



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Maine State Innovation Model Quarterly Report April 1 - June 30, 2015



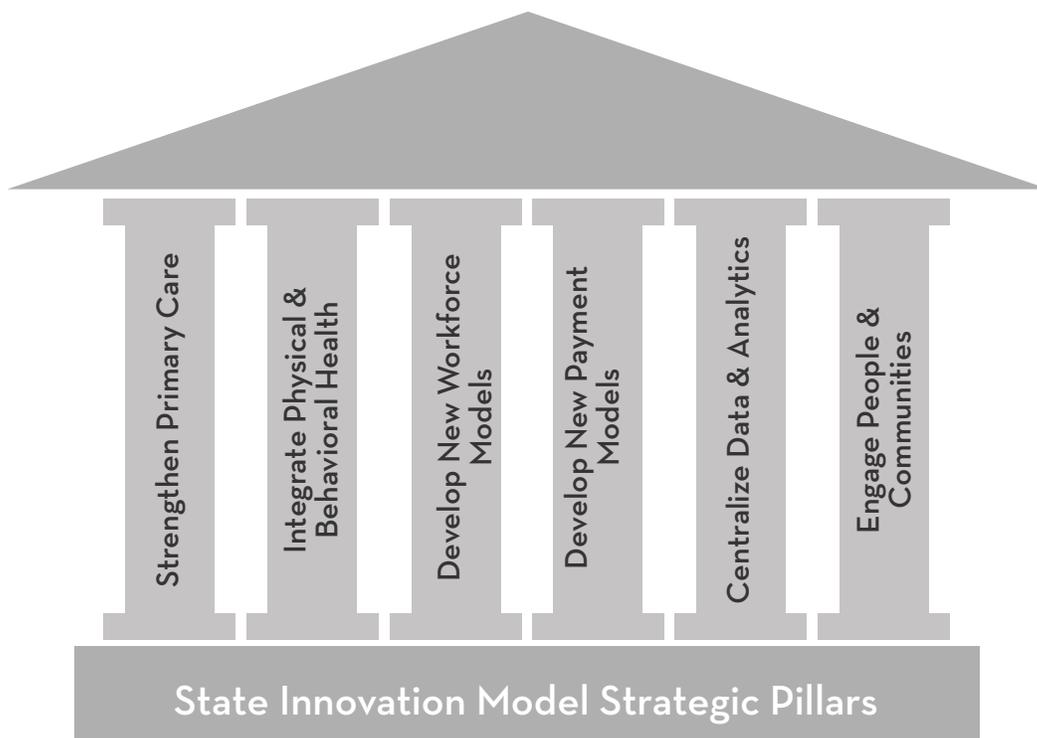
Maine State Innovation Model: Q3, 2015

OVERVIEW

Maine believes that its healthcare system can improve the health of Maine people, advance the quality and experiences of healthcare, and reduce healthcare costs by 2016. Over the course of three years, an unprecedented partnership among physical and behavioral health providers, public and private insurers, data and system analysts, purchasers, workforce developers, and Maine consumers will put this belief to the test through the Maine State Innovation Model (SIM).

The model has a foundation in emerging healthcare initiatives, promising community-based demonstration projects, and evidence-based strategies that empower consumers with long-term health conditions. The power of the innovation, however, comes from the concurrent application of existing efforts with enhanced investments, all within a shared commitment to accountability, transparency, and quality.

The six strategic pillars of the State Innovation Model (*below*) are each comprised of individual objectives that are aligned to effect meaningful change in our healthcare system. The following sections provide an overview of the work being undertaken in each pillar, and how it is progressing to date. For a detailed description of SIM objectives see page 9 or visit www.maine.gov/dhhs/sim.



SIM OUTCOMES: Results From the SIM Evaluation

Evaluation is a key component of Maine's SIM award. In the spirit of "that which gets measured gets improved," each delivery target across the SIM initiative will be examined to determine where we are succeeding, where we are falling short, and where we should be focusing our efforts going forward. This evaluation will be a greater focus of the SIM newsletter as we move towards the end of SIM work in Maine.

The Lewin Team (Lewin) has made significant progress with evaluation activities during this quarter. The Crescendo Consulting Group (Portland) completed over 100 provider and key stakeholder telephone interviews to obtain feedback from Maine primary care providers, practice administrators, Community Care Teams and key stakeholders regarding their perceptions of the SIM project implementation and related progress with specific interventions. Another member of the Lewin Team, Market Decisions (Portland) conducted phone and mail surveys with nearly 1,500 Maine consumers, who shared their feedback regarding their experiences while receiving health care services in Maine. Lewin compiled and analyzed the results of these surveys, and presented preliminary findings and recommendations to the Evaluation Sub Committee & Steering Committee in July. Details of the survey results will be incorporated in Lewin's annual evaluation report due in October 2015.

Lewin also assisted DHHS staff to refine the SIM Core Metrics Dashboard and identify national benchmarks and specific targets for Maine SIM Core Measures. Lewin continues to co-chair monthly Evaluation Committee meetings to gain stakeholder feedback on preliminary evaluation findings and identify

opportunities for rapid-cycle improvement.

PILLAR 1: Strengthen Primary Care

A strong primary care system is foundational to improving the quality and lowering the cost of healthcare in our state. Primary care doctors play a leading role in managing patients' health and coordinating their care with hospitals and specialists. When primary care doctors have the tools and resources to do their job effectively they are able to keep patients healthy and reduce the need for costly emergency care down the road.

SIM work to strengthen primary care continued on track this quarter, with several notable achievements. Maine Quality Counts (QC) continued to provide support to approximately 160+ primary care practices participating in the MaineCare Health Homes (HH) initiative and the HH Learning Collaborative. QC Quality Improvement Specialists continue to work directly with HH practices to implement the HH "Core Expectations" outlining key changes for practice transformation. Over 260 attendees from HH primary care practice teams attended an all day Learning Session held in Bangor on April 29 that focused on *Rediscovering Joy in Practice and Transforming Practice*. Attendees received targeted quality improvement support and developed action plans to further strengthen care management services, access to care, patient engagement, and implementation of substance abuse screenings and developmental/autism screening.

On June 5th, QC hosted a new format for Health Homes Learning Collaboratives, holding six concurrent locations around the state for an additional Learning Session titled, *Resiliency: Surviving and Thriving in Primary Care*. These sessions were attended by 302

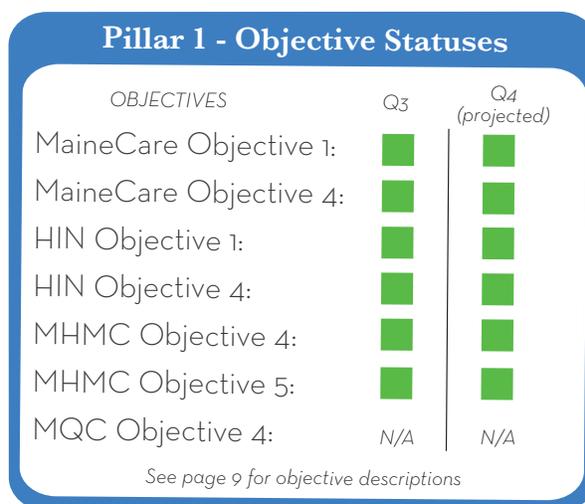
providers and practice team members from primary care who gathered to discuss resiliency and sustainability in the primary care field.

Notable progress was also made in SIM's efforts to strengthen primary care this quarter by the Maine Developmental Disabilities Council (MDDC), whose Developmental Disabilities (DD) Nurse Health Project is working to improve the care of individuals with DD. Specifically, the council has begun to focus their efforts on training caregivers to recognize pain behaviors in clients that have trouble verbalizing their pain. Through a guided curriculum, direct support professionals, guardians, case managers and physicians learn common reasons individuals with DD act out in negative ways when they are experiencing pain. Recognizing these behaviors will help those treating individuals with DD to provide more compassionate care.

Thirty-four individuals have already been trained in the DD training program, with four training sessions conducted in Aroostook County. Several organizations, including Maine Quality Counts, CPI Inc., and the Maine Medical Association collaborated on the training, and additional stakeholders are being brought on board to develop a technical assistance application for phones. This "app" will help anyone caring for individuals with DD with things like medication management, best practices, behavior modifications and resources for patients and families.

Lastly, the Maine Health Management Coalition reported this quarter that they retained Discern Health to prepare a report on primary care payment models used in other markets in an effort to identify model(s) that may be appropriate for supporting and strengthening primary care in Maine. Among the Discern findings was an incremental three-tier model that balances payer/provider risks and rewards. The

Discern report argues that the optimal path is comprehensive payment linked to system-level integration. In order to "meet practices where they are," the Discern report makes the case for incremental payment reform defined by three tiers: practice investment, practice enhancement, and practice integration. The report further recommended that in order to achieve multi-stakeholder support key expectations, accountability measures and principles should be defined for each of the three tiers. Work began to interview payer and providers to secure their respective definitions. This information will inform an effort to advance models for primary care payment.



PILLAR 2: Integrate Physical & Behavioral Health

Behavioral health is increasingly being recognized as a vital piece of high quality primary care. Healthcare providers understand that in order to keep patients healthy, equal attention needs to be given to both body and mind. The following SIM activities are being undertaken to strengthen the ties between physical and behavioral health in order to provide Maine patients with comprehensive care.

Among the biggest strides made over the last quarter occurred in the SIM stakeholders' work to integrate physical and behavioral health. Maine Quality Counts' began to strengthen the focus of the Health Home (HH) and Behavioral Health Home (BHH) Learning Collaboratives on decreasing all-cause readmissions and improving care transitions. This work has required collaboration between the HH, BHH Organizations (BHHOs), and Community Care Teams (CCTs), each of which has helped to identify Learning Collaborative activities targeted at strengthening partnerships and quality improvement strategies. One example of this collaboration occurred in May when HHs and BHHs partnered to participate in a joint webinar on the value of partnership between primary care and BHH providers. The session drew 112 providers from around the state.

Maine Quality Counts also held a learning session for BHH providers on June 25th to learn and share best practices in quality improvement and engaging youth, families and members in their BHH services, with over 100 attendees. The BHH Learning Collaborative also saw strong engagement from BHH providers during the monthly webinar provided in June to discuss connections to programs of Community Care Teams and the Maine Centers for Disease Control's Community Health Worker pilot in providing integrated care.

In addition to hosting webinars and Learning Sessions this quarter, Maine Quality Counts' team provided on-site quality improvement visits and calls to support the BHHOs in their work implementing the BHH model.

HealthInfoNet has been working closely with 20 behavioral health organizations from across the state to bi-directionally connect their electronic health record (EHR) systems to the Health Information Exchange (HIE). So far, three

organizations are live with mental health data in the HIE, and several other organizations are anticipated to follow quickly in the 4th quarter. Currently 15 organizations are accessing the HIE in view-only status while HealthInfoNet's technical team is working with the organization and its vendor. Vendor interoperability constraints continue to cause connection delays for several organizations. To manage this risk, HealthInfoNet has been conducting a series of monthly webinars for behavioral health organizations, along with weekly individual technical calls with vendors and organizations. These calls and learning sessions have helped to move along their work to connect BH organizations to the Health Information Exchange (HIE).

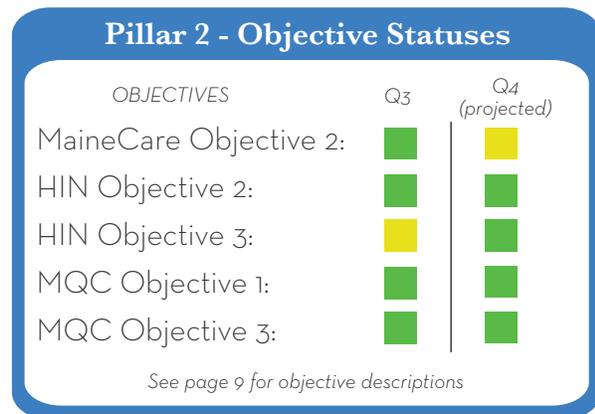
Behavioral health organizations that meet the grant milestones receive reimbursement payments to help fund their health information technology (HIT) investments. At the end of Quarter Two, fourteen of twenty organizations have met initial milestones allowing HealthInfoNet to distribute \$550,000 in reimbursements. HealthInfoNet staff spend a majority of year one and half of year two educating the staff of all the behavioral health organizations on the HealthInfoNet consent policies based on state of Maine laws. Over 3,000 patients have chosen to opt-in their protected mental health data to the exchange.

In supporting the work of BHH organizations connecting to the HIE, MaineCare has reported that they are in the process of providing quality data to BHH organizations that will be accessible through the provider portal. They have also begun to work on a BH workforce development sustainability plan and a series of internet modules aimed at helping BH providers engaged in the work.

One challenge that MaineCare reported over

the last quarter is finding the right payment rate for BHH providers. So far payment rates have been raised twice since the pilot began, and they are now going into rate review with an independent contractor. MaineCare is expecting to have a draft rate proposal by Fall 2015.

MHMC's Pathways to Excellence (PTE) Crossover Subcommittee—which is charged with developing communication strategies between the PTE Clinicians and PTE Behavioral Health Steering Committees and developing metrics for public reporting that support behavioral health integration with primary care—endorsed an icon that will help patients identify primary care practices that are working to integrate behavioral health specialty services. The icon was then approved for publication by the MHMC Board of Directors and will be available on the GetBetterMaine website beginning in January 2016.



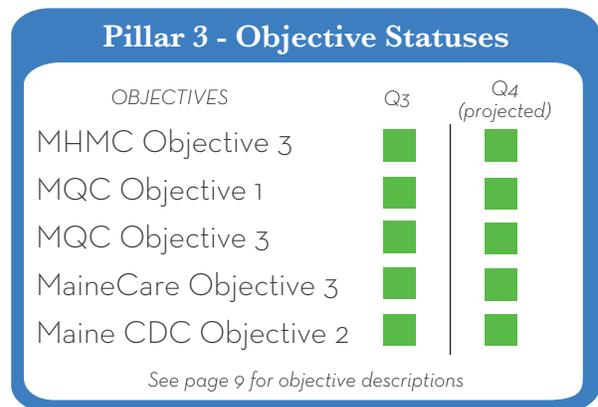
PILLAR 3: Develop New Workforce Models

One of the primary drivers of high costs and poor patient outcomes in our healthcare system is the absence of coordinated preventative care. All too often we are treating health problems as they arise instead of dealing with them before they become an issue. To address this problem, SIM work

focuses significant resources on expanding the ability of healthcare providers to reach and serve patients. It will bolster efforts like Maine Quality Counts' Health Homes initiatives (pillar 2), the Maine Health Management Coalition's transparency initiatives (pillar 4), and Maine CDC's Community Health Workers (CHWs) Project.

The Maine CDC reported this quarter that their Community Health Worker (CHW) Pilot Projects are in full swing, with all four sites actively engaging clients and patients, and reporting out on progress and challenges during their monthly mentoring calls. At one site, participants highlighted the CHWs' effectiveness at improving cancer-screening rates, touting a 6% improvement in colorectal cancer screening just in their second quarter. This early success is an encouraging sign that CHWs can help to improve patient care.

Also of note is the Maine CDC's development of an evaluation plan for the Community Health Worker Pilot Project. Over the last quarter the CDC began recruitment and seating of a strategic evaluation committee for the project, and a draft of the evaluation plan was completed.



PILLAR 4: Develop New Payment Models

In today's fee-for-service payment system, doctors and hospitals are paid based on the amount of services they provide, not for making patients healthier. As part of the SIM initiative, the State is seeking to change this model to align payment with improved patient outcomes. The following describes work being undertaken to promote alternative payment systems.

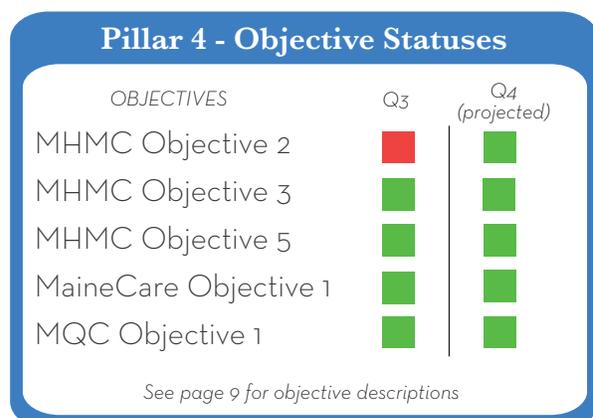
Strong progress is being made by MaineCare to implement its Accountable Communities (AC) Shared Savings ACO initiative. The department reported that all four AC contracts are now in place, and work with USM's Muskie School of Public Service to launch the AC portal is well underway. Already, the Maine Health Management Coalition (MHMC) has developed and delivered monthly utilization reports and quarterly quality reports, and claims downloads have been implemented. This quarter MHMC also developed and delivered the quarterly Total Cost of Care reports to the ACs, and they have been working extensively with the Department of Health and Human Services and Deloitte to fully operationalize the Year 2 benchmark TCOC Data Books, which round out the data reports required by MaineCare under the AC contract.

Looking towards year two of the Accountable Communities initiative, the Office of MaineCare Services, Deloitte, and the MHMC met to develop the year 2 benchmark reports. OMS has also begun work on an improvement plan for contracting with round II ACs that will include final contracts as part of the request for applications. It is hoped that including these contracts will help to mitigate delays experienced in round I contracting.

The MHMC reported that it had delivered over 400 commercial and 358 MaineCare

practice reports to primary care practices in Maine this quarter. The reports contain data on the practices' cost and quality, and they allow them to compare their performance against their peers' in the state. Coalition staff are engaging with practice owners/PHOs to help them understand and effectively utilize the report data, and they are also working with Maine Quality Counts on their education efforts with practices around the reports. Through the Maine Patient-Centered Medical Home (PCMH) Pilot, Maine Quality Counts continued to work with SIM leadership and partners this quarter to explore opportunities for further advancement in primary care payment reform. This work is being done to support and sustain an additional 100 Health Home (HH) practices in the state that have come on board this quarter.

The Maine CDC reported that their National Diabetes Prevention Program (NDPP) Project is on track for all tasks this quarter. Program evaluation planning is underway, lifestyle coaches are being trained and deployed as planned for new and current programs, and the State of Maine has added NDPP coverage to their health plan design. Additionally, recruitment and seating of a strategic evaluation committee and the drafting of the evaluation plan were completed for the project.



PILLAR 5: Centralize Data & Analysis

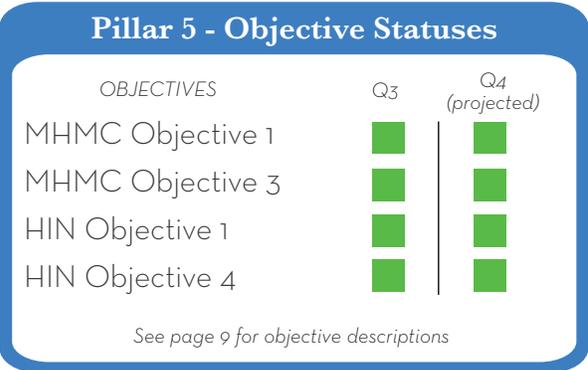
Data and analytics are an integral piece of the SIM work currently underway around the state. Robust data holds not only the potential to tell us how costs, utilization and quality vary around the state, but it can also help break down barriers between doctors and the patients they care for. Nearly every SIM objective has a foundation in data and analytics because we know that what gets measured gets improved. The following SIM activities are being undertaken to strengthen data and analytics in the state.

The MHMC reported that their Healthcare Cost Workgroup has begun work on draft principles and criteria to assess and potentially publicly support health resource realignment plans in the state. Under this process, entities contemplating resource realignment (including closures, downsizing, or discontinuation of certain services) could choose to solicit support from the workgroup, based on the criteria currently under development. Workgroup participants believe that support from a multi-stakeholder group could contribute to constructive community dialogue around realignment proposals, and support and advance efforts to appropriately align health resources in Maine.

HealthInfoNet (HIN) continued to move forward with its work to send automated emails from the Health Information Exchange (HIE) to MaineCare Care Managers this quarter. After months of testing, the secure emails are now live in production and are being distributed smoothly. The emails let care managers know when MaineCare patients have used inpatient or ED services, and they include information about the visit and associated medical record documents. The

goal of these emails will be to better coordinate patient care to improve outcomes and avoid additional ED visits down the road.

HIN also continued to move forward in their work to provide MaineCare with a web-based analytics tool - or dashboard - to track clinical data. This quarter HIN delivered the initially scoped tool to MaineCare, which has begun the process of training staff and providing feedback. When the dashboard is completed it will combine current real-time clinical HIE data with MaineCare’s claims data. This will be the first test of Maine’s HIE to support a payer using clinical electronic health record data.



PILLAR 6: Engage People & Communities

Whether the State Innovation Model work underway focuses on creating a new database or an Accountable Care Organization, the purpose is ultimately to provide higher quality, more affordable healthcare to Maine’s people and communities. As the end-users of the work being done, it is important that Maine people are being involved and that they understand the reasons for the changes taking place in the healthcare system. To that end, the State Innovation Model puts a strong emphasis on engaging people and communities.

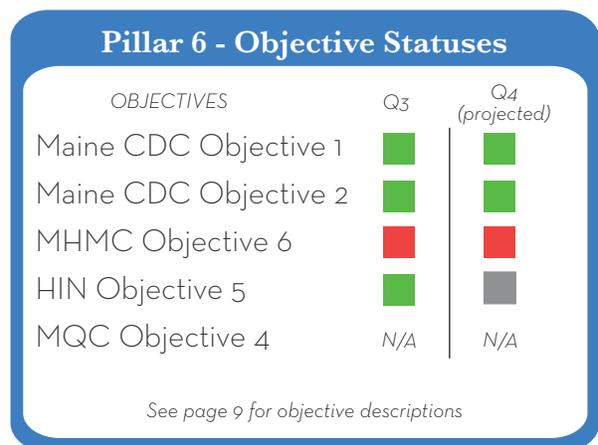
The Maine Health Management Coalition (MHMC) made progress engaging broader audiences in their work around payment and system delivery reform this quarter by developing strategic partnerships with organizations around the state that are interested in aspects of their work. Through one partnership with the Bangor Regional Chamber of Commerce, the MHMC presented strategies for improving employee health and lowering costs to regional employers. Through another with David Ciullo, host of the HR Power Hour radio show, the MHMC was able to discuss its work around value-based insurance design (VBID). Coalition staff were able to reach between six and seven thousand listeners on the radio show - many of whom are HR personnel that were previously unaware of VBID.

The MHMC also made progress in its efforts to engage consumers with healthcare quality information this quarter. The Coalition's Board of Directors approved a Total Cost Index display for getbettermaine.org, with implementation targeted for October 2015. Cost reporting has been a goal of the MHMC for a number of years now, so this endorsement represents a significant milestone in the Coalition's public reporting efforts. The cost measure has also been endorsed by the SIM Steering Committee, along with a Resource Use Index score, but they deferred further decisions pending a review of a prototype website display.

In addition to engaging consumers in the use of healthcare quality information, SIM is also engaging them to be active participants in their health by accessing and using their patient portals. HealthInfoNet's Blue Button pilot, which provides patients with access to their HIE medical record, has been successfully completed this quarter. Final lessons learned and pilot results will be provided once the final round of patient

feedback is available, but so far patient, consumer and staff feedback has been very positive. The project exceeded engagement goals and has energized the health system's patient portal efforts at the pilot sites.

The Maine Quality Counts Patient-Provider Partnership (P3) Pilot supported by SIM completed its work in March 2015 and the best practices developed during the pilot continue to influence ongoing activity. During the Behavioral Health Homes Learning Session on June 25th, a P3 Pilot Organization, Tri-County Mental Health Services, shared the best practices learned from their work in implementing shared decision making for medication decisions in behavioral health, offering an opportunity for Behavioral Health Homes to explore implementing shared decision making as a way to engage and involve consumers in care planning.



SIM STATUS AT A GLANCE

STRENGTHEN PRIMARY CARE	WEIGHT	INTEGRATE PHYSICAL & BEHAVIORAL HEALTH	WEIGHT	DEVELOP NEW WORKFORCE MODELS	WEIGHT	DEVELOP NEW PAYMENT MODELS	WEIGHT	CENTRALIZE DATA & ANALYSIS	WEIGHT	ENGAGE PEOPLE & COMMUNITIES	WEIGHT
<p>MaineCare Objective 1</p> <p>Implement MaineCare Accountable Communities Shared Savings ACO Initiative</p>	5	<p>MaineCare Objective 2</p> <p>Implementation and ongoing support of MaineCare Behavioral Health Homes Initiative</p>	5	<p>MHMC Objective 3</p> <p>Public reporting for quality improvement and payment reform</p>	5	<p>MHMC Objective 3</p> <p>Public reporting for quality improvement and payment reform</p>	5	<p>MHMC Objective 1</p> <p>Track healthcare costs to influence market forces and inform policy</p>	5	<p>Maine CDC Objective 1</p> <p>Implementation of the National Diabetes Prevention Program (NDPP)</p>	3
<p>QC Objective 1</p> <p>Provide learning collaborative for MaineCare Health Homes</p>	4	<p>HIN Objective 2</p> <p>HIN will select 20 qualified Behavioral Health Organizations to provide \$70,000 each towards their EHR investments including their ability to measure quality</p>	4	<p>QC Objective 1</p> <p>Provide learning collaborative for MaineCare Health Homes</p>	4	<p>MaineCare Objective 1</p> <p>Implement MaineCare Accountable Communities Shared Savings ACO Initiative</p>	5	<p>MHMC Objective 3</p> <p>Public reporting for quality improvement and payment reform</p>	5	<p>Maine CDC Objective 2</p> <p>Community Health Workers Pilot Project</p>	2
<p>HIN Objective 1</p> <p>HIN's Health Information Exchange (HIE) data will support both MaineCare and provider care management of ED and inpatient utilization by sending automated emails to care managers to notify them of a patient's visit along with associated medical record documents</p>	3	<p>HIN Objective 3</p> <p>Connect behavioral health providers to HIN's Health Information Exchange</p>	4	<p>QC Objective 3</p> <p>Provide CI support for Behavioral Health Homes Learning Collaborative</p>	4	<p>MHMC Objective 2</p> <p>Stimulate Value Based Insurance Design</p>	4	<p>HIN Objective 1</p> <p>HIN's Health Information Exchange (HIE) data will support both MaineCare and provider care management of ED and inpatient utilization by sending automated emails to care managers to notify them of a patient's visit along with associated medical record documents</p>	3	<p>MHMC Objective 6</p> <p>Consumer engagement and education regarding payment and system delivery reform</p>	2
<p>MHMC Objective 4</p> <p>Provide primary care providers access to claims data for their patient panels (portals)</p>	3	<p>QC Objective 3</p> <p>Provide CI support for Behavioral Health Homes Learning Collaborative</p>	3	<p>MaineCare Objective 3</p> <p>Develop and implement physical health integration workforce development component to Mental Health Rehabilitation Technician/Community (MHRT/C) Certification curriculum</p>	3	<p>MHMC Objective 5</p> <p>Provide practice reports reflecting practice performance on outcome measures</p>	3	<p>HIN Objective 4</p> <p>HIN will provide MaineCare with a web-based analytics tool referred to as a "dashboard". The dashboard will combine current real-time clinical HIE data with MaineCare's claims data. This is the first test of Maines HIE to support a "payer" using clinical EHR data.</p>	2	<p>HIN Objective 5</p> <p>HIN will provide patients with access to their HIE medical record by connecting a provider's patient portal to the HIE. The patient will access the HIE record via a "blue button" in their local patient portal environment.</p>	1
<p>MHMC Objective 5</p> <p>Provide practice reports reflecting practice performance on outcome measures</p>	3	<p>QC Objective 1</p> <p>Provide learning collaborative for MaineCare Health Homes</p>	3	<p>Maine CDC Objective 2</p> <p>Community Health Workers Pilot Project</p>	2	<p>QC Objective 1</p> <p>Provide learning collaboratives for MaineCare Health Homes</p>	4	<p>QC Objective 4</p> <p>Provide CI support for Patient/Provider Partnership Pilots (P3 Pilots)</p>	1		
<p>MaineCare Objective 4</p> <p>Provide training to primary care practices on serving youth and adults with Autism Spectrum Disorder and intellectual disabilities</p>	2		<p>Hanley Center Objective 1</p> <p>Provide leadership development program through developing a sustainable 5 year leadership strategy and training participants</p>		<p>Maine CDC Objective 1</p> <p>Implementation of the National Diabetes Prevention Program (NDPP)</p>	3					
<p>QC Objective 4</p> <p>Provide CI support for Patient/Provider Partnership Pilots (P3)</p>	1										

-  MaineCare
-  Quality Counts
-  HealthInFront
-  Maine Health Management Coalition
-  Maine CDC
-  Hanley Center for Health Leadership