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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 Anne Head, Commissioner, Professional and Financial Regulation

Jim Leonard, Deputy Director, OMS/DHHS Michael D. Thibodeau, Senator, Maine State Legislature

Holly Lusk, Senior Policy Advisor, Governor’s Office, Chair

Stefanie Nadeau, Director, OMS/ DHHS

Mary Mayhew, Commissioner, DHHS

| **Agenda** | **Discussion** | **Next Steps** |
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| **Review and acceptance of August SIM Maine Leadership Team minutes**  | * Jim motioned to adopt minutes, Stefanie seconded the motion, motion passed.
 |  Minutes adopted. |
| **SIM Steering Committee Report****Objective: Provide Steering Committee highlights to MLT** | * It was reported that the Steering Committee was updated on target setting for each of the populations. Dr. Yoe als presented the initial Lewin evaluation dashboard. It was stated that they are still having difficulty from Steering Committee on accepting target development and accepting MaineCare established MaineCare targets. Dr. Yoe had explained to the Steering Committee that MaineCare/DHHS leadership; plan to move forward on the targets as established. Randy clarified the SIM governance process involving target development to the MLT.
* Jim explained that Jay has presented methodology several times, there is now an understanding that there is an aspirational aspect for some of these goals, the reason that the target was set is based on the fact that there are providers in the field actually achieving that target. These are not aspirational targets that it cannot be achieved; it’s based on a target achieved by the best in the field.
* Commission Mayhew said she was under the impression that it had been. “thought we had a conversation on what Medicare having veto power on public reporting but not minimizing the input from Medicare on alignment. Randy- I think that there was initial misunderstanding on the fact that they thought could accept or reject targets, but it was clarified to them that are offering input and recommendations.
* There was discussion around accepting input from Medicare on alignment, but that Medicare does not have veto power on what will be publically reported in the SIM Evaluation.
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| **MaineCare Targets: SIM Governance feedback/input for Maine Leadership Team Review** | * Randy provided the MLT with two memos; one from the Evaluation Subcommittee and the other from the Steering Committee, reflecting comments and concerns both bodies have with the MaineCare targets. The Commissioner asked where CMMI was at with the development of Medicare targets. She was informed that it was offered by CMMI to give Maine the information necessary for them to develop their own state-specific targets.
* Stefanie said that there had been concern expressed about the plan to publically report on two different cost measures; and that the Steering Committee was not familiar with the methodology that is used for calculating the PMPM measure.
* Another concern that has been discussed by the Steering Committee is that the targets are calculated for overall MaineCare, not on the HH, BHH, and AC levels. This prompted a discussion on the fact that the state would be developing targets for those specific interventions, but they would be using internally and not seeking Steering Committee endorsement. The practice transformation occurring due to these and other interventions will hopefully impact the healthcare system as a whole, which is the test of SIM. Randy said he will draft a memo from the MLT, responding to the concerns of the Steering Committee. Once drafted he will circulate to the MLT members for comments and edits.
* Jim went into detail on one of the concerns expressed by a Steering Committee member, that they were trying to understand role of a behaviorist in impacting on some of the physical health measures, and trying to understand some of the behavioral health measures, i.e. getting clarity on the definition of “follow up”. That Steering Committee member had also wanted clarity on how SIM is truly supporting these organizations to make an impact.
* There was more discussion around PMPM/TCI measures and it was stated that the most important measurement would be on PMPM, because it is more holistic. There are no targets yet developed for neither TCI, nor PMPM. Commissioner Mary suggested looking at the top 20% on the diagnoses and try to deal with PMPM, that will capture 87% of spend, and limit the issue of churn. That’s where the PMPM should come from, it won’t capture all of the Health Homes members, but a majority.
* Jim stated that after seeing a presentation at the Delivery System Reform subcommittee on the I/DD Workforce Development project, he suggested looking into creating a Health Home model for that population and getting the 90/10 for the first two years.
 | Randy will draft MLT response to Steering Committee, and circulate to the MLT members for comments.  |
| **Status of targets for Commercial and Medicare**  | * Randy said that there is a meeting with Commercial plan representatives and Lewin scheduled for next Thursday that will enable health plan reps to get their head around the data, where it’s coming from, and how it will be utilized. They had stated that they needed to understand the data before making broad commitment. It was stated that the Commercials haven’t said no to developing the targets, they are coming along and if they do say no, there are other levers that can be pulled like having CMS put pressure on health plans on national level to push on the Maine affiliates. Jim suggested having the Coalition push more on the commercial health plans in-state.
* Randy will be revising project plan around target setting.
* Fran is going to work on a response to Commissioner Mayhew’s letter with Pat Conway. They have stated that CMMI understands the value of this activity, but since Medicare is a Federal program it’s difficult to develop state-specific targets.
* Commissioner Mayhew discussed a Dartmouth study that broke down Medicare spending and quality, and she suggested that Maine use that to set targets. Jim said that by using the Dartmouth Atlas, the QIOs, and ARHQ has system-wide state specific performance. Using those sources and the ABC methodology, Maine could develop its own Medicare targets. It was stated that Jay and Lewin start looking at these sources so SIM can begin to set those targets.

  | Randy will revise target-setting project plan.  |
| **The SIM Core Measure Dashboard and Public Reporting** | * Revisions to the Dashboard are currently underway. Randy distributed a copy of the current view, just to show the MLT how things are shaping up. He explained that the layout will be the same, but the arrows will be changed. The Dashboard will be interactive, giving deeper information and graphs when one hovers over a measure. It was asked that Jay come to MLT to do demonstration on the dashboard.
* There was discussion around where the Evaluation Dashboard should be housed, either on the SIM website or on the MHDO site. The Commissioner said she liked bother options, would like to make the connection with MHDO. She did not want this to be bogged down with a lengthy OIT process. It was also stated that interactivity in the Dashboard was great, but it needed to be user-friendly so people can find the information they need with ease.
* The Commissioner also stated she wanted a communication team around this, that a media strategy needs to be developed.
* Randy said that presentation from Jay will be very helpful in understanding the functionality of the Dashboard and will send him an invite for the next meeting.

  | Randy will invite Jay to the next MLT meeting to give a demonstration of the Dashboard. |
| **SIM Objective Review Ad Hoc Workgroup** **Objective: Provide update to Maine Leadership Team on the SIM objective review workgroup and reminder of intent**  | * Randy stated that on September 18th vendors will be presenting to SOR, same day as the vendor presentations to the MLT. SIM program has developed scoring sheet for presentations, and allowing for recommendations. There will also be initial evaluation data that will be provided to the SOR team, a summary of what Lewin has ascertained so far.
* It was asked how easily funds could be diverted and new projects started when Year Three of the grant was coming up and the RFP process is lengthy. Randy explained that the MLT has ultimate say in the movement of funds. He did say that if something was approved by the MLT, they could apply for a SIM no-cost extenstion, then there should be time to get another project through the RFP process. He felt that there would be some difficulties recouping funds depending on if they are cross-subsidized, etc.
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| **SIM Funding Review: QC amendment** | * Randy presented the funding request for the amendment to the QC contract. Holly moved to approve, MLT approved funding the funding request.
 | QC’s contract will be amended. |
| **EMHS public comment review** **Objective: Inform MLT on EMHS public comment at June SIM Steering Committee meeting** | * Randy again provided the compilation of EMHS memos, wanted to look into discuss the validity of complaints. Randy asked whether the MLT would like to respond. Frank has responded to two of the memos, the third was distributed during Public Comment at a Steering Committee meeting. Jim stated that he has concerns that an actuary has identified flaws in the methodology of the TCI/RUI.
* Randy explained the background on the anti-trust accusation around hospital consolidation. Holly asked to see the minutes on the discussion of Healthcare cost group, and to see the membership of that group. Randy will share both with the MLT. Commissioner Mayhew pointed out that there are other people already tasked with looking at anti-trust on hospital consolidation. It was asked if the MLT could suggest that workgroup spend time on other issues, as that work seemed duplicative. It was decided that this will be on agenda for next month.
* It was also suggested that SIM push the Coalition on methodology for TCI, and get bullet points addressing the concerns that EMHS has highlighted. The MLT would like to know what adjustments were made and does it adjust the flaws. Holly would like someone to ask for documentation from Milliman on specific concerns of the TCI methodology. The Coalition needs to treat data-lag as legit concern.
 | Randy will respond to the memo, asking for EMHS’ actuary, Milliman to provide a document giving more details about their concerns and Randy will ask Frank for the Coalition’s analysis on comments made by Milliman and how they dispute having a flawed methodology.  |