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|  | ***SIM Steering Committee***  ***Wednesday, June 25th , 2014***  ***9:00am-12:00pm***  ***MaineGeneral Alfond Center for Health***  ***35 Medical Center Parkway***  ***Conference Room 3***  ***Augusta*** |

**Attendance:**

Noah Nesin, MD

Jay Yoe, PhD, DHHS – Continuous Quality Improvement

Randy Chenard, SIM Program Director

Andrew Webber, CEO, MHMC

Dr. Kevin Flanigan, Medical Director, DHHS

Dale Hamilton, Executive Director, Community Health and Counseling Services

Katie Fullam Harris, VP, Gov. and Emp. Relations, MaineHealth- via phone

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

Rhonda Selvin, APRN

Lynn Duby, CEO, Crisis and Counseling Centers

Kristine Ossenfort, Anthem

Deb Wigand, DHHS – Maine CDC

Stefanie Nadeau, Director, OMS/DHHS- via phone

Rebecca Arsenault, CEO, Franklin Memorial Hospital- via phone

Jack Comart, Maine Equal Justice Partners

Shaun Alfreds, COO, HIN

Eric Cioppa, Superintendent, Bureau of Insurance

Lisa Letourneau, MD, Maine Quality Counts

Rose Strout, MaineCare Member

**Interested Parties:**

Katie Sendze- HIN

Lyndsay Sanborn- MHMC

Lisa Tuttle- Maine Quality Counts

Michelle Probert, Director of Strategic Initiatives, DHHS

Jim Leonard, Deputy Director, OMS

Frank Johnson, MHMC

Ellen Schneiter

Dave Simsarian

**Absence:**

Penny Townsend, Wellness Manager, Cianbro,

Representative Richard Malaby

Representative Matthew Peter

**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** | *Discussion: Dr. Flanigan asked for any suggestions on minutes. Dale Hamilton said he was present, not via phone. Minutes were accepted*.  Dr. Flanigan let the Steering Committee know that there were no subcommittee meetings in the month of July, and asked if the Steering Committee wanted to still meet. It was decided that there will not be a Steering Committee meeting in July.  Dr. Flanigan stated that, according to the bylaws they should be having their first annual meeting for SIM, and December is when they need to submit the annual report to CMS. Dr. Flanigan expressed concern that if they went ahead with the October meeting, it would not be enough time to get all the information together and all their “ducks in a row”. However, if they do push the date into November or early December then there is a need to change the bylaws. | Randy and Dr. Flanigan will send out some potential dates for the annual meeting for the Steering Committee members to vote on. |
| **2- SIM Funding process and leadership development** | *Discuss the SIM Leadership Development program, and obtain Steering Committee input as to whether to move forward with funding*  Dr. Flanigan stated that there were funds allocated for leadership development when the budget for SIM was created. The thought was that in order for the reforms to take hold institutionally, the change needs to start from the top down, and those at the top need to have the skill set to lead and maintain change over the course of time. With Health Homes, Behavioral Health Homes up and running and Accountable Communities about to be implemented, they are about ready to put out an RFP to CDC’s preferred vendor. But first the Steering Committee needs to decide if this is work that is still worth pursuing. The short term goal would be to teach people how to lead change, and the long term goal is to have this training become sustainable, a long term deliverable for the vendor.  Randy explained that the Steering Committee will be charged with a number of funding decisions as there is a small amount of unallocated funds for which they have developed a process for people to come forward and request funding for their projects. The Leadership Development was an original part of the SIM budget, but he and Dr. Flanigan wanted discuss with the members of the Steering Committee to see whether this should be acted upon or if they should save those funds to be put to something else.  Discussion:  Shaun asked how they anticipated this training to become sustainable down the road. Dr. Flanigan stated that would be the responsibility of the vendor. He stated that they may find further grant opportunities down the road, or if they decided to give this training to a community college to develop a course around this kind of training they would have the funds to continue with it. He went on to explain that this training was important because people in leadership positions need to understand how to express themselves in order to get people to follow them. Part of the training would be for clinicians to see how the importance of incorporating this new business model into their practice and for administrators to understand how their business model needs to fit in with clinical care. Noah stated that he had been involved in this type of training. He made the distinction that clinical leaders are identified by being productive and excelling in their field but not necessarily leading others. There is true value to understanding leadership more globally.  Dave raised the concern that if SIM is devoting funds to this, then the State will require practices to participate, and if they can’t spare staff to send them to be trained then it will be more of a burden than a benefit. Dr. Yoe advised that before SIM can devote funds they need to identify goals and desired outcomes, the mission needs to be clarified in order to inform the evaluation of the project. Dr. Flanigan clarified that he envisioned leadership development on how to manage and lead people through a change process, applicable through Stage A and B and Accountable Communities. Having leaders in those participating institutions that effectively understand the change and can lead the institution through the change process. Michelle stated that that she didn’t want this to just focus on the MaineCare initiatives because SIM is about multi-payer change and this training will be helpful for all those looking at VBID.  It was stated by several Steering Committees that the goals need to be clearly defined. Dr. Yoe suggested a “Single Source of Truth” document to map out the proposal. Shaun suggested a piece of the training be focused on community engagement as he was surprised of the lack of public knowledge and understanding around SIM.  Dr. Flanigan stated he did not expect to reach consensus at this meeting and asked what they need to bring back to the group in order for them to make an informed decision. Kristen asked that the unmet need is from programs already in place through Hanley and other organizations, and to define who is targeted. | Dr. Flanigan and Randy will map out this request; defining goals and the evaluation mechanism. They will decide how the project will take shape (scholarship, training program, etc.), they will define the unmet need in programs already in existence, and will define target audience. |
| **3 – Risk #20 Discussion: Change fatigue** | *Steering Committee to articulate ‘Provider Fatigue’ risk and begin to develop plan for mitigation*  Randy stated that there a few risks on the log that needed further articulation, this being one of them. The Steering Committee was broken into small groups and asked to provide the following: Risk definition, Root Causes, and Ideas for Mitigation. Randy stated that he would distribute the organized list to Steering Committee members. He stated that he will also discuss with Fran what other states are doing to address this issue. | Randy will send out the comprehensive list of answers to the Steering Committee members. |
| **4- Risk #21** | *Care Coordination recommendation from Delivery System Reform subcommittee-*  Lisa Tuttle presented the recommendation from the Delivery System Reform subcommittee for Risk 21, the issue of Care Coordination. She stated that they have also met with representatives from IHOC and folded in some of their recommendations. She stated that HealthInfoNet has been approached about creating electronic care plans for all providers to access. She advised that it should be an issue that is discussed in the other two subcommittees as well. She also suggested that the Steering Committee create a smaller “task force” that could keep track of this issue. Lisa went on to discuss the report and further recommendations.  Discussion: Jack asked what are the measurable goals that we can measure effectiveness of the work on this issue. Lisa explained that goals would be set by the integrated care team. Dr. Letourneau expanded upon that by saying working out this issue would help achieve the Triple Aim; reducing costs, improving patient experience, improved population health.  Lisa discussed how she would like to use the document prepared in the future, about how it could become a tool for practices that are struggling with this issue. Payment issues stemming from this problem are big and resurface frequently. They were also advised by stakeholders that families of children with complex needs have a heavy burden when trying to participate in the care management of their child and this should be addressed as they consider how to revamp the system. They also need to have a better understanding of what electronic tools are coming out of SIM and see how they can help alleviate this issue. Katie Sendze stated that Data Infrastructure was consulted about this issue and if HIN can offer support by way of electronic tools, those would need a financial home. If SIM feels that HIT solutions are worth looking at, then future funding of those projects would be necessary.  Dr. Flanigan requested that Frank put this issue on the next Payment Subcommittee agenda.  Dale expressed concern that this doesn’t address the issue for the whole system. He stated that MaineCare requires that every provider development a plan for every service a member receives. They need to identify where future conversations need to happen in order for there can be a solution to the system as a whole.  It was decided that the group will receive feedback from the other subcommittees to get a better feel for the scope of this problem. Randy also asked to get at what the funding request was, because there was one in this conversation and there needs to be concise terms around it, in order for the Steering Committee can understand how it can help transform this issue. | Data Infrastructure and Payment Reform subcommittees will have discussions regarding this issue and report back to the subcommittee. If a funding request comes out of the discussions, it will need to be fleshed out. |
| **5 – Risk #26** | *Ad Hoc team to provide Steering Committee update on articulation of Consumer Education of Chronic Disease Risk*  Jack summarized that Rose had brought up the issue of a lack of patient understand around their chronic conditions upon discharge from a hospital. The discussion that the ad hoc group had was around acute care, acute care follow up, and general wellness. All providers have to be involved in patient education. This was classified as a Payment Reform issue, because how do you reimburse a provider for taking the time to do this. The measurement of success would be a patient being compliant and involved in the care of their chronic condition. Rose stated that she especially concerned about diabetes, there is a strong focus on prevention, not as much focus on management.  Rhonda pointed out that what a provider feels is adequate education may not be for the patient. | Randy will add this information to the Risk Log and prioritize it from there. |
| **6- Risk #24** | *Update Steering Committee on ‘Continued enhanced primary care payments’ risk and obtain Steering Committee input on next steps*  Randy explained that this issue has always been on the log and has a high score. Dr. Letourneau explained that “Enhanced Payments” were limited to the 75 PCMHs, and to the 170 or so Health Homes that were getting enhanced payment from MaineCare but no other payers were involved. Immediate issue is what will happen when the multi-payer pilot which is set to end in December. There has been a lot of work lobbying CMS to continue with the pilot. The representatives from CMMI had asked if there was interest in keeping it going, and even expanding it and had asked where the commercial payers were on this. There are active discussions about this at CMS and there is hope that they will have a decision by the end of the summer. It is a positive but there is nothing definitive yet.  Frank stated that he has discussed with the five commercial plans in Maine, whom have all indicated interest in continuing to fund enhanced PCP payments. They would be willing to continue if CMS does.  Randy stated that he will package up this information and send it Fran to demonstrate commercial payer support of continuing the pilot. Dr. Letourneau stated that it is important to continually state that not everyone has to approach it the exact same way, but there needs to be acceptance from all sides that this is the direction that things are moving in. | Randy will send information about commercial payer support of continuing the PCMH pilot to Fran. |
| **7- Risk #27** | *Commercial payers aligning and accepting certain measures risk – Steering Committee to receive update from Payment Reform subcommittee*  Frank spoke to this issue of measure alignment; they are working toward the ultimate adoption of a single set of measures. He stated that the Coalition is working on a first draft of the measure set. He explained that payers, for the most part, have indicated some flexibility and desire to have aligned quality and payment measures. They have evaluated which measures are used by more than one payer, and are working on looking at measures used by a single payer only and are defining priorities. Hopeful to have the first draft done by the end of September. |  |
| **8- Public Comment** | Gordon Smith stated that he was struck by a statement by Shaun about how many people do not have an understanding of what SIM is and what it is trying to accomplish. He said that Dr. Flanigan did an excellent presentation for the MMA, but they don’t always have a Dr. Flanigan around to explain SIM. He recommended that they get SIM down on a one-pager that the 1 % of the community involved with SIM can get out to the 99% of providers that are working with patients. |  |