

**Subcommittee: Evaluation**

**Date: June 24, 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:** Jay Yoe (DHHS/OCQI), Andrew MacLean (Maine Medical Association), Peter Flotten (MeHMC), Cindy Seekins (Parent of Consumer), Jim Leonard (DHHS/MaineCare), Debra Wigand (Maine CDC), Angela Cole Westhoff (Maine Osteopathic Association), Sadel Davis (UPC of ME), Katherine Pelletreau (ME Assoc. of Health Plans), Lisa Letourneau (QC), Amy Dix (Office of MaineCare Services), Poppy Arford (Consumer)

**Interested Parties & Guests**: Christopher Pezzullo, Dale Hamilton, Kristine Ossenfort (Anthem BCBS), Rhonda Selvin (MaineGeneral Health), Jessica Newman (Lewin), Andy Paradis (Lewin), Jade Christie-Maples (Lewin), Jim Kupel (Crescendo Consulting), Brian Robertson (Market Decisions), Randal Chenard (SIM)

**Unable to attend**: Peter Kraut (DHHS/MaineCare), Simonne Maline (Consumer), Sheryl Peavey (DHHS/Commissioner’s Office), Shaun Alfreds (Health Infonet)

| **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 interviews * Provide input to Crescendo and Market Decisions regarding format and what to include in reports * Review risks previously identified and identify any additional risks that require discussion * Review goal setting process for Core Measures |  |
| 1. **Review and Approve May 27, 2015 Meeting Minutes** | **Woods** | * An amendment was proposed to clarify that only benchmarks for MaineCare have been calculated. * With the amendment included, the minutes were approved unanimously. | * Minutes will be posted to the SIM website once amendment is applied. |
| 1. **Status update: Provider and Key Stakeholder Interviews** | **Kupel** | * Crescendo has met its interview goals and the instrument has resulted in very responsive feedback from providers and stakeholders. * The subcommittee discussed ensuring they are able to access actionable data soon. Requested wherever possible to align characteristics of responses to relevant cohorts (e.g. HH, BH HH, etc). Lewin and OCQI will meet with Crescendo to prepare a review of preliminary actionable items for committee discussion at the July meeting. | * Committee to Provide input to Crescendo regarding final report format and other desired information by June 30th. |
| 1. **Status update: Consumer Interviews** | **Robertson** | * Consumer interviews are still underway. The mailed survey resulted in fewer responses than originally anticipated. Market Decisions has restarted phone interviews and anticipate finishing data collection in early July. * Actionable data will focus on strengths and weaknesses identified in SIM based on consumer feedback, and how they are impacting outcomes. MaineCare is looking forward to incorporating this feedback into SIM initiatives. Requested wherever possible to align characteristics of responses to relevant cohorts (e.g. HH, BH HH, etc).Lewin and OCQI will meet with Market Decisions to prepare a review of preliminary actionable items for committee discussion at the July meeting. | * Committee to Provide input to Crescendo regarding final report format and other desired information by June 30th. |
| 1. **Risk Identification and Discussion** | **Wagner**  **Woods** | * Risks previously identified:   + Delays in access to Medicare data   + Potential delays in timely access to Medicare data due to time lags in release of data   + Potential delays in timely access to Commercial data due to time lags in release of data   + Lack of access to clinical data for evaluation analysis purposes * The delays in access to Medicare data due to processing of DUAs. The DUA has been sent to CMS for approval and it is anticipated Lewin will receive data through 2014 in July 2015. * The delays in access to commercial data have similarly been tied to delays in data processing. It is anticipated Lewin will receive claims data through March 2015 in July. * There is a limited access to clinical data for evaluation purposes. Since many core measures, as well as the SPA reporting requirements, are clinically based, it is an important issue to consider. The subcommittee decided this issue should be sent to the Data Infrastructure Subcommittee for further consideration. | * Access to commercial and Medicare data is anticipated for July – Lewin and OCQI will provide update at the July meeting. * Clinical data access concerns will be sent to the Data Infrastructure Subcommittee for further consideration. (Amy Wagner/Kathy Woods) * Data time lags to be reported to Steering Committee as informational/ impact to Evaluation, but limited ability to resolve (Amy Wagner / Kathy Woods) |
| 1. **Goal Setting for Core Measures** | **Yoe**  **Chenard** | * The SIM core evaluation measure targets are intended to contribute to the SIM Triple Aim goals * Sharpened focus creates more direct ability to evaluate SIM interventions and determine the overall trends throughout the State for all payer populations * Targets promote “laser beam focus” of all payers on critical and mutually agreed upon measures * Greater alignment of measures reduces administrative burden and change fatigue for providers * SIM core evaluation measures and associated targets are **not** intended to be used to determine payment amounts * The Maine Leadership Team is charging the SIM Steering Committee with the development of SIM core evaluation measure targets for MaineCare, Commercial, and Medicare by the end of SIM Year 2 - September 30, 2015. * The group discussed the importance of correctly attributing changes observed in the evaluation to their respective influencers (SIM and non-SIM), and the importance of setting realistic goals that are aimed at the key areas the state wants to address. * Target setting messaging also needs to include the fact that the targets are at the state-wide level looking across the SIM initiative, not at the individual practice level * The committee requested additional written definition/clarity of the various fields on the core measure grid & the process by which the fields were determined (e.g. risk adjustment, benchmarks) | * Dr. Yoe working with MaineCare to finalize MaineCare targets (those unable to be discussed at the June meeting)- final MaineCare targets will be presented to the committee in July; a process paper/ definition document will be disseminated along with the MaineCare targets & will be utilized as the framework for establishing Commercial & Medicare targets. * Provider representatives from Delivery System Reform committee will be invited to join continuation of discussion at the July meeting |
| 1. **Next Steps** | **Wagner**  **Woods** | * Next Meeting:   July 22, 2015, 3-5 pm  Conference room A  35 Anthony Avenue, Augusta   * Future Discussion Topics * Provider, Stakeholder, & Consumer interview early findings * MaineCare core measure goal setting * Presentation of SIM Dashboard and preliminary data analysis * Follow up on identified risks as necessary |  |

**Next Meeting: Wednesday, July 22, 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** |
| 6/24/2015 | Delays in access to Medicare data | DUA is with CMS for approval. Once received, data will be transferred. – | Risk should be mitigated within the next month | **Andy Paradis / Kathy Woods / Peter Flotten** |
| 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. | 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. | 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 | This issue will be sent to the Data Infrastructure Subcommittee for consideration. | Both core measures and SPA reporting requirements include clinical data measures. | **Kathy Woods, Amy Wagner** |
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| **Dependencies Tracking** | | | |
| **Payment Reform** | **Data Infrastructure** | **Delivery System Reform** | **Other** |
|  | Lack of access to clinical data for evaluation analysis purposes |  |  |
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