

**Subcommittee: Evaluation**

**Date: April 22, 2015**

**Time: 3:00 to 5:00 pm**

**35 Anthony Avenue, Augusta, ME** 04333

**Co-Chairs**: Amy Wagner (DHHS/OCQI); Kathy Woods (Lewin)

**Core Member Attendance:** Poppy Arford (Consumer), Peter Kraut (DHHS/MaineCare), Jay Yoe (DHHS/OCQI), Andrew MacLean (Maine Medical Association), Peter Flotten (MeHMC), Cindy Seekins (Parent of Consumer), Jay Yoe (DHHS/OCQI), Jim Leonard (DHHS/MaineCare), Debra Wigand (Maine CDC)

**Interested Parties & Guests**: David Hanig (Lewin), Jessica Newman (Lewin), Andy Paradis (Lewin), Jade Christie-Maples (Lewin), Scott Good (Crescendo Consulting)

**Unable to attend**: Simonne Maline (Consumer), Sheryl Peavey (DHHS/Commissioner’s Office), Katherine Pelletreau (ME Assoc. of Health Plans), Lisa Letourneau (QC), Shaun Alfreds (Health Infonet), Angela Cole Westhoff (Maine Osteopathic Association), Sadel Davis (UPC of ME), Amy Dix (Office of MaineCare Services)

| **Topics** | **Lead** | **Notes** | **Actions/Decisions** |
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| 1. **Welcome & Introductions, Goals of meeting**
 | **Wagner****Woods** | * Provide a status update on SIM Self-Evaluation provider, key stakeholder, and consumer interview implementation
* Follow up on Core Metrics and Targets for Evaluation Plan
* Preliminary discussion of Research Collaborative and vision
* Risk Identification
* Update from most recent Steering Committee
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| 1. **Review and Approve March 25, 2015 Meeting Minutes**
 | **Wagner** | * March 25, 2015 meeting minutes were approved unanimously without any changes suggested for draft.
 | * March 25, 2015 meeting minutes approved.
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| 1. **Status update- Provider, Key Stakeholder, & Consumer interviews**
 | **Woods** | * Provider
	+ Crescendo has begun provider outreach process. Letters were distributed prior to the commencement of the outreach process. Thus far 40 interviews have been completed or scheduled to date.
		- Feedback has been very positive in the interviews that have been completed.
		- Interviews are likely to be completed sometime in June, however, where possible, Crescendo may conduct follow-up interviews to collect more from providers with important insights.
* Key Stakeholder
	+ Outreach to key stakeholders has yet to begin. Crescendo anticipates beginning this interview process in early May.
* Consumer
	+ The survey and methodology were approved by IRB and Market Decisions has begun consumer outreach.
	+ Information on initial consumer response to interviews and preliminary impressions will be shared at the next subcommittee meeting.
 | * Further updates will be provided at the next subcommittee meeting in May on the ongoing interview process.
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| 1. **Evaluation Plan**
* ***Core Metrics & targets***
* ***Committee Feedback***
 | **OCQI & Lewin** | * Lewin is collaborating with the Office of MaineCare Services and the Office of Continuous Quality Improvement to review and validate the methodologies used to calculate core metrics.
* Key steps (*following shows steps for MECare data; same steps to be applied to Commercial and Medicare subsequently)*:
	+ Lewin uses claims data to generate measures for ~2/3 of the ME Core Metrics. (*Remaining measures are not claims-based*)
	+ Compare summary results to reports issued by MECare
	+ Identify any significant differences and compare Lewin and MECare measurement criteria
	+ As needed, explore further with MECare to clearly understand reasons
	+ Finalize each measure by either 1) aligning the criteria; or 2) providing an explanation for any variation
* Commercial and Medicare data
	+ Commercial: MHDO will release updated commercial files 4/27/15
	+ Medicare: Obtaining Medicare data still in progress
* Once measures are vetted, identify appropriate benchmarks:
	+ “Benchmarks” are usually defined as how the top 90th percentile performs. Example: *For the top 10% of providers, XX% of their patients received the correct procedure*.
	+ Minutes approved with one clarification. *Commercial and Medicaid benchmarks shown on the dashboard are the 90th percentile of Medicaid HMOs as reported by HEDIS. The ABC benchmark is calculated by Lewin and is based on the top 10% of health home providers using MaineCare data.*
	+ Benchmarks are guideposts to what the system can aspire to.
	+ For overall ME SIM performance, we identify national benchmarks, such as NCQA, CMS, NQF. If a relevant national example isn’t available, we won’t display a national benchmark.
	+ For HHs and BHHs, we calculate the 90% benchmark based on the ME Care data and the providers participating in those programs using the “Achievable Benchmarks of Care” (ABC) Methodology. This is the 90% measure that is statistically adjusted
* Stakeholders can then use the benchmarks to help select “Targets”
* Targets are *achievable goals* that promote accountability and can be readily monitored
 | * Written feedback on Evaluation Plan is due the end of April to the subcommittee co-chairs.
* After further analysis, a small group may be convened to review performance targets. This review would then be brought to the subcommittee and up to the steering committee.
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| 1. **Research Collaborative**
 | **Yoe** | * The SIM Research Collaborative aims to establish an ongoing research and evaluation collaborative to build upon the evaluative research occurring under the SIM grant. The collaborative will:
	+ Facilitate ongoing research studies
	+ Test innovative health care delivery and reform approaches
	+ Implement targeted quality improvement initiatives
	+ Develop focused strategies for translating research
* OCQI and SIM leadership will support the development of the necessary infrastructure and assist with convening a collaborative of health care researchers.
* The collaborative should focus on research areas of most concern and most value to the region.
* Examples of areas for further exploration might include how accountable care achieves its reported savings, as well as further exploration of models that will improve behavioral health care delivery.
* Potential New England collaboration through New England Consortium and NASHP could be considered as a good starting place.
 | * OCQI will work with SIM governance to develop next steps including consultation with key partners, conveyance of small workgroup.
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| 1. **Risk Identification & Discussion**
 | **Committee** | * Access to Medicare data continues to be an issue.
* Lack of access to clinical data may also impede evaluation.
 | * Kathy Woods and Amy Wagner will follow up on next steps to address these issues.
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| 1. **Next Steps**
 | **Wagner****Woods** | * Next Meeting

May 27th, 2015, 3-5 pm Conference room A35 Anthony Avenue, Augusta * Future Discussion Topics
* Status Update of the Self-Evaluation Provider, Stakeholder, & Consumer interview process & early findings when available
* Presentation of Dashboard and preliminary Medicaid data analysis
* Sustainable Research Collaborative
* Follow up on today’s identified risks as necessary
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| 1. **Time for Public Comment**
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| 1. **Adjourn**
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**Next Meeting: Wednesday, May 27, 2015**

**Conference Room A, 35 Anthony Avenue, Augusta, Maine Please NOTE- this is a FRAGRANCE FREE building**

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| **Workgroup Risks Tracking** |
| **Date** | **Risk Definition** | **Mitigation Options** | **Pros/Cons** | **Assigned To** |
| 4/22/2015 | Delays in access to Medicare data |  |  | **Kathy Woods, Amy Wagner** |
| 4/22/2015 | Lack of access to clinical data for evaluation analysis purposes |  |  | **Kathy Woods, Amy Wagner** |
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| **Dependencies Tracking** |
| **Payment Reform** | **Data Infrastructure** | **Delivery System Reform** | **Other** |
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