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|  | **SIM Leadership Team****Friday, March 6th 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

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

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

Kevin S. Flanigan, MD, Medical Director, OMS/DHHS Stefanie Nadeau, Director, OMS/ DHHS

Holly Lusk, Senior Policy Advisor, Governor’s Office, Chair Mary Mayhew, Commissioner, DHHS

Jim Leonard, Deputy Director, OMS/DHHS

| **Agenda** | **Discussion** | **Next Steps** |
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| **Review and acceptance of January SIM Maine Leadership Team minutes**  | * Minutes were accepted.
 |  Holly will reach out to Terry Hayes to request her resignation. Will also get in touch with Senator Thibodeau at a later date. |
| **Response on letter to EMHS****Objective: Inform MLT that draft letter to EMHS was approved by Commissioner Mayhew and sent by Frank Johnson as Chair of PR SC and determine if additional actions are needed** | * Randy gave an update on the letter that was sent to Frank Johnson that outlined EMHS reasons for not wanting to comply with the request from the Measure Alignment work group. Frank Johnson’s response was reviewed by the Commissioner and approved; it was sent to EMHS the previous day. Dr. Flanigan further explained that EMHS misinterpreted the purpose of the work done by the Measure Alignment group, and seemed to have thought that the measures were concrete and limiting. Frank’s response pointed out that the list wasn’t concrete, merely a starting point. All of the insurers endorsed the set.
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| **SIM Public Reporting****Objective: Review options regarding public reporting in SIM and determine if MLT wants to set any direction**  | * Randy discussed the necessity of deciding what Public Reporting means and looks like from a SIM perspective. He went over the handout that outlined three options that could be considered. The first option was leveraging the “Get Better Maine” site, with a SIM/State of approval. Randy pointed out that was the most cost effective option; the other two options would require additional funds and it was unclear what infrastructure and investments would be needed. Concern was expressed that Commissioner Mayhew wanted a State-specific answer to this, outside of just using Get Better Maine.
* It was mentioned that this type of public reporting should be housed on the MHDO website, and that may be more in line with what Commissioner Mayhew wanted. Randy asked if MHDO would be ok with maintaining and updating the information even after the SIM grant has ended. Commissioner Head said she would have a conversation with Karynlee at MHDO about SIM’s Public Reporting and options of housing it on their website.
* Holly wanted to get a picture of what Public Reporting would look like, if it was to be just a PDF file that would be updated regularly or whether it would be an interactive website.
 | Commissioner Head will discuss SIM Public Reporting possibilities with Karynlee.  |
| **SIM February Steering Committee Report****Objective: Review the February SIM Steering Committee Report** | * Dr. Flanigan shared that Hanley was ramping up work on the Leadership Development training. He stated that the governance structure is proving to be very effective. The Coalition presented three work streams for endorsement by the Steering Committee. Consensus wasn’t reached to endorse the Coalition’s TCOC because the formula was still being tweaked internally, but has now since been finalized. It seems that folks understand what the calculation represents and its limitations. The Steering Committee was quick to endorse the process for work done under the Measure Alignment work group. There were six clinical measures chosen by the work group, but HIN raised concerns of the ability to report on them. Dr. Flanigan explained that the list of measures was endorsed by all the stakeholders that participated in the work group for using in private ACO contracting and for public reporting. Lastly, the Cost of Care work group had reached agreement on a Voluntary Growth Cap, due to recognizing the need of collaborating in order to reduce costs. The Steering Committee endorsed process of creating the growth cap, but not the end result as concerns were expressed about lack of control over things that can change over the years.

  | Randy will invite Karynlee to participate in the next Steering Committee meeting. |
| **SIM Annual Meeting Debrief****Objective: Briefly debrief MLT on SIM Annual Meeting** | * Randy informed the MLT that SIM had its Annual Meeting on March 4th, and there were about 130 attendees. They had meant for this to have a marketing approach to demonstrate successes of Year One with a quick look at work planned for Year Two. Commissioner Mayhew discussed enhanced PCP payments. Fran Jensen from CMMI presented on Medicare’s lofty goals for moving from Fee For Services payments to VBP payments. Each partner then gave presentations on work done in Year One. There was also a presentation about consumer involvement in SIM activities and governance. In total it was about four hours long.
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| **Update on SIM Objective Review****Objective: Provide update on SIM Objective Review teams work and next steps** | * There was an ad hoc group of Steering Committee and partner leads that work working on determining whether current SIM objectives are the right ones to achieve the Triple Aim based upon changes in the healthcare environment over the past 12-24 months. They are currently going through the process of deciding how to judge current objectives, and even deciding whether the strategic pillars represent the right strategies, they are going through the process systematically. Each team has to provide their perspective on whether the strategies are aligned to goals, and then if each objective is helpful to the strategies/goals.
* It was asked what the participants are expecting to come out of this work. Dr. Flanigan said there are multiple expectations; some want to realign funds from certain vendors, some are there to explain the importance of their current work, and some really want to know if SIM is truly working to reach its goals. Currently don’t have the Lewin data to use for tweaks, someone needs to define where the healthcare market is and where it’s going. It has been explained to the ad hoc group that any budget recommendations would have to be approved by the MLT, as well as CMS.
 | Randy and Dr. Flanigan will continue to update the MLT on the work of this ad hoc group.  |
| **Statewide Data Interoperability Strategy****Objective: Close the loop on decisions made by the MLT to not ask SIM SC whether to use SIM governance for activity** | * Randy just wanted to close the loop on what ended up not being discussed at the Steering Committee. The reason the MLT decided not to ask the Steering Committee to endorse this work was so focus was not diverted from broader SIM deliverables. Commissioner Head said that the discussion was not ready to be brought to the Steering Committee, but internally they should get more tactical about what the deficiencies are for the State to not have such a strategy.
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