

**Workgroup: ACI**

**Date: July 21, 2015**

**Time: 3:00 to 5:00 pm**

**Location: Maine Medical Association, Manchester**

 

**Attendance:** Pamela Beaule, St. Mary’s; Daniel Ruttenberg, St. Mary’s; Katie Fullam Harris, MaineHealth; Barbara Crowley, MD, MaineGeneral; Lisa Letourneau, MD, Quality Counts; Lisa Tuttle, Quality Counts; Michelle Probert, Bath Iron Works; Peter Kraut, MaineCare; Steve Ryan, Eastern Maine Health System; Pat Denning, Harvard Pilgrim; Mark Still, Cigna; John Yindra, Community Health Options; Carl DeMars, Mid Coast Health; Kirsten Thompson, Maine Association of Physician Assistants; Amy Deschaines, USI; Maura Graff, Planned Parenthood; Kristen Ossenfort, Anthem; Ted Rooney, Health and Hand; Andrew Ellis, Anthem; Katherine Pelletreau, Maine Association of Health Plans, Fran Jensen, CMMI; Lisa Avery, MHMC, Lisa Nolan, MHMC.

**Staff:**  Blake Hendrickson, MHMC; Frank Johnson, MHMC.

| **Topics** | **Lead** | **Notes** | **Actions/Decisions** |
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| 1. **Introduction**
 | Frank Johnson | Frank provided a framework for the meeting.  | No action was anticipated. |
| 1. **Public Reporting of TCI on GetBetterMaine**
 | Brandon Hotham, PTE Operations Manager | Brandon updated the Steering Committee on the delay in public reporting of TCI (Total Cost of Care Index) until October, 2015. Brandon explained that the MHMC Board had requested that the PTE Steering Committees revisit the value assignments. The PTE Steering Committees opted to modify the value assignments and this action caused a delay in posting on GetBettterMaine as practices were required to be notified of the adjustments. Brandon shared screenshots of how TCI will appear in October and the drill down by practice.  | There was no action anticipated or taken. This was purely an informational item. |
| 1. **Update/status of Measure Alignment Work Group**
 | Frank Johnson | Frank outlined the completed task of the Measure Alignment Work Group to develop and recommend a core set of measures for ACO payment. A total of 44 measures were recommended (27 payment and 17 monitoring). Payers and providers report that the core measure set is being used a foundation to many ACO contracts. The MHMC is examining the estimated costs associated with aggregating claims-based, standard survey and clinical measures.  | There was no specific action expected on this topic. The objective was to present a status report on the Work Group’s progress to date. |
| 1. **Update on Primary Care Spend Benchmark**
 | Frank Johnson | Frank reported that the commercial plans reported additional non-claims-based payments of $10.3 million in 2014. That produced a revised estimate of the percentage of primary care spend to 6.2%. Further refinements will be made and the conversation will focus on considering a target for primary care spend. | There was no action expected. |
| 1. **Findings and recommendations of Bailit Health interviews with payers on key primary care payment definitions.**
 | Frank Johnson | At its May 19th meeting the Steering Committee suggested that the MHMC pursue the recommendations of the Discern report to define the expectations, accountability and principles for three levels of primary care payment models. Bailit Health was retained to conduct interviews with the commercial plans and MaineCare. Based on these interviews and research from other markets recommendations were drafted for consideration. Several of the recommendations were reviewed to provide a flavor for the possible expectations and accountability of practices to secure enhanced payments transitioning to comprehensive payments. Several providers expressed concerns that the expectations and accountability measures were too prescriptive. Frank noted that Bailit Health is in the process of conducting similar telephone interviews with health systems and other providers. Those results will be shared with the Steering Committee in future meetings.  | The draft recommendations were designed to stimulate a conversation around the definitions for practice expectations, accountability/measures, and payment principles. This presentation was intended to be the first in a series of conversation with stakeholders to highlight primary care payment models and perhaps achieve some general agreement on the expectations and accountability or practices to proceed on the payment continuum toward comprehensive payments. |
| 1. **Announcement of potential expansion of CMS CPPI initiative**
 | Dr. Lisa Letourneau | Lisa advised the Steering Committee that CMS has recently announced that there is consideration of expanding CPPI to new regions. Lisa indicated that comments are being solicited by CMS for early September and that the PCMH conveners will be offering comments. Materials were presented on the CPPI program and excerpts to be posted in Federal Register. | No action was required other than for the parties interested in expanding CPPI to submit their comments.  |
| 1. **Other business**
 | None |  |  |
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**Next Meeting**

**September 15, 2015**

**3:00 to 5:00**

 **Maine Medical Association, Manchester**