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|  | ***SIM Steering Committee***  ***Tuesday, December 4, 2015***  ***2:00pm-5:00pm***  ***Camden National Ice Vault***  ***Conference Room 1*** |

**Attendance:**

Jay Yoe, PhD, DHHS – Continuous Quality Improvement

Rhonda Selvin, APRN

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

Kristine Ossenfort, Anthem

Katie Fullam Harris, VP, Gov. and Emp. Relations, MaineHealth

Dale Hamilton, Executive Director, Community Health and Counseling Services (via phone)

Lisa Letourneau, MD, Maine Quality Counts (via phone)

Randy Chenard, SIM Program Director

Stefanie Nadeau, Director, OMS/DHHS

Shaun Alfreds, COO, HIN- (via phone)

Penny Townsend, Wellness Manager, Cianbro

Andrew Webber, CEO, MHMC

Noah Nesin, MD

Fran Jensen, CMMI (via phone)

**Interested Parties:**

Lisa Tuttle, Maine Quality Counts

James Leonard, OMS

Lisa Harvey-McPherson, EMHS

Liz Miller, Maine Quality Counts

Amy Dix, Director of VBP, OMS

Andy Mclean, MMA

Lisa Nolan, MHMC

Jade Marple, Lewin

Lyndsay Sanborn, MHMC

Kathy Woods, Lewin

Dave Simsarian, DHHS

Sheryl Peavey, DHHS

Judiann Smith, Hanley

Peter Kraut, OMS

Frank Johnson, MHMC

**Absence:**

Lynn Duby, CEO, Crisis and Counseling Centers (retired)

Eric Cioppa, Superintendent, Bureau of Insurance

Rose Strout, MaineCare Member

Jack Comart, Maine Equal Justice Partners

Mary Pryblo, St. Joseph’s Hospital

Deb Wigand, DHHS – Maine CDC

**All meeting documents available at:** [**http://www.maine.gov/dhhs/oms/sim/steering/index.shtml**](http://www.maine.gov/dhhs/oms/sim/steering/index.shtml)

| **Agenda** | **Discussion/Decisions** | **Next Steps** |
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| **1-Welcome – Minutes Review and Acceptance** | *Approve Steering Committee minutes from September Steering Committee meeting* |  |
| **2- SIM Objective Review** | *Recommendation review and consensus attainment and Steering Committee feedback*  MHMC Objective 2, hypothesis 1: VBID: Yes and C, Need to refocus work, not far enough along.  Conversation:  Stefanie said that from a Medicaid perspective, it was hard to reconcile how VBID applies to that population as they lack the flexibility that the commercials have.  Andy agreed that Medicaid and Medicare have those barriers, but there was general agreement that benefit design helps create the right incentives for consumers to make better health decisions. VBID principles and strategies have been introduced in Medicaid programs in other states. However, most of the work they have been doing mostly influences the commercial side. VBID is a critical foundational step to get the right coverage and influencing patient behavior. They are trying to think about benefit coverage structure that includes the right incentives for patients.  Lisa N. said that MaineCare folks are involved in the VBID work, and can demonstrate ways in which this is supporting their work. She agreed that the conversations have been more complex and challenging than they had originally anticipated, but they are making progress. The VBID Steering Committee has defined over a hundred preventive services or screenings that would be considered “green services”. The ACA has defined preventative services, but hasn’t been clear. They have found that not all plans were aligned with the ACA, and said that while they don’t have a finished product; it has helped people align better with the ACA. She pointed out that there is a lot going on nationally, and the Coalition is working hard to ensure they are availing themselves of that work. The VBID team has meetings at least twice a week with people from other states and nationally, and the Coalition is also a resource for other states. There is progress being made in Maine and other states look to Maine to understand the challenges faced in this state. The Coalition just serves as the convener, but we are valuing the opinions of the stakeholders, and some of the stakeholders do bring up other topics to discuss, like coupling VBID with a discussion on administrative simplification.  Jay said he understood their role as a convener and he felt that there is value to getting people at the table, but asked what the end result or product was going to be that will stem from these discussion.  Lisa said the ultimate product is the development of a framework that employers and payers can use in health plan development. The Coalition is also working to make sure that other ideas coming out of that group is repurposed under other workgroups as well.  Stefanie asked for a concrete list of 3 priority topics that need to be addressed in the VBID group, and said that the list should come to the Steering Committee for approval. She also said that if the goal is to have a framework for payers to use, then there should be a timeline created around that work, which should also be brought to the Steering Committee.  Katie Fullam-Harris said she would like more of a discussion around consumer behavior, but that committee has a lack of clinical representation and there hasn’t been enough research done on what is evidence-based. She said that discussion could also be applicable to MaineCare, figuring out ways to get members to make better choices.  Stefanie suggested that after they identify the “big three” for topics to work through in VBID, they can then create subgroup to tackle the other items that are identified in the group.  Andy said that is fair and acknowledged that they have been tripped up in the big universe of things. He felt that they could get broad agreement on some core ideas and that there can be a “VBID model 1.0” that can be accomplished and things that they can recommend right now.  Rhonda asked if they have been able to identify any models across the nation that could be used in Maine.  Lisa said they are getting ideas and bits and pieces on a national-level, but nothing that would be “right off the shelf”.  Randy suggested that one way to more forward is to recommend that the Coalition create new targets for Year 3 that are more focused.  Stefanie said she wanted to see a detailed work plan first and then the Steering Committee can help provide direction on focus and deliverables.  **The Coalition will bring the top 3 priority topics of the VBID workgroup to the Steering Committee, as well as a timeline around a creation of a “VBID 1.0” plan.**  Obective 3, hypothesis 1: No, D, Core measure set was a beneficial process but not sure if there is a usefulness of the results. Completed process.  Discussion:  Randy said that essentially the SORT felt that the process was completed.  Katie Fullam-Harris said that in October she had indicated that some of the discussion captured on the document that summarized the SORT recommendations did not reflect the actual context of the conversations. She suggested that the comment be edited to say the usefulness of the work will be determined if ACO contracts adopt the measures. She said that she heard there is now going to be a benchmarking process that will be starting around this measure set.  Frank said that there was consensus from the workgroup that they should meet to deal with refinement and changes in measures, maybe meeting two or three times a year. He said that the benchmarking process could add potential value. They would be using these measures across commercial payers, and it was felt that it would be potentially helpful to understand performance across broader populations and also looking at people seeing providers outside of network. They plan to do a pilot test, using the SIM resources for data aggregation, that is the work that remains at this point, and is absolutely contingent on consensus by stakeholders whether they want to continue.  Katie point out that the original objective was to complete the measure set, which was completed and said that if benchmarking was the next step maybe the Steering Committee should have approved that activity.  Frank explained that it was the consensus of the group after completing the set, to make benchmarking that next step. He said two thirds of the ACO contracts are using the core measure set as foundation for their performance measures.  Jay recommended that the plan around benchmarking should be laid out; what it will look like and that the results be brought to the Steering Committee. He said there is a lot of work in benchmarking and it should come back to the Steering Committee.  Frank said that most of the tools needed are already available: using the MHDOs data base, for the hospital measures they can extract from CMS, and plan to use CGCAHPS and H-CAHPS, etc.  Jay asked if they were planning on setting targets.  Frank explained that the purpose is to compare individual ACOs against performance state-wide.  Stefanie said that since there wasn’t clarity that this work was going to move to another phase, the Steering Committee should have approved this decision. In order for them to do so, she asked that they bring to the Steering Committee a more concrete plan around this phase.  Frank said that it could be that stakeholders decide this is not something they want to do, in that case the Coalition wouldn’t pursue it.  Stefanie said that if answer is yes, it needs to be brought to the Steering Committee for vetting and approval.  Andy said that the interest in benchmarking ACO performance is a huge issue in Maine, and he felt that they need to be able to track whether that model is performing as promised.  Frank added that this is not intended for public reporting, just to share with the participants to see if there is value.  **Stefanie reiterated that the ask is for the Coalition to bring back a plan with deliverables that focus on what they are setting out to do, if this is first approved by the stakeholders.**  Objective 3, hypothesis 2: No, D: This work is between providers and carriers thus no need for broader stakeholder convening. Develop more clarity on who is accountable and expected participants.  Discussion:  Katie stated that this effort appears to have overlap between providers or payers and ACOs, and despite some really good work, they haven’t seen it gain traction.  Stefanie said that from her perspective as a payer, it’s hard to think of a group that is defining payment models and agrees with the SORT that it is a provider and payer relationship.  Dr. Letourneau said she would like to speak strongly in support for continued efforts around this and push for multi-payer support for payment reform. She pointed out that one of the overarching goals was to advance multi-payer payment reform, including multi-payer Primary Care reform, for which they still don’t have a model, and there is a great need to continue these conversations. This is one of the overarching goals of SIM.  Stefanie stated that SIM is now well into Year Three and still haven’t gotten anywhere with it yet. She also said there is not mention of multi-payer in the hypothesis. She is in support of the SORT recommendation. SIM can continue to have payment reform conversations but doesn’t need to happen in the ACI Steering Committee.  Andy said he agreed with Dr. Letourneau; they are convening with statewide stakeholders and as they are moving away from volume-based to value-based payments it’s important to get these stakeholders away from their silos, which will avoid a lot of confusion. He stated that getting all these providers and payers in a room to have some of these conversations is part and parcel of getting to healthcare transformation.  Frank said they have really worked to get close alignment on where we are trying to go directionally, trying to move away from a PMPM payment layered over fee-for-service reimbursement for PCMH, toward more meaningful incentive payments. CPCI (Medicare initiative) will require broad alignment and expectations that payers and providers would feel comfortable in ratcheting up. He said he is the first to acknowledge that this is not a process that produces rapid results. Everyone is functioning under the misconception that they are payment alternatives, and they are trying to figure out how to move delivery systems that are reliant on FFS, to something more value-based.  Dr. Nesin pointed out that they are contending that the convening activities is the actual value, and would like to continue the conversation and hope that it leads to something meaningful with enough effort and good intention, which seems unlikely that will happen in the next 9 months in a profound way. He asked if it was the momentum that can be gained in the next 9 months that is valuable.  Andy said that beyond SIM, there is an important metric that needs tracking, which is how much money is spent in alternative payment models.  Stefanie said that both sides will be noted for the MLT as consensus is not going to be reached in the Steering Committee. She also stated that she is hearing a lot about Medicare, doesn’t feel like there is a lot of ingenuity in this group if they are waiting for Medicare to set the bar, before Maine can move this forward. She said that if Medicare is driving the train why does SIM need a stakeholder group if everyone is just waiting to jump on board?  Dr. Letourneau acknowledged that they are waiting to hear from Medicare, but they will only enter into states that already have broad multi-payer alignment. Maine needs that broad alignment.  Katie said would be helpful for the Coalition to provide more specifics on the end goal of this work. She is in total agreement of the goa of insuring more lives under value-based contracts. Part of the challenge is that the conversations are happening at a high-level, and they do not understand what the practices need in order to take on more.  Randy asked Fran for her input from the Medicare perspective.  Fran said she didn’t want to steal her thunder from SIM Annual meeting. She did say that they should not wait for Medicare because it takes a lot longer than it does for the states, they have unique policy levers to push and pull and that is what SIM is actually testing. It is a challenge because Medicare move a lot slower, being a federal program. Maine will want to be ready to go when the next big thing comes, and will need to have the infrastructure to adapt. States more nimble than the feds.  **Stefanie said the discussion will move along to MLT and the Coalition should provide some specifics around work for Year Three.**  Objective 3, hypothesis 3: Yes, B. More information about if this is accomplishing what this objective is stated to do. Is this providing valuable information to consumers?  Discussion:  Sara said she did not understand the purpose of this activity.  Frank explained that this was tow expand the GetBetterMaine website, which mainly focuses on primary care and hospitals, to the behavioral health arena. Looking at process and structure so that consumers can look and get some sense of services and quality. The objective is to provide consumers with reliable information to help them choose providers.  Jay said that based on the SORT presentation it was clear that they went with low-hanging fruit to get started, but he is unsure that the measures meet the actual goal. Jay suggested that they look at putting quality measures out there, but acknowledged that they are harder. He said he was concerned that they are missing key groups in this work; this is an important area but needs to be refocused.  Dale said that this is an area that creates a lot of confusion. The process isn’t the same as Primary Care. Behavioral Health includes a number of services; therapy, psychiatry, case management, etc. They need to develop quality measures based on service type, not across the whole environment.  Katie said that a complicating factor in this is the complete lack of data because they can’t access Behavioral Health claims, they are being treated so different. She appreciates the babysteps being taken, but wants to cautiously step further.  Stefanie said it’s clear that there is agreement that this should move forward, and asked for a detailed plan on what moving forward in Year 3, on what the focus on development and direction is, and then Steering Committee can offer further guidance.  Randy asked if maybe they should just be publically reporting on the Behavioral Health Homes.  Peter said the problem of focusing on Behavioral Health Homes is that they serve a relatively small population, so it can’t really be publically reported on. He pointed out that due to the work of the group they have gone from having nothing at all, to something.  **The Coalition will bring a detailed plan on the focus for Year 3 for vetting with the Steering Committee.**  Objective 3, hypothesis 4- Yes, A, measurements are meaningful.  **Consensus reached, no discussion required.**  Objective 4, hypothesis 1: No, D. What is this, more clarity needed, no direct portal developed.  Discussion:  Peter explained that originally there was an idea to develop portals, but due to the issue of provider “portal fatigue” it was not pursued too far. Peter said that for plan sponsors the Coalition does have data available in portals for them, but limited use cases. Part of the work is help support Muskie with the MaineCare VMS portal, and that part of the work they should consider retaining. Some conversation is needed around how the contracting was done under SIM. There is room for how Mainecare support continues and the rest of this ends. People love the BHH information in the VMS portal, the organizations went from having nothing to something.  **There was consensus reached on SORT recommendation, which an acknowledgement that there needs to be a conversation around how the money will be disencumbered.**  Objective 5, hypothesis 1: Yes, C. Are they duplicative from what the systems are doing? Concept makes sense but should format of reports go to PTE for guidance on how to make them more useful?  Discussion:  Dr. Nesin said there is wide variation of how practices use those reports without TA to support them to understand it.  Peter explained that these are not about real-time reporting, they are intended to show practice patterns and allow for practice to practice comparison. Next distribution imminent for complete year of 2014, for commercials and Medicaid. They are distributing them every six months; practices are even asking and looking for the reports. MaineCare is now caught up and there will be less turnaround time. He said in terms of whether or not they are duplicative would depend on what some practices have available to them in terms of reporting, but these reports also provide an understanding on what is happening outside the systems, as well. Payers are also providing reports; this provides a cross-payer perspective. He thought that the concept of sending this to the PTE committee was interesting, these are not intended to be a PTE thing, it is not about public reporting.  Katie explained that the thinking was that the Coalition didn’t go through a formal process to ask providers what would be most useful. PTE already has providers on it and they could offer input.  Stefanie said Katie’s recommendation that this report (content and format) be vetted through a group that includes providers. If PTE isn’t the right venue, then maybe the MMA. She said that maybe a shorter report isn’t better, but they could look at a change in the delivery format.  Peter agreed to wanting to look at delivery format.  Jay said they really need to focus on core measures and what are the most useful pieces to maximizing value. The Lewin evaluation is currently looking at how practices are using these reports.  Peter also said the Coalition wasn’t contracted to provide TA around these reports, but if that is something SIM is looking to them to provide, then there would need to be a discussion around what that would look like and how they would do that.  Stefanie asked if the Steering Committee can get structured information from practices and practitioners on what is working great, and what isn’t working so well. Is there a mechanism in place to get that feedback?  Peter said they did have a focus group that was related to the use of the practice reports, and he can bring that information back to the Steering Committee.  Stefanie said it’s not just feedback that they need but also what was done with that feedback, what changes can or will be made.  Katie asked that when Peter brings cost concerns to PTE, he ask what they think about the inconsistent information.  Peter agreed to do that.  **The Coalition will bring the feedback from the focus group and how they can/will use that for changes to the practices report.**  Objective 6, Hypothesis 1:  No, D, VBID efforts are included in Objective 2  Discussion:  Lisa said that the Coalition shares a lot of the concerns raised by SORT in terms of the value, but the consumer engagement is larger than VBID. Based on preliminary recommendations this has been put on hold until they hear back from MLT. They had wanted to do something broader, like a Choosing Wisely activity, or maybe a book club for consumers. It isn’t just about training in VBID, which will be more helpful when they have a product coming out of VBID. They want to pivot toward more broad consumer engagement, how to more appropriately determine evidence-based care. In the healthcare cost workgroup, they are starting to entertain consumer engagement discussions.  Jay said he was dubious whether they could really impact many consumers at this juncture, and that he does see a need for consumer engagement within SIM, he does not believe this is the vehicle for it.  Rhonda said she would like it noted that this objective wasn’t given a broad enough scope and structure.  Andy said that in a conversation he has with a consumer advocate it was discussed how difficult it is to get across the point to consumers that more is not better. It’s important to understand how to describe to consumers that a higher performing, narrower network is better.  Jay said he felt it was really a dialogue between patient and provider, the patient is either going to walk away or listen, and it’s about that relationship. Some providers do it really well.  Frank said that payers have a responsibility to arm patients to feel empowered to do have those conversations. Convenience isn’t necessarily quality.  Randy asked if there was consensus around this recommendation. From the leadership perspective, there is a lack of support for broad-based consumer education.  Stefanie asked what they would be educated about when there is no actual product.    Katie said that they can be educated on Choosing Wisely, for example maybe going to physical therapy rather than taking a pill.  **It was decided that this would be taken to the MLT and get their guidance around this recommendation.**  Randy said they will need to get all of the additional information requested of all of the partners by December 15th, in preparation for taking all of this to the MLT. | **The Coalition will bring the top 3 priority topics of the VBID workgroup to the Steering Committee, as well as a timeline around a creation of a “VBID 1.0” plan.**  **Coalition to bring back a plan with deliverables that focus on what they are setting out to do with benchmarking in the Measure Alignment workgroup, if this work is first approved by the stakeholders.**  **The Coalition should provide some specifics around work for Year Three for the ACI Steering Committee.**  **The Coalition will bring a detailed plan on the focus of Behavioral Health PTE Steering Committee in Year 3 for vetting with the Steering Committee.**  **The Coalition will bring the feedback from the focus group and how they can/will use that for changes to the practices report.** |
| **10 - Steering Committee Risk or Issue identification and review** | *Standing agenda item - Allocate time for Steering Committee members to identify risks or issues to SIM Risk and Issue log* |  |
| **11- Public Comment** | Please register for the SIM Annual Meeting. |  |

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