Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Delivery System Reform Subcommittee
Date: December 3, 2014
Time: 10:00 to Noon
Location: Maine Quality Counts
Call In Number: 1-866-740-1260
Access Code: 7117361#

Chair: Lisa Tuttle, Maine Quality Counts ltuttle@mainequalitycounts.org

Core Member Attendance: Kathryn Brandt, Bob Downs, Linda Frazier, Brenda Gallant, Barbara Ginley, Jud Knox, David Lawlor, Jim Leonard, Chris Pezzullo, Lydia Richard, Catherine Ryer, Rhonda Selvin, Ellen Schneiter, Katie Sendze, Betty St. Hilaire, Emilie van Eeghen
Ad-Hoc Members: Jim Martin, Julie Shackley

Interested Parties & Guests: Amy Belisle, Becky Hayes Boober, Randy Chenard, Gloria Aponte Clark, Anne Conners, Loretta Dutill, Todd Goodwin, Simmone Maline, Sybil Mazerolle, Sandra Parker, Amy Wagner

Staff: Lise Tancrede

Topics	Lead	Notes	Actions/Decisions
1. Welcome! Agenda Review January/February Meetings	**Lisa Tuttle 10:00 (10 min)**	Discussion on subcommittee meeting preferences for January and February 2015 and other meetings. SIM annual meeting is January 28, 2015. Recommendation is for DSR Members to attend the annual meeting and cancel the February 4th meeting. Subcommittee members agreed to the recommendation. The second payment reform summit will be held on January 15th and is sponsored	**Agenda reviewed and accepted** **Lise: Send out schedule of approved meetings for January/February** **Ellen S.: Send out invitation to Payment Reform Summit**

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		by the Maine Health Management Coalition and QC. Purpose of meeting is to facilitate discussion and ideas about which models are appropriate for Maine. Dovetails with the ACI subcommittee which is focused on payment reform.	
2. Approval of 11-5-14 DSR Notes **3. Payment Reform (no November meeting)** **Data Infrastructure Subcommittee** **Draft November Meeting Minutes**	**All** **10:10 (5 min)**	No questions or discussion on DI Subcommittee Minutes	**DSR subcommittee approved the notes of 11-5-14 SIM DSR meeting as presented**
4. Steering Committee Updates • **Annual Meeting**	**Randy Chenard;** **Gloria Aponte Clark** **10:15 (15 min)**	The next Steering Committee meeting will be held on December 10th. The minutes from the October Steering Committee meeting are pending and have not been sent yet. Hunt Blair from the Office of the National Coordinator attended the Nov ember Steering Committee to present ONC's Interoperability Roadmap. He stated that this Roadmap was created to answer the question of where everyone should be moving toward with HIT and HIE. There was a SC motion to develop an Ad Hoc committee to look at all SIM objectives and assure that these objectives will move Maine to Triple Aim. The committee will also be looking at other things that could be done differently. The committee is expected to begin meeting within the next few weeks. Results will start to be aggregated and	**Invite Lewin to January DSR meeting to discuss preliminary results**

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		shared in early 2015 by the Lewin Group. Total Cost of care overview metric was looked at by the Lewin Group and asking "Are we positively impacting the cost of care through SIM objectives." Steering Committee is looking at next steps around Primary Care Payment Reform (PCPR). A Key risk identified is that PCPR is currently not happening quickly enough. The question is: What actions are needed to accelerate this. SIM Evaluators: Jay Yo provided an overview around the roster of who will be involved around the evaluation subcommittee to review SIM results. Annual Meeting Update: The annual meeting is intended to provide a "Big Picture" overview of SIM Perspective. (See Draft Agenda) The DSR Members recommended the technical assistance session "Sustaining Momentum in Multi-Payer Payment Reform: Transitioning from Design to Implementation". There was a recommendation to have the Lewin Evaluators come in at the January 7th meeting to give DSR a heads up before the annual meeting.	

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5. Risk/Dependencies: • **Care Coordination** ○ **Recommendation for focused pilot on shared care plan using existing HIE Tools** • **HCBS Waiver Risk** • **Meaningful Consumer Involvement** **Expected Actions: Status Updates**	**Committee Sub-Group** **Gerry Queally; James Martin** **Consumer Sub-Group** **10:30 (40 min)**	Updates on current identified Risks: Meaningful Consumer Involvement : A sub group will present on December 10th to the steering committee to include recommendations. Care Coordination: A small subgroup is focusing on pilot for care coordination improvement across the CCT, HH, and BHH's using existing HIE tools and linking to all the work that has been done by DSR on Care Coordination. CMMC is the system giving consideration to implementing a pilot and they have a leadership meeting this Friday to make a final decision. The subgroup will report back at the January meeting for another status update. Jim Martin gave an update on the status of HCBS Waiver. New rules were introduced by CMS in March 2014. The rules focus on the 6 federal waiver programs currently managed by the State of Maine. The State is looking at how to come into compliance with the new CMS rules and steps to remediate. OADS is developing statewide transition plans that have to be ready by 2015. CMS has been unclear about what they will approve and not approve. Maine is	**Send notice to DSR about the December 10th SC meeting.**

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		still waiting on second wave of information and additional clarification of the rules such as issues for community support systems.	
6. Behavioral Health Home Organization • **State Plan Amendment (SPA) Update** • **BHHO upcoming Learning Session**	**Anne Conners** **11:10 (40 min)**	Anne Conners gave an update on the recent changes with the State Plan Amendment (SPA) Two points of change: Pass through payment - CMS requirement that states make a single payment to Health Home "lead entity" which then provides payment to other Health Home partners. MaineCare will not terminate members not affiliated with Health Home Practices (HHPs). There are also some Upcoming Portal Changes. (See PowerPoint for complete details) The next Behavioral Health Home (BHH) Learning Session will be held Friday, February 27, 2015. BHH has been in operation for 9 months and includes 24 practices. At the October 3rd learning session, the focus was on Population management and risk stratification. The Keynote Speaker for the 2/27/15 LS is Michael Varadian who will talk about BHH's in Transformation and steps to take to move forward and learn from (a perspective from Rhode Island BHHs.)	

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		Anne asked the DSR subcommittee to provide feedback on the content of the learning session and let her know. There was a suggestion to provide stories on the theme: Here is what we know and how has it changed. Anne will share a Video of success story that show Consumers holding signs of success (I lost 20 pounds etc.)	**Anne Conners to send Video of Consumer Success Stories**
7. Interested Parties Public Comment	**All** **11:50 (5 min)**	**None**	
8. Evaluation/Action Recap	**All** **11:55**	**There were 30 people who participated in the meeting.** Evaluation results scored at 8-9 Member comments included Informative updates, good discussion, no technical issues, and agenda not aggressive. Recommendation to use less acronyms and more graphics in the presentation.	
January 2015 Meeting			**The DSR subcommittee was given a homework assignment.** **1) Consider how will it be most helpful to navigate through SIM work in 2015?** **2) How do we talk about the collective work with**

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			opportunities and challenges in SIM to accomplish the goals. **Recommendation: Have other subcommittees come in with collaborative work and status updates.** **Next DSR meeting will be held on January 7, 2015**

Delivery System Reform Subcommittee Risks Tracking				
Date	**Risk Definition**	**Mitigation Options**	**Pros/Cons**	**Assigned To**
12/3/14				
11/5/14	Systemic risk of the health care system of not offering adequate and equal care to people with disabilities.			**Dennis Fitzgibbons**
9/3/14	Behavioral health integration into Primary Care and the issues with coding			
8/6/14	The Opportunity to involve SIM in the rewriting of the ACBS Waiver required by March 15th.			
6/4/14	The rate structure for the BHHOs presents a risk that services required are not sustainable	Explore with MaineCare and Payment Reform		**Initiative Owners: MaineCare; Anne**

		Subcommittee?		**Conners**
4/9/14	There are problems with MaineCare reimbursing for behavioral health integration services which could limit the ability of Health Home and BHHO's to accomplish integration.			
3/5/14	Consumer engagement across SIM Initiatives and Governance structure may not be sufficient to ensure that consumer recommendations are incorporated into critical aspects of the work.			
3/5/14	Consumer/member involvement in communications and design of initiatives			**MaineCare; SIM?**
3/5/14	Patients may feel they are losing something in the Choosing Wisely work			**P3 Pilots**
2/5/14	National Diabetes Prevention Program fidelity standards may not be appropriate for populations of complex patients			**Initiative owner: MCDC**
2/5/14	Coordination between provider and employer organizations for National Diabetes Prevention Program – the communications must be fluid in order to successfully implement for sustainability			**Initiative owner: MCDC**
2/5/14	Change capacity for provider community may be maxed out – change fatigue – providers may not be able to adopt changes put forth under SIM			**SIM DSR and Leadership team**
2/5/14	Relationship between all the players in the SIM initiatives, CHW, Peer Support, Care Coordinators, etc., may lead to fragmented care and complications for patients			**SIM DSR – March meeting will explore**
1/8/14	25 new HH primary care practices applied under Stage B opening – there are no identified mechanisms or decisions on how to support these practices through the learning collaborative			**Steering Committee**

1/8/14	Data gathering for HH and BHHO measures is not determined	Need to determine CMS timeline for specifications as first step		**SIM Program Team/MaineCare/CMS**
1/8/14	Unclear on the regional capacity to support the BHHO structure	Look at regional capacity through applicants for Stage B;		**MaineCare**
1/8/14	Barriers to passing certain behavioral health information (e.g., substance abuse) may constrain integrated care	Explore State Waivers; work with Region 1 SAMSHA; Launch consumer engagement efforts to encourage patients to endorse sharing of information for care		**MaineCare; SIM Leadership Team; BHHO Learning Collaborative; Data Infrastructure Subcommittee**
1/8/14	Patients served by BHHO may not all be in HH primary care practices; Muskie analysis shows about 7000 patients in gag	Work with large providers to apply for HH; Educate members on options		**MaineCare; SIM Leadership Team**
1/8/14	People living with substance use disorders fall through the cracks between Stage A and Stage B Revised: SIM Stage A includes Substance Abuse as an eligible condition – however continuum of care, payment options; and other issues challenge the ability of this population to receive quality, continuous care across the delivery system	Identify how the HH Learning Collaborative can advance solutions for primary care; identify and assign mitigation to other stakeholders		**HH Learning Collaborative**
1/8/14	Care coordination across SIM Initiatives may become confusing and duplicative; particularly considering specific populations (e.g., people living with intellectual disabilities	Bring into March DSR Subcommittee for recommendations		
1/8/14	Sustainability of BHHO model and payment structure requires broad stakeholder commitment			**MaineCare; BHHO Learning Collaborative**
1/8/14	Consumers may not be appropriately educated/prepared for participation in HH/BHHO structures	Launch consumer engagement campaigns focused on MaineCare patients		**MaineCare; Delivery System Reform Subcommittee; SIM Leadership Team**
1/8/14	Learning Collaboratives for HH and BHHO may require technical innovations to support remote	Review technical capacity for facilitating learning		**Quality Counts**

	participation	collaboratives		
12/4/13	Continuation of enhanced primary care payment to support the PCMH/HH/CCT model is critical to sustaining the transformation in the delivery system	1) State support for continuation of enhanced payment model		**Recommended: Steering Committee**
12/4/13	Understanding the difference between the Community Care Team, Community Health Worker, Care Manager and Case Manager models is critical to ensure effective funding, implementation and sustainability of these models in the delivery system	1) Ensure collaborative work with the initiatives to clarify the different in the models and how they can be used in conjunction; possibly encourage a CHW pilot in conjunction with a Community Care Team in order to test the interaction		**HH Learning Collaborative; Behavioral Health Home Learning Collaborative; Community Health Worker Initiative**
12/4/13	Tracking of short and long term results from the enhanced primary care models is critical to ensure that stakeholders are aware of the value being derived from the models to the Delivery System, Employers, Payers and Government	1) Work with existing evaluation teams from the PCMH Pilot and HH Model, as well as SIM evaluation to ensure that short term benefits and results are tracked in a timely way and communicated to stakeholders		**HH Learning Collaborative; Muskie; SIM Evaluation Team**
12/4/13	Gap in connection of primary care (including PCMH and HH practices) to the Health Information Exchange and the associated functions (e.g. notification and alerting) will limit capability of primary care to attain efficiencies in accordance with the SIM mission/vision and DSR Subcommittee Charge.			**Data Infrastructure Subcommittee**
11/6/13	Confusion in language of the Charge: that Subcommittee members may not have sufficient authority to influence the SIM Initiatives, in part because of their advisory role, and in part because of the reality that some of the Initiatives are	1) clarify with the Governance Structure the actual ability of the Subcommittees to influence SIM initiatives, 2) define the tracking and	**Pros: mitigation steps will improve meeting process and clarify expected actions for**	**SIM Project Management**

	already in the Implementation stage. Given the substantial expertise and skill among our collective members and the intensity of time required to participate in SIM, addressing this concern is critical to sustain engagement.	feedback mechanisms for their recommendations (for example, what are the results of their recommendations, and how are they documented and responded to), and 3) to structure my agendas and working sessions to be explicit about the stage of each initiative and what expected actions the Subcommittee has.	**members;** **Cons: mitigation may not be sufficient for all members to feel appropriately empowered based on their expectations**	
11/6/13	Concerns that ability of the Subcommittee to influence authentic consumer engagement of initiatives under SIM is limited. A specific example was a complaint that the Behavioral Health Home RFA development process did not authentically engage consumers in the design of the BHH. What can be done from the Subcommittee perspective and the larger SIM governance structure to ensure that consumers are adequately involved going forward, and in other initiatives under SIM – even if those are beyond the control (as this one is) of the Subcommittee's scope.	1) ensure that in our review of SIM Initiatives on the Delivery System Reform Subcommittee, we include a focused criteria/framework consideration of authentic consumer engagement, and document any recommendations that result; 2) to bring the concerns to the Governance Structure to be addressed and responded to, and 3) to appropriately track and close the results of the recommendations and what was done with them.	**Pros: mitigation steps will improve meeting process and clarify results of subcommittee actions;** **Cons: mitigation may not sufficiently address consumer engagement concerns across SIM initiatives**	**SIM Project Management**
10/31/13	Large size of the group and potential Ad Hoc and Interested Parties may complicate meeting process and make the Subcommittee deliberations unmanagable	1) Create a process to identify Core and Ad Hoc consensus voting members clearly for each meeting	**Pros: will focus and support meeting process** **Cons: may inadvertently limit engagement of Interested parties**	**Subcommittee Chair**

Dependencies Tracking	
Payment Reform	**Data Infrastructure**
Payment for care coordination services is essential in order to ensure that a comprehensive approach to streamlined care coordination is sustainable	Electronic tools to support care coordination are essential, including shared electronic care plans that allow diverse care team access.
There are problems with MaineCare reimbursing for behavioral health integration services which could limit the ability of Health Home and BHHO's to accomplish integration.	
National Diabetes Prevention Program Business Models	HealthInfo Net notification functions and initiatives under SIM DSR; need ability to leverage HIT tools to accomplish the delivery system reform goals
Community Health Worker potential reimbursement/financing models	Recommendations for effective sharing of PHI for HH and BHHO; strategies to incorporate in Learning Collaboratives; Consumer education recommendations to encourage appropriate sharing of information
	Data gathering and reporting of quality measures for BHHO and HH;
	Team based care is required in BHHO; yet electronic health records don't easily track all team members – we need solutions to this functional problem
	How do we broaden use of all PCMH/HH primary care practices of the HIE and functions, such as real-time notifications for ER and Inpatient use and reports? How can we track uptake and use across the state (e.g., usage stats)
	What solutions (e.g, Direct Email) can be used to connect community providers (e.g., Community Health Workers) to critical care management information?
Critical to ensure that the enhanced primary care payment is continued through the duration of SIM in order to sustain transformation in primary care and delivery system	Gap in connection of primary care (including PCMH and HH practices) to the Health Information Exchange and the associated functions (e.g. notification and alerting) will limit capability of primary care to attain efficiencies in accordance with the SIM mission/vision and DSR Subcommittee Charge.
Payment models and structure of reimbursement for Community Health Worker Pilots	