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|  | ***SIM Steering Committee******Wednesday, May 25, 2016******9:00am-12:00pm******MaineGeneral*** ***Conference Room 2*** |

**Attendance:**

Jay Yoe, PhD, DHHS, Continuous Quality Improvement

Kristine Ossenfort, Anthem

Randy Chenard, SIM Program Director

Andrew Webber, CEO, MHMC (via phone)

Penny Townsend, Wellness Manager, Cianbro (via phone)

Fran Jensen, CMMI (via phone)

Rhonda Selvin, APRN (via phone)

Rose Strout, MaineCare Member

Lisa Letourneau, MD, Maine Quality Counts

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

Violet Somebody, Bureau of Insurance

**Interested Parties:**

Lisa Tuttle, Maine Quality Counts

Lisa Nolan, MHMC

Kathy Woods, Lewin

Judiann Smith, Hanley (via phone)

David Winslow, MHA

Frank Johnson, MHMC

Amy Wagner, OCQI

Nick Kamenos, OCQI

Kathryn Pelletreau

Gordon Smith, MMA

**Absence:**

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

Shaun Alfreds, COO, HIN

Stefanie Nadeau, Director, OMS/DHHS

Mary Pryblo, St. Joseph’s Hospital (via phone)

Jack Comart, Maine Equal Justice Partners

Noah Nesin, MD

Deb Wigand, DHHS, Maine CDC

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

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

**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* Minutes were adopted as presented. |  |
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|  **2- Medicare Proposal Oversight Committee** |

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 | *Objective: Provide update on May Meetings and next steps. Discuss role of Steering Committee.*

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| Randy informed everyone that most of the agenda contained updates. Pointed out that most Steering Committee members were also on MPOC, which was developed as a subcommittee under SIM governance, initially to develop a Maine-specific Medicare proposal, once the meetings kicked off Medicare announced a significant opportunity in CPC+, MPOC had to absorb, understand, and discuss this opportunity. Had one meeting in April and two in May, CPC+ has an aggressive timeline for decisions to be made by all payers in the state to see if they will apply to be aligned to Medicare under CPC+. In those meetings they received information from Medicare reps, and then had discussions around perspectives from the individual stakeholder types; payers, providers, health systems. A document is being created that intends to display in an organized manner the pros and cons of CPC+ from each stakeholder’s perspective. Will be providing that to the MPOC members to help inform the conversation. The SIM Steering Committee won’t have a role in the CPC+ decision, but will have a formalized role in contributing to a Maine specific proposal, as it is a specific SIM opportunity. Will have opportunity to be part of the process of developing the draft and providing feedback of the proposal, which will go through SIM governance process. Next meeting is June 15th, because deadline for payers to apply for CPC+ opportunity is June 8th. The MPOC will be receiving a report out on 6/15, and from there, will understand if it’s still on the table as a tentative option. It is not an either/or, there still is an option to create a state specific model even if payers choose to pursue CPC+. It could just look different depending on how Maine decides to proceed. Dr. Letourneau stated that both CPC+ and opportunity of submitting a Maine-specific model, are both important in continuing on components of the SIM work. It is building on work coming out of SIM, particularly with MaineCare’s VBP programs. CPC+ stands for Comprehensive Primary Care Plus initiative.

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 | Steering Committee will be updated as needed. |
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|  **3- Hanley Health Leadership Update** |

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| *Objective: Sustainability to a statewide health leadership development plan*

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Judiann came to present on the Leadership development objective. As part of the project, they created a Hanley Advisory Committee, and she reviewed that committee’s membership. Judiann asked if anyone was interested in joining, they are welcome to do so. She went through the PowerPoint presentation that reviewed what the two objectives they were responsible for under SIM. She explained that they initially started by surveying healthcare leaders, then convened healthcare CEOs and senior leaders from across the different healthcare sectors to take a look at the project. They landed on 10 top priorities for healthcare leadership development content areas. Developed a first draft of the plan that included many facets of the training and pieces of sustainability. Sustainability has been a difficult area for them. Geography is also a challenge, getting folks to travel. Another challenge is the historical/cultural challenge. Time and money are another challenge financial resources are just scarce, weighing long-term benefit vs. short term needs.Rhonda as if the draft plan was available for review. Judiann said she would send to Randy the latest version for him to distribute. Judiann explained the model of trainings, the convening that was done and the successes of the training. Process improvement, change management, etc. were focuses. She went through a list of teams that participated. Vast breadth of types of teams that participated. Started monthly webinars and then did peer consultancy webinars. Consistent participation and attention has been a challenge, as staff turnover, external changes/shifting projects, peer consultancy a challenge. Randy asked for a list of those that are doing a great job, and why/how they are able to make this work. It was explained that a lot of the training they are doing consist of projects are focused on process improvement. Judiann said she would get a list of the projects that the teams are doing for the Steering Committee. She said they have offered executive leadership coaching, which has been a challenge because team leaders haven’t really taken advantage of that. Reviewed what the next steps are, looking for funding opportunities within the State and outside of it. They are revising their initial plan and plan to do a reconvening of leaders in September, so they can share what they have learned. They won’t get the full teams to get there, will be inviting team leaders and maybe bringing the CEOs with them. Judiann asked for feedback from Steering Committee on both objectives and reiterated the sustainability challenges especially as tied to funding. Jay asked if they were planning on collecting any information on how participants are using what was learned to make changes within their organizations. Judiann said they could ask the teams to speak to that point and is curious whether organization executives even know what the teams have been doing. Judiann spoke to different types that Hanley is considering moving forward, and trying to ascertain what would be most relevant for the field today. Dr. Letourneau said the onus is on trying to demonstrate the value, to convince people that leadership development is not urgent but important. She is supportive of the idea of finding funding outside of Maine, but more need to convince leaders in Maine that this is important and needs a piece in the budget line. It was pointed out that the Steering Committee should look at this from a bigger picture, and seeing if leadership training would be a necessary component of a state-specific model that will come out of MPOC. However, provider fatigue and burnout is an issue. Judiann said that they have focus some of the trainings on resiliency, since it is becoming a “fourth leg” of triple aim so it has been embedded that in our SIM project as well.  |

 |  Judiann will send the list of the team projects to SIM program staff for dissemination to the Steering Committee. |
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|  **4- SIM Evaluation Update**  |

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| *Objective: Review updated SIM Dashboard and evaluation activities, and provide a brief update on the recalculation of the Fragmented Care Index. Provide evaluation report summary.*  |

Jay said they were there to provide evaluation update, an update on FCI, and the dashboard update. It has been a busy few months updating and finalizing surveys for consumers and providers/stakeholders, trying to really focus on specific interventions and deciding what they really want to drill into. Surveyors have been regularly attending Eval Sub. Meetings. Provider surveys are being finalized now. Trying to focus in on how they are using some interventions and tools they have been provided through SIM. Have worked through how the stakeholder interviews will go, doing focus groups with that. Will still do some of the general trends, but also focusing in on some special studies, that will allow us to ask some questions, mostly focused on MaineCare. One study is looking at characteristics of members that are in the MaineCare interventions to see if there are ones that drive outcomes more than others. They are not homogenous populations. Also want to pull together group of high performing BHHs and drill into what changes have been made in practice that have allowed them to get the more desirec outcomes. This will be done in focus groups as well. Plans around this are becoming more defined. For FCI, there have had many robust discussions about that. After the last meeting, they had some discussions with evaluator to open up the hood on the measure. Muskie and Lewin had some discussions to verify that they had the data necessary to make any changes. Looking at ability to tweak the algorithms, Muskie using billing providers and there are other issues with the way they are doing it as well. There is another methodology that uses locations. They are hoping to arrive at an in-between type of measure and run numbers and compare those numbers to what we have. Jay said he would still like to use an FCI measure, it is important. They will continue to work on this and provide more information coming up. However, FCI isn’t a focus area in the no-cost extension period of SIM as originally planned. Jay then reviewed the updates that have been made to the Dashboard, they worked with CMS and Medicare around establishing targets for Medicare population. Those targets have been included. Gray circles are due to some measures don’t apply to old people. Targets for commercials are not there because they did not endorse targets. But the data is in there, which is still valuable to use as comparison.  |  |
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| **5- Subcommittee Updates**  |

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| *Objective: Provide feedback on SIM subcommittee work and next steps*

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Frank provided updates on the work of the various committees. PTE Behavioral Health group has been focused on proceeding with case management measures, which is a service that has significant impact on MaineCare population. Another area of focus is med management. Not sure exactly what the timeline is, case managers are slightly ahead of med managers, and targeted for 2017. Payment Reform has been discussing CPC+ and ideas for a Maine specific model and also trying to get people acclimated to MACRA and its implications moving forward. Trying to figure out which one people most support, and agreement seemed to be that CPC+ was most viable. Seems like that opportunity most people gravitate towards but it’s important to pursue other avenue as well.Lisa Tuttle said that they have been aligning DSR work with MPOC work, payment reform was risk identified since beginning of DSR. The meetings have been moving around a little bit, they wanted to continue to meet in person and have them listen in on MPOC meetings. Trying to balance that out. Last meeting had update on CHW pilot, and talking through care coordination work, a need for an electronic shared care plan was brought up again. Important to keep up with work HIN is trying to do, that is not funded through SIM. Also identified some healthcare provider risks, practices loosing providers and/or care managers. Have been working with Gloria to frame up this risk. Also been trying to make sense of CMS opportunities.  |

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| **6 – Clinical Data Risk** |

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| *Objective: Review the risk to the SIM evaluation due to the lack of clinical data*

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| Jay said that this is an awareness thing, the issue of capturing clinical data. There were HH and BHH clinical data reporting to CMS, not a risk necessarily to evaluation. MaineCare is working through how to meet those reporting requirements. The bigger issue is how to move forward with healthcare reform, the ability to capture that type of data is so important. There have been some discussions with HIN around that. Randy said that the risk is that lack of access to that data is a barrier to healthcare transformation.It was pointed out that that under CPC+ providers are required to capture some of that clinical data, something to consider moving forward. Randy said this will continue to be a discussion topic for SIM as long as we have a governance structure.  |

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| **7- Public Comment** | There was a question about the future of the Steering Committee meeting, and whether there are any thoughts around whether to continue these meetings. Randy said they will continue to have meetings on the calendar. Will consider cancelling if there are not substantive topics. There may be some shifts in SIM governance coming in the future. Steering Committee will still stay to guide more focused SIM activities. For now, no change, but will be making some adjustments in the future. It was suggested that SIM program ask the Steering Committee members if they would like to continue participating.  |   |

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