SIM

HEALTHCARE SYSTEM TRANSFORMATION

A Collaborative Partnership led by Maine DHHS

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

Maine State Innovation Model Quarterly Report

July 1 - September 30, 2014



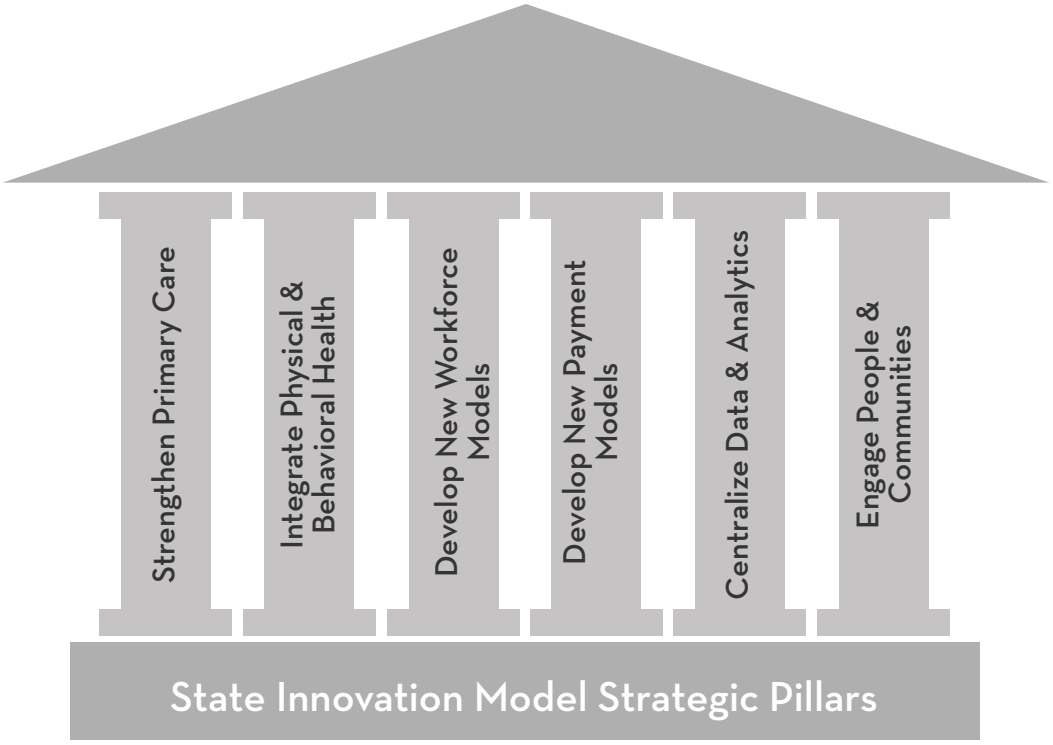

Maine State Innovation Model: Q4, 2014

OVERVIEW

Maine believes that its healthcare system can improve the health of Maine people, advance the quality and experiences of healthcare, and reduce healthcare costs by 2016. During the next three years, an unprecedented partnership among physical and behavioral health providers, public and private insurers, data and system analysts, purchasers, workforce developers, and Maine consumers will put this belief to the test through the Maine State Innovation Model (SIM).

The model has a foundation in emerging healthcare initiatives, promising community-based demonstration projects, and evidence-based strategies that empower consumers with long-term health conditions. The power of the innovation, however, comes from the concurrent application of existing efforts with enhanced investments, all within a shared commitment to accountability, transparency, and quality.

The six strategic pillars of the State Innovation Model (*below*) are each comprised of individual objectives that are aligned to effect meaningful change in our healthcare system. The following sections provide an overview of the work being undertaken in each pillar, and how it is progressing to date. For a detailed description of SIM objectives see page 8 or visit www.maine.gov/dhhs/sim.



PILLAR 1: Strengthen Primary Care

A strong primary care system is foundational to improving the quality and lowering the cost of healthcare in our state. Primary care doctors play a leading role in managing patients' health and coordinating their care with hospitals and specialists. When primary care doctors have the tools and resources to do their job effectively they are able to keep patients healthy and reduce the need for costly emergency care down the road.

Maine Quality Counts' (QC) work to strengthen primary care continued on course this quarter as practices in their Health Homes initiative reported continued improvement in their practice accountability targets. Using QC data tracking tools, QC quality improvement specialists have been able to focus in on specific areas where the practices need help meeting program requirements, and they have been able to provide the necessary resources to help them succeed.

One of the tools that Quality Counts has provided is a mini-learning collaborative focusing on the use of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) process for practices working to meet their substance abuse screening requirement. The mini-collaborative is a subset of the larger Health Homes Learning Collaborative which serves as a resource for practices to learn from one another and gain insight into how peers are meeting their goals. The SBIRT mini-collaborative currently includes nine practices and will continue into 2015 with additional practices joining.

MaineCare also reported a notable achievement in their work to strengthen primary care this quarter with the signing of a vendor contract to supply training to primary care practices serving youth and adults with Autism Spectrum Disorder and intellectual disabilities. Over the next six months the vendor will be hiring staff and putting together a functioning curriculum, and work with practices is expected to begin in the spring of 2015.

Pillar 1 - Objective Statuses

OBJECTIVES	Q4	Q1 (projected)
MaineCare Objective 1:		
MaineCare Objective 4:		
HIN Objective 1:		
HIN Objective 4:		
MHMC Objective 4:		
MHMC Objective 5:		
MQC Objective 4:		

See page 9 for objective descriptions

PILLAR 2: Integrate Physical & Behavioral Health

Behavioral health is increasingly being recognized as a vital piece of high quality primary care. Healthcare providers understand that in order to keep patients healthy, equal attention needs to be given to both body and mind. The following SIM activities are being undertaken to strengthen the ties between physical and behavioral health in order to provide Maine

patients with comprehensive care.

HealthInfoNet, Maine's Health Information Exchange (HIE), made significant progress this quarter in their work to provide health information technology reimbursements for twenty behavioral health organizations contracted to implement health information exchange (HIE) capabilities. All twenty organizations have completed contracts with HealthInfoNet and signed agreements for bidirectional information sharing with Maine's HIE. Of those twenty organizations, seven have passed the bidirectional data integration testing milestone. The remaining thirteen organizations are expected to complete this milestone in the upcoming quarter.

Most exciting, though, is the completion of bidirectional testing steps with one of the practices involved in the initiative. Moving through the technical testing hurdles is viewed as a major success that will lead to the initial implementation of behavioral health data in the state's HIE for the first time in history. The foreseen impact of this step forward to improve the integration of care for patients utilizing both behavioral and physical healthcare services is exciting for everyone involved.

While HealthInfoNet's accomplishments this quarter are encouraging, there are delays in the technical connections due to a lack of readiness from some EHR vendors. Vendors cited 2014 EHR certification developments, DSM5 upgrades, and a lack of time to prioritize EHR HIE module upgrades as the cause of the delay. Despite these delays, HealthInfoNet reports that they have received commitment from the EHR vendors that these issues will be resolved and they anticipate that all practices participating in the pilot will be caught up by the end of the next quarter.

On the MaineCare side of pillar 2, work to implement and support MaineCare Behavioral Health Home Organizations (BHHOs) continued on track for the fourth quarter. To date, 25 organizations have been recruited to participate in the MaineCare BHHO initiative, and Office of MaineCare Services (OMS) staff is working with them to identify opportunities for education, outreach, and other strategies to support the work.

Pillar 2 - Objective Statuses

OBJECTIVES	*Q4*	*Q1 (projected)*
MaineCare Objective 2:		
HIN Objective 2:		
HIN Objective 3:		
MQC Objective 1:		
MQC Objective 3:		

See page 9 for objective descriptions

PILLAR 3: Develop New Workforce Models

One of the primary drivers of high costs and poor patient outcomes in our healthcare system is the absence of coordinated preventative care. All too often we are treating health problems as they arise instead of dealing with them before they become an issue. To address this problem, SIM work focuses significant resources on expanding the ability of healthcare providers to reach and

serve patients. It will bolster efforts like Maine Quality Counts' Health Homes initiatives (pillar 2), the Maine Health Management Coalition's transparency initiatives (pillar 4), and Maine CDC's Community Health Workers (CHWs) Project.

Maine Quality Counts reported this quarter that Behavioral Health Home Organizations (BHHOs) are now able to access population-based data on their members through the MaineCare portal dashboard. This is a significant integration step for mental health agencies, and it is already leading to improved care. One BHHO in particular reported that it was able to use the portal to identify a pediatric patient who had had repeated ED visits for asthma and assign a case manager to the family to work with them on an improved connection to their primary care practice.

Underpinning this success is the work that Maine Quality Counts has been doing with the Behavioral Health Home Learning Collaborative. The collaborative continues to offer monthly webinars featuring technical expertise and peer learning, and it has begun to step up engagement with BHHO team members through newsletters, surveys, webinars and consumer/family outreach.

Also of note this quarter is the progress that the Maine Center for Disease Control and Prevention (CDC) made in their work to develop a system of Community Health Workers (CHWs) to engage underserved populations. The CDC reported that all the CHW pilot projects were launched in Q4, and that contracts and recruitment of community health workers was completed.

Pillar 3 - Objective Statuses

OBJECTIVES	Q4	Q1 (projected)
MHMC Objective 3		
MQC Objective 1		
MQC Objective 3		
MaineCare Objective 3		
Maine CDC Objective 2		

See page 9 for objective descriptions

PILLAR 4: Develop New Payment Models

In today's fee-for-service payment system, doctors and hospitals are paid based on the amount of services they provide, not for making patients healthier. As part of the SIM initiative, the State is seeking to change this model to align payment with improved patient outcomes. The following describes work being undertaken to promote alternative payment systems.

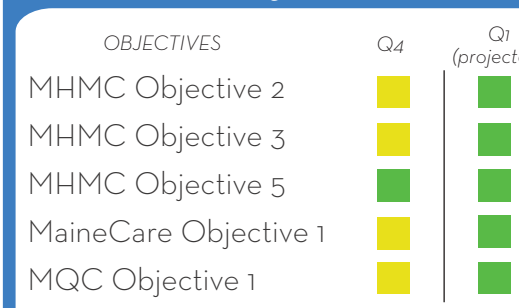
MaineCare's work to implement its Accountable Communities Shared Savings ACO continued to progress on track this quarter with several foundational steps being accomplished. Ongoing collaboration and outreach activities to address questions and concerns with the rates of reimbursement and expected activities were carried out, and the second batch of monthly utilization reports were delivered to practices.

Over the next quarter MaineCare will continue to work with Deloitte and the Maine Health Management Coalition to complete Total Cost of Care (TCOC) and quality reports for practices working to meet accountability targets.

The Maine CDC's work to implement the

National Diabetes Prevention Program (NDPP) in Maine also progressed on track in Q4 with several notable achievements. These include the approval of the NDPP Letter of Understanding by the Department of Health and Human Services' legal and Assistant Attorney General's offices, which will be sent out to participating provider sites in October; a presentation to the State of Maine Employee Health Commission on NDPP incorporation into plan design and ACO contracts; and the completion of data share/fidelity agreements with five of the fifteen NDPP sites. Those five sites are now delivering NDPP services to all eligible populations, and they will be reporting NDPP data back to the Maine CDC every six months.

Pillar 4 - Objective Statuses



See page 9 for objective descriptions

PILLAR 5: Centralize Data & Analysis

Data and analytics are an integral piece of the SIM work currently underway around the state. Robust data holds not only the potential to tell us how costs, utilization and quality vary around the state, but it can also help break down barriers between doctors and the patients they care for. Nearly every SIM objective has a foundation in data and analytics because we know that what gets measured gets improved. The following SIM activities are being undertaken to strengthen data and analytics in the state.

The Maine Health Management Coalition's (MHMC) work to influence market forces and inform policy took a step forward this quarter with the Cost of Care Workgroup's endorsement of a recommendation for Maine CEOs. The recommendation centers on the expanded use of risk contracts complemented by voluntary year over year growth caps (adjusted for risk), and it will be presented to business leaders at the MHMC's CEO Summit in early October 2014.

The MHMC also made progress in its public reporting work with the endorsement of a timeline for publicly reporting Total Cost of Care and Resource Use indices by the Pathways to Excellence (PTE) Physician Steering Committee. The PTE Physician Steering Committee, along with the PTE Systems Steering Committee, approved the indices methodology and reporting value assignments at their June meetings, and the PTE Systems Steering Committee had previously approved a timeline for reporting, but the Physician Steering Committee was unable to agree on a date to begin reporting at their June meeting. This endorsement from the PTE Physicians Steering Committee is the penultimate step in publicly reporting the measures on www.getbettermaine.org, and the final step – MHMC Board approval – is scheduled to take place in late 2014. After Board approval is confirmed the MHMC will begin reporting Total Cost of Care and Resource Use on April 1, 2015.

The SIM Program continues to work on development of the process by which these measures, in addition to other SIM measures, will be reported publically by the State of Maine.

Pillar 5 - Objective Statuses

OBJECTIVES	Q4	Q1 (projected)
MHMC Objective 1		
MHMC Objective 3		
HIN Objective 1		
HIN Objective 4		

See page 9 for objective descriptions

PILLAR 6: Engage People & Communities

Whether the State Innovation Model work underway focuses on creating a new database or an Accountable Care Organization, the purpose is ultimately to provide higher quality, more affordable healthcare to Maine's people and communities. As the end-users of the work being done, it is important that Maine people are being involved and that they understand the reasons for the changes taking place in the healthcare system. To that end, the State Innovation Model puts a strong emphasis on engaging people and communities.

Maine Quality Counts (QC) reported this quarter that the implementation of the Patient Provider Partnership (P3) Pilots is well underway and on track with the stated work plan. QC held two learning sessions in July and September that were attended by all 10 pilot sites; it has distributed the first two Pilot Press newsletters to participants; and it has hosted monthly webinars with pilots to share implementation successes and challenges.

Internally, the P3 team has been enhanced with the engagement of a P3 physician consultant and a shared decision-making physician consultant who will be providing on-going expertise and content for the learning sessions, webinars, and pilot site outreach and education.

Although work with the P3 pilots is progressing on track, Maine Quality Counts reported that keeping busy clinical sites actively engaged has been an ongoing challenge, particularly with multiple competing demands for time and attention. To address this challenge, Maine Quality Counts will have its P3 pilot physician consultants conduct personal site visits to all 10 pilot sites during the October to February timeframe to ensure continued improvements in informed and shared decision-making implementation, and in helping practices prepare for the 3rd and final learning session scheduled for March 19, 2015. Monthly webinars will also allow for progress reports from each of the 10 pilots regarding their status in the eight steps of informed and shared decision-making implementation.

Pillar 6 - Objective Statuses

OBJECTIVES	Q4	Q1 (projected)
Maine CDC Objective 1		
Maine CDC Objective 2		
MHMC Objective 6		
HIN Objective 5		
MQC Objective 4		

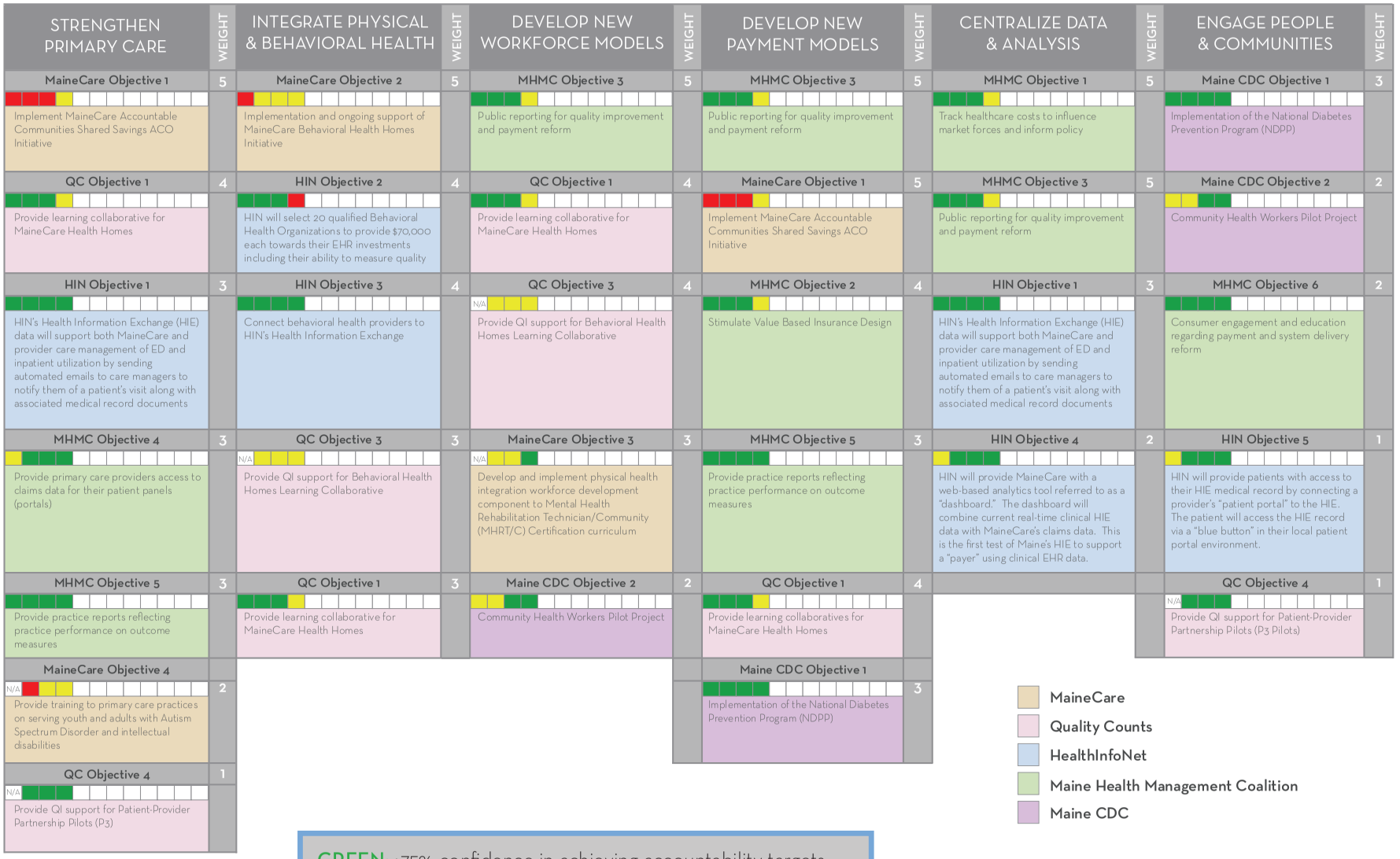
See page 9 for objective descriptions

SIM OUTCOMES: Results From the SIM Evaluation

Q4 marked the beginning of the Lewin Group's participation in the SIM initiative with the accountability for the State's SIM evaluation and the lead of the newly established Evaluation Subcommittee. The Lewin Group will be responsible for measuring and reporting on the outcomes of work being done under the SIM grant. Lewin's outcome reporting will help all stakeholders to better monitor the impact of SIM initiatives toward the ultimate goals of lower costs, improved quality, and improved patient experience of care. The Lewin Group will be striving to develop rapid cycle evaluations, with the intent to enable the SIM governance bodies to determine the impacts of the SIM innovations on a regular basis, and consider adjustments to improve results as needed.

Over the course of Q4 Lewin conducted an onsite project kick-off meeting with Department of Health and Human Services (DHHS) staff and SIM partners, updated the SIM logic model, and began developing individual logic models for each SIM initiative. Lewin also presented a high-level evaluation plan to the SIM Steering Committee at their September 24th meeting.

SIM STATUS AT A GLANCE



GREEN: >75% confidence in achieving accountability targets
YELLOW: 50-74% confidence in achieving accountability targets
RED: <50% confidence in achieving accountability targets

**each box represents one quarter in the 3 year SIM time frame (Oct 2013 - Oct 2016)*