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| lThis work is made possible with funding from the Maine State Innovation Model Initiative |  **SIM Delivery System Reform** **Subcommittee Meeting****Date: August 4, 2016** **Time: 10:30 am to 11:30 am**  **Call In Information: 1-866-740-1260****Access Code: 7117361#****Location: Virtual**[www.readytalk.com](http://www.readytalk.com) **ID 7117361** |
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| **Chair: Lisa Tuttle** **Core & Ad Hoc Member Attendance:**  Kathryn Brandt, Jud Knox , Sandra Parker, Gerry Quelly, Catherine Ryder, Lydia Richard, Rhonda Selvin, Betty St. Hilaire, Trish Thorsen**Interested Parties & Guests:**  Gloria Aponte Clark, Anne Conners, Barbara Leonard**Staff:** Lise Tancrede **---- Meeting Notes -----** |
|  **Topics Notes Actions** |
| 1. **Welcome! Agenda Review**
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| 1. **Approval of 5-4-16 DSR Notes**
 | Review of the 5-4-16 meeting notes, no additional or corrections. | **May 4, 2016 Meeting Notes approved as presented** |
| 1. **SIM Steering Committee Updates**
* **Randy Chenard transition**
* **SIM No Cost Extension**
 | **Transition update from Gloria**Innovation Center from CMS has approved Data Focused Learning Collaborative with a Focus on Hba1cfor year 4 (includes BHH)**Focus for next Steering Committee meetings:**August 24th and Sept. 28th Steering Committee will meet with partners presenting wrap up of objectives achieved, benefits of work, scope maintained, risks encountered, lessons learned, and suggestions of next steps. Presentations will happen over two SC months.There will be an annual SIM meeting to wrap up and possibly held in November. With the Scope being smaller in year 4 the frequency of the governance meetings will most likely be moving from monthly to quarterly. |  |
| 1. **Medicare Proposal Oversight Committee**

**Expected Actions: Status Updates** | Maine was not selected as a region from CMS for the Comprehensive Primary Care + (CPC+) program which is an advanced primary care model and advanced payment model offered by CMS.The group discussed the importance of Maine pursuing an advance primary care model that includes CMS and commercials as a payer, and ideally that qualifies as an advanced payment model under CMS.The group recommended that SIM governance continue to pursue the Maine proposed model, the Maine Comprehensive Community Care Initiative (CCCi Concept Paper) (see handouts)Concerns from the behavioral health community that the current funding streams remain primary care centric and recommend that any model pursued by Maine include BH as a core component. |  **Action: The group agreed that since CPC+ is not an option for Maine, getting better educated and prepared for MACRA and MIPS will be important for Maine clinicians and practices. DSR would like to explore MACRA MIPS at the September meeting** |
| 1. **Risk/Dependencies:**

**Primary Care Workforce Risk****Expected Actions: Discussion & Recommendations** | **Discussion on Risk:** Issue is not just a Maine problem but national trend, and we need to find a way to keep our providers! The group discussed *Stress vs Burnout:* Stress has the ability to recover over time off. Burnout happens when a provider does not have time to recover.Some of the efforts being made to reduce the stress and burnout, in terms of restructuring physician practices, will contribute to the increase of primary care and increase in lack of capacity in primary care. **Recommendation to Add a 4th point on the Risk metrics*** We may find ourselves in a position where we have to invent new primary (included BHH and Geriatric) providers or provisions of delivery.

Comments/Recommendations:Underline what is playing out in burnout now with so much volume of work, it’s about the disconnect between what we are trying to do to help our patients and what we are required to do from payers etc. Reforms through SIM need to be taken as far as we can take them. Comment as Consumer: Seen the loss of a significant number of providers and a huge concern at the consumer level. Some patients have had multiple providers in a short period of time. Next Steps on Risk: tentative follow up with members to support at Steering Committee presentationAction: Lise to forward risk and have Consumer perspective to the current risk  | **Action: Lise to forward risk to our consumers to add their perspective to the current risk****Action: Check with Gloria to determine when the risk can come to the SIM Steering Committee and reach to members to present** **Action: Lise to add “We may find ourselves in a position where we have to invent new primary (included BHH and Geriatric) providers or provisions of delivery”****Under the THEN column** |
| 1. **Interested Parties Public Comment**
 | **NONE** |  |
| 1. **Evaluation/Action Recap**
 | There were 14 participants in attendanceSubcommittee members felt there was robust conversation and liked the virtual format. Meeting materials still lag behind in distribution. |  |
| **Parking lot**:- Understand the MPOC meeting schedule and bring back to SIM DSR possibly moving the Sept. 1s DSR meeting back a week.-MACRA/MIPs Discussion at next meeting looking at the timelines-Request for Gerry Quelly to present on their recent funding success  |  |  |

**Next Meeting: Thursday, September 1, 2016**

**Location: Virtual**