|  |  |
| --- | --- |
|  | **SIM Leadership Team****Friday, August 1st 2014****12:00 p.m.-1:30p.m.****Main Conference Room****221 State Street** |

Attendance: Absence:

Holly Lusk, Senior Policy Advisor, Governor’s Office, Chair Terry M. Hayes, Representative, Maine State Legislature

Anne Head, Commissioner, Professional and Financial Regulations Michael D. Thibodeau, Senator, Maine State Legislature

Randy Chenard, SIM Program Director , DHHS Richard Rosen, Deputy Commissioner, DAFS

Kevin S. Flanigan, MD, Medical Director, OMS/DHHS Mary Mayhew, Commissioner, DHHS Jim Leonard, Deputy Director, OMS/DHHS David Simsarian, Director, Business Technology, DHHS

 Stefanie Nadeau, Director, OMS/ DHHS

Interested Parties:

James Martin, Director OADS

Dave Lawlor, Executive Director, Mobious

| **Agenda** | **Discussion** | **Next Steps** |
| --- | --- | --- |
| **Review and Acceptance of Meeting Minutes**  | * Minutes were accepted without revision.
* Holly informed the committee that Carly McLean will be covering for her while she is out on leave. She stated that Commissioner Head will be acting as Chair in her absence. Randy will provide Commissioner Head with weekly updates while Holly is out.
* Randy will be discussing MLT membership with Commissioner Mayhew, as there are some participants that have not been active and Year Two of the grant will be starting soon.
 | Randy will discuss MLT membership with Commissioner Mayhew.  |
| **SIM Funding Request Process and****Intellectual Disability/Developmental Disability SIM Funding Request****Objective: Obtain MLT decision on moving forward with funding for SIM ID/DD objective**  | * Jim Martin summarized that a small group of participants have been meeting regularly since the end of April to try to identify the right purpose for the dollars set aside for this project. He stated that the goal is to develop something that will be sustainable and improve the bifurcation that exists between physical health care and social services that are involved with this population. He emphasized that the State stands out nationally for overall spend on the care of its I/DD members. He did say that Maine has done well controlling spending for chronic conditions over the past 20 years. Person Centered Planning has become an important component to the care of these individuals but his concern is that they don’t necessarily establish health and wellness goals as common practice. Jim explained that the idea for this project is to provide training to TCM providers and Primary Care providers that will encourage communication across the silos and to improve the Person Centered Planning process. The other piece is to increase overall knowledge about comorbid chronic conditions common to those with I/DD.
* Commissioner Head asked for examples of comorbid conditions. It was answered that those with moderate to severe Autism Spectrum Disorder are 40% more likely to develop a seizure disorder. People with Down Sydrome have higher chances of heart issues, and there are specific and, potentially long-lasting, side effects from certain prescription drugs
* Jim Martin advised that the project would request a Sole Source contract with Maine Developmental Disabilities Council. He said that there will be a creation of a Technical Assistance Registered Nurse that would be available to field calls from providers working in the field and help ensure that training takes hold. Jim Leonard asked if there was a plan to make policy recommendations for specific training requirements. Jim Martin responded that the plan was to loop back after the pilot ends and inform changes to policy. Randy asked what were the expected outcomes from the pilot. Jim Leonard said it’s important to look at the System level; whether there are changes to policy surrounding integrated health training requirements for TCM providers. Jim Martin said he would also like to see changes to the Person Centered Planning, incorporating health goals into it.
* Jim Martin stated that he was recommending the Sole Source with the DD Council because of their unique position in this community. Holly expressed concern about a Sole Source where they funnel money into the DD Council and the funds end up being all sub-contracted out to other agencies. Jim Martin stated that was not his understanding of how they would be handling the grant money. He thought that there may be one partner for actually developing the curriculum, but it was not his impression that they would be doing several subcontracts. Dr. Flanigan asked if they would be subcontracting with Quality Counts. It was answered that the DD Council planned to work with QC for the breakout sessions, but the idea was that it was leveraging their current contract.
* Dr. Flanigan requested to see a budget and Jim Leonard said he would like to see a work plan. Holly asked if it was something that would need to be added under the Louin contract, Randy answered that was not the case as these funds were set aside in the original grant budget. Holly said once they receive the budget and work plan they can just take a vote through email.

  | Randy will forward the work plan and budget, once received, to the MLT for an email vote.  |
| **SIM June Steering Committee Report****Objective: Review the June SIM Steering Committee Report** | * Dr. Flanigan stated that the last SIM Steering Committee meeting was primarily focused on risk mitigation and management. He reviewed the Steering Committee report with the committee, and explained that the risk involving “Change fatigue”. He explained that they broke into small groups to further define and offer potential solutions to this risk. He said there is still a lot of work to be done around the issue.
* Commissioner Head asked what the term “change fatigue” means. Jim Leonard explained that it essentially just means that providers are tired of making changes. Dr. Flanigan further explained that Primary Care providers are facing a never ending cycle of change; especially involving quality and clinical measures. He said that most industries are constantly changing, medicine is only recently starting to experience this and they need to learn to adapt.
* Dr. Flanigan also discussed the risk involving Care Coordination. He stated that almost every aspect of the healthcare system had care coordinators and this was proving to be a problem, especially when it comes to duplication of services. Right now there are care coordinators involved in Emergency Departments, Primary Care offices, I/DD providers, and Behavioral Health providers. He explained that Delivery System Reform subcommittee had brought up the risk and it will be discussed in the Payment Reform subcommittee as well. Commissioner Head asked how this was initially brought up. Dr. Flanigan stated that it came from patients because they would leave the hospital and get phone calls from 5 or 6 different care coordinators, and were frustrated by this.
* Dr. Flanigan then discussed a new risk on the log that originated with a MaineCare member that was on the Steering Committee. She had pointed out that there was a general lack of knowledge by MaineCare members on how to manage their chronic condition. There needs to be work done on educating providers on how to transfer and communicate with patients on how to manage their chronic condition. He said this risk will be further worked through by the Steering Committee, which will help prove how effective the Risk Mitigation process is.
* The last risk discussed was the one surrounding the Enhanced Primary Care payments, as Medicare is set to end their Medical Home pilot in December. Dr. Flanigan explained that losing the multi-payer aspect would be detrimental to the work under SIM. He said SIM partners have been in communication with CMS about the concern. Randy stated in his last conversation with Fran at CMMI she did not have an update, but had let him know there was active discussion in CMS about continuing the pilot.
 | .  |
| **Risk Mitigation Process and Reporting****Objective: Provide a quick overview of SIM Risk Mitigation process as approved by CMS and review draft Risk Reporting template to obtain MLT feedback****Risks: No Risks escalated to MLT at this time** | * Randy stated that although there were no risks that are escalated to the MLT, he wanted to give an overview of the SIM Risk Mitigation process that was recently approved by CMS. He also wanted to review the draft of the Risk Reporting template. Jim Leonard asked about unanticipated risks, like Michelle leaving and the intellectual capital lost because of that. Randy said that all risks initially are unanticipated and that they are being very liberal about putting risks on the log and could put that one on the log.
* Randy explained the Risk Reporting document. He stated that depending on the risk calculation score, there is an established “waterline”, if the risk score is above the water line then it will be dealt with. Those that fall below the “water line” are not considered to be a priority. He also showed where they can find quick status updates on the log.
* Jim Leonard provided the MLT with an update on the Accountable Communities initiative. He advised that they are waiting for feedback on the contracts from the participants. They will be back dating the contracts to August 1st, once they are finalized. Holly stated that she would like to take a look at the contracts for the Accountable Communities.
* Jim Leonard asked Randy to change the color scheme to something more intuitive because the most critical risks were in green, which ended up making the document more confusing. Commissioner Head asked about Risk 15, if they had hired professionals. Randy said that MHMC had hired someone for data analytics. Jim Leonard asked if maybe they could put a short description of how risks ended up being resolved, what the solution ended up being. Randy said he would incorporate that in the future.
 | Holly would like to review the Accountable Communities contract.  |
| **Leadership Development RFP Direction****Objective: Update SIM MLT regarding SIM Leadership Development status. Steering Committee requested more information on the Leadership Development program. That additional information will be provided to the Steering Committee in the August meeting, scheduled for August 27.** | * Dr. Flanigan updated the MLT on the Leadership Development status. He advised that the MLT had suggested using MeCDC’s preferred vendor list. This project was put to the Steering Committee as part of the new funding request process. The Steering Committee had several questions about this, what the goals were and how would it be sustainable. Dr. Flanigan was working on answering these for the August Steering Committee meeting.
* Holly asked if that would leave additional unallocated funds if it was decided not to pursue it. Randy said it has taken a little while but they have an idea of the amount of unallocated funds, at about $1 million. He said it was good to hold on to for additional funding for the Quality Counts assistance to any new Health Homes. Jim stated that it was good to have until 50% of the grant time is up, because thinking about how long it will take to encumber, you will only have a small window of time to spend it and CMMI could recoup the unallocated funds. Holly asked about any other funding requests, specifically theask that Sheryl had made a few months ago. Randy said he would ask for more information from Sheryl and will discuss it further with Holly over email.
* Dr. Flanigan said they were still waiting on a tiered approach from Quality Counts for their Technical Assistance, as not every new Health Home will need the same level of help with the transition. Holly asked if that funding request for the new HHs will have to go through the Steering Committee. Randy said it may not have to since it’s for an existing objective. Holly said that we need to have the amount figured out before any new funding requests are considered. She would like to see number from Quality Counts ASAP.
 |  |