

Section D: Self Evaluation Plan

As a key component of the Maine Self Evaluation effort, the State has competitively procured the services of an external evaluation entity, The Lewin Group, to perform the required SIM data collection, reporting, and self-evaluation functions and effectively monitor the implementation and impact of the State Innovation Model initiative.

As evaluator, The Lewin Group is responsible for the development and implementation of a comprehensive evaluation agenda and evaluation plan; the development and coordination of a sustainable research infrastructure and research collaborative; the development of data collection protocols and methods; all project related data collection activities; supporting CMMI and RTI with the Cross-Site evaluation design and data collection activities; data analytics; the design and implementation of focused studies to test specific model components; and working with our Innovation partners to develop a robust Continuous Quality Improvement (CQI) and reporting infrastructure to support and drive system change efforts.

After a protracted competitive procurement process, a contract has been executed with The Lewin Group starting July 1, 2014. The Lewin Group has extensive knowledge and experience in the design and implementation of large-scale health care evaluations, performance metrics, advanced analytics, and National experience in guiding healthcare transformation initiatives (See Self-Evaluation Contract in Attachment R1.)

Evaluation Infrastructure and Support

The scope and complexity of evaluation of the Maine SIM necessitates the participation and support from all Innovation project partner organizations and will require extensive engagement of project stakeholders. The proposed organizational structure for the evaluation is as follows:

The Maine DHHS will serve as the lead agency for the State and will provide overall direction, oversight and facilitation of all Evaluation Contract activities. Maine DHHS has established processes and procedures and extensive experience working with CMS and will work cooperatively with the CMMI/RTI evaluators on all aspects of the project.

Dr. James Yoe, Director of the ME-DHHS Office of Continuous Quality Improvement. Dr. Yoe has extensive experience in the design and implementation of complex service system evaluations and has led a number of large scale grant funded evaluation projects for the state, including: the CMS funded State Profile Tool for Long-Term Services and Supports, the evaluation of the Thrive Trauma Informed System of Care for children and youth with serious behavioral and emotional challenges funded by SAMHSA and is currently Principal Investigator for the SAMHSA funded Mental Health Data Infrastructure Grant.

Dr. Yoe and the Office of Continuous Quality Improvement have led evaluation and system change efforts related to the integration of physical and behavioral health care for persons with serious mental illness (SMI). This work included a multi-year health claims study funded by AHRQ of individuals with multiple complex conditions with a focus on those individuals with SMI and diabetes as well as a system transformation initiative, funded by the Maine Health Access Foundation (MeHAF) focused on increasing awareness and implementing strategies within selected behavioral health provider organizations to better identify and address the physical health concerns of adults with SMI. This work provided the foundation for and has served as guide to the design and implementation of Behavioral Health Homes initiative and focused work on the integration of behavioral and physical health in primary care practices and behavioral health organizations planned as a core innovation component of the Maine SIM Project.

The Maine SIM Project intends to establish an Evaluation and Performance Reporting Committee. This committee will be co-chaired by the State evaluation lead, Dr. James Yoe and the Self-Evaluation Contractor (Lewin Group) and include representatives from the State Office of MaineCare Services and other DHHS Program Offices, SIM partner organizations, including: the Maine Health Management Coalition, Health InfoNet, and Quality Counts. This committee will be responsible for providing strategic oversight and project direction to the design and implementation of the project evaluation, performance reporting, CQI, and evaluation dissemination and translation activities.

Overview/Specific Aims

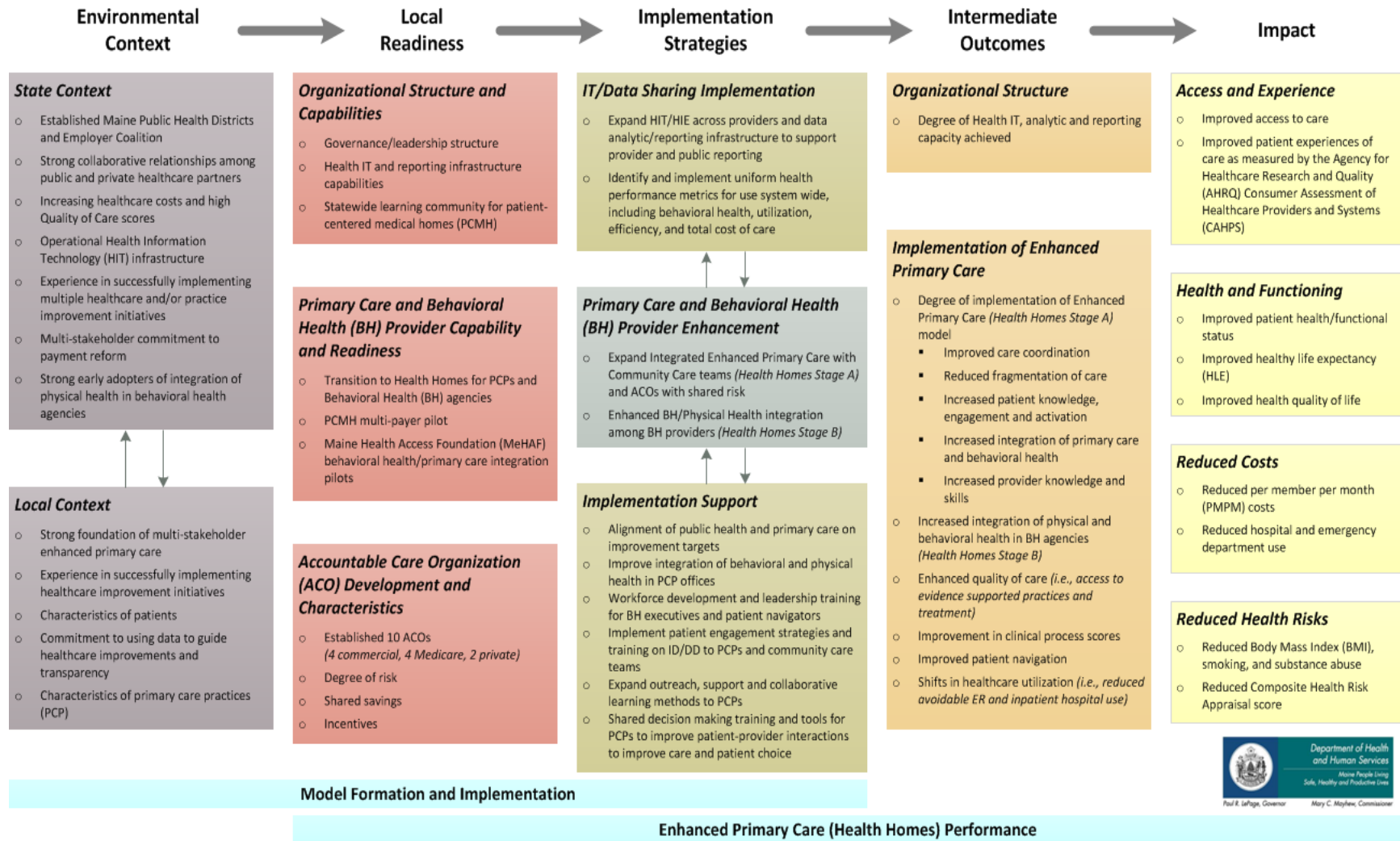
Maine's overarching quality and evaluation framework is based on the Triple Aim goals of improving quality, reducing costs, and enhancing patient experience of care. The core objective of the evaluation approach is to provide a coherent and coordinated quality improvement and measurement framework to support and guide the development and implementation of the innovation reforms as well as a robust and sustainable evaluation strategy that will document and assess the unique and combined effects of different innovation strategies and initiatives. Maine's goals for quality reporting, continuous quality improvement and evaluation are to:

1. Establish a common set of quality/performance metrics that cover population health, practice/provider, and individual client-level measures) for use by both primary care and behavioral health providers;
2. Provide continuous feedback on performance to providers and other key project stakeholders that allows for timely review of the data, supports data driven decision making, continuous improvement, and dissemination and translation of lesson's learned and best practices;
3. Develop data sets for use in describing and documenting model interventions, changes in care processes and practices, and assessing the impact/effectiveness of the innovation model and key service and practice level reforms;
4. Build a local research an evaluation infrastructure to support a sustainable research collaborative to build evidence for the effectiveness of the State Innovation models in improving the quality of care, reducing health risks, improving health outcomes for members and reducing the health care costs.

Self-Evaluation Strategy and Approach

An initial step in Maine's process of developing the Maine SIM Self-Evaluation was the development of an evaluation logic model. The model provides a schematic of how we anticipate that the State's Innovation Model approach to payment and delivery system reform will achieve the intended Triple Aim outcomes, what those outcomes might be, and the contextual factors, such as local and state influences and degree of readiness of communities and primary care practices that might influence the implementation and success of the project. The SIM Evaluation Logic Model is presented in Figure 16 (below).

Figure 16: Draft Evaluation Logic Model



It is anticipated that implementation of the SIM will result in multiple practice and client-level impacts, including: reduced costs of care, improved quality of services and improved client experiences and outcomes. The logic model then outlines a number of factors that may potentially influence the effectiveness of the planned implementation strategies and resulting outcomes, including: the state and local context in which the innovation model interventions are launched; the organizational capacity and readiness of communities, primary care and behavioral health providers, and health care systems to adopt the model innovations; the specific implementation strategies and activities that the SIM project pursues; and the intermediate service delivery and person-specific outcomes that result from those activities.

This evaluation logic model is intended as a starting place in mapping out the pathways by which the Innovation model interventions will lead to expected outcomes and the complex interplay of multiple influencing factors that may mediate those outcomes. The model is intended to serve as guide for the design and implementation of self-evaluation studies and will be revised and updated accordingly throughout the implementation of the project.

One of the initial start-up activities of the Self-Evaluation Contractor will be, in collaboration with ME-DHHS OCQI, ME-SIM leadership, and ME-SIM partners, to update and refine the initial evaluation logic model with a focus on aligning the evaluation plan to the SIM strategic pillars and mapping the SIM operational measures and targets to the Triple Aim outcomes.

Based on the logic model and consistent with the CMMI/RTI Cross-Site evaluation focus, the evaluation of Maine SIM will focus on following key research questions:

- (1) Does the model implementation lead to changes in service utilization patterns and reduced per member per month, total, medical, and behavioral health care costs?
- (2) Does the model lead to improvements in care coordination and less fragmentation of care and for what populations?
- (3) Does the model lead to improvements in quality and process of care?
- (4) To what extent does the model improve the level of integration of physical and behavioral health across Maine's health care system?
- (5) Does the model lead to improvements in member health, wellbeing and functioning and in reduced of health risk behaviors?
- (6) Does the model lead to improved member experiences of care, engagement, and perception of services?
- (7) What factors influence the adoption and spread of model enhancements? To what extent are model components implemented consistently and with fidelity?
- (8) What system, practice, and person-level factors are associated with the model outcomes?

Self-Evaluation Infrastructure and Study Components

The overall approach to the project evaluation will incorporate mixed method, qualitative and quantitative designs that utilize multiple data collection methods and data sources and captures data from multiple sources at different levels of the health care delivery system (i.e., state, regional and local practice) and on different member population groups. A key component of the evaluation approach will be the development of a sustainable research

infrastructure and collaborative of health care researchers both within and outside of Maine. The purpose of this collaborative is to incubate and stimulate research ideas, enhance in-state research expertise, increase access to specialized research methodology and analytic expertise, launch focused and innovative studies to test the effectiveness of various components of the State Innovation Model and provide dissemination/translation of research results broadly across the state. The Lewin Group, in collaboration with the ME-DHHS Office of Continuous Quality Improvement and our Innovation partners will be responsible for the design and implementation of the local infrastructure required to support the proposed Self-Evaluation and RTI/CMMI cross-site evaluation efforts and the development of a sustainable research collaborative.

In addition to the research infrastructure development, the Self-Evaluation design will include three core study components, including:

- ***Implementation/Process Study:***

Study Objective: To conduct a comprehensive implementation study that will comprehensively describe the characteristics of communities and health care settings which are impacted by the Maine SIM innovations. This study will be implemented to gather qualitative and quantitative data from providers, consumers, and health systems to assess perceptions, identify challenges and develop strategies for success.

Key Research Question(s) to be addressed:

- What factors influence the adoption and spread of SIM model innovations?
- To what extent are SIM model components implemented consistently and with fidelity?
- What system, practice, and beneficiary level factors are associated with SIM outcomes?

The primary intent of this study component will be to describe the variability and richness of the community contexts and health care settings in which the planned interventions will be implemented. This information will be critical in understanding the impact and outcomes of the SIM Innovations and will provide ongoing information on implementation progress, challenges encountered, and unintended consequences of the planned model interventions. This study will be qualitative and descriptive in nature and will build on the CMMI Rapid Cycle Evaluation of State Models. This study component will involve a combination of provider/practice site visits; focus groups and individual interviews with key project stakeholders, including: community partners, primary care and behavioral health practices, Community Care Teams (CCT), and service recipients. Data will be obtained from multiple sources, including: stakeholder and participant surveys and interviews; Project Steering Committee and project work group minutes, project plans and other program documentation; analysis of policy changes; analysis of the roll out and implementation of the planned innovation model interventions; and challenges encountered and how they were resolved. In order to document progress and provide data to inform and guide the implementation process, multiple rounds of data collection are planned.

This study will build on the evaluation of the PCMH Pilot project, Multi-Payer Advanced Primary Care Practice Demonstration Project (MAPCP), and the AHRQ funded Multiple Complex Conditions Project, data will also be collected from participating primary care and behavioral health practices to assess the degree of change in practice/provider culture, team orientation, leadership and workplace stress; the degree to which practices are meeting health home practice requirements; and level of integration of physical and behavioral health achieved. A full study design and proposal for this evaluation component will be developed by the Self-Evaluation contractor within the first three months of contract initiations (September 2014). Key deliverables and timelines related to this study component are outlined in the Self- Evaluation Contract in Attachment R1.

- ***Economic/Cost Study:***

Study Objective: The focus of this study component is to assess changes in health care utilization trends and associated expenditures by analyzing changes in health care service utilization, service costs and return on investment linked to Maine SIM initiatives, including planned primary care and behavioral health practice innovations.

Key Research Question(s) to be addressed:

- Does the Maine SIM model implementation result in changes in service utilization patterns and reduced cost of care? If so, to what extent?

This study component will involve a comprehensive cost effectiveness study that is designed to evaluate changes in service utilization trends and associated costs, and an analysis of cost savings and return on investment (ROI) linked to the planned primary care and behavioral health practice innovations.

The study design will involve a longitudinal approach in order to assess utilization and cost trends over the SIM testing period and will compare innovator sites (i.e., communities and primary care/behavioral health practices that have implemented the model enhancements) with in-state comparison communities and practices that have not yet implemented the model/practice enhancements or are at early stages of implementation. A full study design and proposal will be developed by the Lewin Group within the first three months of the initiation of the contract (September 2014). Key deliverables and timelines related to this study component are outlined in the Self-Evaluation Contract in Attachment R1.

- ***Impact/Effectiveness Studies:***

Objectives: Design and implement an overall effectiveness study and facilitate multiple targeted studies aimed at testing the impact and effectiveness of SIM interventions.

Key Research Question(s) to be addressed:

- Does the model lead to improvements in care coordination and less fragmentation of care and, if so, for what populations and to what extent?
- Does the model lead to improvements in quality and processes of care and, if so, to what extent?
- To what extent does the model improve the level of integration of physical and behavioral health across Maine's health care system?
- Does the model lead to improvements in beneficiary health, well-being, function, and reduced health risk behaviors, and if so, to what extent?

The Lewin Group will design and execute an Impact/Effectiveness Evaluation in order to assess the overall effects of SIM innovations on processes of care, clinical quality outcomes and member experiences of care. The measures and data collection methods utilized for this study component will be aligned with the CMMI/RTI Impact evaluation effort and will build on the National evaluation by incorporating Maine SIM specific measures of interest. This design of this study component will be guided by the Maine SIM strategic priorities/pillars and the evaluation logic model (see above – Figure 16) that outlines the theory of change proposed by the Maine SIM. The Impact/Effectiveness Study uses a longitudinal, multi-method study design and will build upon previous and current evaluation work related to Patient Centered Medical Homes (PCMH) and Multi-payer Advanced Primary Care Practice Demonstration (MAPCP) evaluations conducted by the University Of Southern Maine, Cutler Institute for Health Policy as well as the AHRQ Multiple Chronic Conditions Project.

In addition, the Lewin Group will coordinate with ME-DHHS OCQI and other research partners associated with the planned Research Collaborative in the design and implementation of one or two targeted investigations during the SIM testing period aimed at testing the effectiveness of various Maine SIM interventions and reforms. The Lewin Group will coordinate with and integrate other research/evaluation studies currently underway on key components of the SIM test, including the evaluations of Health Homes and Behavioral Health Homes.

Since 2010, the PCMH and Multiple Chronic Conditions research and evaluation projects have provided a fertile testing ground for identifying and testing both process of care and clinical quality/outcome measures appropriate for assessing the effectiveness of key components of the planned Innovation model as well as the testing and refining of data collection approaches, measurement tools, CQI and dissemination and translation strategies, and analytic methodologies. Please refer to Appendices R1, R2, and R3, as found in Year One Plan Submission, for the PCMH Evaluation Report, AHRQ Multiple Chronic Conditions Project and a Summary of Planned Health Home Evaluation Plan.

Another important line of research inquiry to be undertaken by the Research Collaborative will focus on the effects of primary care and mental health integration on process and outcomes of care for people with mental illness and other chronic health

conditions. Maine DHHS has been recognized nationally for its evaluation work and system change initiatives promoting the integration of physical and mental health care. A recently completed, multi-year, research study on the health service outcomes of adults with serious mental illness and diabetes (MCC Project) funded by AHRQ provides a research and methodological framework for further research inquiry in this area.

Data Sources

The Maine SIM evaluation framework uses a mixed methods approach incorporating both qualitative and quantitative data and information that will be obtained from multiple data sources, including: (1) Tracking/monitoring of project and program implementation; (2) Focus groups and Individual Interviews with project stakeholders; (3) Practice and provider surveys; (4) Member perception of care and wellness surveys; (5) Member focus groups; (6) Clinical data from EHRs and chart reviews and patient functional status surveys; (7) All payer claims data – health service utilization and expenditures; (8) Vital statistics data – mortality; (9) Clinical process of care and quality of care measures via PTE and all-payer claims data. Quantitative and qualitative data will be collected on a quarterly, semi-annually and annual basis throughout the SIM testing period and coordinated with the CMMI Cross-site evaluation data collection schedule.

Support of Data Collection Efforts for CMMI Cross-Site Evaluation

The State Self-Evaluation Team is committed to working with the CMMI/RTI Cross-Site Evaluation team on the three part evaluation strategy including: 1) the overall design and data collection strategy, 2) rapid cycle evaluation of state models; and 3) longitudinal impact evaluation. The State Evaluation Team will assist CMMI/RTI in the following planned Cross-Site evaluation activities:

- Design and implementation of core cross-site performance measures;
- Development and implementation of standardized data collection, reporting, and data quality control protocols;
- Facilitate preparation and transmission of analytic data sets for use by the CMMI/RTI Evaluators;
- The design and monitoring of rapid cycle continuous improvement processes to promote real time improvements.
- Coordinate and facilitate onsite data collection (stakeholder and beneficiary interviews and focus groups) for the implementation and impact evaluation components;
- Align/coordinate cross-site evaluation activities with Self-Evaluation plans;
- Transmit evaluation data to CMMI Evaluation Team.

Performance Measurement, Reporting and Continuous Improvement Monitoring (Reference Sect I).

Quality data, useful reports and timely feedback of performance information is essential to the successful design and implementation of the innovation strategies, targeting and delivery of services, focusing continuous improvement initiatives, and to drive change across the health care system.

The selection of core quality metrics for use in quality reporting will use and build on existing quality metrics in use with PCPs, ACO's commercial payers as well as measures established for the MaineCare Health Home, Behavioral Health Home and Accountable Community initiatives. Substantial work on metric development has been completed in Maine through the Multi-payer patient centered medical home pilot, the MaineCare health home initiatives, and the AHRQ Multiple Complex Conditions Project. This metrics development work has involved extensive engagement of stakeholders in the selection process and incorporated multiple measure sets including: the PTE Practice and clinical quality measures, Commercial ACO measures, PCMH Pilot measures, Health Home measures, Behavioral Health Home measures, and Accountable Community measures as well as population health measures collected via the Maine CDC. Together, these efforts provide a robust foundation from which to build on for the metrics development for the SIM Project.

Maine is committed to a robust and practical quality measurement and reporting system. The proposed measurement and reporting system to support the Maine SIM is designed to enhance an already established and tested infrastructure for health care measure development and practice reporting and includes two measurement tiers: 1) Practice level reporting - core health quality measures for ongoing use for multi-payer practice level reporting; and 2) SIM Effectiveness Reporting – Core system and practice level measures for assessing the effectiveness of Maine SIM innovations.

Practice Level Reporting: Measurement development for practice level reporting includes the development and implementation of a common set of evidence supported quality measures for use for practice level reporting with primary care and behavioral health providers across multiple payer systems. The selection process for these core practice measures is currently underway through a multi-stakeholder process coordinated by the SIM project partner, the Maine Health Management Coalition (MHMC) and the SIM Payment Reform Sub-Committee.

SIM Implementation and Effectiveness Reporting: The focus of this measurement and reporting tier is to provide ongoing, targeted information to SIM leadership, partners and stakeholders on SIM innovation implementation progress and fidelity and the extent to which these implementation strategies are effective in moving the bar on key Triple Aim outcomes. This data will be used to guide and inform SIM program planning, to focus SIM interventions, identify and resolve implementation challenges and inform and prioritize continuous improvement strategies.

An essential component of this work was the development of a set of core metrics for use in measuring the effectiveness of the SIM project. To this end, the Maine SIM team has worked to develop a set of targeted measures to monitor the effectiveness of the Maine SIM Innovations in achieving the Triple Aim goals of improved health outcomes, quality, patient experience, and lower costs. A multi-stakeholder, ad hoc Core Metrics Committee was established to assist in this measure review and selection process. This committee included representation from ME-SIM Management Team, SIM Partner Organizations, Hospital Systems, and Primary Care

Practices. This measure review and evaluation process was supported by the NORC and RTI technical assistance teams.

The initial step in developing a set of core metrics for the Maine SIM initiative was to compile measures that are currently tracked and reported across Maine's major SIM models (Health Homes, Behavioral Health Homes, Patient Centered Medical Homes, Commercial Accountable Care Organizations, and Accountable Communities). Stakeholders emphasized the importance of drawing on existing measurement efforts in the development of the core measure sets to minimize any additional reporting burdens on providers.

The Core Metrics Committee evaluated this broad set of metrics against the following criteria:

- Aligns across multiple model measure sets
- Aligns with SIM strategic pillars and Triple Aim goals
- Addresses priority domains of measurement recommended by Commissioner Mary Mayhew, including emergency department use, readmissions, imaging, and care coordination.
- Reflects a mix of process and outcomes and short and long term impacts
- Addresses populations prevalent in Medicaid (children, behavioral health, disabilities)
- Safeguards against restrictive patient/client selection practices (i.e., creaming, skimping, and premature discharge of patients)
- Addresses the Center for Medicare and Medicaid Innovation (CMMI's) core measurement areas related to population health (diabetes, obesity, and tobacco control).

The measures recommended by the Core Metrics Committee are displayed in Figure 17. The table provides information about which SIM initiatives are currently reporting on the measure, which of the Triple Aim outcomes and SIM Strategic Pillars the measure maps to, and a brief description of the Committee's rationale for including the measure.

The core metric set was not intended to include all of the measures that will be used to evaluate the Maine SIM initiative, so some gaps inherently exist. Although the measures recommended for the core metric set (Figure 17) collectively represent all of the Triple Aim outcomes and SIM strategic pillars, representation is weaker for several pillars and outcomes. Some of these gaps are due to data limitations and others are a result of selecting a limited number of core measures for the SIM dashboard.

The recommended core measures were reviewed and discussed by the SIM Steering Committee in May 2014 and work is underway to incorporate the Committee's recommendations and finalize the measure set.

The MHMC Foundation (MHMC-F) will serve as the lead agency for reporting of quality information for the initiative. The MHMC-F data system includes an inclusive all claims database and the analytic tools required to transform health claims data into actionable information to inform decision making and drive continuous system improvement. The MHMC-F will produce a

variety of performance reports targeting multiple audiences, including: (1) Monthly performance monitoring reports on primary care and behavioral health practices participating in the State Innovation Model Testing Project, detailing performance trends on selected quality metric, and highlighting emergent issues or quality concerns; (2) Predictive modeling reports to assist providers and project stakeholders in determining the risk levels of clients presenting for services and predicting future service use and potential gaps in care; (3) Web-based Quarterly dashboards using the core set of quality/performance measures (to be determined) that include benchmarks and comparisons with peers. Once established, a selection of metrics from these dashboards will be publically reported and shared with project partners and stakeholders.

Approach to Continuous Quality Improvement, Adoption of Promising Practices and Continuous Learning

- The state will foster the development of learning collaboratives among providers, members, community care organizations, and other stakeholders to promote continuous learning, support Innovation Model reforms and drive health care improvements.
- Continuous improvement will be supported through the use of multiple methods, including: learning collaboratives; data forums; targeted technical assistance and coaching; targeted quality improvement strategies and the implementation of rapid assessment and improvement methods.
- Quality Counts will provide Innovation Model CQI services through an expansion of a current contract with MaineCare. Continuous improvement services include: (1) IHI model learning collaboratives for providers transitioning to Person Centered Medical Home status;
- Patient Engagement learning opportunities through its Better Health, Better Maine campaign, which offers both patients and primary care providers the tools, guidance and resources needed to initiate necessary and effective provider/patient conversations

Figure 17: Maine SIM Core Metrics Draft 5/21/2014

Measure	SIM Initiatives Using Measure	Strategic Pillars*	Triple Aim Outcomes**	Rationale
ED Utilization				
Non-emergent ED use: Based on Maine list of 14 diagnoses identified as preventable in A Maine ED study, including: sore throat; viral infection; anxiety; conjunctivitis; external and middle ear infections; upper respiratory infections; bronchitis; asthma; dermatitis and rash; joint pain; lower and unspecified back pain; muscle and soft tissue limb pain; fatigue; headache	ME Health Homes, ME Behavioral Health Homes, PCMH, Accountable Communities	1, 2, 3, 4, 6	2, 4	Commissioner recommendation and major cost driver
Readmissions				
All-cause readmissions	ME Health Homes, ME Behavioral Health Homes, PCMH, Accountable Communities	1, 2, 3, 4	2, 3, 4	Commissioner recommendation and major cost driver
Imaging				
Use of imaging studies for low back pain: The percentage of members with a primary diagnosis of low back pain who had an imaging study within 28 days of the diagnosis.	ME Health Homes, 1 of 4 ACI Commercial Payers, Accountable Communities	1	2, 4	Commissioner recommendation and important measure of potential overuse
Fragmented Care				
Percent of members with fragmented care: This measure uses Liu's fragmented care index (FCI) is based on Bice and Boserman's continuity of care index (CCI) that considers the number of different providers visited, the proportion of attended visits to each provider and the total number of visits.	ME Health Homes, ME Behavioral Health Homes	1, 2, 3, 4, 6	1, 4	Commissioner recommendation and key measure of overarching SIM goal to improve care coordination
Total Cost of Care Index				
Population based, case-mix (risk) adjusted, per capital total medical and pharmacy cost paid to providers with high cost claimants capped at 100K.	To be used across all SIM Initiatives	1, 4	2, 4	CMMI/CMS recommendation

Table 1: Recommended Measures (cont.)

Measure	SIM Initiatives Using Measure	Strategic Pillars*	Triple Aim Outcomes**	Rationale
Pediatric/Adolescent Care				
Well-child Visits (ages 3-6 and 7-11)	ME Health Homes; ME Behavioral Health Homes; 2 of 4 ACI Commercial Payers; Accountable Communities	1	2, 3	Well visits in younger ages strong impact on preventable diseases
Developmental Screenings in the First 3 Years of Life	ME Health Homes; Accountable Communities	1	2, 3	Key measure of early childhood
Mental Health				
Follow-Up After Hospitalization for Mental Illness	ME Health Homes; ME Behavioral Health Homes; Accountable Communities	1, 2, 5, 6	2, 3	Important mental health measure
Screening for Clinical Depression and Follow-up Plan	ME Health Homes; ME Behavioral Health Homes	1, 2, 5, 6	2, 3	Important mental health measure
Patient Experience/Engagement				
Providers support you in taking care of your own health, CAHPS PCMH		1, 6	1	Captures patient experience & engagement
Willingness to Recommend Provider (Definitely Yes/Somewhat Yes/No), CAHPS	Accountable Communities	1, 6	1	Captures patient experience
Obesity				
Adult BMI Assessment	ME Health Homes; ME Behavioral Health Homes	1	2, 3	Addresses CMMI core population health priorities
Weight Assessment and BMI Classification (ages 3-17)	ME Behavioral Health Homes	1,2	2, 3	Addresses CMMI core population health priorities
Adults Meeting Physical Activity Guidelines: ≥150 minutes per week of moderate-intensity aerobic activity, or ≥75 minutes of vigorous-intensity aerobic activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity [where vigorous-intensity minutes are multiplied by 2] totaling ≥150 minutes per week).	None, available from BRFSS	1,2	2, 3	Addresses CMMI core population health priorities

Diabetes Care				
Diabetic Care HbA1c (ages 18-75)	All Models, 2 of 4 ACI Commercial Payers	1, 2, 5	2, 3	Addresses CMMI core population health priorities

* **Strategic Pillars:** 1 – Strengthen Primary Care; 2 – Integrate Physical and Behavioral Health; 3 – Develop New Workforce Models; 4 – Develop New Payment Models; 5 – Centralize Data & Analysis; 6 – Engage People & Communities

** **Triple Aim Outcomes:** 1 – Improved Patient Experience; 2 – Improved Quality of Care; 3 – Improved Population Health; 4 – Reduced Health Care Costs

Appendix R1: Self-Evaluation Contract Scope of Work

A. Service Description

The Department of Health and Human Services, in 2013, established a partnership to align MaineCare with Medicare and commercial payers to lower costs for Medicaid, Medicare, and Children’s Health Insurance Program (CHIP) populations while improving quality of care and member satisfaction and experiences with care. The Maine State Innovation Model advances health care delivery system and payment reform initiatives that impact the State’s public payer sector on cost reduction, quality improvement, and informed patient engagement – the Triple Aim goals. The contracted services to be provided pertain to the design and implementation of a comprehensive evaluation of the Maine State Innovation Model. The core evaluation goals include:

- Coordinating Maine’s participation in Centers for Medicare and Medicaid Innovation (CMMI) three-part evaluation strategy, including 1) evaluation design and data collection, 2) rapid cycle evaluation of Maine’s State model, and 3) an impact evaluation.
- Providing leadership and coordination to describe and implement a State-specific self-evaluation that includes continuous quality improvement and performance reporting.
- Designing and establishing the local infrastructure necessary to support a sustainable research and evaluation collaborative.

The evaluation will include participation in a Federal cross-site evaluation and the design and implementation of a State specific, self-evaluation that includes the following core components:

1. Implementation/Process Evaluation

Objective: Conduct an implementation study that will comprehensively describe the characteristics of communities and health care settings where SIM will be implemented and gather qualitative and quantitative data from providers, consumers, and health systems to assess perceptions, identify challenges and develop strategies for success.

Key Research Question(s) to be addressed:

- What factors influence the adoption and spread of SIM model innovations?
- To what extent are SIM model components implemented consistently and with fidelity?
- What system, practice, and beneficiary level factors are associated with SIM outcomes?

Outcomes:

	Year One Contract Target	Year Two Contract Target	Year Three Contract Target
Implementation and process evaluation	Design detailed study proposal, including data collection, evaluation methods and rapid cycle feedback protocols.	Implement study- initiate data collection and rapid cycle review and feedback of study findings and results.	Implement Study: Continued, data collection and rapid cycle review and feedback of study findings and results.

The Provider shall:

Task #	Description
EV1	Develop implementation/process evaluation design plan and present to the Department within the first three months of the initiation of the service agreement
EV2	Develop and implement rapid cycle improvement protocols for review and feedback of evaluation results to SIM partners and stakeholders.
EV3	Initiate data collection for Implementation/Process Evaluation - Convene provider/practice site visits, key informant interviews, consumer engagement forums, and stakeholder meetings as outlined in evaluation design.
EV4	Prepare and lead committee-based review of evaluation goals based on key informant interviews to clarify and prioritize goals and build a common understanding of SIM goals and priorities.
EV5	Develop quarterly implementation data reports to document progress and update status of SIM model implementation to inform and guide the implementation process.
EV6	Using implementation study data facilitate ongoing strategic planning sessions with SIM partners and stakeholders to identify implementation challenges and guide rapid cycle improvements.
EV7	Prepare and facilitate training/learning sessions for SIM partners and stakeholders on rapid cycle improvement processes.
EV8	Develop annual report and presentation on the SIM implementation/process study status and findings.

2. Cost Effectiveness Evaluation

Objective: Support the State of Maine by analyzing changes in health care service utilization, costs and returns on investment linked to SIM initiatives, including planned primary care and behavioral health practice innovations.

Key Research Question(s) to be addressed:

- Does the SIM model implementation lead to changes in service utilization patterns and reduced costs, including: 1) per member per month, 2) total, 3) medical, and 4) behavioral health care costs? If so, to what extent?

Outcomes:

Contract Objectives	Year One Contract Target	Year Two Contract Target	Year Three Contract Target
Cost Effectiveness Study Design and Implementation	Design cost effectiveness study plan, including: data collection protocols, evaluation measures, study methods and feedback and reporting plan.	Implement cost effectiveness study: data collection, and initiate feedback and reporting of findings using rapid cycle improvement methods.	Implement Study: Continued data collection and ongoing feedback and reporting using rapid cycle improvement methods.

The Provider shall:

EV9	Develop Cost Effectiveness Study design plan and present to the Department within the first three months of the initiation of the service agreement
EV10	Obtain necessary Business Associate (BA) and Data Use Agreements (DUA) for all data required for evaluation from all related parties
EV11	Develop data specifications and obtain All Payer Claims Data (APCD) and other data necessary for study.
EV12	Identify and obtain approval from the Department on measures and data sources that will provide a comprehensive and complete view of the impact SIM innovations have on reducing health care costs utilization and costs.
EV13	Implement data collection/extraction protocols as specified in study plan for cost effectiveness study.
EV14	Prepare utilization and cost data sets and perform analyses to measure change in service utilization, expenditures, per capita expenditures, savings and ROI.
EV15	Perform periodic review and assessment to ensure that the evaluation design accounts for outside drivers of costs and utilization that might affect the assessment of cost effectiveness.
EV16	Using the data analytical files, prepare a series of reports providing multiple views of impacts in each intervention on spending and utilization trends over the 33 month testing period.

3. Impact and Effectiveness Evaluation

Objectives: Design and implement multiple investigations aimed at testing the impact and effectiveness of SIM interventions.

Key Research Question(s) to be addressed:

- Does the model lead to improvements in care coordination and less fragmentation of care and, if so, for what populations and to what extent?
- Does the model lead to improvements in quality and processes of care and, if so, to what extent?
- To what extent does the model improve the level of integration of physical and behavioral health across Maine’s health care system?
- Does the model lead to improvements in beneficiary health, well-being, function, and reduced health risk behaviors, and if so, to what extent?

Outcomes:

Contract Objectives	Year One Contract Target	Year Two Contract Target	Year Three Contract Target
Impact and Effectiveness Study	Design detailed study proposal and implementation plan, including: data collection protocols and rapid cycle feedback and reporting procedures.	Implement Study Plan: Initiate data collection and rapid cycle feedback and reporting.	Implement Study Plan: Ongoing data collection and rapid cycle review and feedback of results.

The Provider shall:

EV17	Develop Impact and Effectiveness Study design plan and present to the Department within the first three months of the initiation of the service agreement.
EV18	Obtain necessary Business Associate (BA) and Data Use Agreements (DUA) for all data required for evaluation from all related parties.
EV19	Develop revised evaluation logic model for approval by SIM leadership, partners, and stakeholders
EV20	Identify and obtain agreement on study measures and data sources for use in assessing the impact and effectiveness of SIM interventions.
EV21	Implement data collection/extraction for Impact and Effectiveness study to assess the effects of the planned Innovation Model interventions on process of care, clinical quality outcomes, and member experiences of care.
EV22	Develop study analytic files and perform data analysis including: pre and post-analyses using quality, process and member experience of care measures. Analyses will employ difference-in-difference (DID) modeling techniques and assess pre-participation clinical, process and quality measures with post participation data.
EV23	Based on data analyses, create data summaries and reports that provide multiple views of the effectiveness of SIM innovations on clinical, quality of care and patient experience outcomes.
EV24	Develop quarterly performance monitoring reports for SIM leadership, partners and stakeholders, using decision support software. The software will collect quality measures, identify, implement and evaluate data-driven opportunities for provider focused quality improvements projects.

4. Project Management, Reporting and Infrastructure Development

Objectives: Establish project management and required evaluation infrastructure to ensure timely completion of required objectives and outcomes. Provide all necessary and requested reports on a monthly, quarterly and annual basis in a variety of formats.

Outcomes:

D. Contract Objectives	E. Year One Contract Target	E. Year Two Contract Target	E. Year Three Contract Target
Evaluation infrastructure development, Project Management, and report development and submission.	Establish and refine project management, communication, and reporting processes. Develop operational plan for Research/Evaluation Collaborative.	Implement ongoing project management and reporting activities. Launch Research/Evaluation Collaborative.	Implement ongoing project management, reporting and Research/Evaluation Collaborative activities.

The Provider shall:

EV25	Convene kickoff meeting to establish study priorities and goals, identify next steps, acknowledge potential challenges and identify mitigation strategies.
EV26	Develop comprehensive Evaluation Operational Plan for review and approval by Maine DHHS with 60 days of contract initiation. Plan shall include evaluation goals, key objectives/milestones and associated tasks, performance targets and timeline as well as anticipated cost to achieve each objective. See appendix A for required template for use in developing the Operation Plan.
EV27	Establish schedule of standing meeting/check-ins with DHHS staff, Steering Committee and other interested parties. Specify availability for ad hoc teleconference meetings as needed.
EV28	In consultation with DHHS establish, convene and assist in the facilitation of a monthly SIM Evaluation and Performance Reporting Sub-Committee.
EV29	Provide monthly progress reports listing: activities, meetings and deliverables. The report will also list any issues and proposed solutions to them. Reporting time frame is listed in Rider A, Section II, A, a and b
EV30	Provide Quarterly evaluation reports outlining the progress of the evaluation, key findings to date and other relevant information. Assist in developing and updating quarterly SIM performance dashboards on identified core quality/ performance measures.
EV31	Provide comprehensive annual report. Report will provide information on progress and finding across all aspects of the SIM grant. Additional elements should include: challenges encountered during evaluation, risks identified and related mitigation strategies, lessons learned and best practices, and recommendations for additional measures and future evaluation opportunities.
EV32	Schedule annual meeting after submission of annual report. Contact DHHS staff to develop agenda for meeting and provide progress report highlighting best practices, lessons learned and other beneficial topics for SIM partners
EV33	<p>In collaboration with SIM and Office of Continuous Quality Improvement (OCQI) leadership, develop a sustainable research infrastructure and collaborative of health care researchers, both in-state and out-of-state, to incubate and stimulate research ideas, enhance in-state research expertise, increase access to specialized research methodology and analytic expertise, and launch focused and innovative studies to test the effectiveness of various components of the State Innovation Model and provide dissemination/translation of research results broadly across the state.</p> <p>Tasks include:</p> <ul style="list-style-type: none">• Develop operational plan for management and implementation of the Research/Evaluation Collaborative.• Identify researchers/evaluators to participate in collaborative & convene meetings.• Develop strategies to evaluate and approve potential research/evaluation projects.