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

April 1 - June 30, 2014



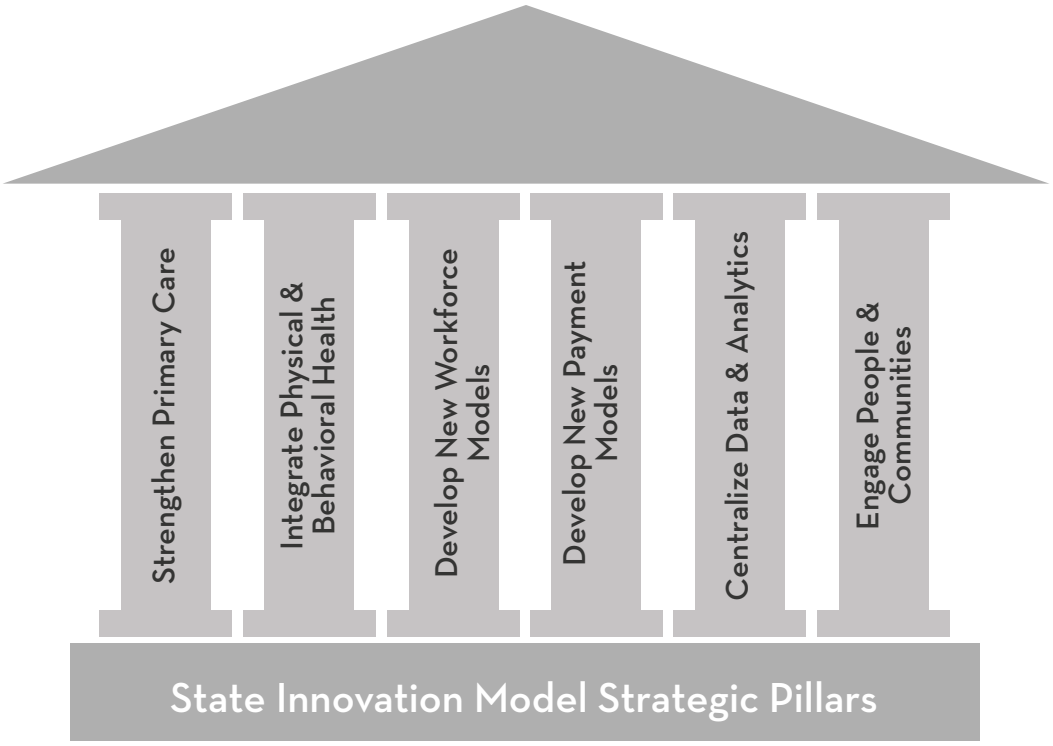

Maine State Innovation Model: Q3, 2014

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 9 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.

The Maine Health Management Coalition (MHMC) continued to make strides this quarter in the dissemination of claims information to providers across Maine. (Objective 4) By the end of Q3, 254 individual claims portals had been deployed in practices around the state to help providers better track their patients' care. The portals allow providers to identify high-utilizing patients that may need additional attention, ultimately helping to better manage their care and costs. In addition, the Coalition worked to explore opportunities for alignment of attribution data across insurance carriers to strengthen future versions of the portal.

The MHMC also continued to make progress in its dissemination of Primary Care Practice Reports, and it moved forward in its effort to reach every practice and practice group in the state. (Objective 5) The reports, which offer practices insight into how they compare on various cost and quality metrics to state benchmarks, are being continually updated with new analyses to better aid quality improvement and cost containment efforts. While this work continues to move along steadily, a delay in access to 2013 Maine Health Data Organization (MHDO) data has held back the Coalition's ability to implement updates to the practice reports.

MaineCare's work to strengthen primary care took a significant step forward this quarter with the submission of their contract to provide training to practices serving youth and adults with Autism Spectrum Disorder (ASD) and other intellectual disabilities. (Objective 4) A contract with an identified contractor experienced with this population is being reviewed for approval, and work is expected to begin shortly thereafter.

Going into the next quarter, the MHMC will continue to encourage adoption of claims portals at practices; they will update and distribute a new round of Primary Care Practice Reports; and MaineCare will begin to conduct trainings for providers serving youth and adults with ASD and other intellectual disabilities.

Pillar 1 - Objective Statuses

OBJECTIVES	*Q3*	*Q4 (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.

Much has been accomplished in Maine Quality Counts' efforts to provide quality improvement support to the Behavioral Health Homes Learning Collaborative this quarter. (Objective 3) As of April 1, 26 Behavioral Health Home Organizations (BHHOs) have been established, and a strong support network has been developed to aid them in their work. Participating organizations are making use of the consultant Behavioral Health Organizations and consultant psychiatrist, and they have been keeping up to date on current program information and best practices with a series of webinars and newsletters.

Several notable successes have been made by HealthInfoNet (HIN) in their efforts to provide Health Information Technology (HIT) reimbursement and Health Information Exchange (HIE) access to Behavioral Health Organizations (BHOs) as well. (Objectives 2,3) To date, 20 BHOs representing approximately 90,000 patients have signed up to take part in the HIE, and $700k has been distributed in reimbursements for the first milestone. HIN has also held technical assessment calls with each organization and Electronic Health Record (EHR) vendor participating in the reimbursement initiative to discuss capabilities and to set expectations for data sharing, and all participating organizations have signed Scope of Work contracts with HIN to commit to the initiative. In addition, seven BHOs have established active connections to the HIE as of June, and there is one bidirectional HIE in the testing environment. Lastly, HIN has held monthly webinars on the third Tuesday of each month to help educate BHOs on the initiative.

While work to support BHHOs continues to move along on schedule, several challenges did arise over the last quarter. For Maine Quality Counts, limited patient enrollment, duplication of services with Community Care Teams, and "initiative overload" each presented challenges. For MaineCare, work to implement the Behavioral Health Home (BHH) initiative was stalled pending approval of the State Plan Ammendment by CMS. Despite these challenges, work continues to move ahead and work going forward is not expected to be impacted.

Over the next quarter Maine Quality Counts will continue to offer support to BHHOs, HIN will continue along with the technical implementation of HIE access and HIT reimbursement, and MaineCare expects to continue implementation work for their BHH initiative.

Pillar 2 - Objective Statuses

OBJECTIVES	*Q3*	*Q4 (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.

Over the last quarter the Maine CDC completed a number of preparatory activities in anticipation of the Community Health Worker Pilot Project launch. (Objective 2) Supporting materials for pilot sites were developed and disseminated, and project proposals were submitted and reviewed by Maine CDC and MaineCare staff. With the proposal review completed, contracts are expected to be signed in July, and hiring and training of CHWs will begin shortly thereafter.

MaineCare hit similar milestones with respect to their efforts to integrate Mental Health Rehabilitation Technician/Community (MHRT/C) certified providers into primary care practices. (Objective 3) A contract for services is in the process of review and approval, and work is expected to begin early in the next quarter.

Maine Quality Counts' Health Homes (HH) Learning Collaborative continues to progress with success. (Objective 1) All milestones, workplans and accountability targets have been met, and several key accomplishments have been achieved. Among these accomplishments are the addition of 22 primary care practices to the collaborative; the convening of a face-to-face Learning Session with all the PCMH and HH practices (now totaling about 177 primary care practices); the collection of deliverables and reporting requirements from participating practices; and the meeting or surpassing of all quarterly accountability targets.

One risk remains for the HH Learning Collaborative, which is the need to clarify the reporting requirements for the HH quality measures. QC is actively working with MaineCare to clarify and establish the requirements, but they are at risk in supporting the additional 22 HH primary care practices that were recently added. Despite this risk, QC expects a resolution early in the next quarter and for the work to continue on track.

Pillar 3 - Objective Statuses

OBJECTIVES	*Q3*	*Q4 (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.

The Maine Health Management Coalition made significant progress on its work to stimulate Value-Based Insurance Design (VBID) this quarter with the convening of the first VBID Workgroup meeting on June 25th. (Objective 2) There was broad representation from stakeholders at the meeting, and participants were presented with a straw-man VBID chart, health plan rating template, and overall VBID strategy. After a presentation of the materials and a discussion of the group's charge, three subgroups were formed to focus on the areas of clinical care, wellness and administrative simplification.

In addition to the first VBID Workgroup meeting, the Coalition also received approval from the State Employee Health Commission, Maine's largest employer, to begin training their Joint Labor Management Commission on merit-based insurance in anticipation of adoption of the VBID model being developed by the VBID Workgroup.

MaineCare is engaged in the contracting process for its work to implement MaineCare Accountable Communities, and saw significant gains this quarter in all areas of the Accountable Communities work plan. (Objective 1) By the end of the next quarter MaineCare expects that the 5 lead entities involved in the work will have signed contracts with the Department, and that they will be actively managing their attributed populations and receiving information on attributed members.

The Maine Centers for Disease Control (CDC) also made notable progress this quarter in their efforts to implement the National Diabetes Prevention Program (NDPP). (Objective 1) Representatives from the CDC presented their plans to multiple stakeholders and received feedback on plan design, payment structures, and possible barriers to NDPP implementation. In addition, the CDC held two trainings for 12 new NDPP Lifestyle Coaches, and they are now being deployed at provider sites around the state.

Looking to the next quarter, the MHMC will convene additional VBID workgroup and subgroup meetings, and expects to begin publicly reporting insurance plan ratings on mehmc.org; MaineCare expects to be actively managing attributed populations for 5 lead Accountable Community entities; and the CDC will continue work to strengthen and develop the NDPP, with a particular focus on sustainability.

Pillar 4 - Objective Statuses

OBJECTIVES	*Q3*	*Q4 (projected)*
MHMC Objective 2		
MHMC Objective 3		
MHMC Objective 5		
MaineCare Objective 1		
MQC Objective 1		

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 public reporting work steadily progressed over the last quarter with Pathways to Excellence (PTE) Physicians meetings, PTE Systems meetings, and PTE Behavioral Health meetings taking place in April and June. (Objective 1, 3) At both the Physicians and Systems meetings the groups voted in favor of publicly reporting Total Cost of Care (TCOC) and Resource Use Index (RUI) ratings on the public reporting website getbettermaine.org. The groups differed in regards to a timeline for reporting, but the agreement to publicly report signifies a major achievement for the Coalition's cost transparency efforts. The PTE Systems Steering Committee voted to publicly report TCOC and RUI in October, and the PTE Physicians Steering Committee voted to publicly report the measures in January 2015.

At the PTE Behavioral Health (BH) meeting, the PTE-BH Steering Committee made significant progress towards identifying measurement criteria. The group defined and agreed upon domains for possible behavioral health measures including diagnosis specific measures such as depression, patient experience, relationship (with provider), degree of integration and over-all functioning or well-being.

The Coalition's Healthcare Cost Workgroup also held meetings over the last quarter, and made some notable progress. At its April meeting, the group identified price, infrastructure and consumer engagement as their initial areas of focus, and at the May meeting participants began reviewing and discussing various price options for reducing healthcare costs, including transparency, reference pricing, bundled payments and narrow networks. At the June meeting, the workgroup continued its review of price options, including risk-based contracts with growth caps and regulated pricing. Having reviewed six different price strategies, participants voted to focus their attention on transparency and risk-based contracts with growth caps. The group also began a discussion of infrastructure, identifying potential areas where excess capacity might exist, as well as possible data needs.

Other notable data and transparency achievements for the Coalition include the completion of the Qualified Entity Certification Program (QECP) security review and DUA with CMS; the identification of a keynote speaker and facilitator for the CEO Summit; data collection for the Healthcare Cost Factbook; and the onboarding of two new

data team members.

HealthInfoNet (HIN) continues to make project on the Health Information Exchange (HIE) Notification Project. (Objective 1) HIN continues to send secure personal health information (PHI) email notifications for 1,800 MaineCare members to the care management team. As of the end of June, approximately 1,000 emails were produced containing unique events of care and a daily summary of all events of care in a 24 hour period. Development work to produce emails containing clinical documents from events of care will begin during the 4th quarter.

HIN also made progress in their efforts to create a clinical dashboard from the health information exchange to MaineCare, and in their efforts to integrate prescription data into the HIE. (Objective 4) As of June, the initial "Use Case" research process with DHHS was completed, and claims data files continued to be transferred to HIN for technical implementation. HIN staff also made progress building the data environment and back end integration for prescription data integration into the HIE.

Going into quarter 4, HIN will continue to test the HIE Notification system with MaineCare and provider care managers, and they expect the initial use case of the clinical dashboard to be finalized. The MHMC will continue to convene monthly Healthcare Cost Workgroup meetings with a focus on developing an operational plan for pursuing savings opportunities to be presented at the CEO Summit; begin recruitment for the CEO Summit; continue gathering data for the Healthcare Cost Factbook; and they will continue to convene PTE Steering Committee and Subgroup meetings to develop new measures for public reporting.

Pillar 5 - Objective Statuses

OBJECTIVES	*Q3*	*Q4 (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.

SIM work to engage people and communities progressed on track for all stakeholder organizations this quarter. Maine Quality Counts continued its work to implement its Patient

Provider Partnership (P3) initiative, and they contracted with 10 P3 sites that will focus on the areas of Choosing Wisely (4 sites), low back pain (3 sites) and Medication decisions in behavioral health (3 sites). (Objective 4) They also began planning, with the help of their P3 Physician Consultant and Shared-Decision Making Physician Consultant, a series of learning sessions and webinars to help support the sites. So far they have confirmed their keynote speaker and breakout session speakers for the first learning session, which will occur on July 17th. A second learning session is scheduled for September 18th, and a third and final learning session is scheduled for March 19th, 2015.

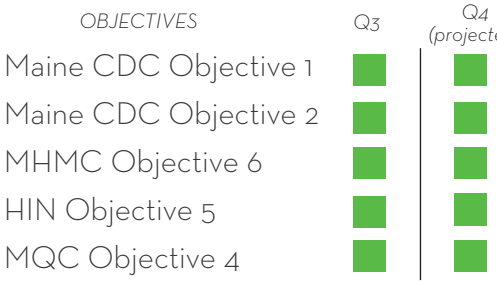
The Maine Health Management Coalition's work to engage people and communities also continued on track this quarter, and two notable advances in their work to convey cost and quality information to consumers were made. (Objective 6) The first was the development of visual tool to explain value-based insurance design (VBID) concepts to consumers. It was used with a range of individuals and groups over the course of Q2 and has proven to be effective tool at communicating frequently misunderstood VBID principles.

The second advance was the completion of the planning phase for consumer focus group testing. The testing, which is being facilitated by the American Institutes for Research, is scheduled to take place in July, and will help to refine consumer messaging around the notion of cost and value in healthcare. The results of this testing will inform work to develop the Coalition's communications strategies going forward.

HealthInfoNet (HIN) confirmed three primary care practice sites to pilot its 'Blue Button' patient portal, which will provide patients with Exchange. (Objective 5) HIN also worked with Eastern Maine Health System's web design vendor to define technical requirements for the portal in June. The pilot begins in October with three primary care sites, with full implementation in January 2015

Over the next quarter Maine Quality Counts will continue to support P3 sites with myriad learning opportunities; the MHMC will be conducting a training session for the State Employee Health Commission that utilizes the VBID training curriculum; and HIN's "Blue Button" pilot sites will begin the process of orientation and implementation.

Pillar 6 - Objective Statuses



See page 9 for objective descriptions

SIM STATUS AT A GLANCE

Strengthen Primary Care	Wei	Integrate Physical and Behavioral Health	Wei	Develop New Workforce Models	Wei	Develop New Payment Models	Wei	Centralize Data & Analysis	Wei	Engage People & Communities	Wei
MaineCare Objective 1:	5	**MaineCare Objective 2:**	5	**MHMC Objective 3:**	5	**MHMC Objective 3:**	5	**MHMC Objective 1:**	5	**Maine CDC Objective 1:**	3
Implement MaineCare Accountable Communities Shared Savings ACO Initiative		Implement MaineCare Behavioral Health Homes Initiative		Public Reporting for Quality Improvement and Payment Reform		Public Reporting for Quality Improvement and Payment Reform		Track Healthcare Costs to influence market forces and inform policy		NDPP: Implementation of the National Diabetes Prevention Program (NDPP)	
QC Objective 1:	4	**HIN Objective 2:**	4	**QC Objective 1:**	4	**MaineCare Objective 1:**	5	**MHMC Objective 3:**	5	**Maine CDC Objective 2:**	2
Provide learning collaborative for MaineCare Health Homes		HIN will select 20 qualified Behavioral Health organizations to provide $70,000 each towards their EHR investments including their ability to measure quality.		Provide learning collaborative for MaineCare Health Homes		Implement MaineCare Accountable Communities Shared Savings ACO Initiative		Public Reporting for Quality Improvement and Payment Reform		Community Health Workers Pilot Project	
HIN Objective 1	3	**HIN Objective 3:**	4	**QC Objective 3:**	4	**MHMC Objective 2:**	4	**HIN Objective 1**	3	**MHMC Objective 6:**	2
HIN's Health Information Exchange (HIE) data will support both MaineCare and provider Care Management of ED and Inpatient utilization by sending automated email's to Care Managers to notify them of a patient's visit along with associated medical record documents.		Connect Behavioral Health providers to HIN's Health Information Exchange		NA Provide QI Support for Behavioral Health Homes Learning Collaborative		Stimulate Value Based Insurance Design		HIN's Health Information Exchange (HIE) data will support both MaineCare and provider Care Management of ED and Inpatient utilization by sending automated email's to Care Managers to notify them of a patient's visit along with associated medical record documents.		Consumer engagement and education regarding payment and system delivery reform	
MHMC Objective 4:	3	**QC Objective 3:**	3	**MaineCare Objective 3:**	3	**MHMC Objective 5:**	3	**HIN Objective 4:**	2	**HIN Objective 5:**	1
Provide Primary Care Providers access to claims data for their patient panels (portals)		NA Provide QI Support for Behavioral Health Homes Learning Collaborative		Develop and implement Physical Health Integration workforce development component to Mental Health Rehabilitation Technician/Community (MHRT/C) Certification curriculum		Provide practice reports reflecting practice performance on outcomes measures		HIN will provide MaineCare with a web-based analytics tool referred to as a "Dashboard". The Dashboard will combine the current real-time clinical HIE data with MaineCare's claim's data. This is the first test of Maine's HIE to support a "payer" using clinical EHR data.		HIN will provide patients with access to their HIE medical record by connecting a Provider's "Patient Portal" to the HIE. The patient will access the HIE record via a "blue button" in their local patient portal environment.	
MHMC Objective 5:	3	**QC Objective 1:**	3	**Maine CDC Objective 2:**	2	**QC Objective 1:**	4			**QC Objective 4:**	1
Provide practice reports reflecting practice performance on outcomes measures		Provide learning collaborative for MaineCare Health Homes		Community Health Workers Pilot Project		Provide learning collaborative for MaineCare Health Homes				NA Provide QI Support for Patient-Provider Partnership Pilots (P3 Pilots)	
MaineCare Objective 4:	2	**QC Objective 4:**	1			**Maine CDC Objective 1:**	3				
NA Provide training to Primary Care Practices on serving youth and adults with Autism Spectrum Disorder and Intellectual Disabilities.		NA Provide QI Support for Patient-Provider Partnership Pilots (P3 Pilots)				NDPP: Implementation of the National Diabetes Prevention Program (NDPP)					
QC Objective 4:	1										
NA Provide QI Support for Patient-Provider Partnership Pilots (P3 Pilots)											

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)*