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|  | **SIM Leadership Team**  **Friday, September 4th 2015**  **12:00 p.m.-1:30p.m.**  **Main Conference Room**  **221 State Street** |

Attendance: Absence:

David Simsarian, Director, Business Technology, Terry M. Hayes, Representative, Maine State Legislature

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

Mary Mayhew, Commissioner, DHHS Michael D. Thibodeau, Senator, Maine State Legislature

Jim Leonard, Deputy Director, OMS/DHHS

Stefanie Nadeau, Director, OMS/ DHHS

Mary Mayhew, Commissioner, DHHS

Anne Head, Commissioner, Professional and Financial Regulation

| **Agenda** | **Discussion** | **Next Steps** |
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| **Review and acceptance of August SIM Maine Leadership Team minutes** | * David moved to accept the minutes, the motion was seconded. | Minutes adopted. |
| **SIM Steering Committee Report and Strategic Objective Review Team Recommendation Review and Decisions**  **Objective: Provide Steering Committee highlights to MLT** | * Randy explained the materials included in the packet and explained that the objective was the go through the SORT recommendations, which were vetted in the Steering Committee. The MLT needs to approve the Steering Committee recommendations or provide additional direction around the recommendations. They would be providing higher level directions at this meeting and not dig into the minutia at this point.   The MLT began with the Steering/SORT recommendations for Maine Health Management Coalition.   * MHMC, Objective A- Randy read through the SORT and Steering Committee recommendations, and summarized the discussion. It was asked if there were specific examples where the vendor had missed the mark and delivered inaccurate data sets. It was clarified that the vendor does vet their data through a process and it has not been reported that they have produced faulty data. There is mainly a concern about the transparency of their process. The MLT was informed that it was requested the Coalition present on their QI process to the Steering Committee. * It was stated that if the presentation of their process demonstrates major flaws, that will be a big problem. There was also a question on whether they can present in a way that the Steering Committee members will understand whether the process is an appropriate one. * It was affirmed that there were members of the Steering Committee that would be able to understand whether the data vetting process was appropriate and indicate whether there were any flaws. It was also stated that it seemed that the concerns originated from organizations that wanted to show that their data was better than what is produced by the Coalition. * **The MLT accepted the Steering Committee’s decision to continue with this objective and have the Coalition present on their data vetting process. Yes and agreed to additional information**. * Objective B- Randy reviewed the SORT and Steering Committee recommendations. It was explained that the Coalition conceded to the frequency of the workbook, but didn’t concede on the discontinuation of the CEO Summit, and there is a Summit scheduled in February. Commissioner Mayhew pointed out that they don’t need to concern themselves with the workbook, because if they conceded to the new timeframe the next one would be produced after the grant ends. * **The MLT accepted the Steering Committee’s recommendations for both the CEO Summits and the Data Workbook.** * Objective C- Randy reviewed the SORT and Steering Committee recommendations around the HealthCare Cost Workgroup. The Coalition was asked to create a work plan that included a few topics that they will focus on over the next several months, and a timeline to guide the discussions. The checklist for evaluating health infrastructure realignment proposal was explained to the MLT , and it was stated that was one of the key outputs of this work group. It was pointed out that, while it can be helpful to systems, it is not directly related to SIM goals. This was an opportunity for the Steering Committee to prioritize and guide the discussions. * The Steering Committee had asked for the work plans to be submitted before the 12/18 MLT meeting, Randy pointed out that the work plans were included in the packet. It was stated that the work plan they created around the Healthcare Cost Workgroup was very similar to their September presentation. It was pointed out that this did not meet the Steering Committees ask of the Coalition and that if the employers and other payers find this activity a value-add, they can be responsible to fund it. It was also stated that this is Year 3 and if there is really no recognizable results to SIM goals then it’s too late. * **The MLT recommendation was to discontinue funding to this objective recommend to discontinue work.** * Objective D- Randy reviewed the SORT and Steering Committee recommendations. It was stated that from a Medicaid perspective this isn’t a value-add. Only one commercial payer is working on implementing a VBID structure. It was suggested that maybe they focus on creating a VBID template for smaller employers, because the large employers have insurance benefit design firms they can access and don’t really need the Coalition for this. * It was asked what the original thinking was to fund a group like this through SIM. The response was that a lot of plans want to advocate on behalf of their members and the original thinking that they could benefit from the vision that the Coalition had originally promoted. It has become more complex than anticipated. It was pointed out that there is a lot of spending a year on health procedures that don’t add value. It was hoped that getting experts in this field together with people that don’t have a lot of experience that at the end of the day it would change plan designs. One of the examples discussed was the fact that research shows if you get a physical each year you are less likely to access more expensive services, knowing this information a plan could then eliminate copays for physicals. MM- if you get a physical every year, there is research that says you will be less likely to access more expensive services. You then provide incentives like get rid of copays for physicals. It was then suggested that the Coalition focus on the creation of a VBID template. The work plan they create needs to be very specific, and include a timeline that they can be held accountable to, and that is the only **topic they should be working on until SIM ends.** * **The MLT would like the Coalition to only focus on the completion of the VBID template, and not take up any additional topics. They want to see a very specific timeline in order to measure the progress of the group.** * Objective E- Randy reviewed the recommendations from the SORT and Steering Committee. It was explained that the SORT felt the core measure set had been identified so there was no need to continue. In the Steering Committee meeting the benchmarking issue surfaced and the Steering Committee wasn’t comfortable accepted this “phase two” until the Coalition provides more information around this. It was stated that there is concern around the Coalition pursuing this new direction without clearing it with the Steering Committee beforehand. It was suggested that the MLT wait for that additional information to see if there is value in that activity. It was answered that this activity is not in the budget and it doesn’t seem that useful to have them do benchmarking on the measures. It was stated that the Coalition be asked to revise their budget and only focus on reviewing the measure on a quarterly or biannual basis. * **The MLT reached consensus around having the Coalition revise their budget and only have this group meet periodically to review the measure set, and not focus on the benchmarking**. * Objective F- Randy reviewed the SORT and Steering Committee recommendations. It was explained that the SORT group did not find this to be a value add, and there is not a lot of movement coming out of this group. It was pointed out that this multi-stakeholder convening around alternative payment models is really what SIM is all about. That comment was answered with the fact the PCMH Conveners group is working on the same topic, and that they should be roped in under SIM. It was also stated that there is no need to have two groups with the essentially the same participants, working on the same topic. * **It was decided by the MLT that this work should discontinue and that the Conveners should fall in under SIM.** * Objective G- Randy reviewed the SORT and Steering Committee recommendations. It was stated that this should be continued because it is so new and at this point they can’t meaningfully evaluate the effectiveness. I * **The MLT reached consensus that this work should continue, with the sharpened focus.** * Objective H- Randy reviewed the SORT and Steering Committee recommendations. It was stated that this work is valueable. * **MLT reached consensus on acceptance of Steering Committee recommendations.** * Objective I- Randy reviewed the recommendations from the SORT and the Steering Committee. * **MLT reached consensus that this should be discontinued, except what the Coalition is doing within this objective that supports the Accountable Communities reporting. Amy Dix and Peter Kraut should be involved when amending the Coalition contract.**      * Objective J- Randy reviewed the SORT and Steering Committee recommendations. The Steering Committee’s recommendation to vet the practice reports with the PTE or the MMA was further explained. It was stated that these reports are eleven pages long and that doesn’t seem necessary. It was also suggested that they visit some practices and get feedback on what is most valueable in the report. It was also stated that the Coalition should be providing technical assistance around interpreting the data represented in the reports. * **MLT reached consensus on accepting the Steering Committee’s recommendations** * Objective K- Randy reviewed the SORT and Steering Committee recommendations. It was stated that the Coalition agreed with this recommendation. It was pointed out that SIM severally lacks any consumer engagement activity. * **The MLT reached consensus to accept Steering Committee recommendation.** * Maine Quality Counts Recommendations: * MQC Health Home Learning Collaborative- Randy reviewed the SORT and Steering Committee recommendations. It was stated that everyone around the table at the Steering Committee believes they are valuable, if they have a change in focus. The Steering Committee would approve the Learning Session agendas, with more focus of tiering the subject matter. It was stated that the MLT really wants Quality Counts to identify one measure, like readmissions, along with some national strategies that have been identified to impact that measure and demonstrate to the practices how to implement those strategies. It was stated that this is something that QIO did under Medicare. It was pointed out that under IHOC, they used that structure, so QC can do it project, it’s there and I know they can do that. * **MLT reached consensus on the Steering Committee recommendations, but with more focus on specific measures and ways for practices to implement strategies to impact that measure.** * MQC Behavioral Health Home Learning Collaborative- Randy reviewed SORT and Steering Committee recommendations. It was stated that these activities are generally positively received by the BHHOs. It was stated that the content would also benefit from being more focused. * **MLT reached consensus on the Steering Committee recommendations, but similar to the Health Home Learning Collaborative, they want a focus on specific measures and implementation of strategies to impact those measures.** |  |
| **Public Comment** | * None |  |