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|  | **SIM Payment Reform Subcommittee** **Date: October 31, 2013** **Time: 10:50 am to 12:00 pm** **Location: Augusta Civic Center, Kennebec Rm** |
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**Chair: Frank Johnson, Maine Health Coalition,** **fjohnson@mehmc.org**

**Member Attendance:** Michelle Probert, Dan Bennett (for Marc Biscone), Chrissi Harding, Jim Kane, Dr. Jamie Kuhn, Wanda Pelkey, Andy Ellis, Pat Denning,

Dan Dyer, Mark Still, Kevin Lewis, Tom Hopkins, Chris McCarthy, Richelle Wallace, Ted Rooney, Christine Zukas, Joanne Rawlings-Sekunda, Jay Yoe, Cheryl Rust,

Ann Woloson

**Members Absent:** Fran Jensen, Dr. William Kassler, Dr. Akendele Majekodunmi, Dr. Ned Claxton, Judiann Smith, Shaun Alfreds

**Interested Parties:** Bill Shine, David Winslow, Bob Howe, Rep. Lisa Sanborn, Lisa Harvey McPherson, Katie Fullam Harris

**MHMC Staff:** Lyndsay Sanborn, Frank Johnson

*Subcommittee documents available at***:**

1. Welcome and introductions

All participants present introduced themselves and gave a brief overview as to the stakeholders they represent and why they are involved in the

committee.

1. Payment Reform Subcommittee Scope and Charge
	1. High Level Scope
		1. Align Innovative Payment Strategies.
		2. Inform the development of MaineCare Accountable Communities.
		3. Promote VBID
		4. Inform of identifying cost drivers and development of payment reform strategies – Health Care Cost & Behavioral Health Cost Workgroups and Accountable Care Implementation workgroup
		5. Support ID of accountable care measures- quality, cost, efficiency- for systems and practices.
		6. ID behavioral health measure for public reporting and payment reform
		7. Inform process for reporting healthcare costs
		8. Support accountable care org learning collaborative- ACI workgroup
		9. Inform development of sustainable structure for CHW pilot
		10. Inform development of sustainable payment structure for National Diabetes Dev.
		11. VBID and Accountable Care
2. Subcommittee structure, role and responsibilities
	1. Provide guidance and oversight and alignment of new payment models
	2. Guide SIM Work
		1. VBID
		2. Total Cost of Care
		3. ACO Learning Collaborative
		4. Development and implementation of payment models.
	3. Subcommittee
		1. Develop consensus on reporting measures
		2. Educate and engage public/consumers
3. Meeting logistics
	1. Core Members- expected to be integral members of the operation of the committees for the duration of the grant
	2. Ad Hoc- Represent other constituencies, not as engaged as the core members, but here to insure their constituency has a voice in the process. Can be called upon to guide and inform the committee
	3. Public participants- all meetings are open to the public. Will provide commentary time.
	4. Interested parties
4. Subcommittee Accountabilities
	1. Inform, advise, recommend work of SIM
	2. Inform and advise approach to achieve deliverable with subcommittees scope
	3. Serve as a liaison to programs, committees, orgs supporting SIM activity
	4. Provide expertise and input on subcommittee activities
	5. Engage in subcommittee activities and work
5. Next meeting ( Nov. 12th 3-5) Governor Hill Mansion
	1. What we will be doing at our first Meeting:
		1. Consensus on meeting frequency and days of meeting schedule
		2. Distribution of ACI schedules/materials
		3. Background on MHMC/resources
		4. Strategic review of subcommittee scope
		5. Ground Rules- Informal, no real voting. Keep things as a working collaborative with a common agenda.
		6. Other Issues?
		7. What do you need to do this work effectively?
			1. Chris McCarthy- What are the guiding things that are driving some of the designs that are already being constructed. Are ACO’s the right way to reform? Larger conversation about preconceived notions about the best way to reform the system. Context around current market place.
			2. Jay Yoe- Laying out a baseline of where we are. Places we can push on. Without this it will be hard to understand what we can do?
			3. Dan Dyer-Will we look at other models and take the best from each approach?
			4. Katie Fullham Harris- Key elements that we can all agree to aligning measures. List out all the measures that are required for all the different plans.
				1. Frank- look at the December meeting to do this
			5. Dan- Do we have to agree with the other vision of the subcommittees? How do we all work together?
				1. Frank each subcommittee is required to submit reports to steering committee. There are members of each committee on other committees.
			6. Chris McCarthy- Haven’t heard about organized labor engaged in the process? Could be a major issue.
				1. Frank- This would be perfect opportunity for ad hoc committee member. We have the discretion to bring in experts to have that dialogue.
			7. Cheryl- Is there any value in evaluating other residual effects of access to healthcare? Productivity, etc.
				1. Jay- Yes, Evaluation effort goes well beyond the core set of measure. Question is how to capture those things accurately. Will be challenging.
				2. Ted- Real intention of the delivery system as patient reported outcomes as an outcome itself. Going to learn a lot from BH community.
			8. Chrissi- Nothing about oral or dental health. Concerned about part of the bigger picture.
				1. Michelle Probert- Not included dental cost in core costs- because we only pay for emergency care for adults. Will take suggestions on how to focus on oral health.
				2. Chrissi- Important discussion to be part of reform.
			9. Rep. Linda Sanborn-Overview of the demographics of Maine. Try to isolate where the rate of spending is higher than other types of services. Identify services that may be more well managed. Help to identify target areas.
				1. Frank- That is part of healthcare cost workgroup and they will be developing a healthcare cost fact book.
			10. Chris McCarthy- Infrastructure Mapping- Not just current demographics, but demographic projections. Why build infrastructure for what we have now. Need to look to the future.
				1. Frank- Have to look at infrastructure issues and changing demographics. What do you need to support new and emerging populations? May have excess capacity in one area and huge gaps in another.
6. Meeting Evaluation
	* + 1. Frank- will extract clear deliverables from the operational plan for the group to work on.
7. Interested Parties and Public Comments
	1. Jim Kane- Challenge: there is likely no lack of what to measure. Hundreds and hundreds of measures. We need a focused way to pare down measures to what is most useful.
	2. Bob- Convening of a new BH work group.
		1. Coalition is recruiting now for a leader BH expert. Please forward on qualified colleagues to the coalition for leadership.
	3. Bob- ACI?
		1. Frank- ACI is primarily coalition members. Next meeting they will be taking a look at 2 Medicare shared savings initiatives ( Central Maine and MAINE Health) look at broader measure sets and trying to define what could be core components.