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|  | **SIM Steering Committee**  **Wednesday, August 14, 2013**  **10:00 a.m. – 12:00 p.m.**  **State House, Room 228**  **Augusta** |

**Attendance:**

Noah Nesin, MD

Kristine Ossenfort, Anthem

Penny Townsend, Wellness Manager, Cianbro, via phone

Deb Wigand, DHHS – Maine CDC

Jay Yoe, PhD, DHHS – Continuous Quality Improvement

Shaun Alfreds, COO, HIN

Randy Chenard, SIM Program Director

Jack Comart, Maine Equal Justice Partners

Michael DeLorenzo, Interim CEO, MHMC

Dr. Kevin Flanigan, Medical Director, DHHS

Dale Hamilton, Executive Director, Community Health and Counseling Services

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

Frances Jensen, MD, CMMI, Project Officer, via phone

Lisa Tuttle for Lisa Letourneau, MD, Maine Quality Counts, via phone

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

Lynn Duby, CEO, Crisis and Counseling Centers

Rhonda Selvin, APRN

**Absence:**

Rebecca Ryder, Franklin Memorial Health

Eric Cioppa, Superintendent, Bureau of Insurance

Stefanie Nadeau, Director, OMS/DHHS

**All meeting documents available at:** [**http://www.maine.gov/dhhs/oms/sim/steering/index.shtml**](http://www.maine.gov/dhhs/oms/sim/steering/index.shtml)

| **Agenda** | **Discussion/Decisions** | **Next Steps** |
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| **Review of 7/29/2013 Minutes** | Kris O. - Page 2, review/discussion/consensus/health care kept to national average – thought that issue was not decided. Hitting the 50% seemed a hittable goal – consensus of committee was agreed, not a goal, just a measure. Goal was to reduce per capita cost. Strike Kris O as an attendee, she was unable to call in. | Adopted by consensus |
| **SIM Timeline and Activities** | Re-review of SIM timeline page 2 graphic. Operational plan has been submitted to CMMI, we are waiting for the 10/1 deadline for CMMI approval. Several more activities – Adjustments to the plan will be made based on feedback from the Committee or from CMMI.  The next several weeks will be focused on standing up and developing the payment reform, service delivery reform and data and analytic infrastructure sub committees. Hoping by 9/11 (two meetings from now) we will have work group committee membership established and will bring to Committee for review and approval. | No questions or comments |
| **CMMI Meeting Debrief**  **CMMI Meeting Debrief cont.** | 8/2, team visited with CMMI in Baltimore and presented to CMMI/CMS (ONC, CDC, others) the SIM Grant progress so far and operational plan. Governance structure, partner contracts, initiating core state team, and discussed how grant will affect the foundation of transformation.  Shaun: Presentation Went well, open, high level overview 1st 90 min, few questions; correct level of detail was delivered. Rest of day other fed agencies presented on projects we may want to align with. Discussed how SIM relates to ACO Activities. Alignment with Medicaid and Medicare, and other health reform efforts.  Mike: Good opportunity to get acquainted with grantors. Sense that CMS was hoping Maine will overlay some of the demonstrated projects over the SIM grant. We will get more feedback from CMS as they only received the plan the day before we met. CMS trying to figure out how they will be partners with Maine on the Grant.  Deb: CMS looking to Maine to be a leader.  Katie: Did they talk about which projects they want us to overlay on SIM?  Dr. Flanigan: They presented 7-8 projects/initiatives/grants that are going on nationally. They’d like SIM to be an advertisement for them; Partnership with Patients; Million Hearts; MCDC talked about survey capacity and BRS; Meaningful use; CMMI2 Grants (submission due this week) – Maine is applying for several.  Michele: Workforce development was mentioned through HRSA; SAMHSA Center for Integrated Health Solutions initiative.  Jay: Evaluations? Dr. Flanigan – not really discussed.  Randy: No official feedback on the Operational Plan  Noah: Not reassured by CMS – should we develop a strategy to engage them? Dr. Flanigan: Invited CMS to the project, Fran Jensen has been invited. We will need more than representation on the steering committee; we will need them to go to bat. We need to keep the pressure on them to get us what we need in order to deliver on the grant expectation.  Randy: Sub Committees – we will talk about proposed membership and that will include CMS representation. | Other questions, comments and thoughts can be directed to Dr. Flanigan, Randy Chenard, Deb Wigand, Michelle Probert, Shaun Alfreds, Lisa Letourneau, Michael DeLorenzo and/or the Commissioner. |
| **Operational Plan**  **Operational Plan cont.**  **Operational Plan cont.**  **Operational Plan cont.** | Everyone should have had copies of this for the past several weeks. There would not be time to take in comments and revisions before 8/1 as a consensus doc form the committee. We expect there will be revisions from CMMI and if this group has modifications, we will incorporate and discuss. Can we have consensus adoption of the operational plan and can we have steering committee control over the plan?  Open for discussion:  Jay – did CMS discuss their timelines for review? Randy: no official timeline; lead reviewer is Dr. Jensen, she is on vacation. Should have feedback beginning next week. 10/1 is supposed to be the start date.  Has everyone had a chance to review the operational plan? Randy – review of op plan. How we are going to govern, drive and provide reports within the plan. Katie: What should we be paying attention to? Throughout the plan, a number of working groups are referred; who is on them and what are they responsible for? Within the coalition section there are a number of them mentioned.  Dr. Flanigan: Known gaps include subcommittee population and start-work. And the other gap is long term care; was never well delineated in application. Must fit into award. Other thoughts about gaps?  Michelle: Operational plan was a CMMI template and states were asked to respond to specific questions. Our intro was the description of our model. Sub committees – we will need to establish how work groups roll their work up to sub committees. Next important step = getting RFPs out for the remaining components of the SIM model and make sure they have their slots to fill in the subcommittee.  Mike: Plan somewhat high level, partners filling out details. Spending time with DHHS to attack some of the work. Plan is an initial attempt to respond to CMS requirements.  Jack: Payment Reform Workgroup – are the players working toward a particular model that will be worked with by payors; if MaineCare is moving ahead with care communities before the subcommittee vets that, what’s the process? Will there be consensus by all the payors? Jay – that’s a huge piece of the project, and we have a lot in place operating, but we need to link them together – it’s a worry.  Michael: The first two pages of the grant state the major objectives are to bring this together. ACI and payment reform goal is to bring participants together.  Michelle: we were careful not to say shared savings is the answer – we initially want to achieve alignment on core measures across payors and want them to agree payment should be tied to core measures and want to see progress over time on payment reform models. Many opportunities for alignment.  Jack: is MaineCare committed? Michelle: core communities are not a capitated system. Shared savings ACO initiative would have been moved forward anyway. Governance and working groups will be utilized to reach alignment.  Katie: we support the opportunity to provide resources to the state to align MaineCare with work in Medicare and commercial payor system and develop bringing in MaineCare to the 21st century. Hope that will be a primary focus.  Dr. Flanigan: try to be clear when speaking that delivery system is already out there – there are changes to the way payment can be made, but payment and delivery systems not always aligned. SIM will allow us to align payment with a new way of delivering. Old model = you get sick, get care, move on. New model – long continuum of care includes wellness. Funding is aligned with the old way. Maine has begun to change the system and reform payment systems. SIM allows Maine to develop and implement tools like health homes, accountable communities, medical homes, and help them reach maximum efficiency. Physical and behavioral health care need to be integrated – ISM will help. SIM is not meant to make ACOs identical, but will help us to leverage one ACOs success to benefit others.  Lynn – a sense of chaos and distraction has been introduced to providers that could undermine our goals. Link transportation to delivery. Dr. Flanigan – SIM - here is where we are, here’s where we want to go, how we get you there.  Rhonda: What is the steering committee supposed to do? Dr. Flanigan: our role is (lots of work had to be done prior to our first two meetings) new. A core team has driven a lot of work and there is an alignment with the four partners (including MeCDC) in putting together the Operational Plan and driver diagrams. This Committee will have oversight over the grant itself, what it accomplishes and how, from the governance structure. Much of that work needs to shift out; sub committees will give us reports to react to and perhaps direct the sub committees. The Steering Committee needs to be sure the work is consistent with the established plan in the timeline and within budget. The Maine Leadership Team’s responsibility is: when there is a change in scope of work – for instance, if health homes don’t work and we have to do something different, Maine Leadership would have to approve that change in direction; and/or they would approve a change in budget. Dr. Flanigan – my charge is to take issues to the Maine Leadership Team. I would work through 2-3 meetings before bringing issue to the Leadership Team.  Dale – is our role to, as initiatives rollout, to identify questions regarding alignment? For pushup to bigger committee? Do we raise those issues here for determination for how SIM works? Dr. Flanigan- yes, exactly. We are not here representing our interests; we are here for information or avenues to the work and funnels of information back and forth. Then Fran can comment whether CMS can back our ideas. Dr. Flanigan if you’re aware of new initiatives, be ambassadors of SIM. Discuss new ideas with subcommittees. Michelle: Is what’s being asked is: where there are state initiatives but not specific SIM initiatives, is there a concern with them conflicting? Is it our committee’s job? Dr. Flanigan: we’re trying not to be in conflict and undermine our effort. It’s our intent. Lynn: It’s something we need to be mindful of. Some departments have politics that can have negative impacts on our concerns. |  |
| **Quarterly Report** | 4th quarter report distributed and reviewed. CMMI provided positive response to Quarterly Report format, do you like it? Lynn – timelines included could be more detailed. Jack – committee role – do we send questions to you? Randy – yes. Kristine – what are the goals and objectives? Randy – they were for this quarter. More detail will be in future ones, will align with work plans. Okay with referencing additional document for more info. Partners will do similar reports once sub committees are established. Dr. Flanigan – presentation to governor and cabinet on SIM and will use this report. |  |
| **Sub Committee Creations**  **Sub Committee Creations cont.**  **Sub Committee Creations cont.** | Dr. Flanigan – partners and Randy to lead this section. Where we are and progress expected. Randy:  Two docs, table and map. Sourcing process: Deadline yesterday to draft charges / mission for each subcommittee. Not done. Partners and state collaborating this week and will present to Steering Committee. Today we are providing overview to authorize us to move forward and source the subcommittees. There are government representatives appointed by Commissioner. Dr. Flanigan and the Chair will take lead sourcing the additional members. Aggressive deadline end of day Friday for the Commissioner to appoint them. Chair will determine who will participate and submit that by 8/19. Process then will be to invite the appointees from Commissioner and Chair. Letters out by 8/21. Provider payor and community are chair-controlled roles. Expectation for nominations and acceptance of subcommittee roles by 9/11. Kristine Why is committee weigh in AFTER invitation? Dr. Flanigan - We envision that we will receive a report of proposed membership to accept or not. We will look for absences. We have the power to say someone should not be on a subcommittee. Under the governance structure, that comes to us as a report and denial would mean turning down the whole report. Each subcommittee has two constituencies – core, including appointees; and the others are more fluid, to be filled by representatives who wish to be involved for certain activities. Katie: describe how chairs will identify people to fill slots. Dr. Flanigan: asking the chairs to comment; some of this is not planned out and partners have asked us to define how to do that. We have not yet, and Dr. Flanigan thinks the Steering Committee, not the state, should have that role. Asking the partners to speak to it. Interested parties are coming forward and their contact information is being collected.  Shaun: we’re working on determining roles. We will meet today to discuss charges.  Mike: we need to do work in committee; roles in Steering Committee and sub committees are being kept separate. Workgroups are not coalitions; much broader. Jack: how do people know sub committees are opportunities in the next three days? Katie: need to take the next week to identify the process to solicit people who are interested in serving. Dr. Flanigan: timeline is to create entity with certain core seats. It’s not the final decision; other seats will be filled and other work is to be done. We can change the timeline, but Randy can explain why we have to stick to the timeline; just because a subcommittee is created doesn’t mean the membership is forever. There is room for growth. Katie: core members will be viewed as having certain status; we need to identify a process for appointments. Maine Leaderships Steering Committee is by consensus. Sub Committees are sub committees of us, we direct them. Mike: If there are concerns, pass them on to Kevin. Penny: need an appendix with acronyms.  Dale: We need something to react to. Meeting should be review of initial start. Randy – like that idea. Representation should include and not be limited to” we will bring other people on as needed. Jack: says that each appointment is for grant duration; that term applies to the Commissioner’s appointments to those seats.  The group doesn’t seem to understand core members are not the only membership; we needed to say “other members who want to join us” in order to quell this long tangent of conversation.  Dr. Flanigan any objections to the structure? Katie: PCP? Physicians need to be represented but not just PCPs. Dr. Flanigan: agreed, other doctors or other specialists. If they need to be core, we list them as core. Katie: Specialists need to be included Mike – we agree with your intent. Service delivery and payment reform. Lisa – small groups need to do their work then flip it up – enormous amount of work needs to be done.  Sara: Long term care needs to be a core member of service delivery.  Does the Steering Committee accept that once the charge is defined for sub committees, we will define who needs to be core members? Kristine: this highlights the difficulty of looking at membership without the charge. Concerned we won’t see it again till 9/11 but charges will be finalized. Dr. Flanigan – we have another meeting and can review then. KEY AGENDA ITEM. Randy: process says on the 28th you’ll get a progress report – that will be an opportunity to review the charges. Shaun: we have work to do today – concerned about the concerns regarding membership. We could hold off on inviting core members till committee reviews membership? Then Committee could vote and have consensus. Jack: will you talk about the process then too? Dr. Flanigan - it’s about who knows someone who knows someone who knows someone.  Agreement to: 1) shift timeline 2) have subcommittee chairs explain in full what the agreed-upon charge is ( to get it to you to review and comment) 3) discuss who is aligned as core members to accomplish charges 4) collect names and or start a process for people to express interest 5) finalize that over next two meetings.  COMMENTS THOUGHTS From COMMITTEE:  Think of our populations: what does ‘engagement’ and ‘delivery’ mean? |  |
| **Public Comments** | None |  |
| **Next Meeting** | The next meeting of the Steering Committee is scheduled for August 28, 10:00 a.m. – 12:00 p.m., Room 228, State House (Capitol Bldg.), Appropriations’ Committee room. Audio Link is:  <http://www.maine.gov/legis/ofpr/appropriations_committee/audio/> |  |