promote real-time improvement, and conduct the impact evaluations. We have identified two major research groups that are likely to respond to the solicitation, both of which have extensive long-term knowledge of, and experience with Maine's health system, including recent system transformation initiatives across the state. These evaluators are Maine-based. The University of Southern Maine, Muskie School of Public Service, and the University of New England, Center for Health Policy, Planning and Research both have experience coordinating with national teams on CMS, AHRQ, NIH and USCDC demonstrations and initiatives (e.g. CHIPRA QI). The Evaluator will provide data to CMMI as needed and requested and, to the extent possible, will harmonize measures to facilitate data collection/ minimize respondent burden.

(d) Methodology for state CQI, in collaboration with CMMI evaluators

The Maine Department of Health and Human Services (DHHS), will be the lead agency for the State for this cooperative agreement application. Maine DHHS has processes and procedures in place, and extensive experience working with CMS, and will work cooperatively with CMMI evaluators on this project. The State will also contract for a local evaluation partner (see section C) during the planning period, and will coordinate with the local evaluator and CMMI evaluator as required throughout the length of the project.

The governance structure of the Project is outlined in the proposal narrative, and includes responsibilities and oversights for assuring progress and success, and the lines of responsibility from the State to CMS. The State of Maine will have sole responsibility to CMS for insuring the

timely delivery of agreed upon tasks through an approved workplan, and will be responsible for all grant activity and report to CMS on progress in all areas, including grant management. Contracted services by vendors in the three major categories and the MHMC will have reporting responsibilities to the state aligned to the agreed upon workplan and deliverables specified in a contractual agreement with the state. The Grant Executive Committee will be responsible for policies, changes to workplan, major shifts in resource allocation, and decisions requiring senior authority. The Director of Strategic Initiatives and project management staff will make monthly reports to the Committee on performance, financial, and workplan progress. The Steering Committee, will be a multi-stakeholder group providing input and direction on the progress of grant activities toward the goals and objectives outlined in the approved workplan.

(e) Process for continuous learning, adoption of best practices, and other performance improvement based on performance assessment and continuous improvement

The State recognizes the need for CQI opportunities for providers, purchasers/payers, and consumers around issues related to system change, and their individual and collective roles and responsibilities in the process. Maine Quality Counts (QC) will provide Innovation Model CQI services through expansion of a current contract with MaineCare – including an IHI model learning collaborative for providers transitioning to PCMH status, and patient engagement through its *Better Health Better ME!* campaign, which offers both patients and primary care providers the tools, guidance and resources they need to begin necessary provider/patient conversations.

Maine Quality Counts is an independent, multi-stakeholder alliance working to transform health and healthcare in Maine by leading, collaborating, and aligning improvement efforts that support patient-centered, coordinated systems of care and the resources needed to support them. QC is the lead agency for Maine’s statewide Aligning Forces 4 Quality initiative, one of the conveners

of the Maine Multi-Payer Patient Centered Medical Home (PCMH) Pilot and the CMS Maine Multi-Payer Advanced Primary Care Practice Demonstration which is based on the PCMH Pilot, and a member of the Maine Chartered Value Exchange Alliance. QC recently received funding from the MaineHealth Access Foundation (MeHAF) to help further MeHAF's initiative to support the integration of physical and behavioral health care in PCMHs, Health Homes, and FQHCs.