 

**Accountable Care Implementation (ACI)**

**Meeting Notes**

**July 15, 2014**

**Senator inn, Augusta**

**Attendance:** Pat Denning, Harvard Pilgrim; John Yindra, MD, Maine Community Options; Chris Brawn, SEHC; Ben Townsend, Kozak & Gayer; Lisa Letourneau, MD, Maine Quality Counts; Stephanie Martyak, MaineCare; Andy McLean, Maine Medical Association; Carl DeMars, MD, Mid Coast Hospital; Mike Hachey, Mercy Hospital; Frank Bragg, MD, Eastern Maine Health; Pamela Beaule, St. Mary’s Medical Center; Bob Downs, Aetna; Bob McCue, Mid Coast Hospital; Barbara Crowley, MD, MaineGeneral Health; David Winslow, Maine Hospital Association; Linda Welch, MEABT; Michelle Probert, MaineCare; Mike Donahue, Eastern Maine Health; Iyad Sabbagh, MD, Eastern Maine Health; Ellen Schneiter, MHMC; Ted Rooney, MHMC: Frank Johnson, MHMC. **Remote Attendance** Amy Cotton, Eastern Maine Health; Carolyn Kasabian, St, Mary’s Medical Center; Fran Jensen, CMMI; David Hanig, Lewin; Judiann Smith, Spurwink; Kathy Coltin, Harvard Pilgrim; Nancy Birkhimer, Maine CDC; Deborah Erickson-Irons, York Hospital; Lisa Nolan, MHMC; Lyndsay Sanborn, MHMC; Susan Schow, MHMC.

Over thirty people attended (either in person or remotely) the July 15th meeting of the ACI Steering Committee in Augusta. The meeting featured a presentation on the Beacon Health Pioneer ACO by Michael Donahue, Vice President of Network Development & ACO Activities and Iyad Sabbagh, MD, Senior Medical Director, ACO Activities. Mike and Dr. Sabbagh defined both the Beacon Pioneer and commercial networks and reported that the current ACO population including Medicare, Medicaid and commercial is approaching 50,000 lives with a an additional 60,000 projected based on current negotiations. The commercial network extends from Mercy Hospital in Portland to Northern Maine Medical Center in Fort Kent.

They outlined the multi-disciplinary team approach that has been implemented in Beacon Health with strong emphasis on primary care. Beacon has introduced a Population Health Management SharePoint Site to share best practices among the Beacon system. Dr. Sabbagh and Mike devoted a good portion of their presentation to the system’s care coordination effort including the nurse care coordinators’ role in managing chronic disease, complex patients, transitions of care and follow-up services. Beacon shared some early results for the Medicare Pioneer population which revealed a 13% reduction in the readmission rate and nurse care coordination follow-up with 91% of patients. Substantial improvements were also reported for the EMHS employee population with admissions down by 40% and readmissions decreased by 57%. These reductions in cost and utilization were achieved while sustaining high levels of performance on selected quality measures.

Beacon’s closing comments focused on the lessons learned during the past three years. Mike and Dr. Sabbagh cited the technology challenges of EMR and claims data to support the transformation and monitor progress, the level of practice readiness which varied considerably from the PCMH pilot sites to the smaller practices with a more traditional culture, and the obstacles associated with standardizing care coordination. Mr. Donahue and Dr. Sabbagh offered an informative and candid look Beacon Health followed by probing questions from an engaged audience.

Dr. Lisa Letourneau of Maine Quality Counts led a discussion about the CMS Complex Care Management code proposed for the FY2015 physician fee schedule, the potential continuation of the ACA-mandated MaineCare primary care “payment bump”, and the broader topic of sustaining payment reform at the primary care level.

Frank Johnson provided a brief overview of the progress being made by the Measure Alignment Work Group which is charged with developing a recommended set of common core measures for ACO contracting and payment. Recommendations are expected to be presented to the ACI Steering Committee in October. Frank also noted that in addition to aligning measures the ACI Steering Committee is expected to guide the discussion on alignment of payment strategies. In order to develop a strategy for aligned payment that will facilitate innovation, he proposed conducting a series of stakeholder interviews to define the principles and key features of a payment system transitioning from fee-for-service to global payments. The findings of these interviews will be presented to the ACI Steering Committee for consideration.