



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

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Delivery System Reform Subcommittee
Date: June 4, 2014
Time: 10:00 to Noon
Location: Cohen Center, Maxwell Room
Call In Number: 1-866-740-1260
Access Code: 7117361#



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

Core Member Attendance: Greg Bowers, Kathryn Brandt, Robert Downs, Joe Everett, Brenda Gallant, Jud Knox, Christopher Pezzullo, Lydia Richard, Catherine Ryder, Betty St. Hilaire, Emilie Van Eeghan

Ad-Hoc Members: Anne Graham, Becky Hayes Boober, Julie Shackley, Kathryn Vezina

Interested Parties & Guests: Amy Belisle, Cathy Bustin, Randy Chenard, Anne Conners, Dennis Fitzgibbons, Todd Goodwin, Mary Henderson, Joanie Klayman, Tom Lynn, Sandra Parker, Helena Peterson

Staff: Lise Tancrede

Topics	Lead	Notes	Actions/Decisions
1. Welcome! Agenda Review	Lisa Tuttle	Agenda Reviewed and accepted.	
2. Approval of DSR SIM Notes 5-7-14 3. Notes from Payment Reform/Data Infrastructure Subcommittees (No May Meeting)	All	The committee approved the notes of 5-7-14 DIM DSR subcommittee meeting as presented.	
4. Working Session: Care Coordination Across SIM Initiatives	Lisa Tuttle; All	The goal for this meeting is to bring closure on Care Coordination recommendations and bring to the	Staff will add in more information on the risk description and ranking

Topics	Lead	Notes	Actions/Decisions
<p>Expected Actions: Refine/Endorse Recommendations for Steering Committee</p>		<p>Steering Committee for their June 25th meeting.</p> <p>The committee reviewed the document “Recommendations on Streamlining Care Coordination across SIM” which included background information and subcommittee process over the past few months.</p> <p>Helena shared an update from the CCT Steering Committee that they are co-convening a multi-disciplinary team that will be designing an electronic shared care plan which may need to come into the SIM Structure.</p> <p>Comments/Recommendations and Next Steps/Strategies to encourage operationalization were tracked from the group and incorporated into the final version for review and comment by June 18</p> <p>A majority of the committee endorsed the recommendations with revisions. Staff will synthesize the recommendations today and will send it out to the committee to review for additional comments by Friday, with final comments by June 18th.</p>	<p>from the SIM Risk Management Plan Helena Peterson will work with the CCT Steering Committee and HealthInfoNet to bring the shared electronic care plan exploration into the SIM Governance process – maybe for discussion at the Data Infrastructure Subcommittee?</p> <p>Staff will refine the document and send out on Friday 6/6 to the Subcommittee members for final review and comment by 6/18/14.</p>
<p>5. Working Session: Behavioral Health Homes Learning Collaborative</p>	<p>Anne Conners; Tom Lynn; Cathy Bustin;</p>	<p>Anne Conners gave an overview of the status of the BHHO Learning Collaborative; Tom Lynn discussed a format for a clinical</p>	<p>Send out Tom Lynn’s notes on clinical Presentation</p>

Topics	Lead	Notes	Actions/Decisions
<p>Expected Results: discuss/Provide Recommendations, Identify Risks and Dependencies</p>	<p>Lydia Richard</p>	<p>presentation; Cathy Bustin and Lydia Richard gave an overview of Consumer Involvement. (See Slides) Cathy clarified the difference between consumer engagement and consumer involvement. She suggested avoiding the use of authentic consumer language.</p> <p>A number of positive comments were made by committee members who thought the presentation was great.</p> <p>Cathy's final suggestion was for the Learning Collaborative to have representation of recipients of services and a coordinated training component.</p>	<p>Will send out Draft Slide show to the subcommittee along with the Mitigation Strategies document to Steering Committee</p> <p>Anne will track recommendations for incorporation into the BHHO Learning Collaborative</p>
<p>6. Risk/Dependencies Consumer Engagement/Involvement Risk Mitigation Expected Action: Refine/Endorse Risk Mitigation Recommendation</p>	<p>All</p>	<p>To provide additional time for the consumer presentation, this item was decided to be distributed virtually and refined by 6/18 for the Steering Committee</p>	<p>Staff will refine the Consumer Involvement risk mitigation recommendation and distribute on Friday 6/6 for final review and comment by 6/18.</p>
<p>7. Meeting Evaluation</p>	<p>All</p>	<p>There were 28 people in attendance. The evaluation scores ranged between 8 and 9. One score at 6 Committee members felt that the group discussion worked well with opportunities to offer feedback and great interaction. They strongly agreed that the presentation on consumer involvement was well done. Some members felt that there was too much to cover on the</p>	

Topics	Lead	Notes	Actions/Decisions
		agenda and felt rushed. Not enough time for meaningful discussion.	
8. Interested Parties Public Comment	All 11:50	None	
No July Meeting		August: Will share on the status of SIM Initiatives and equip the group with what is needed to make recommendations to the Steering Committee	

**Next Meeting: Wednesday August 6, 2014 Noon; Cohen Center, Maxwell Room,
22 Town Farm Rd, Hallowell**

Delivery System Reform Subcommittee Risks Tracking				
Date	Risk Definition	Mitigation Options	Pros/Cons	Assigned To
6/4/14	The rate structure for the BHHOs presents a risk that services required are not sustainable	Explore with MaineCare and Payment Reform Subcommittee?		Initiative Owners: MaineCare; Anne 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			Initiative owner: MCDC

	of complex patients			
Delivery System Reform Subcommittee Risks Tracking				
Date	Risk Definition	Mitigation Options	Pros/Cons	Assigned To
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	Work with large providers to		MaineCare; SIM

	primary care practices; Muskie analysis shows about 7000 patients in gag	apply for HH; Educate members on options		Leadership Team
Delivery System Reform Subcommittee Risks Tracking				
Date	Risk Definition	Mitigation Options	Pros/Cons	Assigned To
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 participation	Review technical capacity for facilitating learning collaboratives		Quality Counts
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		HH Learning Collaborative; Behavioral Health Home Learning Collaborative; Community Health Worker Initiative

		Community Care Team in order to test the interaction		
Delivery System Reform Subcommittee Risks Tracking				
Date	Risk Definition	Mitigation Options	Pros/Cons	Assigned To
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 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.	1) clarify with the Governance Structure the actual ability of the Subcommittees to influence SIM initiatives, 2) define the tracking and 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	Pros: mitigation steps will improve meeting process and clarify expected actions for members; Cons: mitigation may not be sufficient for all members to feel appropriately empowered based on their expectations	SIM Project Management

		expected actions the Subcommittee has.		
Delivery System Reform Subcommittee Risks Tracking				
Date	Risk Definition	Mitigation Options	Pros/Cons	Assigned To
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 unmanageable	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	

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