Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Delivery System Reform Subcommittee
Date: 2-3-16
Time: 10:00 to Noon
Location: 221 State Street, Augusta
First Floor Conference Room
Call In Number: 1-866-740-1260
Access Code: 7117361#

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

Core Member Attendance: Kathryn Brandt, Jim Leonard, Lydia Richard, Catherine Ryder, Rhonda Selvin, Betty St. Hilaire, Patricia Thorsen, Emile van Eeghen

Ad-Hoc Members: Becky Boober, Julie Shackley
Interested Parties & Guests: Jade Christie-Maples, Tanya Disney, Carol Freshley, Barbara Ginley, Frank Johnson, Sybil Mazerolle, Liz Miller, Lisa Nolan, Sandra Parker, Ashley Soule, Amy Wagner, Katherine Woods, Jay Yoe

Staff: Lise Tancrede

Topics	Lead	Notes	Actions/Decisions
1. Welcome! Agenda Review	**Lisa Tuttle**	Review of Agenda Items, no additions.	
2. Approval of 11-4-15 DSR SIM Notes	**All**	No edits/corrections to the November 4, 2015 SIM DSR	**Meeting Notes for November 4, 2015 Approved as presented**

3. Steering Committee Updates • **SORT Review** **Expected Actions: Status Updates**	**Jay Yoe**	SORT Review: (Strategic Objective Review Team) The process of SORT began almost a year ago with the Steering Committee and SIM Leadership team looking to take a re-focused review at where we were with the SIM Initiative thus creating the SORT **(See Slides Maine Leadership Team Year 3 SIM Adjustment Decisions)** **Next Steps:** • Maine Leadership Team will provide narrowed areas of focus to provide direction for SIM Year 3 adjustments • SIM workgroup will be formed to provide recommendations to leadership on most effective investment in these focus areas to pursue • MLT reviews and makes final decisions on those activities • SIM Program commences activity to implement adjusted activities Question from member: How do we focus on sustainable outcome changes? Jay explained that this will have to be a component of the workgroups work and that sustainability overrides all of this work. SIM Focus Area Priority Assessment Grid: (See Handout) The assessment Grid was developed to assess each SIM Core Measure against a set of criteria to help determine which measure would be the most beneficial for SIM to focus on for the remainder of the cooperative agreement (Year 3 and no-cost extension period). Highlighted are: • Focus on Diabetic Care (HbA1c) Current	

		patients 18-75 with diabetes who have had an HbA1c test in the last 12 months • Fragmented Care – The percentage of members with a fragmented care index of greater than .75 A score of 1 is complete fragmentation; a score of 0 is no fragmentation Jay clarified that these will not be the only focus. On Thursday, February 4th, the Steering Committee will host a meeting seeking input into the Fragmented Care Measure (Lise to send invitation to DSR subcommittee) Question from Member: What are the next steps for Diabetes Care? The workgroup will make more specific recommendations on the overall approach looking at March for recommendation. QC was asked by Maine Leadership Team to strengthen the Learning Collaborative on reducing readmissions and creating a stronger connection to PCPs. That work happened over the summer and fall. QC is now honing in on the new focus areas of diabetes testing and Fragmentation of Care.	**ACTION: Lise to forward 2/4/16 Steering Committee meeting information to DSR Subcommittee Members**
4. SIM Evaluation Results **Expected Actions: Status Updates**	**Jay Yoe; David Hanig; Katherine Woods**	<u>SIM Evaluation Results: (See Slides)</u> Year 1 evaluation results completed! Katherine gave an overview of the SIM Evaluation Results which included Data Sources and Analysis; Findings from MaineCare State A Health Homes; Consumer Interview Findings; Findings from MaineCare State B Behavioral Health Homes; Data Infrastructure; and Workforce Development Findings	

		Conclusions and Next Steps: ***Key Highlights*** • MaineCare Stage A Health Home models showing robust claims-based cost reductions relative to controls • Stage A Health Homes are making significant progress in reducing non-emergent ED use and fragmentation of care. • Consumer engagement findings suggest providers are sharing information with patients; but more opportunities exist to engage patients in their health care decision making. • Findings related to the impact of centralizing data, workforce development, and development of new payment models are inconclusive and could be targeted for future evaluation efforts. • ***Rapid Cycle Improvement Discussions –*** used to dig deeper into key findings from the evaluation to improve upon SIM in the 3rd year of grant. Stage B needs a lot more analysis and will be looking further into this year. Members identified potential issues that can inform the evaluation findings: • The period of evaluation time could have been affected by the fact that MaineCare parents were no longer eligible for services. • During the period of 2014, there was a shift of BH clients moving to primary care providers which could attribute to the smaller decrease in fragmentation of care	

		index The March 2016 DSR we will talk through The Care Coordination piece again **Action: Once the CHW survey reports are finalized later in the year, will bring back to the DSR**	
PCMH/HH Learning Collaborative education planning in response to State-led focus on outcomes	**Liz Miller; Ashley Soule**	<u>PCMH/HH Learning Collaborative Education Planning in Response to State-led focus on outcomes:</u> Liz Miller and Ashley Soule gave a high level overview of the activities of the Learning Collaborative (see slides)	
5. Risk/Dependencies: Payment Reform – Key Elements to Advance Primary Care Recommendations: Update on State-led process for Medicare alignment **Expected Actions: Informational sharing on process**	**Lisa T.**	<u>Risk/Dependencies:</u> Lisa gave a brief update on the State-Led Process for Medicare alignment. Maine is considering making a proposal to CMS on strategies to advance primary care with Medicare alignment. The Commissioner will convene a multi-stakeholder group to develop the proposal to CMMI. The March DSR meeting will provide more information on this effort. Members requested engagement of primary care providers in the effort and asked about mechanisms to participate	**Action: Lisa will forward request for provider engagement to Randy**
6. Interested Parties Public Comment	**All**	**NONE**	
7. Evaluation/Action Recap	**All**	**There were 24 people in attendance** Evaluations were at 8 & 9 Members thought the meeting was well organized with time for sharing. Appreciated the updates/process on SORT and SIM Evaluation Members would have appreciated the meeting materials sooner.	

Next meeting: Care Coordination; Update on State-led process for Medicare alignment; Diabetes Focus			

Next Meeting: March 2, 2015
10:00 am to Noon
221 State Street, Augusta, ME

Delivery System Reform Subcommittee Risks Tracking				
Date	**Risk Definition**	**Mitigation Options**	**Pros/Cons**	**Assigned To**
6/3/15	Importance of healthcare provider engagement of and escalation of the need for real multipayer payment reform strategies			
6/3/15	Importance of healthcare provider engagement in SIM measure and target setting			
6/3/15	Lack of SIM ongoing funding for consumer engagement			
11/5/14	Systemic risk of the health care system of not offering adequate and equal care to people with disabilities.			**Dennis Fitzgibbons**
9/3/14	Behavioral health integration into Primary Care and the issues with coding			
8/6/14	The Opportunity to involve SIM in the rewriting of the ACBS Waiver required by March 15th.			

6/4/14	The rate structure for the BHHOs presents a risk that services required are not sustainable	Explore with MaineCare and Payment Reform Subcommittee?		**Initiative Owners: MaineCare; Anne Conners**
4/9/14	There are problems with MaineCare reimbursing for behavioral health integration services which could limit the ability of Health Home and BHHO's to accomplish integration.			
3/5/14	Consumer engagement across SIM Initiatives and Governance structure may not be sufficient to ensure that consumer recommendations are incorporated into critical aspects of the work.			
3/5/14	Consumer/member involvement in communications and design of initiatives			**MaineCare; SIM?**
3/5/14	Patients may feel they are losing something in the Choosing Wisely work			**P3 Pilots**
2/5/14	National Diabetes Prevention Program fidelity standards may not be appropriate for populations of complex patients			**Initiative owner: MCDC**
2/5/14	Coordination between provider and employer organizations for National Diabetes Prevention Program – the communications must be fluid in order to successfully implement for sustainability			**Initiative owner: MCDC**
2/5/14	Change capacity for provider community may be maxed out – change fatigue – providers may not be able to adopt changes put forth under SIM			**SIM DSR and Leadership team**
2/5/14	Relationship between all the players in the SIM initiatives, CHW, Peer Support, Care Coordinators, etc., may lead to fragmented care and complications for patients			**SIM DSR – March meeting will explore**
1/8/14	25 new HH primary care practices applied under Stage B opening – there are no identified			**Steering Committee**

	mechanisms or decisions on how to support these practices through the learning collaborative			
1/8/14	Data gathering for HH and BHHO measures is not determined	Need to determine CMS timeline for specifications as first step		**SIM Program Team/MaineCare/CMS**
1/8/14	Unclear on the regional capacity to support the BHHO structure	Look at regional capacity through applicants for Stage B;		**MaineCare**
1/8/14	Barriers to passing certain behavioral health information (e.g., substance abuse) may constrain integrated care	Explore State Waivers; work with Region 1 SAMSHA; Launch consumer engagement efforts to encourage patients to endorse sharing of information for care		**MaineCare; SIM Leadership Team; BHHO Learning Collaborative; Data Infrastructure Subcommittee**
1/8/14	Patients served by BHHO may not all be in HH primary care practices; Muskie analysis shows about 7000 patients in gag	Work with large providers to apply for HH; Educate members on options		**MaineCare; SIM Leadership Team**
1/8/14	People living with substance use disorders fall through the cracks between Stage A and Stage B Revised: SIM Stage A includes Substance Abuse as an eligible condition – however continuum of care, payment options; and other issues challenge the ability of this population to receive quality, continuous care across the delivery system	Identify how the HH Learning Collaborative can advance solutions for primary care; identify and assign mitigation to other stakeholders		**HH Learning Collaborative**
1/8/14	Care coordination across SIM Initiatives may become confusing and duplicative; particularly considering specific populations (e.g., people living with intellectual disabilities	Bring into March DSR Subcommittee for recommendations		
1/8/14	Sustainability of BHHO model and payment structure requires broad stakeholder commitment			**MaineCare; BHHO Learning Collaborative**
1/8/14	Consumers may not be appropriately educated/prepared for participation in HH/BHHO structures	Launch consumer engagement campaigns focused on MaineCare patients		**MaineCare; Delivery System Reform Subcommittee; SIM Leadership Team**
1/8/14	Learning Collaboratives for HH and BHHO may	Review technical capacity for		**Quality Counts**

	require technical innovations to support remote participation	facilitating learning collaboratives		
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 ensure that stakeholders are aware of the value being derived from the models to the Delivery System, Employers, Payers and Government	1) Work with existing evaluation teams from the 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		**HH Learning Collaborative; 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	1) clarify with the Governance Structure the actual ability of the Subcommittees to influence SIM initiatives, 2) define the tracking and	**Pros: mitigation steps will improve meeting process and clarify expected actions for**	**SIM Project Management**

	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.	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 expected actions the Subcommittee has.	**members;** **Cons: mitigation may not be sufficient for all members to feel appropriately empowered based on their expectations**	
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**
Payment for care coordination services is essential in order to ensure that a comprehensive approach to streamlined care coordination is sustainable	Electronic tools to support care coordination are essential, including shared electronic care plans that allow diverse care team access.
There are problems with MaineCare reimbursing for behavioral health integration services which could limit the ability of Health Home and BHHO's to accomplish integration.	
National Diabetes Prevention Program Business Models	HealthInfo Net notification functions and initiatives under SIM DSR; need ability to leverage HIT tools to accomplish the delivery system reform goals
Community Health Worker potential reimbursement/financing models	Recommendations for effective sharing of PHI for HH and BHHO; strategies to incorporate in Learning Collaboratives; Consumer education recommendations to encourage appropriate sharing of information
	Data gathering and reporting of quality measures for BHHO and HH;
	Team based care is required in BHHO; yet electronic health records don't easily track all team members – we need solutions to this functional problem
	How do we broaden use of all PCMH/HH primary care practices of the HIE and functions, such as real-time notifications for ER and Inpatient use and reports? How can we track uptake and use across the state (e.g., usage stats)
	What solutions (e.g, Direct Email) can be used to connect community providers (e.g., Community Health Workers) to critical care management information?
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	