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| S:\Letterhead\Logos All - JPG\DHHSColor.jpgC:\Users\Lisa Tuttle\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\PRDJM42I\QC logo.jpg | **SIM Delivery System Reform** **Subcommittee Meeting****Date: November 6, 2013****Time: 10:00 to Noon****Location: Cohen Center, Maxwell Room** |  |  |
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| **Meeting Goals:*** **Develop Group Relationships/Process**
* **Explore Subcommittee Scope and Timeline**
* **Identify Dependencies with other Subcommittees**
* **Refine/accept Subcommittee Charter**

**----- Agenda -----** |  |  |
|  **Topics Lead Time** |  **Lisa T. Notes**  | **Actions** |
| 1. **Welcome! Agenda Review**
 | **Lisa Tuttle** | **10:00 (5 min)** |  | **Members Introduced themselves and their organization** |
| 1. **Subcommittee Process**
	* **Group process**
	* **Roles**
	* **Agenda Setting**
 | **All** | **10:05** | Group accepted the ground rules, agreeing to strike ‘what said in the room stays in the room’ and ‘silence equals agreement’ Betty St Hilaire, one of the consumer members asked if we can bring back a discussion of the ‘what is said in the room…’ to the next meeting. She gave the example that as a patient advocate, she works and receives care at a specific health system. She wants to be able to discuss the challenges and issues she experiences as a patient without fearing repercussions from her employer.The group wants the membership roles split out : they want a list of the core members, the adhoc members and the interested parties to make it easier to track who is what.The group would like staff to do a survey of members (particularly ad hoc members) on their skills, expertise and what brings them to the table. This is one step in the work of developing a process to effectively engage ad hoc members for specific content areas. | **Action: Motion to accept ground rules (striking Silence is agreement and Whatever is said in room stays in the room)****Action: Members asked rules on phone conferencing in.****Action: Split out Membership Roles listing core members, Ad Hoc members, and interested parties.****Action: Send out survey to members (particularly Ad Hoc) identifying their skills, expertise, and what brings them to the table.** |
| 1. **Strategic Review of Subcommittee Scope**
	* **Priorities/Framework**
	* **Timeline**
	* **Dependencies with other SIM Subcommittees**
 | **Lisa Tuttle****Ellen Schneiter; Katie Sendze** | **10:35** | Whenever possible, our consideration of SIM Initiatives should be informed by the most current best practice/evidence base, particularly when it is locally developed. This will inform how we do the group education and also should be considered in the Priority/Framework document as a possible inclusion.The group wants a business plan/description of each initiative under their SIM scope.The group needs the links to the SIM Website, the QC SIM website and the Operations Plan with Drive DiagramsThe group wants status reports and meaningful updates on each initiative under their scope. | **Action: Provide committee with educational background. Will provide links to SIM Website and QC website which will include SIM Ops Plan; (2) RFA’s; Triple Aim Webinar; links to MaineCare Accountable Communities; Behavioral HH; PCMH/CCT’s; Driver Diagrams; and list of acronyms.** |
| 1. **Review/acceptance of Subcommittee Charter**
 | **Lisa Tuttle** | **11:20** | The action session will include acceptance of the charter (after clarifications from the governance structure); approval of the Priority/Framework structure for Initiatives; and the Community Health Worker Pilot – expected action is recommendations made based on the deliberations using the priority/framework document | **Action: For review at 12-4-13 meeting, Acceptance of the charter will be approved after clarifications from the governance structure.** |
| 1. **Education on Content areas**
 | **All** | **11:35** | The group liked the idea of pairing education and action sessions in each agenda. The next agenda 12/4 will provide education on Behavioral Health Homes, Patient Centered Medical Homes/Health Homes, Community Care Teams, and the Community Health Worker pilot. The action session will include acceptance of the charter (after clarifications from the governance structure); approval of the Priority/Framework structure for Initiatives; and the Community Health Worker Pilot – expected action is recommendations made based on the deliberations using the priority/framework document.Lisa/Lise need to determine the process for tracking, documenting and following through on the issues and risks identified by the Subcommittee. We need to bring back the results of the items we tracked this time, and maintain a living document.A standing item on the agenda should be subcommittee dependencies.A standing item should be the results of issues/risks/recommendations according to the process developed above. | **Action: Educational materials listed above will be forwarded to the subcommittee on Wednesday, November 13, 2014****Action 1A: Determine a process for tracking, documenting, and following through on issues and risks identified by the Subcommittee.****Action 1B: Provide tracking results to subcommittee as a living document.****Action: Add Subcommittee Dependencies and Results of issues/risks/recommendation as standing items on the agenda** |
| 1. **Meeting Evaluation**
 | **All** | **11:45** |  | **Scores ranged from 3 to 8 with the majority of scored between 5-7**  |
| 1. **Interested Parties Public Comment**
 | **All** | **11:50**  |  | **None** |

**Next Meeting: Wednesday, December 4, 2013 10am – Noon; Cohen Center, Maxwell Room,**

**22 Town Farm Rd, Hallowell**

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| **Dependencies Tracking** |
| **Payment Reform** | **Data Infrastructure** |
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| **Risks Tracking** |
| **Risk** | **Mitigation** | **Owner** |
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