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

Delivery System Reform Subcommittee
Date: September 3, 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: Kathryn Brandt, Jud Knox, Greg Bowers, Emilie van Eeghen, Robert Downs, Linda Frazier (on behalf of Guy Cousins) Betty St. Hilaire, Katie Sendze, Chris Pezzullo, Lydia Richard, Catherine Ryder,
Ad-Hoc Members: Gerry Queally, Julie Shackley, Becky Hayes Boober, Ellen Schneiter
Interested Parties & Guests: Amy Belisle, Emily Brosteck, Randy Chenard, Dennis Fitzgibbons, Barbara Ginley, Vickie McCarty, Sandra Parker, Judiann Smith, Rose Strout, Kathryn Vezina,

Staff: Lise Tancrede

Topics	Lead	Notes	Actions/Decisions
1. Welcome! Agenda Review	**Lisa Tuttle 10:00 (5 min)**	Status update on the two remaining initiatives are now scheduled for October.	**Agenda reviewed and accepted**
2. Approval of DSR SIM 8-6-14 Notes **3. Payment Reform 8-26-14 Minutes NO Data Infrastructure Subcommittee August meeting**	**All 10:05 (10 min)**	Randy will forward the newest Driver Diagram to the subcommittee. Subcommittee approved the notes of 8-6-14 SIM DSR meeting as presented. There was a discussion about bringing the Payment Reform Subcommittee together with Delivery System Reform	**Action: Randy will send the most recent version of the Driver Diagram which is also available on the public website.** **Action: Send Letter (email) from Pilot Conveners on Complex Care Management**

Topics	Lead	Notes	Actions/Decisions
		Subcommittee for a combined meeting to discuss the relationship between delivery system reforms and payment reforms.	**Codes to DSR Subcommittee** **Action: Bring together subcommittees on critical topics.**
4. Governance Process: **Steering Committee updates/Decisions** **Subcommittee Process/Expectations** **Annual Meeting** **Expected Results:** **DSR Subcommittee understand how the information flows from SC**	**Randy Chenard 10:15 (45 min)**	Randy gave an overview of Governance Structure and Process. (see ppt) In the next phase of the SIM project, we will be moving towards outcomes with the evaluators (Lewin Group). Randy said that the Steering Committee makes decisions on what gets funded (or not) and used the example of I/DD Project Deliverables. (Autism and Developmental Disabilities Training). When the State applied for the initial SIM grant there were many predetermined initiatives to fund. In moving forward, the subcommittee(s) can have input in reviewing how these programs are running. The group discussed sustainability of the SIM structure, and other funding mechanisms to continue this work. • Consider facilitators to make initiatives work • Identification of dependencies and risks • Need to look beyond SIM • Focusing on sustainability that	**Risk: Sustainability of SIM moving forward after the grant** **Action: Send out link of names of Steering Committee & Subcommittee members**

Topics	Lead	Notes	Actions/Decisions
		also supports innovation • How do you convince the commercial payers to pay for those innovative ideas	
5. Risk/Dependencies **Review of SIM Risk Management Log/Process** **Expected Action: Provide update on current risks being mitigated at SC level and to identify any additional risks from subcommittee**	**Randy Chenard 10:45 (45 min)**	Randy reviewed the SIM Risk Mitigation Process. (see attached) Discussion on risk mitigation process was carried over from the August meeting. As of July, a risk mitigation report has been developed. This report is available every month on the public website. DSR subcommittee escalate risks to the Steering Committee by having Lisa (along with other interested DSR members) present the issue at a SC meeting. At the Steering Committee meeting last week the recommendation was to include change management skill development in the Leadership Development Program. This initiative will come to the DSR Subcommittee in October. It was determined to include a standing agenda item to inform DSR subcommittee of Steering Committee actions on critical issues. There was a recommendation to create small groups to review the risks. Lisa gave an update of the work around	**Action: Becky Hayes Boober to take the lead on documenting risk log for process of integrating Behavioral Health into Primary Care and the importance of MaineCare reimbursement for the Health and Behavior codes.** **Action: DSR Subcommittee to review the minutes from past meetings to make sure that risks/dependencies have not fallen off the radar and to bring back to subcommittee meeting once identified.** **Action: Explore inviting a member of SC to attend the DSR meetings monthly.** **Action: Lise will send out meeting invitation to the DI subcommittee meeting for today (9/3/14)** **Action: Add standing agenda item to inform**

Topics	Lead	Notes	Actions/Decisions
		the Care Coordination risk and invited anyone interested in attending a meeting today with Data Infrastructure subcommittee.	**actions from SC**
6. Interested Parties Public Comment	**All 11:45 (10 min)**	Vickie McCarty: In considering consumer engagement, work together to create a lexicon (dictionary) to understand the terms. If not, the meaningful consumer piece will be lost.	
7. Evaluation	**All 11:55 (5 min)**	There were 27 people in attendance. Evaluations scored between 7 and 10 with majorities at 8 and 10 (Did not use the evaluations from readytalk pre-registration) Members felt the agenda was manageable with sufficient opportunity for meaningful discussion. Also a better understanding the mitigation process and the role of DSR subcommittee members in that process. Some difficulty with engaging members on the phone.	
Next Meeting: Payment Reform & Data Infrastructure Updates & Dependencies OADs & MaineCare status on I/DD			

Next Meeting: October 8, 2014 10:00 am to 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**
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 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 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,	Identify how the HH Learning Collaborative can advance solutions for primary care; identify and assign mitigation to other stakeholders		**HH Learning Collaborative**

	continuous care across the delivery system			
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 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		**HH Learning Collaborative; Muskie; SIM Evaluation Team**

		stakeholders		
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 expected actions the Subcommittee has.	**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**
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	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	**Pros: mitigation steps will improve meeting process and clarify results of subcommittee actions; Cons: mitigation may not sufficiently address consumer engagement concerns across SIM**	**SIM Project Management**

	Subcommittee's scope.	addressed and responded to, and 3) to appropriately track and close the results of the recommendations and what was done with them.	**initiatives**	
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	