



Maine SIM Evaluation Subcommittee



Today's Agenda

Welcome and Introductions

SIM Overview and Governance Structure

Overview of ME SIM Self-Evaluation

Evaluation Subcommittee

Evaluation Overview and Activities to Date

Dashboard Reporting Template

Next Steps

Public Comment

Goals for Today's Meeting

1. Understand the SIM grant and governance structure
2. Overview of the SIM self- evaluation plan and progress to date
3. Understand the purpose of the subcommittee and the role of the members and the co-chairs

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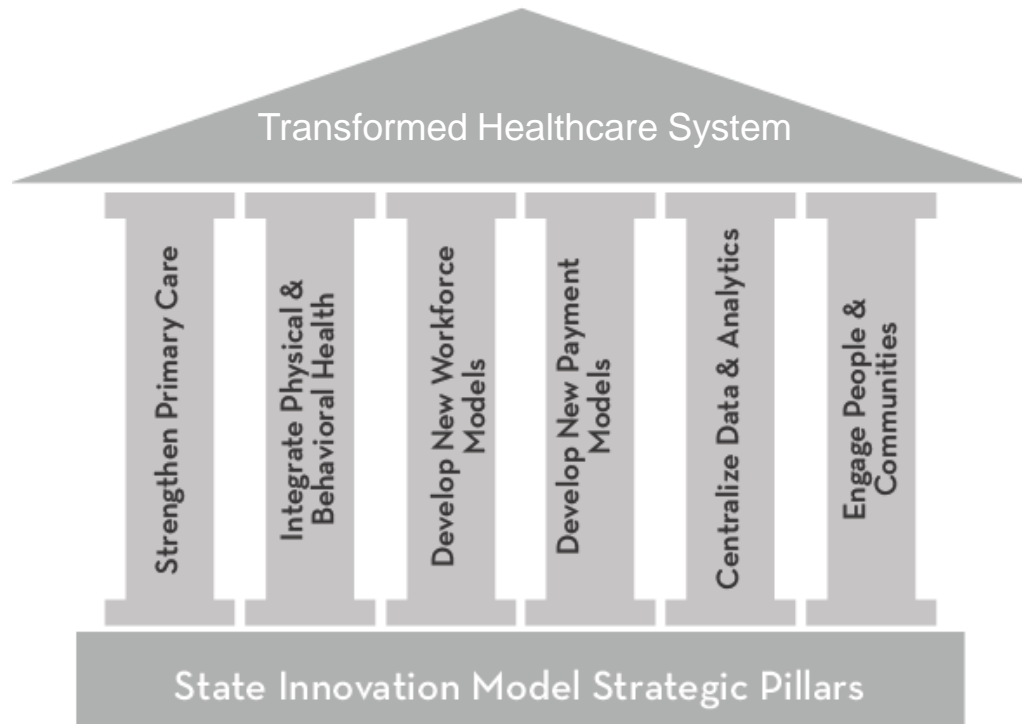
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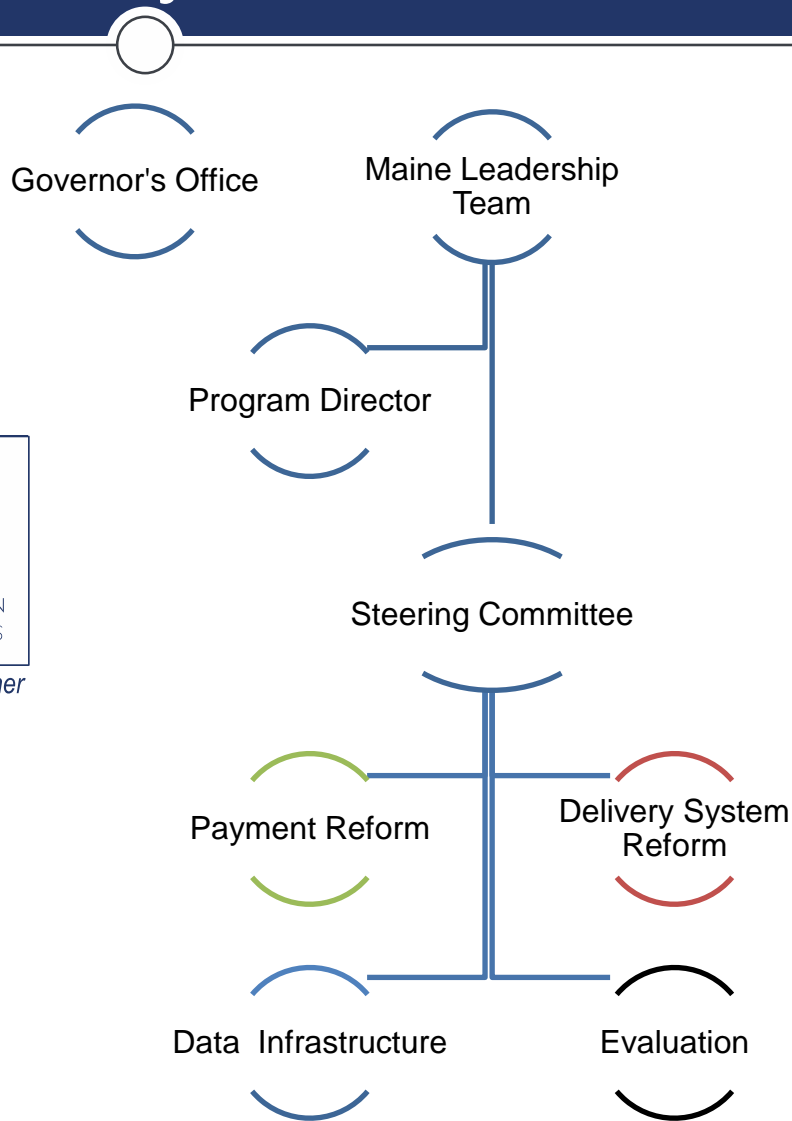
The Importance of SIM to Healthcare Transformation in ME

The six strategic pillars of the State Innovation Model (below) are each comprised of individual objectives that are aligned to effect meaningful change in our healthcare system.



Maine SIM Governance Structure

A heavy lift....



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Maine State Innovation Model Initiative



Our Mission

The Maine SIM initiative, through a collaborative process, will promote the alignment and acceleration of statewide innovations designed to improve health and health care and reduce health care costs for the people of Maine

Our Vision

Working together to promote innovations which transform health care and make Maine the healthiest state in the nation

Our Strategy

We will achieve this vision by leading and aligning efforts to transform health care delivery and payment using the following primary innovations:

Primary Innovations

Strengthen Primary Care	Integrate Physical & Behavioral Health	Develop New Workforce Models	Develop New Payment Models	Centralize Data & Analysis	Engage People & Communities
<ul style="list-style-type: none"> - Expand access to Patient Centered Medical Home (PCMH) / Health Home (HH) models - Provide quality improvement support, recognition & rewards to PCMH/HH practices - Provide leadership development opportunities for providers 	<ul style="list-style-type: none"> - Provide learning collaborative & technical assistance to help BH organizations move to Health Homes model, and to improve integration of physical and BH - Provide resources & assistance to BH providers for health information technology and interoperability - Develop BH quality measures 	<ul style="list-style-type: none"> - Develop Community Health Worker pilot in 5 communities - Develop Diabetes Prevention Program - Provide training for PCMH/HH practices to improve care for persons with developmental disabilities - Support efforts to Align Long Term Care with PCMH/HH models - Support the Improvement of care transitions 	<ul style="list-style-type: none"> - Support development of Accountable Community Organizations (ACOs) - Offer ACOs peer-to-peer learning - Develop common quality measures - Engage employers, payers, and consumers - Develop value-based insurance & benefit design 	<ul style="list-style-type: none"> - Support development & use of common quality & cost measures - Support the development of standard cost & quality reporting 	<ul style="list-style-type: none"> - Engage patients and families as active participants in their care - Conduct consumer engagement campaign, with special focus on MaineCare members - Promote Shared Decision-Making tools including Choosing Wisely - Measure and publicly report patient experience

Goals by 2017

- The total cost of care per member per month in Maine will fall to the national average
- Maine will improve the health of its population in at least four categories of disease prevalence (ie diabetes, mental health, obesity, etc)
- Maine will improve targeted practice patient experience scores by 2% from baseline for practices that participated in the 2012 survey
- Maine will increase from 50% to 66% the number of practices reporting on patient experience of care

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The Maine SIM Grant Evaluation

- **Multiple Evaluations Efforts:**
 - National Cross-site Evaluation (RTI)
 - Maine Specific Self-Evaluation (Lewin Group)
- **Self Evaluation: Three components:**
 - Process and Implementation
 - Cost Effectiveness
 - Impact and Effectiveness

SIM Self Evaluation: Core Activities

- Design and implement action-oriented, multi-year evaluation
- Establish Evaluation Sub-Committee to inform and guide evaluation activities
- Use of rapid cycle feedback of evaluation information to support and inform decision-making
- Use of core set of quality/performance metrics for use in monitoring the implementation and effectiveness of the State Innovation Model Innovations.
- Research collaborative to stimulate and support ongoing research to test the effectiveness of innovative healthcare models and interventions and the spread of best practices.

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Evaluation Subcommittee- Overview

- **Committee Objective-** Provide strategic oversight and guidance to the design and implementation of the following Maine SIM activities:
 - Project Evaluation
 - Performance reporting
 - Continuous quality and rapid cycle improvements
 - Dissemination of Evaluation activities
 - Development of a sustainable, local evaluation infrastructure
- **Membership & Meetings**
 - Membership established by ME DHHS
 - Monthly meetings, facilitated jointly by DHHS/OCQI and Lewin
 - Ad hoc input, as needed
 - Committee design & implementation in alignment with ME SIM Governance
 - Materials will be posted to Maine SIM website at <http://maine.gov/dhhs/sim/committees/evaluation.shtml>

Expectations for Effective Meetings*

- Core member engagement - meeting prep with co-chair(s) as needed
- Telephone and ready talk whenever possible
- Prep prior to meeting whenever possible
- Follow through on action items assigned to you
- Delegate and recruit subject matter experts along the way, invite to present etc.
- Ask questions
- Avoid use of acronyms- use lay terms wherever possible
- Parking lot for new issues/discussion topics
- Decisions by consensus of members
- Consent agenda will be used to adopt procedural items
- Minutes - document of record, tracks discussion, decisions, action items and risks for steering committee
- Meeting etiquette- avoid interruptions, “equal” air time, avoid recap for late attendees, etc.

**Adapted from Maine SIM Data Infrastructure Subcommittee meeting materials 10.31.2013*

General Accountabilities of Sub-Committee Members

- Serve as a liaison to State programs, committees, and organizations to ensure proactive communication of SIM initiatives.
- Provide expertise and input on the SIM evaluation activities, including:
 - Strategic oversight and guidance to the design and implementation of project evaluation, performance reporting, CQI, and evaluation dissemination
 - Feedback and input on the development of a coherent, coordinated and sustainable measurement, evaluation, and quality improvement framework for innovation strategies and initiatives
 - Insight and feedback on existing data sets/sources and evaluation protocols/tools.
 - Strategic thinking, in partnership with the Steering Committee, related to early outcomes and rapid cycle learning
 - Development of local evaluation infrastructure as part of a sustainable research collaborative designed to build on the effectiveness of SIM models in the improvement of care quality, reduction of health risks, improvement of health outcomes, and reduction of health care costs
- Engage fully in subcommittee meetings and activities, as identified by the co-chairs.

General Accountabilities of Subcommittee Co- Chairs (OCQI & Lewin)

- Schedule monthly meetings for sub-committee members to provide strategic oversight and guidance for the implementation of SIM project evaluation, performance reporting, quality improvement, and dissemination activities.
- Manage the collaboration required between subcommittee members and entities who are executing the SIM deliverables, to ensure achievement of subcommittee objectives.
- Leverage insights from subcommittee membership in delivery approach to maximize solution effectiveness.
- Manage and facilitate the work of the subcommittee, which includes but is not limited to, ensuring collaboration and coordination of all work identified in subcommittee scope, tracking dependencies, escalating issues and risks, and reporting progress through SIM Governance structure.
- Ensure effective meetings and engagement of subcommittee members, with goal of retaining full membership in subcommittee through course of SIM award.
- Report monthly on the progress of subcommittee activities and objectives, including any decisions made or risks identified, to the Program Director as required to support the management of the overall integrated SIM plan.

General Accountabilities of Subcommittee Co- Chairs (OCQI & Lewin) Continued

- Maintain an issue and risk log and deliver it to the Steering Committee through the Program Director. Each will include a clear definition, defined options for mitigation (including pros/cons related to each), and a recommended option.
- Manage overall composition of subcommittee, ensuring composition requirements are maintained.
- Add additional ad hoc members at their discretion. If a new, permanent appointment is desired, the co-chairs will bring it to the Steering Committee.
- Maintain an interested parties list. Interested parties will receive electronic notices of all meetings and electronic copies of all mailings. The co-chairs may ask interested parties with specific expertise in a subject germane to the work of the subcommittee to serve as an ad hoc member of the subcommittee.

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Setting the Stage: Maine SIM Self Evaluation

- Current SIM work builds on decades of reform efforts in Maine
- SIM funding provides Maine the opportunity to knit together these efforts and conduct a rigorous evaluation
- Rapid cycle learning is key to SIM success - the evaluation will identify best practices and lessons learned to spread success and implement mid-course corrections
- Evaluation activities will seek to measure the effectiveness and influence of SIM innovations across the health care system
- Lewin is partnering with Maine DHHS on a multi-faceted, multi-year evaluation of SIM initiatives to reduce health care costs, improve quality and outcomes, and increase patient satisfaction

Components of the Maine SIM Evaluation

Process and Implementation Study

- Conduct an implementation study that will gather qualitative data from providers, consumers, and health systems to assess perceptions, identify challenges, and develop strategies for success

Cost Effectiveness Study

- Support the State of Maine by analyzing changes in health care service utilization and costs and returns on investments linked to SIM initiatives, specifically the health homes, behavioral health homes, PCMH, and Accountable Communities.

Impact and Effectiveness Study

- Design and implement multiple investigations aimed at testing the impact and effectiveness of Innovation Model interventions including Health Homes, Behavioral Health Homes, PCMH, and Accountable Communities.

Reporting

*Quarterly, Annual, and Regular Steering Committee and Subcommittee Updates
Facilitated Discussions of Early Learnings and Rapid Cycle Improvements*

Evaluation Subcommittee

*Provide strategic insight into evaluation and reporting
Support the development of sustainable research collaborative*

Key Research Questions: Implementation/Process Evaluation

- What factors influence the adoption and spread of model enhancements?
- To what extent are model components implemented consistently and with fidelity?
- What system, practice, and beneficiary level factors are associated with the model outcomes?

Method: Implementation/Process Evaluation

- Key Informant and Provider Interviews
 - Lewin will partner with Crescendo Consulting Group, based in Portland
 - Crescendo to conduct focus groups and key informant interviews
 - Questions will:
 - Gather perspectives on implementation process for specific initiatives
 - Identify recommendations for improvement.
- Enrollee Survey
 - Lewin will partner with Market Decisions, based in Portland
 - Phone surveys with approximately 1500 enrollees, across SIM initiatives
 - Questions will be based on the CAHPS survey and supplemented with questions specific to the ME SIM initiative and evaluation goals

Key Research Questions: Cost Effectiveness Evaluation

- Does the model implementation lead to changes in service utilization patterns and reduced per member per month:
 - Total
 - Medical, and
 - Behavioral health care costs?
- If so, to what extent?

Method: Cost Effectiveness Evaluation

- Cost effectiveness study will:
 - Evaluate changes in service utilization trends and associated costs, and
 - Analyze cost savings and return on investment (ROI) linked to the planned primary care and health home practice innovations
- Changes in aggregate expenditures will be analyzed using a difference in difference model.
- Cost-effectiveness is primarily assessed by measuring the change in per-member-per-month (PMPM) expenditures from medical and pharmacy claims data for members engaged in SIM relative to a comparison group. Risk adjustment to take into account variation in severity of disease.
- Data and findings presented using Tableau® software

Key Research Questions: Impact and Effectiveness Evaluation

- Does the model lead to improvements in care coordination and less fragmentation of care and, if so, for what populations and to what extent?
- Does the model lead to improvements in quality and processes of care and, if so, to what extent?
- To what extent does the model improve the level of integration of physical and behavioral health across Maine's health care system?
- Does the model lead to improvements in beneficiary health, well-being, function, and reduced health risk behaviors, and if so, to what extent?
- Does the model lead to improved beneficiary experiences of care and perception of services and, if so, to what extent?
- What system, practice, and beneficiary level factors are associated with the model outcomes?

Method: Impact and Effectiveness Evaluation

- Integrate qualitative and quantitative methods previously described to analyze relevant data and answer the key research questions of this study
- Separate investigations will be conducted to assess the individual impact of four key SIM interventions: Stage A Health Homes, Stage B Health Homes, Patient Centered Medical Homes, and MaineCare Accountable Communities.
- Additional investigations may be used to explore the impact of other interventions and related SIM activities beyond those specified above (e.g. the Community Health Worker or Community Care Team pilots)

For Consideration: Additional Domains for Self-Evaluation

- Care Transitions
- Care Coordination
- Physical Health / Behavioral Health Integration
- Integration Healthcare systems/ Public health/ Community care
- Patient/Family centered care
- Prevention Quality Indicators (PQIs)

Reporting

- Quarterly Dashboard
 - Demonstration to follow
 - Update on cost-effectiveness and impact evaluation measures, with measures to be phased in over time
 - To be shared with Evaluation Subcommittee and SIM Partners prior to broader dissemination
 - Suitable for leadership and external audiences
- Quarterly Presentation to Steering Committee
 - Status update on evaluation
 - Facilitated discussions of rapid cycle improvements and development of learning opportunities
- Annual Report and Presentation to Steering Committee
 - Annual report will be drafted for review and input by Evaluation Subcommittee and approved by ME DHHS
 - Presentation of findings will occur in month following submission of the Annual Report

Lewin's Activities to Date

- Planning Activities
 - Draft Evaluation Subcommittee charter and procedures
 - Conducted preliminary meetings with SIM partners to review current processes and ensure alignment of work
 - Conducted preliminary meetings with Muskie and RTI to begin establishing coordination for evaluation activities
 - Development of SIM Evaluation Plan
 - Regular meetings with OCQI
 - Participation in Steering Committee and SIM Partner Meetings
- Implementation/Process Evaluation Status
 - Development of approach to provider, stakeholder, and enrollee assessment of experience, in partnership with Crescendo Consulting Group and Market Decisions
 - Initiated IRB process
 - Compilation of CMMI Accountability Targets from SIM Partners

Lewin's Activities to Date, continued

- Cost Effectiveness Evaluation Status
 - Completion of data use agreements, ongoing
 - Acquisition and initial review of MaineCare data
 - Acquisition of commercial and Medicare data with assistance of MHMC and attribution data from Muskie are in progress
- Impact/Effectiveness Evaluation Status
 - Identification of potential additional measure domain, as described earlier
 - Multiple revisions and discussions of SIM Evaluation Logic Model

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Quarterly Dashboard Demonstration

Andy Paradis will provide a demonstration of the Tableau tool, to be used as the quarterly dashboard reporting under the SIM Self-Evaluation.

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Sub-committee next steps

- Next meeting
 - Wednesday, January 28th, 2015 3-5 pm
Pine Tree Room, Office of Child & Family Services
2 Anthony Lane, Augusta
- Future discussion topics
 - Research Collaborative
 - Evaluation plan details and timeline
 - Evaluation Tools
 - Review of early findings

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