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|  | **SIM Data Infrastructure Subcommittee****Date: June 4, 2014****Time: 2:00-4:00pm****Location: Webinar** |

**Chair:** Katie Sendze, HealthInfoNet**,** ksendze@hinfonet.org**, HIN Staff:** Gemma Cannon

**Member Attendance (A-Z):** Carrie Arseanault, Michael DeLorenzo, Bruce Donlin, Patsy Leavitt, Margaret Longsworth, Chuck Pritchard, Ann Sullivan, Raymond Taylor (new member, replaced Dana Duncan, DHHS)

**Interested Parties known:** Richard Chaucer- Consumer, Peter Flotten (MHMC presenting)

**Members Absent:** Nancy Birkhimer , Barbara Crowley, Rebecca Gagnon, Karynlee Harrington, Ralph Johnson, Luke Lazure, Katherine Pelletreau, Joseph Riddick, Dawn Gallagher, Wayne Gregersen,

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

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| **Agenda Item** | **Risk/concern discussed** | **Escalation to Steering (y/n)** |
|  | None discussed |  |
| **Agenda Item** |  |
| **Agenda and Introductions** | * Reviewed agenda “Primary goals for the meeting”
* Introduction of members for attendance
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| **Review and Adoption of Minutes** | * No edits, minutes adopted.
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| **Maine Health Management Coalition: Presentation**\*\*Refer to slide handouts for detailed information presented.  | * Mike DeLorenzo and Peter Flotten gave a detailed presentation (presentation available on SIM website) describing what MHMC is doing with SIM funding and in particular how that applies to data.
* The focus of the data work at MHMC is with Claims data from all payers; new under SIM is adding MaineCare and Medicare data to their Claims Database. However, the scope also includes some clinical data as well (for example lab result data).
* MHMC data projects support a variety of stakeholders summarized as: for Purchasers (Online Data Access

Cost, Utilization, Benchmark and Analytic Reports, VBID Design, ACO/Risk Support), for Providers (Practice Rpts/Portals, Various Custom Analytics), and for the Public (Cost, Utilization, Quality, Patient Experience reporting on Practices, Hospitals and Systems). * Examples of the primary care practice reports analyzing patient and provider utilization trends were discussed at length to shed some light on the complexities of data such as “Per Member Per Month and Total Cost of Care” which are complex concepts to understand when you do not work in the data analytics world of healthcare.
* A summary of MHMC Data activities can be abbreviated as:
* Practice report expansion
	+ Inclusion of Commercial, MaineCare, and Medicare populations
* MaineCare Accountable Community reporting
	+ Administering attribution, interim and final cost and quality reporting for shared savings program
* CMS Qualified Entity Certification Program
	+ Provides identified Medicare data for use in public reporting
* Health Home / Behavioral Health Home reporting
	+ Utilization and quality reporting for state-wide Health Home initiative
* Provider portals
	+ Provide access to cross-payer claims information for attributed populations
* Analytic support for SIM workgroups
	+ ACI, PTE Behavioral Health Steering Committees, Health Care Cost Workgroup
	+ Healthcare cost and quality tracking and reporting
	+ Across private and public payers
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| **Project Updates:****HIN’s BH HIT Initiative:****HIN’s HIE Notifications Project:****Pathways to Excellence Behavioral Health project:**  | * HIN Operating Use and Statistics: Katie shared the latest user/data operating stats. From HIN’s HIE clinical portal and data warehouse tools. This was shared at the May Steering Committee meeting and shows improvement is use and data volume which is positive for the SIM goals.
* HIN’s Behavioral Health HIT Initiative: HIN held the 5/13 kick off meeting webinar for the initiative. Monthly meetings are coordinated with Maine Quality Count’s BHH webinars as the same audience attends both and they cannot overlap.
* June will complete calls with each org. and their EHR vendor to assess technical readiness for data sharing with the HIE and identify risks and issues that will be reported out in this subcommittee’s September meeting.
* Katie shared the 19 contracted BH orgs. participating in the project. One org., withdrew and the replacement will be sought out and chosen with the remaining applicants approved:
	+ Aroostook Mental Health Center
	+ Assistance Plus
	+ Catholic Charities of Maine
	+ Charlotte White Center
	+ Community Health and Counseling Services
	+ Cornerstone Behavioral Healthcare
	+ Crisis & Counseling Centers
	+ Dirigo Counseling Clinic
	+ Kennebec Behavioral Health
	+ Maine Behavioral Health Organization
	+ Northeast Occupational Exchange
	+ OHI
	+ Providence Human Services
	+ Spurwink
	+ Sweetser
	+ The Opportunity Alliance
	+ Tri-County Mental Health
	+ United Cerebral Palsy
	+ Wings for Children and Families
* The secure email notifications to MaineCare Care Managers were reported on. HIN began releasing the member identified notifications with the approved amount of protected health information from the hospitals across the state in May. Testing will continue to confirm appropriate data and workflow impact at MaineCare as well as to identify data gaps. The status of testing and findings will be reported at the September meeting.
* Patti Ross the director for PTE BH work presented a brief status update.
* PTE BH goals: Initial short-term goal is to publish (min. of one measure) behavioral health measure/s from a voluntary group of providers on the “GetBetterMaine” website by January 2015. They hope to report on measures that are important to providers and patients/clients.

Scope of organizations targeted initially:* + Behavioral health organizations/practitioners
	+ Primary Care practices

Note: Katie Sendze and Gemma Cannon from this subcommittee sit and attend the PTE BH meetings in order to cross over the work planned for this committee and HIN BH organizations who ultimately are looking to the HIE to measure a quality measure.  |
| **Center for Medicare Medicaid Innovation (CMMI) (SIM funder) Feedback &** **Meeting Planning** | * Katie shared information about the CMMI visit to the Steering Committee in May as it related to the scope of discussions at the Committee level. Katie asked the group to think about what we could do to expand the Data Infrastructure Subcommittee conversation to include SIM “related” work/s, work that overlaps with SIM funded activities?
* Could we share work that is happening at the point of care/provider-patient environment?
* \*Patsy asked if we could tell a story of practice implementation of “Data” related information.
* **Member Expertise and experience:** as members of the subcommittee we all are actively involved in healthcare reform efforts in a variety of ways. We want to engage our specific expertise in this work. At times we may have limited our meeting scope unintentionally and we want to broaden our agenda items to include your work as it related to the larger SIM goals (improve care, quality, and patient experience!).
* **Meeting format (webinar vs. in person):** It was highlighted for those that could attend that the webinar “only” meeting was preferred because sound and presentation was “flawless”, everyone could hear well and see well.
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| **Interested Parties; Public Comment** | * Richard Chaucer addressed the concern related to provider biases or stigma towards behavioral health clients when mental health data becomes viewable in the HIE clinical portal.
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**New Actions**

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| **Agenda Item** | **Action Items** | **Status** | **Who** | **Due By** |
| **Determine Future meeting topics beyond SIM project updates and risks mitigation:** | 1. Pursue Patsy’s idea for practice implementation (quality, care management etc.) on data implementation put to work in the clinical setting. 2. Pursue other ideas for fall meetings: invite guests etc.* + SIM Project risk’s related to Data Infrastructure (this meeting)
	+ Bring in external experts to speak to innovative surrounding 42 CFR
	+ Bring in external experts to speak to quality measurement approach’s to Behavioral Health using EHR’s

**3. Katie asks all members to please** ask their community of stakeholders if there is work you are doing that you would like to present that relates to healthcare transformation, and is supported by “data” related work/infrastructure! You all are doing amazing work, let’s share it and tell its story! This is a broad forum to shed light and educate on work occurring. 4. Katie to consider moving to a webinar format for these meetings at the groups consensus.  | 1. Pending**4.** Webinar is the consensus; however in person would be helpful perhaps 3 times a year? | Katie to reach out to groups**Katie** | 10/3 |