State SIM Webpages

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**ABOUT SIM**

**ABOUT SIM (also copy for Overview page)**

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).** Federal partners are confident in its potential and have funded Maine and five other states to each implement their state level healthcare innovation reform plan.

The Maine SIM intends to achieve the Triple Aim goals of improving the health of Maine’s population, improving the experience Maine patients have with their care, and reducing the total costs of care. 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 SIM grant in some cases accelerates and broadens the current innovations occurring throughout Maine, and in other cases introduces new capabilities to Maine’s healthcare reform efforts. SIM enables these innovative tests to more effectively determine what reform efforts are working, and, just as importantly, to determine what is not working as effectively as expected.

(Embed Overview Training Video)

**SIM PARTNERS**

The State of Maine has contracted with the following organizations to accomplish its SIM goals:

**Maine Health Management Coalition –** The Maine Health Management Coalition (MHMC) is a non-profit organization whose over 60 members include public and private employers, hospitals, health plans, and doctors working together to measure and report health care value. The MHMC helps employers and their employees use this information to make informed decisions.

Since 1993, the MHMC has played a leading role in health care quality measurement and public reporting, both in Maine and nationally, and has acted as a catalyst for quality improvement. Quality rankings for Maine hospitals and primary care physicians are available at [www.getbettermaine.org](http://www.getbettermaine.org).

The MHMC was selected by the State of Maine as the lead implementation partner for the State Innovation Model (SIM) award, and will be contributing to a number of payment reform, delivery system reform, data analytic, and consumer engagement aspects of the work.

For more information visit [www.mehmc.org](http://www.mehmc.org).

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**Maine Quality Counts -** Maine Quality Counts (QC) is an independent, nonprofit regional health improvement collaborative committed to improving health and health care for the people of Maine by leading, coordinating, and aligning improvement efforts.  QCs vision is:  Through the active engagement and alignment of people, communities and healthcare partners, every person in Maine will enjoy the best of health and have access to patient centered care that is uniformly high quality, equitable and efficient.

Under Maine’s SIM award, Maine Quality Counts (QC) will serve as a contractor to the state to provide quality improvement services to help strengthen primary care practices, and to support expansion of quality improvement support to the Patient Centered Medical Home (PCMH) and Health Homes efforts in Maine.

The state will specifically look to QC to support an expanded learning collaborative to provide quality improvement assistance to up to 70 additional primary care practices that have stepped forward to participate in the MaineCare Health Homes initiative.

For more information visit [www.mainequalitycounts.org](http://www.mainequalitycounts.org).

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**HealthInfoNet -** HealthInfoNet is an independent, nonprofit organization using information technology to improve patient care quality and safety. HealthInfoNet built and operates Maine’s statewide health information exchange (HIE), a secure electronic system where health care providers share important patient health information including allergies, prescriptions, medical conditions, and lab and test results. HealthInfoNet is also the Regional Extension Centers (REC) for the State of Maine, providing education and technical assistance to help health care providers select, implement, and achieve meaningful use of certified EHR technology. HealthInfoNet incorporated in 2006 and is governed by a board of directors and several committees run by Maine people serving on behalf of doctors, hospitals, public health, patients, and groups representing various consumer interests. The organization provides services across the State of Maine, and maintains administrative offices in Portland.

As one of the three partners in the States Innovation Model (SIM) grant, HealthInfoNet has four specific objectives:

* Providing automated email notifications to MaineCare and participating provider care managers when MaineCare patients are admitted to Emergency Departments and Inpatient Settings.
* Providing direct financial support to 20 behavioral health organizations to support adoption of health information technology, including the HIE, to help better integrate “general medical” and “behavioral” health data.
* Allowing patients to access a summary of the information contained in their HealthInfoNet record through their existing health care provider’s patient portal. This summary will be built using the federal continuity of care document (CCD) standard.
* Supporting MaineCare population health initiatives by providing a clinical dashboard of member health care utilization captured in the HIE. This will include working with MaineCare to include discrete MaineCare medication prescription data in the HIE.

For more information visit [www.hinfonet.org](http://www.hinfonet.org).

**WORK AREAS**

Maine’s State Innovation Model work is designed to move the entire healthcare system forward by addressing the following key areas for development:

**Payment Reform –** Reforming the way we pay for healthcare in Maine is essential to improving the quality of care and lowering cost. Under the current fee-for-service system, providers are financially rewarded for each test and procedure they perform, regardless of the outcomes. In many cases this leads to the overutilization of healthcare services and inconsistent patient outcomes.

Maine’s State Innovation Model work will seek to move the state’s healthcare payment system away from fee-for-service and replace it with payment mechanism that incentivize appropriate, safe, high-value care. [Payment systems based on patient outcomes](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/payment-reform.shtml) hold significant potential for improving both the cost and quality of healthcare in our state.

**Delivery System Reform –** For all the incredible advances in treatment that the US has seen in recent decades, the delivery systems in which we provide care have remained largely unchanged. In the majority of places, primary care providers, specialists and hospitals operate independently of one another, and there is very little coordination between them on patient care. This lack of coordination leads to repeated tests, poorer patient outcomes and experience, and increased costs to the system. To address this issue, the Maine State Innovation Model will be focusing resources on developing an interconnected healthcare delivery system based around [Patient Centered Medical Homes](http://www.mainequalitycounts.org/page/896-659/patient-centered-medical-home) (PCMHs) and [Accountable Care Organizations](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/delivery.shtml) (ACOs).

**Data Analytics and Reporting –** Data Analytics and Reporting is crucial to improving Maine’s healthcare system, and it serves as the backbone for all the quality improvement and payment reform efforts currently underway in Maine. Good data helps providers identify strategies that are successful or struggling, and it helps them to allocate resources to the right places in order to improve patient care and lower costs. Good data also helps consumers find and choose high quality health care providers, and creates competition in the marketplace that drives improvement for everyone.

Under the SIM award, three types of reports will be enhanced and made available to stakeholders engaged in quality improvement and cost containment efforts: [primary care reports](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/data.shtml), [system reports](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/data.shtml) and [public reports](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/data.shtml).

**Health Information Technology (HIT) –** [Health Information Technology](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/hit.shtml) is an important building block of a high functioning healthcare system, and developing a comprehensive, integrated HIT network will be an integral piece of the SIM work. Widespread use of HIT within the health care industry will improve the quality of healthcare, prevent medical errors, reduce healthcare costs, increase administrative efficiencies, decrease paperwork, and expand access to affordable health care.

**Consumer Engagement –** A large portion of the State Innovation Model work is devoted to reforming the way in which we deliver and pay for health care, but just as important is the work aimed at [engaging consumers](#https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/engagement.shtml). As the end-users of our healthcare system, it is crucial that patients are aware and supportive of the changes taking place. To facilitate this, the SIM work includes a number of initiatives aimed at communicating the changes that are happening and providing pathways for consumers to have their voice heard.

**GOVERNANCE/COMMITTEES**

The State of Maine believes that lasting, transformative change most effectively occurs through the development of a broad, highly credible, collaborative network that is passionate, engaged and empowered to influence reform action. The SIM Governance structure was designed toward that end, which is central to Maine’s SIM strategy success. It includes three multi-disciplinary subcommittees led by a [Maine Quality Counts](http://www.mainequalitycounts.org), a quality improvement organization, [HealthInfoNet](http://www.hinfonet.org), Maine’s health information exchange, the [Maine Health Management Coalition](http://www.mehmc.org), Maine’s regional health improvement coalition, and patients and providers in all sixteen counties. The SIM Steering Committee is comprised of state-level leaders in health, public health, health technology, healthcare payers, and service delivery. The three subcommittees focus their activities to develop the physical and behavioral health workforce, apply social and financial incentives, leverage existing resources and initiatives, and collect and use cost and quality outcome data to inform practice, policy and payment.

**Maine SIM Leadership Team –** The Maine SIM Leadership Team has responsibility for policies, changes to the work plan, major shifts in resource allocation, and decisions requiring senior authority to make project changes and decisions. Members of the Leadership Team have been appointed by Commissioner Mary Mayhew.

[**>Download Maine SIM Leadership Team roster**](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/documents/Leadership%20Team%20Roster.pdf)

**SIM Steering Committee –** The SIM Steering Committee includes representation from a broad range of stakeholders, ranging from the state’s Bureau of Insurance to a Medicaid member. The projects Steering Committee Chair will report on a bi-annual basis to the Governor and his Cabinet on the status of the SIM work and expectations for the next six months.

[**>Download SIM Steering Committee roster**](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/documents/SIM%20Steering%20Commitee%20Roster.pdf)

**Payment Reform Subcommittee –** The Payment Reform Subcommittee provides guidance and oversight to aspects of the SIM project that support the development and alignment of new payment models. This work includes ensuring the coordination of SIM activities that impact payment reform, developing consensus on core measures sets for ACO performance and public/provider reporting, and advising efforts to educate and engage the public around issues related to payment reform.

[**>Download Payment Reform Subcommittee roster**](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/committees/documents/Payment%20Reform%20Subcommittee.pdf)

**Delivery System Reform Subcommittee –** The Delivery System Reform Subcommittee advises on SIM activities related to the scope of delivery system improvements and helps to ensure the coordination and comprehensiveness of key system delivery reform projects. It also helps to ensure that the SIM governance structure is informed on best practices and approaches to accomplish the SIM mission and vision, and identify key dependencies from other SIM subcommittees.

[**>Download Delivery System Reform Subcommittee roster**](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/committees/documents/Delivery%20System%20Reform%20Subcommittee.pdf)

**Data and Analytics Infrastructure Subcommittee –** The Data Analytics Infrastructure Subcommittee advises on SIM projects and objectives related to improving data infrastructure systems and technology across the state. Specifically, the committee advises on technical capabilities related but not limited to data infrastructure investments, use of national data standards and clinical and administrative data availability and interoperability. They will also advise the SIM partners and steering committees on areas of alignment of SIM data and analytics infrastructure activities with other public and private projects underway across the state.

[**>Download Data and Analytics Infrastructure roster**](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/committees/documents/Data%20Infrastructure%20Subcommittee.pdf)

(Embed Governance Training Video)

**COMMUNICATIONS**

**Pre–Award Communications**

* February 5, 2013 Q&A with CMMI (pdf)
* February 12, 2013 Q&A with CMMI (pdf)
* Revised Budget Narrative (pdf)

**Grant Award Communications**

* Award Letter (pdf)
* Q&A (pdf)
* Maine Press Release (pdf)
* SIM Overview Presentation to the Appropriations and Financial Affairs Committee (pdf)

**KEY STRATEGIES**

**KEY STRATEGIES (also copy for SIM Goals page)**

The Maine State Innovation Model award has four primary objectives aimed at achieving the [Triple Aim](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/engagement.shtml):

1. Reduce the total cost of care per member per year in Maine to the national average;
2. Improve the health of Maine’s population in at least four categories of disease prevalence (including diabetes, mental health, obesity, and tobacco use);
3. Improve patient experience scores for targeted practices by 2% from the baseline 2012 survey;
4. Increase the number of practices reporting patient experience information from 50% to 66%.

To accomplish these goals the State of Maine has contracted with [organizations](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/partners.shtml) throughout the state that have a proven track record for successfully engaging in [payment reform](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/payment-reform.shtml), [delivery system reform](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/delivery.shtml), [data analytics and reporting](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/data.shtml), [health information technology](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/hit.shtml) (HIT), and [consumer engagement](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/engagement.shtml).

**PAYMENT REFORM**

The Maine State Innovation Model award is funding the following payment reform activities:

**Accountable Care Implementation –** Accountable Care Organizations (ACOs) are an emerging model for care delivery that focus on the use of [health information technology](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/hit.shtml) (HIT) to integrate primary care, specialty and hospital services. They also operate under alternative payment contracts where providers are paid on their level of quality.

As ACOs gain momentum, it is important to develop some uniformity in the way providers and payors measure quality within the system, so the State of Maine has contracted with the Maine Health Management Coalition to convene Accountable Care Implementation Workgroup [meetings](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/committees/payment.shtml). The meetings will seek to identify core ACO metrics to be used in public reporting, contracting, and performance measurement.

**Value-Based Insurance Design (VBID) –** [Value-Based Insurance Design](http://www.mehmc.org/employers/vbid/) is a concept that has been getting a lot of attention recently for its potential to both improve clinical quality and decrease cost. To explore VBID in more detail and assess its potential for increasing healthcare value in Maine, the Maine Health Management Coalition (MHMC) convenes the [VBID Workgroup](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/resources/minutes-agendas.shtml). Facilitated by the MHMC’s VBID Manager, the workgroup is charged with examining VBID examples around the country and identifying best practices in a value-based insurance design. They are also responsible for creating a means to rank insurance plans according to adopted VBID metrics, and encouraging Maine businesses to adopt the new benefit model.

**DELIVERY SYSTEM REFORM**

The Maine State Innovation Model award is funding the following delivery system reform activities:

**Accountable Care Implementation –** Accountable Care Organizations (ACOs) are an emerging model for care delivery that focus on the use of [health information technology](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/hit.shtml) to integrate primary care, specialty and hospital services. They also operate under alternative payment contracts where providers are paid on their level of quality.

As ACOs gain momentum, it is important to develop some uniformity in the way providers and payors measure quality within the system, so the State of Maine has contracted with the Maine Health Management Coalition to convene Accountable Care Implementation Workgroup [meetings](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/resources/minutes-agendas.shtml). The meetings will seek to identify core ACO metrics to be used in public reporting, contracting, and performance measurement.

**Behavioral Health Integration** –Behavioral Health Integration is a key piece of comprehensive primary care, and one that the SIM award will seek to strengthen through the work of the Maine Health Management Coalition’s Behavioral Health Workgroup. The workgroup is part of the Coalition’s larger [Pathways to Excellence (PTE) Physician Workgroup](http://www.mehmc.org/providers/pte/pte-overview/), a body of providers, employers and insurers charged with measuring and reporting quality data on Maine physicians and hospitals. Like the PTE Physician Workgroup, the Behavioral Health Workgroup will identify viable performance measures for behavioral health integration and will work together to decide how to report practices’ behavioral health scores on the MHMC’s public reporting website [www.getbettermaine.org](http://www.getbettermaine.org).

**Community Health Workers:** – Maine’s Community Health Worker (CHW) initiative will develop a system of CHWs as part of Maine’s transformed healthcare system. CHWs engage underserved populations by:

·       providing culturally appropriate health education and outreach;

·       linking individuals, communities, healthcare providers and social services;

·       assuring people can access the services they need.

[Research](http://cepac.icer-review.org/?p=1014) demonstrates that CHWs help improve health outcomes and reduce costs.  Five SIM-funded CHW pilots will: (1) demonstrate the value of integrating CHWs into the health care team; (2) provide models for state-wide replication; (3) build a core group of experienced CHWs who can provide leadership for ongoing development of the system.

**Diabetes Prevention:** – The [National Diabetes Prevention Program (NDPP)](http://www.cdc.gov/diabetes/prevention/), an [evidence-based](http://www.nejm.org/doi/full/10.1056/NEJMoa012512) lifestyle change program focused on the prevention of Type 2 diabetes,  has been proven to help people at high risk for type 2 diabetes prevent or significantly delay the disease by making modest lifestyle changes. Maine CDC and SIM grant partners are working with payers to test how this program can improve health outcomes and reduce healthcare costs when applied to [Value Based Insurance Design](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/payment-reform.shtml) (VBID), [Patient Centered Medical Home](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/delivery.shtml) (PCMH), and [Accountable Care Organizations](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/payment-reform.shtml) (ACO).  If successful, this project will demonstrate the value of integrating NDPP into Maine’s transformed healthcare system.

**Health Homes Learning Collaborative** –Maine Quality Counts (QC) will be providing quality improvement support to 80 primary care practices participating in the MaineCare Health Homes (HH) initiative by providing direct outreach and support, as well as bringing these HH practices into the [PCMH Learning Collaborative](http://www.mainequalitycounts.org/page/896-659/patient-centered-medical-home). This support includes conducting a baseline onsite assessment of each HH practice to assess the degree to which they have implemented the [PCMH Core Expectations](http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.mainequalitycounts.org%2Fimage_upload%2FPCMH_2013%20PCMH%20Core%20Expectation%20Requirements_12.20.12.pdf&ei=iRunUsL7GrjNsQT1qIHoDg&usg=AFQjCNFV5r-_RWCYodG5kUp6cNadoBQ4IA&sig2=WMeSXQz5ZONmQgBAQyP-zQ&bvm=bv.57799294,d.cWc), as well as ongoing support provided by a QC Quality Improvement Specialist. The PCMH/HH Learning Collaborative also includes two to three day-long central Learning Sessions, as well as two regional meetings annually that bring practice teams together to learn from national and local experts and to share best practices on implementing the PCMH/HHs model of care.

**MaineCare Notification Project** – Currently, MaineCare Care Managers receive Emergency Department (ED) and inpatient discharge summary reports for their members from the treating hospital via fax as requested. HealthInfoNet (HIN) will automate this process between the hospitals and MaineCare, on the hospitals behalf, using the Health Information Exchange. HIN will provide MaineCare Care Managers real-time electronic “notifications” using secure email of these events of care. The new electronic process aims to create a more efficient workflow for both the hospital and MaineCare staff while supporting MaineCare member’s best possible care.

**DATA ANALYTICS AND REPORTING**

The Maine State Innovation Model award is funding the following data analytics and reporting activities:

**All-Payer Claims Database** –Data is the backbone of all the work being carried out under the SIM award. It provides invaluable insights into where money is being spent, what kind of quality outcomes are being achieved, and what sorts of interventions and policies should be developed to improve the system. One important area of data collection being carried out under SIM is the Maine Health Management Coalition’s all-payer claims database. The MHMC’s database aggregates information from MaineCare, Medicare, and all of Maine’s commercial payers into software that is able to generate meaningful information. That information is driving change around the state.

**MaineCare Clinical Dashboard** – HealthInfoNet (HIN) will provide a “Clinical Dashboard” to MaineCare using their member’s information available in the Health Information Exchange (HIE). The goal is to make the HIE clinical data available to MaineCare as a payer to support program and policy development related to population health efforts.

**Provider Portal** – One of the benefits of having an all-payer claims database in Maine is the ability to offer healthcare providers an in-depth look at the makeup of their patient populations. Under the Maine SIM award, the Maine Health Management Coalition has been contracted to build secure portals for providers to log in and examine claims data. This data will allow providers to allocate resources at their practice appropriately, and to target struggling patients that may need additional support.

**Practice Reports** – Practice reports, like the provider portal, offer healthcare providers valuable insight into how well their practice is performing on key cost and quality metrics. The reports give providers insight into which areas they are performing well in, and which areas are in need of improvement.

**HEALTH INFORMATION TECHNOLOGY (HIT)**

The Maine State Innovation Model award is funding the following health information technology activities:

**MaineCare Notification Project** – Currently, MaineCare Care Managers receive Emergency Department (ED) and inpatient discharge summary reports for their members from the treating hospital via fax as requested. HealthInfoNet (HIN) will automate this process between the hospitals and MaineCare, on the hospitals behalf, using the Health Information Exchange. HIN will provide MaineCare Care Managers real-time electronic “notifications” using secure email of these events of care. The new electronic process aims to create a more efficient workflow for both the hospital and MaineCare staff while supporting MaineCare member’s best possible care.

**Behavioral Health HIT Reimbursement Grant** – HealthInfoNet (HIN) will use SIM funding to support behavioral health organizations with reimbursements towards improving Electronic Health Records technology and participation in health information exchange (HIE). HIN will also support behavioral health organizations in their measurement of quality of care using their interoperable data. The goal is to add up to 20 new behavioral health organizations to HIN’s HIE by 2016.

**Patient Portal Pilot** – HealthInfoNet will partner with one Health Information Exchange (HIE) health care organization to provide their patients with access to their statewide Health Information Exchange (HIE) record. The pilot site must be able to connect their current “Patient Portal” to the HIE to allow patients to download a medical record summary document from the HIE known as the [“Continuity of Care Document”](http://www.hrsa.gov/healthit/toolbox/HealthITAdoptiontoolbox/PersonalHealthRecords/aboutccd.html) (CCD).

**CONSUMER ENGAGEMENT**

The Maine State Innovation Model award is funding the following payment reform activities:

**Patient Portal Pilot** – HealthInfoNet will partner with one Health Information Exchange (HIE) health care organization to provide their patients with access to their statewide Health Information Exchange (HIE) record. The pilot site must be able to connect their current “Patient Portal” to the HIE to allow patients to download a medical record summary document from the HIE known as the [“Continuity of Care Document”](http://www.hrsa.gov/healthit/toolbox/HealthITAdoptiontoolbox/PersonalHealthRecords/aboutccd.html) (CCD).

**Public Reporting** – Making quality and cost information transparent to consumers is a tried and true method for improving markets, and the State believes that it will be as successful in healthcare as it has been for other industries. Under the SIM award the State has contracted with the Maine Health Management Coalition to substantially increase the number of metrics reported on their consumer website, [www.getbettermaine.org](http://www.getbettermaine.org). New measures, which are being developed by the [Pathways to Excellence Steering Committees](http://www.mehmc.org/providers/pte/steering-committees/), will include Patient Experience Scores, Behavioral Health Integration, Advanced Primary Care, and Total Cost of Care.

**VBID Outreach** – As more and more organizations begin to switch their benefit design from traditional open network plans to more narrow [value-based insurance design](https://www1.maine.gov/dhhs-sandbox/dhhs/sim/strategies/payment-reform.shtml) plans, it is imperative that employees are supportive of the change. To help educate them and explain the benefits of a VBID plan, the Maine Health Management Coalition will produce a video on how VBID works and why it benefits them.

In addition to the VBID video, the MHMC will also provide free training on the tenets and value of VBID to advocates, Area Agency on Aging advisors, navigators, free care providers, brokers, human resource specialists, and Maine payer staff.

**SUBCOMMITTEES**

**PAYMENT REFORM SUBCOMMITTEE**

**Payment Reform Subcommittee Charge:** The SIM Subcommittee on Payment Reform will provide guidance and oversight to those aspects of Maine’s State Innovation Model project that support the development and alignment of new payment models. The subcommittee will also assist in ensuring the coordination of the range of SIM-sponsored efforts that impact payment reform. Specifically, the Payment Reform Subcommittee will help guide the SIM work related to value-based insurance design; work around the identification and reporting of total cost of care, including behavioral health care; an Accountable Care Organization learning collaborative facilitated by the Maine Health Management Coalition; and the development and implementation of alternative, innovative payment models. The subcommittee will develop consensus on core measures sets for ACO performance and will assist in guiding the claims based analytics and performance measures used for public and provider reporting, including payment reform. This subcommittee will also be concerned with efforts to educate and engage the public around issues related to payment reform.

**Lead Organization:** Maine Health Management Coalition

**Interested Parties Contact List for Payment Reform:** Frank Johnson, MHMC, Chair

**Meeting Dates:**

* January 21, 2014 3 – 5 pm ACI Subcommittee, Parlor Room, Governor Hill Mansion, Augusta
* March 18, 2014 3 – 5 pm ACI Subcommittee, Parlor Room, Governor Hill Mansion, Augusta
* May 20, 2014 3 – 5 pm ACI Subcommittee, Parlor Room, Governor Hill Mansion, Augusta
* July 15, 2014 3 – 5 pm ACI Subcommittee, Parlor Room, Governor Hill Mansion, Augusta
* September 16, 2014 3 – 5 pm ACI Subcommittee, Parlor Room, Governor Hill Mansion, Augusta
* November 18, 2014 3 – 5 pm ACI Subcommittee, Parlor Room, Governor Hill Mansion, Augusta

**Meeting Agendas**

(no meeting agendas to post yet)

**Meeting Minutes**

October 31, 2013 Meeting Minutes

**Other:**

Subcommittee Roster

**DELIVERY SYSTEM REFORM SUBCOMMITTEE**

**Delivery System Reform Subcommittee Charge:** The Maine SIM Delivery System Reform Subcommittee advises on SIM activities related to the scope of delivery system improvements, ensuring that the SIM governance structure is informed on best practices and approaches to accomplish the SIM mission and vision, and identify key dependencies from the SIM Subcommittees for Payment Reform and Data and Analytics Infrastructure. The SIM Delivery System Reform Subcommittee will ensure the coordination and comprehensiveness of key system delivery reform deliverables including, but not limited to, the Learning Collaboratives for Primary Care and Behavioral Health, initiatives for Workforce Development, and supportive services provided through public health and community entities, in order to accomplish the strategic objective to *“support accountable and integrated patient-centered primary care in order to realize improved quality of care and service while positively impacting health outcomes, population health and cost.”*

**Lead Organization:** Maine Quality Counts

**Interested Parties Contact List for Delivery System Reform:** Lisa Tuttle, Maine Quality Counts, Chair

**Meeting Dates:**

* December 4, 2013 | 10:00 AM – 12:00 PM
Location: The Cohen Community Center, Maxwell Room, 22 Town Farm Road, Halloweell, Maine
* January 8, 2014 | 10:00 AM – 12:00 PM
Location: The Cohen Community Center, Maxwell Room, 22 Town Farm Road, Hallowell, Maine
* February 5, 2014 | 10:00 AM – 12:00 PM
Location: The Cohen Community Center, Maxwell Room, 22 Town Farm Road, Hallowell, Maine
* March 5, 2014 | 10:00 AM – 12:00 PM
Location: The Cohen Community Center, Maxwell Room, 22 Town Farm Road, Hallowell, Maine
* April 2, 2014 | 10:00 AM – 12:00 PM
Location: The Cohen Community Center, Maxwell Room, 22 Town Farm Road, Hallowell, Maine
* May 7, 2014 | 10:00 AM – 12:00 PM
Location: The Cohen Community Center, Maxwell Room, 22 Town Farm Road, Hallowell, Maine

**Meeting Agendas**

(no meeting agendas to post yet)

**Meeting Minutes**

October 31, 2013 Meeting Minutes

November 6, 2013 Meeting Minutes

**Other:**

Subcommittee Roster

**DATA INFRASTRUCTURE SUBCOMMITTEE**

**Data Infrastructure Subcommittee Charge:** The SIM Data Infrastructure Subcommittee will advise key projects and objectives within the scope of SIM towards improving data infrastructure systems and technology across the state of Maine. Specifically, advising on technical capabilities related but not limited to data infrastructure investments, use of national data standards and clinical and administrative data availability and interoperability. The subcommittee will advise the SIM partners and the Steering Committee on areas of alignment of SIM data and analytics infrastructure activities with other public and private projects underway across the state.

**Lead Organization:** HealthInfoNet

**Interested Parties Contact List for Data Infrastructure:** Katie Sendze, HealthInfoNet, Chair

**Meeting Dates:**

January 8, 2014 | 2:00 PM – 4:00 PM

Locations: 797 Wilson St., Brewer – Conference Room 3

MaineGeneral Health, Alfond Center for Health, Classroom 3

February 5, 2014 | 2:00 PM – 4:00 PM

Locations: 797 Wilson St., Brewer – Conference Room 3

MaineGeneral Health, Alfond Center for Health, Classroom 3

**Meeting Agendas:**

October 31, 2013 Meeting Agenda

**Meeting Minutes:**

October 31, 2013 Meeting Minutes

November 14, 2013 Meeting Minutes

**Other:**

Subcommittee Roster

November Data Infrastructure Meeting PowerPoint

HealthInfoNet PHY Interest Survey (draft)

HealthInfoNet Seeking Provider Partner for PHR

Strategic Plan Draft

Subcommittee Commencement

Subcommittee Membership and Participation Rules

Subcommittees – High Level Scope Grid

Subcommittees – General Information and Program Requirements

**EVALUATION SUBCOMMITTEE**

TBD

**RESOURCES**

**SIM APPLICATION**

**SIM Application**

* [Contents Page](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/1%20-%20CONTENTS%20page.doc) (word)
* [Abstract](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/2%20-%20ABSTRACT%20_Sept%2023_.pdf) (pdf\*)
* [Signed Letter from Governor LePage](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/3%20-%20SIGNED%20LETT%20-%20GOVERNOR%20LEPAGE.pdf) (pdf\*)
* [Proposal Narrative](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/4-%20PROPOSAL%20NARRATIVE%20_Sept%2024_.pdf) (pdf\*)
* [Plan for Reporting](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/5%20-%20PLAN%20FOR%20PERFORMANCE%20REPORTING%20_sept%2024_.pdf) (pdf\*)
* [Maine Innovative Model Work Plan](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/6%20-%20MaineInnovationModelWorkPlan%20Sept%2024.pdf) (pdf\*)
* [A- Budget Narrative](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/A%20-%20Budget%20Narrative%20Sept%2024.pdf) (pdf\*)
* [B- Letters of Support](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/B%20_LETTERSFILE_FINAL.pdf) (pdf\*)
* [C- Maine Health Innovation Plan](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/C%20%20Maine%20Health%20INNOVATION%20PLAN%20_Sept%2024_.pdf) (pdf\*)
* [D- Template: SIM Assumptions](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/D%20%20TEMPLATE%20-%20SIM_Assumptions_v2.doc) (word)
* [E- Template SIM Allow](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/Copy%20of%20E%20%20ATEMPLATE_SIM_fin_Allow.xls) (excel\*)
* [F- Template SIM Paid](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/Copy%20of%20F%20TEMPLATE_SIM_fin_V12_Paid.xls) (excel\*)

**COMMUNICATION MATERIALS**

**Pre–Award Communications**

* February 5, 2013 Q&A with CMMI (pdf)
* February 12, 2013 Q&A with CMMI (pdf)
* Revised Budget Narrative (pdf)

**Grant Award Communications**

* Award Letter (pdf)
* Q&A (pdf)
* Maine Press Release (pdf)
* SIM Overview Presentation to the Appropriations and Financial Affairs Committee (pdf)

**PLAN DOCUMENTS**

**Operational Plan**

* [SIM Operational Plan, October 30, 2013](http://www.maine.gov/dhhs/oms/sim/operational-plans/Maine-SIM-OPS-PLAN-v19.pdf)

**Appendices**

* + [Appendices A, B, C](http://www.maine.gov/dhhs/oms/sim/operational-plans/MaineSIMOperationsPlanAppendicesA-B-C.pdf)
	+ [Appendices D, E - G 1 - 11](http://www.maine.gov/dhhs/oms/sim/operational-plans/MaineSIMOperationsPlanAppendicesD-E-G1-11.pdf)
	+ [Appendices H, I, J, K, L](http://www.maine.gov/dhhs/oms/sim/operational-plans/MaineSIMOperationsPlanAppendices%20H-I-J-K-L.pdf)
	+ [Appendices M, N, O, P](http://www.maine.gov/dhhs/oms/sim/operational-plans/MaineSIMOperationsPlanAppendicesM-N-O-P.pdf)
	+ [Appendices Q, R, S, T](http://www.maine.gov/dhhs/oms/sim/operational-plans/MaineSIMOperationsPlanAppendicesQ-R-S-T.pdf)
	+ [G12 SPA ME 12 004](http://www.maine.gov/dhhs/oms/sim/operational-plans/MaineSIM-OPsPlanAppG12ApprovedSPA-ME-12-004.pdf)
	+ [G13 SPA ME 12 004](http://www.maine.gov/dhhs/oms/sim/operational-plans/MaineSIM-OPSPlanAPPG13ApprovedSPA-ME-12-004.pdf)

**SIM Project Plan**

* [Executive Level SIM Program Plan](http://www.maine.gov/dhhs/oms/sim/documents/SIM-executive-level-program-plan.pdf)
* [Executive Level SIM Quarter 1 Program Plan and Status](http://www.maine.gov/dhhs/oms/sim/documents/executive-level-SIM-quarter-1-plan.pdf)
* [SIM Program Plan](http://www.maine.gov/dhhs/oms/sim/documents/SIM-program-plan.pdf)

**WORKGROUP MEETING MATERIALS**

**Behavioral Health Workgroup**

Coming in 2014

**Accountable Care Implementation Workgroup**

**> View Meeting Dates and Times** (link to MHMC Calendar)

**> View Workgroup Members** (link to workgroup members page)

**Healthcare Cost Workgroup**

Coming in 2014

**ARCHIVED SIM DOCUMENTS**

**Strategic Planning Meetings**

* [March 15, 2013 Meeting Agenda](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/SIM%20Grant/3152013_SIM_Agenda.doc) (word)

**Regional Forums June 2013**

* [Public Forums Announcement](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/SIM%20Grant/Public_Forums_Announcement.doc)– *State Innovation Models (SIM) Grant* (word)

[Forum Presentation](http://www.maine.gov/dhhs/oms/pdfs_doc/vbp/SIM%20Grant/SIM_Forums_June2013.pdf) (pdf\*)

**HELPFUL LINKS**

* + CMS SIM site – <http://www.innovation.cms.gov/initiatives/state-innovations/>
	+ HealthInfoNet – [www.hinfonet.org](http://www.hinfonet.org)
	+ Maine Health Management Coalition – [www.mehmc.org](http://www.mehmc.org)
	+ Maine Quality Counts – [www.mainequalitycounts.org](http://www.mainequalitycounts.org)
	+ The Commonwealth Fund SIM Issue Brief – [http://www.commonwealthfund.org/](http://www.commonwealthfund.org/Publications/Issue-Briefs/2013/Sep/State-Innovation-Models.aspx)
	+ Center for Value-Based Insurance Design – [www.sph.umich.edu/vbidcenter/](http://www.sph.umich.edu/vbidcenter/)
	+ GetBetterMaine – [www.getbettermaine.org](http://www.getbettermaine.org)

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