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|  | **SIM Data Infrastructure Subcommittee**  **Date: January 8, 2014**  **Time: 2:00-4:00pm**  **Location: MaineGeneral Health, Alfond Center for Health, Augusta & Beacon EMHS Brewer Office** |

**Chair:** Katie Sendze, HealthInfoNet**,** [ksendze@hinfonet.org](mailto:ksendze@hinfonet.org)**, HIN Staff:** Shaun Alfreds,Katelyn Michaud

**Member Attendance (A-Z):** Carrie Arseanault , Nancy Birkhimer , Michael DeLorenzo, Bruce Donlin, Dana Duncan, Dawn Gallagher, Wayne Gregersen, Rebecca Gagnon, Holly Harmon, Ralph Johnson, Luke Lazure, Patsy Leavitt, Margaret Longsworth, Katherine Pelletreau, Chuck Pritchard, Ann Sullivan,

**Ad Hoc Attendance:**

**Interested Parties:** Poppy Arford, Cathy Cobb, Jonathan Ives, Joanie Klayman, Lydia Richardson

**Members Absent:** Barbara Crowley, Karynlee Harrington, Joseph Riddick

**Guest Speakers:** Frank Johnson (Payment Reform Subcommittee), Lisa Tuttle (Delivery System Reform Subcommittee)

*Subcommittee documents available at***:** <http://www.maine.gov/dhhs/oms/sim/data-infrastructure/index.shtml>

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| **Agenda Item/Related SIM Objective (if applicable)** | **Obj. SST ID** | **Risk/concern discussed** | **Escalation to Steering (y/n)** |
| **n/a** | n/a | Concern: As State Legislative actions related to health care reform are discussed and decisions are made, if the SIM initiative is not represented and part of this important work, is there a risk for the state to have diverging work occurring at the same time? The concern/question was raised at the meeting and clarity from the SIM Steering Committee on how SIM Steering interacts or is accountable to interact with the state Legislature would be important to understand. We believe the same question arose in another SIM Subcommittee discussion as well. | **Yes** |
| **Agenda Item** |  | **Discussion Points and Decisions** | |
| **Agenda &Consent** | N/A | 12/4/13 minutes were adopted as is, will be posted | |
| **Delivery System Reform Subcommittee Report** | N/A | * Katie reviewed examples of SIM work that overlaps between DI subcommittee and DSR subcommittee scope of work (Slides present summary overlap).   Lisa presented and lead some discussion related to the current work underway at the DSR subcommittee as it relates to DIS:   * One identified challenge of DSR is that not all ambulatory/primary care providers are connected to the statewide Health Information Exchange. Funding is being explored to connect practices that are willing. * There is a vision to connect practices to the HIE for practice level as well as aggregate reporting for quality measures related to Delivery Reform- Health homes etc. * There is a push in Maine to create a “team-based” approach to care as we see in the Health Homes stage A and B models of care; however, EHR tech. does not easily allow team-based care communication across practices/specialties/organizations etc. * Once practices are connected to the HIE, how do we encourage them to use the HIE? What is the value? The “ask” of all subcommittees is to help educate stakeholders across the state about HealthInfoNet and the benefits of HIE tools, such as real-time notifications for ER and Inpatient use and reports. *(Note: that DIS will take up the topic of the SIM project related to HIN’s Notification’s tool in the March meeting).* * **Lisa suggested that maybe the DI subcommittee could come up with some language regarding the current state and challenges and solutions regarding EHR’s interoperability across the state, as well as PHI and substance abuse barriers to sharing medical data.** * The use of the tool “Direct Email” was discussed as a potential solution for providers to communicate easily across organizations when their EHR tools have no better means to communicate. HIN will follow up on this and bring back more details related to this tool at a upcoming meeting to bring more understanding about the tool and it’s pro’s and con’s.   Lisa identified Key Questions for SIM Data Infrastructure Subcommittee to consider today and ongoing:   * **What strategies will be most effective to ensure that Primary Care Practices and Community Care Teams participating in the Health Home initiative are actively using the Health Information Technology functionality available under SIM to ensure that they meet their core expectations?** * **How can the initiatives and collaborations under SIM advance the capability to extract quality measures (both physical and behavioral health), including clinical quality measures and data used for quality improvement activities?** * **How can the resources and collaborations under SIM advance the ability to pass Protected Health Information (PHI) to improve the quality of care across the care continuum, and including community based providers and special populations (e.g., Community Health Workers)?** * **Considering the focus on connectivity and health information technology (HIT) under SIM, what are some strategies to promote/advance the use of HIT to the HH Primary Care Learning Collaborative?** | |
| **Payment Reform Subcommittee Report** | N/A | * Katie reviewed examples of SIM work that overlaps between DI subcommittee and PR subcommittee scope of work (Slides present summary overlap).   Frank Johnson presented material from the current efforts occurring within the scope of the Payment Reform Subcommittee most specifically related to quality measure and the current state and challenges with this work at a high level:   * There is a national and statewide effort to move payments from Fee-for-Service (FFS) to performance-based methods, or a combination or such. * A brief review of the Pathways to Excellence program process, and MHMC’s “Get Better Maine” website was mentioned. For more information see: <http://www.getbettermaine.org/> * The quality comparison website Hospital Compare was also mentioned: [http://www.medicare.gov/hospitalcompare](http://www.medicare.gov/hospitalcompare/search.html?AspxAutoDetectCookieSupport=1) * The PR subcommittee and the Maine Health Management Coalition (MHMC) are working to align their SIM project work with what is happening within CMS, private payers, and the MaineCare Accountable Communities work. * The current focus of The Accountable Care Implementation (ACI) Steering Group is working to create an aligned, common set of quality measures for ACOs in Maine. They are considering using the 33 CMS ACO measures for health systems supplemented with population-based measures, such as pediatric and maternal health. However the challenge with this measure set is that the data is only targeted for the Medicare population. Each payer community has variant population concerns, targets and needs. * This work considers the impact of both payment and contracting rationale, comparison and analysis of health care provider’s quality of care and outcomes, and acknowledges the challenge that different populations (and thus payers) require different targeted measures. * Nationally recognized quality leaders guide the work for quality measurement such as: National Quality Forum (NQF), Centers for Medicare (CMS), National Committee on Quality Assurance (NCQA), Healthcare Effectiveness Data and Information Set (HEDIS) etc. * There is a national challenge identified- the lack of behavioral health data to create and measure quality measures. There is currently no reliable claims-based BH data from the commercial insurance space because it is reported from a contracted 3rd party insurer. * **The “ask” to DIS is: Can we collect the data for the 33 CMS ACO measures for the populations served by other payers beyond Medicare?** | |
| **Agenda/Meetings beyond into late 2014** | N/A | * Reviewed proposed upcoming meeting schedule – No February meeting. * Nancy suggested scheduling monthly meetings and then canceling as needed because it is hard to reschedule. * Cathy Cobb suggested a demonstration of the notification service from HIN. * March meeting topic may include update of HIN’s BH RFP, introduction to HIN-MC dashboard project and the ED notification project. | |
| **Public Comment** | N/A | * No additional public comment | |

**New Actions**

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| **Agenda Item** | **Action Items** | **Status** | **Who** | **Due By** |
| **2014 Meeting Schedule** | Katie will update the 2014 meeting schedule and send out meeting invites via Outlook | Complete | Katie | 1/15 |
| **PR and DSR Subcommittee** | Respond to the PR and DSR subcommittee “asks” and questions/concerns in future meeting agenda’s and materials. |  | Katie to discuss with SIM Partners and HIN | Update in March |