Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Maine Quality Counts
Better Health Care. Better Health.

SIM Delivery System Reform Subcommittee
Date: December 4, 2013
Time: 10:00 to Noon
Location: Cohen Center, Maxwell Room

Chair: Lisa Tuttle, Maine Quality Counts ltuttle@mainequalitycounts.org

Core Member Attendance: Betty St. Hilaire, Chris Pezzullo, Catherine Ryder, Brenda Gallant, Greg Bowers, Joanne Abate, Rhonda Selvin, Linda Frazier (on behalf of Guy Cousins), Vance Brown, David Lawlor, Jud Knox, Joe Everett, Andrew Molloy, Lydia Richard, Emilie van Eeghen, Holly Harmon
Ad-Hoc Members: Regen Gallagher, Gerry Queally, Julie Shackley

Interested Parties & Guests: Lyndsay Sanborn, Sandra Parker, Michelle Probert, Kaitlyn Michaud, Randy Chenard, Lisa Letourneau, Jim Harner, Jim Braddick, Barbara Ginley, Debra Wigand

Staff: Lise Tancrede

Topics	Lead	Notes	Action
1. Welcome! Agenda Review	**Lisa Tuttle**	Review of goals and agenda; Lisa shared MQ SIM website with available materials; Recommendation on Ground Rules Participants will demonstrate respect within and outside of the meeting on comments Review of Subcommittee members list review Next meeting of January 8th will remain with consensus	**DSR Subcommittee Materials: Want to make DSR Subcommittee materials more prominent on QC website**
2. Approval of Notes **3. Notes from Payment Reform/Data Infrastructure**	**All**		**Review of Subcommittee notes no additional**

Subcommittees			**comments** **Forward DSR Notes to Trevor for State Website**
4. Subcommittee Process **Charter Approval**	**All**	Can Core Members send delegates? Need to attend but notify if unable to attend. However the meetings are open to the public. Consistency is recommended by Core Members. Delegates do have the full representation responsibilities as the Core member's position. Modify language Ad Hoc members do not have the same rights.	**Modify Charter and bring back in January.**
5. Education Session: Patient Centered Medical Homes; Primary Care Health Homes; Community Care Teams **Expected Result: Education**	**Lisa Letourneau; Michelle Probert**	Discussion concerned importance of tracking and communicating short term and long term evaluation results of the PCMH model in order to demonstrate the value to stakeholders.	**Add MAPCP acronym to list** **Group requested a geographic distribution of the practices.** **January Agenda to include Maine HH Learning Collaborative and BHH Initiative/BHH Learning Collaborative.** **Subcommittee: Gather questions specifically about the learning collaborative(s) for January 8, 2014 meeting.**
6. Community Health Worker Initiative **Expected Action:**	**Deb Wigand; Barbara**	Deb Wigand and Barbara Ginley presented an overview of the Maine CHW Initiative which included first year, a definition of the	**Send out questions to the group and get to the**

Provide recommendations	**Ginley**	Community Health Worker, the CHW model, defining characteristics of CHW, CHW's in Maine, the role of CHW's with the State SIM initiative. ME-SIM CHW initiative will include… 5 pilots that will: (1) demonstrate the value of integrating CHWs into the health care team; (2) provide models that can be replicated and emulated across the state; (3) build a core group of experienced CHWs who can provide leadership and community engagement to drive the ongoing development of the system. Discussion Questions from Presenters: Where are opportunities to align or amplify with what is going on elsewhere? What key dependencies do you perceive the CHWI has with the work of other subcommittees? When would you as the systems Delivery Subcommittee like to have a report back from CHWI? How best to keep informed/engaged? Additional comments: How with the CCT, BHH workers, CHWs coordinate so that people don't get multiple/conflicting pieces of advice and relationships. Recommendation to contact Mike and Simone (members of MEHAF's BHH Committee) to see if they can attend the January.	**Initiative Owners (Deb Wigand & Barbara Ginley)** **When to bring CHC back to the group? -- The CHW Initiative will come back to the Subcommittee for discussion in February 2014** **Invite MEHAF members (Mike and Simone) to the January meeting. (recommendation from Emilie van Eeghan)**

7. Risks/Dependencies	**All**	Risk/Dependencies Discussion Payment Reform Committee and where is the funding coming from Risk – Need data to support the need to continue it won't continue	
8. Meeting Evaluation	**All**	Members need guidance from the subcommittee for specific areas to focus in on, given the amount of content and background materials and constraints on meeting time Members should be expected to come to meeting prepared, having reviewed the background and educational materials and be prepared to discussed the focused questions in the meeting. Work with presenters to structure presentation to hone in on key topics. Limited time for group to comment…perhaps send survey monkey to gather comments after sessions to make sure to gather a range of feedback. Be specific in materials sent out, clarify what the homework is. Presentations quite helpful Phone system hard for people to hear	**Structure the Work more effectively** **Will be experimenting with Virtual Groups through Webcam** **New Groundrule: Expect to come to meeting prepared, having reviewed materials, and bring questions to the meeting.**

		Ranges 3 to 9 (Majority scored fell between 7-9)	
9. Interested Parties Public Comment	**All**		**None**

Next Meeting: Wednesday January, 8, 2013 Noon; Cohen Center, Maxwell Room,
22 Town Farm Rd, Hallowell
Education Session: MaineCare Behavioral Health Home Initiative & Behavioral Health Home Learning Collaborative

Following are the key Risks and Dependencies tracked in the DSR Subcommittee meetings to date:

Delivery System Reform Subcommittee Risks Tracking				
Date	**Risk Definition**	**Mitigation Options**	**Pros/Cons**	**Assigned To**
12/4/13	Continuation of enhanced primary care payment to support the PCMH/HH/CCT model is critical to sustaining the transformation in the delivery system	1) State support for continuation of enhanced payment model		**Recommended: Steering Committee**
12/4/13	Understanding the difference between the Community Care Team, Community Health Worker, Care Manager and Case Manager models is critical to ensure effective funding, implementation and sustainability of these models in the delivery system	1) Ensure collaborative work with the initiatives to clarify the different in the models and how they can be used in conjunction; possibly encourage a CHW pilot in conjunction with a Community Care Team in order to test the interaction		**HH Learning Collaborative; Behavioral Health Home Learning Collaborative; Community Health Worker Initiative**
12/4/13	Tracking of short and long term results from the enhanced primary care models is critical to	1) Work with existing evaluation teams from the		**HH Learning Collaborative;**

	ensure that stakeholders are aware of the value being derived from the models to the Delivery System, Employers, Payers and Government	PCMH Pilot and HH Model, as well as SIM evaluation to ensure that short term benefits and results are tracked in a timely way and communicated to stakeholders		**Muskie; SIM Evaluation Team**
12/4/13	Gap in connection of primary care (including PCMH and HH practices) to the Health Information Exchange and the associated functions (e.g. notification and alerting) will limit capability of primary care to attain efficiencies in accordance with the SIM mission/vision and DSR Subcommittee Charge.			**Data Infrastructure Subcommittee**
11/6/13	Confusion in language of the Charge: that Subcommittee members may not have sufficient authority to influence the SIM Initiatives, in part because of their advisory role, and in part because of the reality that some of the Initiatives are already in the Implementation stage. Given the substantial expertise and skill among our collective members and the intensity of time required to participate in SIM, addressing this concern is critical to sustain engagement.	1) clarify with the Governance Structure the actual ability of the Subcommittees to influence SIM initiatives, 2) define the tracking and feedback mechanisms for their recommendations (for example, what are the results of their recommendations, and how are they documented and responded to), and 3) to structure my agendas and working sessions to be explicit about the stage of each initiative and what	**Pros: mitigation steps will improve meeting process and clarify expected actions for members; Cons: mitigation may not be sufficient for all members to feel appropriately empowered based on their expectations**	**SIM Project Management**

		expected actions the Subcommittee has.		
11/6/13	Concerns that ability of the Subcommittee to influence authentic consumer engagement of initiatives under SIM is limited. A specific example was a complaint that the Behavioral Health Home RFA development process did not authentically engage consumers in the design of the BHH. What can be done from the Subcommittee perspective and the larger SIM governance structure to ensure that consumers are adequately involved going forward, and in other initiatives under SIM – even if those are beyond the control (as this one is) of the Subcommittee's scope.	1) ensure that in our review of SIM Initiatives on the Delivery System Reform Subcommittee, we include a focused criteria/framework consideration of authentic consumer engagement, and document any recommendations that result; 2) to bring the concerns to the Governance Structure to be addressed and responded to, and 3) to appropriately track and close the results of the recommendations and what was done with them.	**Pros: mitigation steps will improve meeting process and clarify results of subcommittee actions; Cons: mitigation may not sufficiently address consumer engagement concerns across SIM initiatives**	**SIM Project Management**
10/31/13	Large size of the group and potential Ad Hoc and Interested Parties may complicate meeting process and make the Subcommittee deliberations unmanagable	1) Create a process to identify Core and Ad Hoc consensus voting members clearly for each meeting	**Pros: will focus and support meeting process Cons: may inadvertently limit engagement of Interested parties**	**Subcommittee Chair**

Dependencies Tracking	
Payment Reform	**Data Infrastructure**

Critical to ensure that the enhanced primary care payment is continued through the duration of SIM in order to sustain transformation in primary care and delivery system	Gap in connection of primary care (including PCMH and HH practices) to the Health Information Exchange and the associated functions (e.g. notification and alerting) will limit capability of primary care to attain efficiencies in accordance with the SIM mission/vision and DSR Subcommittee Charge.
Payment models and structure of reimbursement for Community Health Worker Pilots	