

**Subcommittee: Evaluation**

**Date: February 3, 2016**

**Time: 2:00 to 4:00 pm**

**2 Anthony Avenue, Augusta, ME** 04333

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

**Core Member Attendance:** Jay Yoe (DHHS/OCQI), Peter Flotten (MHMC), Katherine Pelletreau (ME Assoc. of Health Plans), Peter Kraut (DHHS/MaineCare), Sadel Davis (UPC of Maine), Jim Leonard (DHHS/MaineCare), Poppy Arford (Consumer), Shaun Alfreds (HealthInfoNet), Amy Dix (Office of MaineCare Services), Chuck Pritchard (Maine Quality Counts), Andrew MacLean (Maine Medical Association), Cindy Seekins (Parent of Consumer), Debra Wigand (Maine CDC)

**Interested Parties & Guests**: David Hanig (Lewin), Tanya Disney (Lewin),Andy Paradis (Lewin), Jade Christie-Maples (Lewin), Brian Robertson (Market Decisions), Mark Noyes (Market Decisions), Curtis Mildner (Market Decisions), Randy Chenard (Maine SIM)

**Unable to attend**: Simonne Maline (Consumer), Sheryl Peavey (DHHS/Commissioner’s Office), Angela Cole Westhoff (Maine Osteopathic Association)

| **Topics** | **Lead** | **Notes** | **Actions/Decisions** |
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| 1. **Welcome and Introductions**

**Goals of meeting** | **Woods****Wagner** | * Review last month’s minutes
* Update on SORT/MLT Process
* Clinical Data Risk Update
* Consumer Interview Tools Review
* Provider/Stakeholder Interview Tools Updated Approach
* Rapid Cycle Improvement Update
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| 1. **Review and Approve January 6, 2016 Meeting Minutes**
 | **Woods** | * The January minutes approved without changes.
 | * Lewin will have the meeting minutes posted to the Maine SIM website.
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| 1. **SORT/MLT directions for SIM year 3 focus**
 | **Chenard** **Yoe** | * The SORT process was completed with Maine Leadership Team (MLT) making decisions for 2016 SIM focus based on recommendations from SORT and Steering Committee comments. Outcomes were communicated to Steering Committee January 15th.
* There is also a decision to increase specific focus on diabetes care and fragmented care. This was communicated to Steering Committee January 26th. MLT now working to determine what adjustments should be made to objectives in order to impact those areas.
* Members discussed how this might impact the Evaluation Subcommittee’s focus. Specifically, an enhanced understanding of key measures for fragmented care and diabetes care will be necessary to know where SIM’s impact might be and to support further rapid cycle improvement opportunities.
 | * Informational to committee; Members were invited to attend a special SIM Steering Committee meeting on February 4, 2016 to further discuss the Maine SIM core metric fragmented care index measure.
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| 1. **Clinical Data Risk- status update**
 | **Leonard** | * Recent MaineCare communications with Office of National Coordinator (ONC) and Health Information Technology (HIT) Director about Electronic Clinical Quality Measures (eCQM) uses and benefits as part of Meaningful Use introduced at opportunity to further address the clinical data risk. While SIM introduced expectations that some clinical measures would be collected and reported, the means to do so consistently has remained an issue.
* There are inconsistencies among EHR vendors for generating clinical data. MaineCare collects clinical data from providers participating on Meaningful Use through a state level repository and that has significant variation in what providers are able to provide.
* MaineCare is working with HIN to test collection of one measure – Diabetes HbA1c since the use case is well defined. They are currently working to assess state needs and overall capabilities, HIE readiness, etc.
* Next steps will include governance development through forming multi-stakeholder committee, development and presentation of a draft plan, and other activities. The aim is to have a draft plan by 9/15/2016.
* Committee members emphasized that it needs to be very clear how the state plans to use this information and they need absolute provider buy in to be effective.
 | * Updates will be provided to the Subcommittee as available.
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| 1. **2016 Consumer research tools- “final edits” and discussion**
 | **Robertson** | * While the 2015 survey identified strengths and challenges of consumer experience related to SIM, it didn’t always collect enough specific consumer feedback to inform quality improvement.
* The updated instrument will include open-ended follow up questions to specific focus areas: communications and patient engagement, coordination of care, and expectations and outcomes. In addition, there will be new topics for questions regarding patient involvement, emergency department use, and barriers to care.
* Subcommittee members discussed assessing consumer perceptions of changes in care over the prior 12 months, as well as how to target perceived expectations most effectively. Members also emphasized a need to ensure consumers understand that their feedback will not impact or change the care they receive.
* Members discussed the importance of questions about Emergency Department use as well as services that consumers might forego because of cost because they would not offer this information without being asked. Members suggested various approaches to these types of questions and also recommended including a question about transportation barriers.
 | * Market Decisions will be updating the tools based on Subcommittee feedback. A final iteration will be distributed prior to the March meeting with the intention of seeking Subcommittee approval at that time.
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| 1. **2016 Provider/Stakeholder research**
 | **Mildner** | * The Market Decisions 2016 provider/stakeholder research proposal plans to enhance the research process for providers and stakeholders based on lessons learned from 2015. The proposed methodology includes five distinct data collection and reporting efforts aligned to the key SIM initiatives using interviews as well as focus groups.
* Focus groups will be structured to allow for naturally flowing discussions over 2 hours.
* Provider interviews will be tailored to provider types, with experience interviewers using interview software to help track responses accurately. The process will also target the most appropriate or knowledgeable respondent within each provider group to answer specific questions.
* Subcommittee members discussed the proposed methodology briefly, highlighting the need to consider multiple respondents for specific interventions. There was also discussion for how to best coordinate focus groups in a way that allows for substantial participation of key players. For example, one member suggested coordinating a BHH focus group around long-standing, bi-monthly BHH meetings.
 | * Members were asked to consider the key information and questions they think should be included for this second round of data collection. Topics will be further discussed during the March meeting.
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| 1. **Rapid Cycle Improvement: Next Steps**
 |  | * Topic was not discussed and will be covered in the March meeting.
 | * To be discussed during the March meeting.
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| 1. **Time for Public Comment**
 |  | No comment |  |
| 1. **Next Steps**
 | **Wagner** | * Continue Rapid Cycle Improvement Discussions
* Review/revision Provider, Stakeholder research tools
* Target setting progress for Commercial & Medicare- progress update
* Updated Maine SIM dashboard review
* Follow up on clinical data risk and other identified risks as necessary
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**Next Meeting: Wednesday, March 2, 2015 from 2:00 pm to 4:00 pm**

**Pine Tree Room 2 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** |
| 6/24/2015 | Once access to Medicare data is granted there are still issues related to processing delays and the lag time of available claims information e.g. July 2015 will receive Medicare claims data for calendar year 2014 & pharmacy data for calendar year 2013; | Limited ability to influence. Note that Lewin has received Medicare data. | Limited ability to influence- inform Steering Committee as relates to evaluation process | **Kathy Woods, Amy Wagner** |
| 6/24/2015 | Potential delays in timely access to Commercial data due to time lags in release of data | There is a four month lag for data at this time, but it is anticipated that data through March 2014 will be sent to Lewin in July 2015. Limited ability to influence. Note that Lewin has received commercial data. | Limited ability to influence- inform Steering Committee as relates to evaluation process | **Kathy Woods, Amy Wagner** |
| 6/24/2015 | Lack of access to clinical data for evaluation analysis purposes | 6/24/15 This issue will be sent to the Data Infrastructure Subcommittee for consideration. 10/28/15 – This topic was discussed again with the Evaluation Subcommittee members. A small group will likely be convened to discuss priorities and next steps for this issue. Jim Leonard volunteered to facilitate next steps.2/3/16 – Subcommittee members received update on MaineCare efforts to begin mobilization for testing collection of Diabetes HbA1c. Needs assessment is currently underway, with aim to develop governance structure and draft plan by September 2016.  | Both core measures and SPA reporting requirements include clinical data measures.  | **Jim Leonard; Kathy Woods, Amy Wagner** |
| 6/24/2015 | Delays in access to Medicare data | DUA is with CMS for approval. Once received, data will be transferred. **Risk has been resolved, as Medicare data was received in July.** | **Resolved** | **Andy Paradis / Kathy Woods / Peter Flotten** |
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| **Dependencies Tracking** |
| **Payment Reform** | **Data Infrastructure** | **Delivery System Reform** | **Other** |
|  | Lack of access to clinical data for evaluation analysis purposes |  |  |