HEALTHCARE AND HUMAN SERVICES POLICY, RESEARCH, AND CONSULTING—WITH REAL-WORLD PERSPECTIVE.

Maine State Innovation Model Self Evaluation

First Annual Report – Appendix

Prepared for: **Maine Department of Health and Human Services**

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MAINE SIM PARTNERS & OBJECTIVES

Over the past decade, Maine has become an incubator for pilots and demonstrations to test transformation models. The collaborative partnership between the Department of Health and Human Services (DHHS), the Maine Center for Disease Control and Prevention (Maine CDC), the Maine Health Management Coalition (MHMC), HealthInfoNet (HIN), and Maine Quality Counts (QC), is important to the success of the SIM efforts. Each organization is represented on the SIM Steering Committee and has also assumed the responsibility of facilitating SIM sub-committees.

The role of each partner in SIM is highlighted below, including brief descriptions of the objectives they are implementing as part of this larger effort.

- **MaineCare** plays a leadership role across SIM efforts as the state's Medicaid program. Key payment and delivery reform activities under SIM are being implemented by MaineCare, including:
  - **MaineCare Accountable Communities**: As of August 2014, implementation of Accountable Communities (AC) began through shared savings arrangements with six provider organizations that committed to coordinating care for MaineCare patients who depend on those organizations as their primary point of access to health care services.
  - **MaineCare Stage A Health Homes**: In January 2013, as part of a state plan amendment (SPA), the MaineCare Stage A Health Home initiative was designed to build on the work of the Primary Care Medical Home (PCMH) pilot that was launched in Maine in 2010. For MaineCare Stage A Health Homes, MaineCare contracted with practices to serve enrollees with two or more chronic conditions, or enrollees who have one chronic condition and are at risk for developing a second.
  - **MaineCare Stage B Behavioral Health Homes**: Beginning in April 2014, this initiative continued to build upon the existing patient-centered models in Maine by targeting care coordination and other activities for adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbances (SED), who also have a significant impairment or limitation.
  - **MaineCare Health Homes Workforce Development**: As part of ongoing support for the health home initiative, MaineCare is tasked to develop and implement a Physical Health Integration workforce development component to the Mental Health Rehabilitation Technician/Community (MHRT/C) Certification curriculum.
  - **Intellectual and Developmental Disabilities Provider Training Program**: Under this objective, MaineCare is tasked with developing curriculum and implementing training targeted towards Case Managers and Primary Care Providers (PCPs), regarding the unique needs of individuals with intellectual and developmental disabilities (ID/DD).
- **Maine CDC** is charged with implementing key population health and workforce objectives as part of SIM, including:

- **National Diabetes Prevention Program**: Maine CDC has implemented technical assistance, promotion of program fidelity standards, lifestyle coach trainings, and supported the necessary culture for the implementation of NDPP in Maine.
- **Community Health Workers Pilot**: The community health workers (CHW) pilot seeks to demonstrate the benefits of integrating CHWs, who provide culturally-appropriate health education and outreach, support links to community, provider and social service resources, and ensure that people can access the care they need, into the health care team. This includes establishing models for state-wide replication and a core group of experienced CHWs who can provide leadership for ongoing development of the system.

- **HealthInfoNet**, which manages the state's Health Information Exchange (HIE), is responsible for implementing key information technology and infrastructure investments as part of SIM, including:
  - **MaineCare Notification Project**: HIN is implementing automated secure email notifications for MaineCare and participating provider care managers who receive alerts when their patients are admitted to Emergency Departments and Inpatient Settings. This objective aims to create a more efficient workflow for both the hospital and MaineCare staff, while simultaneously supporting MaineCare members' best possible care.
  - **Behavioral Health Health Information Technology (HIT) Adoption Incentives**: HIN is tasked with providing direct financial support to 20 behavioral health organizations, in order to accelerate the adoption of health information technology, including the HIE, to better integrate "general medical" and "behavioral" health data.
  - C**onnect Behavioral Health organizations to the Health Information Exchange**: HIN is supporting the connection of up to ten Behavioral Health organization's medical records systems and the data they collect to the state's HIE which has previously been limited to non-behavioral health providers and information.
  - **MaineCare Analytics Dashboard**: The Dashboard is an interactive analytical electronic tool that presents clinical HIE and claims data to MaineCare.
  - **Patient Portal Blue Button HIE Access:** Provides Maine patients with access to their statewide HIE record leveraging the "Blue Button" standards promoted by the Office of the National Coordinator for HIT (ONC).
- **Maine Quality Counts** plays a critical role in providing technical assistance and training for providers to promote best clinical and administrative practices. Under SIM, they are supporting the following objectives:
  - **Learning Collaborative for MaineCare Stage A Health Homes:** QC is collaborating with MaineCare to support the implementation of Stage A of the MaineCare Health Homes (HH) Initiative. This aims to help providers as they implement changes in their primary care practices and aims to improve coordination of care for patients who suffer from chronic illnesses.
  - **Learning Collaborative for MaineCare Stage B Behavioral Health Homes:** QC is collaborating with MaineCare to support the implementation of Stage B of the MaineCare Health Homes (HH) Initiative. This will support behavioral health

organizations working in partnership with health home practices to improve the coordination of care for MaineCare beneficiaries with Serious Mental Illness (SMI) as well as children with serious emotional disturbances (SED).

- **Quality Improvement Support for Patient-Provider Partnerships Pilots (P3 Pilots):** QC developed and implemented a set of Patient-Provider Partnership (P3) Pilots, which were designed to improve health care quality, while simultaneously decreasing costs by actively engaging patients in decisions about their health care. The P3 Pilots focused on priority areas identified as areas of high strategic importance to the state.

- **Maine Health Management Coalition** manages Maine's All Payer Claims Database and is integrally supporting activities related to quality improvement and public reporting. Under SIM, they are supporting:

  - **Track Health Care Costs:** MHMC has convened a Cost of Care Workgroup that has analyzed health care cost drivers in the state and is identifying actionable strategies to reduce costs, while preserving or improving care quality.
  - **Value Based Insurance Design (VBID)**: MHMC has convened the VBID Workgroup in order to explore VBID in more detail, as well as assess its potential for increasing healthcare value in Maine. This workgroup is also responsible for creating a strategy to rank insurance plans, in line with VBID metrics, and encouraging Maine businesses to adopt the new benefit model.
  - **Public Reporting for QI and Payment Reform:** Under SIM, the state aims to develop new quality and cost metrics to be reported publically on the MHMC website "Get Better Maine". As part of this effort patients are being encouraged to use the new resources as they select providers, and employers are encouraged to use this to inform their benefit designs.
  - **PCP Access to Provider Portals:** MHMC developed a portal for providers to examine claims data, support their efforts to allocate resources at their practice appropriately, and target struggling patients that may need additional support.
  - **Practice Reports:** Practice reports distributed by MHMC offer healthcare providers valuable insight into how well their practice is performing on key costs and quality metrics.
  - **Consumer Engagement:** Consumer engagement and education regarding payment and system delivery reform.

- **Hanley Center for Health Care Leadership** was engaged to implement a State Innovation Model Leadership Program including a Leadership Visioning Forum and planning process across healthcare CEOs and key decision makers to establish a shared vision for long-term leadership development across the Maine health care system[1].

By successfully supporting the implementation of SIM objectives, these key SIM partners are working to help ensure that the State is making progress towards fulfilling its goals for system-wide improvements. In the following section, Lewin explores Maines' SIM Strategic Pillars, which align these objectives to SIM model priorities.

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[1] The Leadership Development Program is out of scope for this first annual self-evaluation report.

OBJECTIVE HYPOTHESES

The Maine SIM partners developed hypotheses to correspond with their implementation of SIM objectives. The following exhibit presents these hypotheses.

Exhibit 1. Maine SIM Objectives & Corresponding Hypotheses

Objective	Hypothesis
MaineCare - MC1 - Accountable Communities (ACs)	"If we implement a payment system where providers may share in savings, with savings payment based also on provider performance on quality measures, we will see a reduction in total cost of care, improvement in quality, and improvement in population health."
MaineCare - MC2 – Stage B Behavioral Health Home (BHH)	"If MaineCare members with serious mental health needs have access to an integrated and value-based model of care for case management and support, then they will have improved outcomes, a better service experience, and reductions in cost."
MaineCare Initiative: Stage A Health Homes (HH)	"If MaineCare members with multiple chronic conditions have access to enhanced primary care and care management services when needed, then they will have improved outcomes, a better service experience, and reductions in cost."
MaineCare – MC3 – Health Homes Workforce Development	"If MaineCare members with multiple chronic conditions have access to enhanced primary care and care management services when needed, then they will have improved outcomes, a better service experience, and reductions in cost."
MaineCare – MC4 – ID/DD Program	"If Targeted Case Managers and Primary Care Providers are trained and have a better understanding of common physical health issues as they relate to specific displays of behaviors in the I/DD population, then it could help reduce unnecessary crisis calls and increase preventative health screenings. If the training proves effective, then recommendations for training requirements will be submitted to MaineCare Policy unit."
Center for Disease Control - CDC1 - National Diabetes Prevention Program (NDPP)	"If the NDPP is integrated into population health management strategies in Maine, we can prevent or delay the progression/onset of type 2 diabetes for those with pre-diabetes or at high risk for diabetes. For those who progress to a diabetes diagnosis, they consume 2.3 times more health care dollars."
Center for Disease Control - CDC2 - Community Health Worker (CHW)	"If CHWs are recognized as valued members of the health care system in Maine, they can support improved health outcomes, appropriate utilization of health care services, and increased cost savings related to chronic disease support, cancer screening, and high risk or high consumers of health care services."
HealthInfoNet - HIN1 - HIE notifications of Emergency Department and Inpatient utilization for MaineCare (& Provider) Care Management teams	"If HIN can release, build, and deliver real-time ADT & document notifications to MaineCare Care Management staff; MaineCare will have increased their data resources and thereby add efficiencies in staff workflows that will improve the desired results related to appropriate member ED/Admissions utilization."
HealthInfoNet - HIN2 - Reimbursement for Electronic Health Record and HIE Connection	"If BH organizations in Maine have access to funding reimbursements to support Electronic Health Record interoperability improvements and HIE connection, they will choose to invest in their EHR and participate in Maine's statewide HIE."
HealthInfoNet - HIN3 - Behavioral Health Connection to Health Information Exchange (HIE)	"If reimbursements are available to BH organizations under SIM, BH organizations can move forward with bidirectional connections to the HIE."
HealthInfoNet – HIN4 – Analytics Dashboard	"If HIN has access to MaineCare Claims files, HIN can build an interactive analytical dashboard that presents clinical HIE and claims data to MaineCare, and the HIN Dashboards will be used to support/inform MC policy and program

Objective	Hypothesis
	activities addressing utilization and member outcomes." "If HIN has access to MaineCare Claims files, HIN will be able to integrate discrete MaineCare prescription data into the Clinical Portal improving medication reconciliation workflows for all HIE users."
HealthInfoNet - HIN5 – Patient Portal Blue Button HIE Access	"If HIN creates the technical solution to provide patients with direct access to their state-wide HIE record Continuity of Care Document (CCD) via their local provider's Patient Portal; patients will access their CCD to better engage in their care."
Quality Counts - QC1 - Learning Collaborative for Health Homes	"Primary care practices participating in the MaineCare Health Homes (HH) initiative and the HH Learning Collaborative will successfully implement the PCMH/HH 10 Core Expectations and HH required screenings, resulting in improvements in clinical quality, integrated care, and patient experience, and decreasing avoidable health care spending for individuals with chronic conditions."
Quality Counts - QC3 - Learning Collaborative for Behavioral Health Homes (BHH)	"If BHH teams receive QI support through the BHH Learning Collaborative, they will be successful in fulfilling the 10 BHH Core Expectations, resulting in improvements in integrated care, improved physical and behavioral health outcomes, increased communication between health care providers, greater use of preventive services, community supports, and self-management tools for adults with Serious Mental Illness and children with Serious Emotional Disturbance."
Quality Counts - QC4 – Quality Improvement Support for Patient-Provider Partnerships Pilots (P3 Pilots)	"Practices that participate in one of the P3 Pilot efforts will identify methods for successfully implementing Shared Decision Making tools and decision aids (e.g. Choosing Wisely) into clinical practice workflows, improving the engagement of patients in clinical decision making about their health care"
Maine Health Management Coalition – MHMC1 – Track Health Care Costs	Hypothesis One: That a robust data and analytics function helps stimulate better informed decisions regarding quality improvement, patient experience of care and payment reform, as well as strategies to address cost of care. Hypothesis Two: By providing information and data regarding the health care environment to a broad audience, including those who make purchasing decisions for groups of employees, they are better prepared to make informed coverage decisions. Hypothesis Three: Through the use of a consensus-based process involving informed stakeholders, sound guidance regarding strategies to address health care costs may be developed to guide purchasing and policy decisions and that guidance will be adopted by decision makers.
Maine Health Management Coalition - MHMC2 - Value Based Insurance Design (VBID)	"The development of a baseline value based benefit design that appropriately balances cost of care and value of services will speed adoption and use of such coverage in Maine. When adopted, this type of coverage will lead to improved patient outcomes and experience of care, as well as more appropriate costs of care."
Maine Health Management Coalition - MHMC3 - Public Reporting for QI and Payment Reform	Hypothesis One: The identification and adoption of a set of core metrics for ACOs will allow for benchmarking performance across plans and more informed purchasing decisions on the part of purchasers, as well as decreasing pressure on providers (in terms of reporting burdens). Hypothesis Two: Investment in a stakeholder based process to support development of alternative payment arrangements - including ACOs - will lead to an increased uptake/spread of these arrangements in the Maine marketplace, furthering our objective of moving further away from paying on the basis of volume to a greater emphasis on value. Hypothesis Three: The development and public reporting of quality measures for behavioral health will serve to introduce more public accountability in behavioral health care and will provide consumers with information that will assist them in

Objective	Hypothesis
	assessing where they might seek care.
Maine Health Management Coalition - MHMC4 - PCP access to provider portals	"By facilitating access to claims data for their patient panels, providers will have access to a potentially powerful tool to help them understand how their patients are accessing services."
Maine Health Management Coalition - MHMC5 - Practice Reports	"By providing practices with practice-specific reports on patient panels (by payer source), providers and practice owners will gain a better appreciation for the trends in utilization, cost and quality demonstrated by their own practice as compared to a statewide benchmark, leading to efforts to improve their own performance."
Maine Health Management Coalition - MHMC 6 - Consumer Engagement	"By engaging the public around issues related to payment reform (with this term being taken broadly), cost and quality, we will have more informed consumers and decision makers who will be able to make better decisions regarding their own health and care, as well as participate in broader discussions of health policy."

MAINE SIM PILLARS

The Maine SIM project includes a Strategic Framework which groups the objectives into six "Pillars" to convey the key priorities of the model. This framework aligns the SIM objectives to the key areas that the State has identified for meaningful impact through the implementation process. Under the evaluation, as data analysis is applied to each research question[2], these pillars are considered to assess whether the overarching strategies are being adequately addressed by the collective impact of the SIM objectives.

The Pillars and associated objectives are described in **Exhibit 2**. It is important to note that due to the inter-related nature of system reform efforts, some objectives relate to multiple Pillars. This overlap also emphasizes the important considerations the evaluation must make as the overall impact of Maine SIM is assessed.

[2] The research questions are described in a subsequent section of the overview.

Exhibit 2. Maine SIM Strategic Pillars

Strengthen Primary Care	Integrate Physical and Behavioral Health	Develop New Workforce Models	Develop New Payment Models	Centralize Data & Analysis	Engage People & Communities
MaineCare Objective 1:	**MaineCare Objective 2:**	**MHMC Objective 3:**	**MHMC Objective 3:**	**MHMC Objective 1:**	**Maine CDC Objective 1:**
Implement MaineCare Accountable Communities Shared Savings ACO Initiative	Implement MaineCare Behavioral Health Homes Initiative	Public Reporting for Quality Improvement and Payment Reform	Public Reporting for Quality Improvement and Payment Reform	Track Healthcare Costs to influence market forces and inform policy	NDPP: Implementation of the National Diabetes Prevention Program (NDPP)
QC Objective 1:	**HIN Objective 2:**	**QC Objective 1:**	**MaineCare Objective 1:**	**MHMC Objective 3:**	**Maine CDC Objective 2:**
Provide learning collaborative for MaineCare Health Homes	Through a RFP process, HIN will select 20 qualified Behavioral Health organizations to provide $70,000 each towards their EHR investments including their ability to measure quality.	Provide learning collaborative for MaineCare Health Homes	Implement MaineCare Accountable Communities Shared Savings ACO Initiative	Public Reporting for Quality Improvement and Payment Reform	Community Health Workers Pilot Project
HIN Objective 1:	**HIN Objective 3:**	**QC Objective 3:**	**MHMC Objective 2:**	**HIN Objective 1:**	**MHMC Objective 6:**
HIN's Health Information Exchange (HIE) data will support both MaineCare and provider Care Management of ED and Inpatient utilization by sending automated email's to Care Managers to notify them of a patient's visit along with associated medical record documents.	Connect Behavioral Health providers to HIN's Health Information Exchange	Provide QI Support for Behavioral Health Homes Learning Collaborative	Stimulate Value Based Insurance Design	HIN's Health Information Exchange (HIE) data will support both MaineCare and provider Care Management of ED and Inpatient utilization by sending automated email's to Care Managers to notify them of a patient's visit along with associated medical record documents.	Consumer engagement and education regarding payment and system delivery reform
MHMC Objective 4:	**QC Objective 3:**	**MaineCare Objective 3:**	**MHMC Objective 5:**	**HIN Objective 4:**	**HIN Objective 5:**
Provide Primary Care Providers access to claims data for their patient panels (portals)	Provide QI Support for Behavioral Health Homes Learning Collaborative	Develop and implement Physical Health Integration workforce development component to Mental Health Rehabilitation Technician/Community (MHRT/C) Certification curriculum.	Provide practice reports reflecting practice performance on outcomes measures	HIN will provide MaineCare with a web-based analytics tool referred to as a "Dashboard". The Dashboard will combine the current real-time clinical HIE data with MaineCare's claim's data. This is the first test of Maine's HIE to support a "payer" using clinical EHR data.	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.
MHMC Objective 5:	**QC Objective 1:**	**Maine CDC Objective 2:**	**QC Objective 1:**		**QC Objective 4:**
Provide practice reports reflecting practice performance on outcomes measures	Provide learning collaborative for MaineCare Health Homes	Community Health Workers Pilot Project	Provide learning collaborative for MaineCare Health Homes		Provide QI Support for Patient-Provider Partnership Pilots (P3 Pilots)
MaineCare Objective 4:	**QC Objective 4:**	**Hanley Center Objective 1**	**Maine CDC Objective 1:**		
Provide training to Primary Care Practices on serving youth and adults with Autism Spectrum Disorder and Intellectual Disabilities.(MDDC)	Provide QI Support for Patient-Provider Partnership Pilots (P3 Pilots)	Provide Leadership development Program through developing a sustainable 5 year leadership strategy, and training of participants	NDPP: Implementation of the National Diabetes Prevention Program (NDPP)		
QC Objective 4:					
Provide QI Support for Patient-Provider Partnership Pilots (P3 Pilots)					

MAINE SIM EVALUATION MEASURES

The evaluation employed three primary types of measures:

1. Accountability targets that tracked the process of implementation and were reported monthly and quarterly to SIM leadership and CMMI;
2. Quantitative measures / "Core Metrics" largely derived from MaineCare and MEHMC data; and
3. Qualitative data derived from consumer interviews/surveys, provider and stakeholder interviews and reviews of SIM documents.

Additional quantitative measures related to "category of service" are also included in this evaluation.

Accountability Targets

Structure and process metrics were primarily measured via accountability targets, which were defined at the state and federal level. State and federal accountability targets were collected and reported on a quarterly basis. These targets demonstrate early change as evidenced by measures, such as number of beneficiaries covered by SIM objectives, provider participation in learning collaboratives, provider and patient access to HIE, and number or percent of patients covered by Value Based Insurance Design initiatives[3]. The accountability targets, though not easily aligned to outcome measures, allow for an expanded understanding of the implementation of Maine SIM objectives and may serve to inform future efforts.

Core Metrics

During the first two quarters of 2014, The Maine SIM Core Metrics committee convened a workgroup of stakeholders to examine existing key metrics from across Maine's major SIM models (MaineCare Stage A Health Homes, Stage B Behavioral Health Homes, Patient Centered Medical Homes, Commercial Accountable Care Implementation, and MaineCare Accountable Communities). The workgroup was tasked with identifying and recommending Core Metrics for Maine SIM activities. The workgroup employed criteria (including alignment to Maine SIM Strategic Pillars and Triple Aim objectives) to identify and recommend ten specific domains for Maine SIM Core Metrics: Emergency Department Utilization, Readmissions, Imaging, Fragmented Care, Total Cost of Care Index, Pediatric/Adolescent Care, Mental Health, Patient Experience/Engagement, Obesity, and Diabetes Care.[4] Lewin was able to provide program results for a handful of the core metrics from Symmetry EBM™[5], which contains hundreds of quality measures developed by national organizations including CMS, NCQA[6] and HEDIS.[7]

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[3] Not an inclusive list.

[4] Maine SIM Steering Committee. "Maine SIM Core Metrics Selection." May 29, 2014. Accessed December 3, 2014 from: http://www.maine.gov/dhhs/sim/resources/steering-committee.shtml

[5] https://www.optum.com/providers/analytics/health-plan-analytics/symmetry/symmetry-ebm-connect.html

[6] National Committee for Quality Assurance, http://www.ncqa.org/AboutNCQA.aspx

[7] The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans and MaineCare to measure performance on important dimensions of care and service. http://www.ncqa.org/HEDISQualityMeasurement.aspx

Optum provided national commercial benchmarks for these measures, and OCQI used these benchmarks to assist in setting targets for these measures in Year 3.

These metrics were applied to both the Cost-Effectiveness and the Impact & Effectiveness evaluations. A detailed matrix of the core metrics is included below in Exhibit 3.

Exhibit 3. SIM Core Metrics

Category	Measure	Source	Eval Component		Interventions Using Measure			
			Cost-Eff.	Impact /Eff.	HHs	BHH	PCMH	AC
ED Util.	Non-emergent ED use: Based on Maine list of 14 diagnoses identified as preventable in A Maine ED study, including: sore throat; viral infection; anxiety; conjunctivitis; external and middle ear infections; upper respiratory infections; bronchitis; asthma; dermatitis and rash; joint pain; lower and unspecified back pain; muscle and soft tissue limb pain; fatigue; headache	Claims data	X	X	X	X	X	X
Readmits	All-cause readmissions	Claims	X	X	X	X	X	X
Imaging	Use of imaging studies for low back pain: The percentage of members with a primary diagnosis of low back pain who had an imaging study within 28 days of the diagnosis.	Claims		X	X			X
Fragmented Care	Percent of members with fragmented care: This measure uses Liu's fragmented care index (FCI) is based on Bice and Boserman's continuity of care index (CCI) that considers the number of different providers visited, the proportion of attended visits to each provider and the total number of visits.	Claims		X	X	X	X	X
PMPM	Population based, case-mix (risk) adjusted, per capital total medical and pharmacy cost paid to providers	Claims	X		X	X	X	X
Ped. / Adol. Care	Well-child Visits (ages 3-6)	Claims		X	X	X		X
	Children's and Adolescent Access to Primary Care (ages 7-11)	Claims		X	X	X		X
	Developmental Screenings in the First 3 Years of Life	Claims		X	X			X
MH	Follow-Up After Hospitalization for Mental Illness	Claims		X	X	X		X
Pt. Exper./ Engagement	Providers support you in taking care of your own health, CAHPS PCMH	Survey		X	X	X	X	
	Willingness to Recommend Provider (Definitely Yes/Somewhat Yes/No), CAHPS	Survey		X	X	X	X	

Category	Measure	Source	Eval Component		Interventions Using Measure			
			Cost-Eff.	Impact /Eff.	HHs	BHH	PCMH	AC
Obesity	Adult BMI Assessment	TBD		X	X	X		
	Weight Assessment and BMI Classification (ages 3-17)	TBD		X		X		
	Adults Meeting Physical Activity Guidelines: ≥150 minutes per week of moderate-intensity aerobic activity, or ≥75 minutes of vigorous-intensity aerobic activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity [where vigorous-intensity minutes are multiplied by 2] totaling ≥150 minutes per week). Available from the Behavioral Risk Factor Surveillance System (BRFSS).	TBD		X				
Diabetes	Diabetic Care HbA1c (ages 18-75)	Claims		X	X	X	X	X

Category of Service

Lewin's Category of Service logic used the procedure and revenue codes found on claims to disaggregate utilization and expenditure trends into the categories shown in Exhibit 4. The method assigned each claim line to one of the service categories shown, and then assigned the entire claim to the highest category. For example, an institutional claim may include claim lines with room and board and radiology revenue codes. Room and board revenue codes are assigned to the General Inpatient Medical Surgical category, which is sorted higher than radiology in the Exhibit below. As a result, the entire claim is assigned to the General Inpatient Medical Surgical category.

The Category of Service logic produced totals in many categories that were similar to those required for the state's Health Home State Plan Amendment reporting. Lewin worked with the State of Maine to align the categories below and readily adjust the codes that define each category to meet the needs of Maine SIM.

Exhibit 4. Institutional Service and Professional Service Categories

Professional		Institutional	
Category Number	**Description**	**Category Number**	**Description**
1	Office Visits	1	Inpatient - NICU
2	Delivery	2	Newborn Nursery
3	Surgery	3	Inpatient - Maternity
4	Oncology Treatment	4	Inpatient - Psych
5	Ophthalmology	5	Inpatient - Med/Surg
6	Institutional Services	6	Long Term Care
7	Anesthesia	7	Outpatient-Ambulatory Surgery
8	Behavioral Health	8	Outpatient-ER
9	Therapy	9	Dialysis
10	Alternative Medicine	10	Outpatient Clinic
11	Diagnostic Treatment	11	Diagnostic Testing
12	Lab / Radiology	12	Outpatient Therapy (e.g., PT, OT, SP)
13	Emergency Transportation	13	Outpatient Behavioral Health / Substance Abuse
14	Non-Emergency Transportation	14	Home and Community Based Services / Home Health
15	Vision	15	Outpatient Radiology
16	DME	16	Outpatient Lab
17	Injection / Infusion	17	Crossover
18	Office Drugs	18	Drugs / Supplies
19	Medical Supplies	19	Blood Products
20	Dental	20	Other
21	Hearing		
22	Orthotics		
23	Case Management		
24	Home and Community Based		

Professional		Institutional	
Category Number	**Description**	**Category Number**	**Description**
	Services		
25	Telehealth		
26	Other services		

SELF-EVALUATION FRAMEWORK AND STUDY QUESTIONS

Lewin is responsible for the development and implementation of a comprehensive evaluation agenda and evaluation plan; the development of data collection protocols and methods; project related data collection activities; coordinating with CMMI and RTI (RTI International)[8] with the Cross-Site evaluation design and data collection activities; data analytics; the design and implementation of focused studies to test specific model components; working with Innovation partners to develop a robust Continuous Quality Improvement (CQI) and reporting infrastructure to support and drive system change efforts; and the development and coordination of a sustainable research infrastructure and research collaborative.[9]

The comprehensive self-evaluation is organized into three areas of focus, which are described in **Exhibit 5**:

- Implementation / Process Evaluation
- Cost Effectiveness Evaluation
- Impact Evaluation

Exhibit 5. Self-Evaluation Areas of Focus

Evaluation Type	Description
Implementation / Process	Lewin is conducting an implementation/process study to gather qualitative data from providers, consumers, and health systems to assess perceptions, challenges, and strategies for success related to Maine SIM objectives. Lewin used a variety of measures including accountability targets, participant engagement, and consumer satisfaction measures to assess the success and challenges of SIM implementation thus far.
Cost Effectiveness	In order to assess the cost effectiveness of SIM, Lewin is analyzing changes in health care service utilization and costs and returns on investments linked to SIM objectives, specifically the MaineCare Stage A Health Homes, Stage B Behavioral Health Homes, and Accountable Communities. This component involves a comprehensive evaluation of changes in service utilization trends and associated costs, and an analysis of cost avoidance and return on investment (ROI) linked to the planned primary care and health home practice innovations. The cost effectiveness evaluation was applied to MaineCare Health Homes (Stage A) and MaineCare Behavioral Health Homes (Stage B) for this report.
Impact & Effectiveness	Lewin is conducting an evaluation of the impact and effectiveness of SIM objectives, including the MaineCare Health Homes (Stage A), MaineCare Behavioral Health Homes (Stage B), and Accountable Communities. This study integrates qualitative and quantitative methods previously described to analyze relevant data and answer key research questions that seek to assess the complexities of the objectives, the environment in which they are occurring, and the barriers and facilitators of change.

[8] RTI International is engaged as the national evaluator of SIM implementation on behalf of CMS and is conducting a concurrent evaluation of Maine's SIM efforts.

[9] Chenard (2014).

Within each study, Lewin has identified key research questions to guide the evaluation and target key information regarding the implementation and effectiveness of Maine SIM. The research questions, which are applied to specific components of the evaluation, are as follows:

- Implementation/Process:
  - *What factors influence the adoption and spread of model enhancements? To what extent are model components implemented consistently and with fidelity?*
  - *What system, practice, and beneficiary level factors are associated with the model outcomes?*
- Cost Effectiveness:
  - *Does the model implementation lead to changes in service utilization patterns and reduced per member per month 1) total, 2) medical, and 3) behavioral health care costs? If so, to what extent?*
- Impact & Effectiveness:
  - *Does the model lead to improvements in care coordination and less fragmentation of care and, if so, for what populations and to what extent?*
  - *Does the model lead to improvements in quality and processes of care and, if so, to what extent?*
  - *To what extent does the model improve the level of integration of physical and behavioral health across Maine's health care system?*
  - *Does the model lead to improvements in beneficiary health, well-being, function, and reduced health risk behaviors, and if so, to what extent?*
  - *Does the model lead to improved beneficiary experiences of care and perception of services and, if so, to what extent?*
  - *What system, practice, and beneficiary level factors are associated with the model outcomes?*

MAINE SIM EVALUATION LOGIC MODEL

Maine developed a SIM evaluation logic model to map out "the pathways by which the Innovation model objectives will lead to expected outcomes and the complex interplay of multiple influencing factors that mediate those outcomes".[10] The model is intended to serve as guide for the design and implementation of self-evaluation studies and will be revised and updated accordingly throughout the implementation of the project.[11] It also serves as a guide for the key research questions of the evaluation and the assessment of SIM's impact on each strategic pillar.

As the Self-Evaluation Contractor, Lewin collaborated with ME-DHHS OCQI, ME-SIM leadership, and ME-SIM partners, to update and refine this initial evaluation logic model to align the evaluation plan to the SIM strategic pillars and map the SIM operational measures and targets to the Triple Aim outcomes.[12] Lewin, in collaboration with DHHS and other key SIM Partners (MHMC, HIN, QC, and Maine CDC), initiated this additional refinement of the overarching logic models during September and October 2014.

During Lewin's initial discussions with the SIM Partners, it was suggested that the updated model should better depict the culture of collaboration amongst the partners that leads to and drives change. The model was also refined to demonstrate that, while structural objectives may not directly tie to an outcome core metric, they are a critical foundation needed to create the environment to drive change.

Exhibit 6 depicts the updated iteration of the logic model. The first column of the diagram identifies the "Key Interventions", the related environmental context, and structural changes being implemented to drive SIM goals for provider and consumer change. The first column also denotes the monitoring of SIM objectives and structural supports to assure that SIM implementation is on track. Implementation of these objectives and structural support then leads to the evidence of system change, as measured by ten categories of "Core Metrics". The final column, "Alignment to National Triple Aims", depicts how all SIM objectives and activities directly or indirectly contribute to the achievement of SIM and Triple Aim goals.

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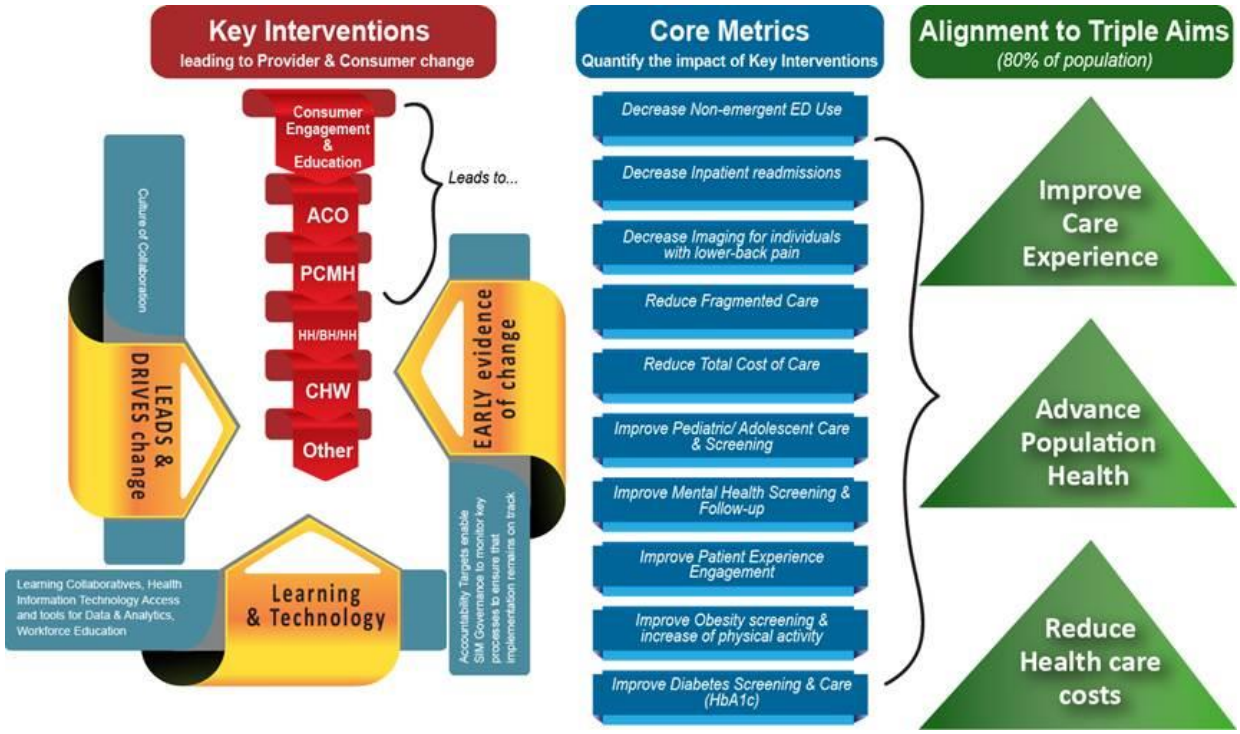
[10] Chenard (2014).
[11] Chenard (2014).
[12] Chenard (2014).

Exhibit 6. October 2014 Iteration of Maine SIM Logic Model



CLAIMS DATA ANALYSIS METHODOLOGY

For the annual report, Lewin used a difference-in-difference (DID) model with a control group to estimate changes in expenditures and SIM Core metrics for members engaged in MaineCare Health Homes, both Stage A and B. The DID method creates a control group of similar, but non-engaged MaineCare members and compares expenditures to those engaged in Health Homes over time.

Lewin also created a dashboard to display SIM Core metrics. The purpose of the dashboard is to surface data used in the evaluation and to support rapid cycle improvement activity. Although the measures used in the dashboard and evaluation are the same, the dashboard is not used directly in the evaluation. The evaluation uses a DID model which is methodologically more robust than the dashboard, as the dashboard does not include a control group.

Data Sources

For MaineCare claims and enrollment data, Lewin uses a monthly claim extract file provided by Molina, Maine's MMIS vendor. The data used for metric calculation spans from January 2011 through the first six months of 2015. Lewin implemented Maine's final version logic to eliminate claim adjustments in the data and applied the eligibility hierarchy to assign each member to a single rate code.

To ensure an accurate starting point for analysis, Lewin computed total paid dollars and total member months and compared them to totals calculated by MaineCare. Monthly variances were generally within 1% to 2%, which is an acceptable level of variance and can reflect lag factors or minor differences in how data was extracted. Lewin then went through an exhaustive vetting process with The University of Southern Maine Muskie School (Muskie) and MaineCare. Together we identified any discrepancies, analyzed the causes and, if needed, modified parameters to yield consistent results. In some instances, we recommended changes to parameters to provide a more complete or accurate version of a core metric.

The methodology also required accurate attribution of members to MaineCare Stage A Health Homes (HH) and Stage B Behavioral Health Homes (BHH). Muskie, which administers the Health Home Enrollment System (HHES), reported member attribution data to the Maine Health Management Coalition (MHMC), which provided the data to Lewin. This monthly file can contain multiple spans per member for any given time period. Lewin developed logic to de-duplicate the data and transform the data to one record per member per month. Lewin verified that enrollment totals closely matched those provided in Muskie's report on MaineCare Stage A Health Homes.

Quality Assurance Checks

Much of our metric calculation is automated at this point and populated into spreadsheets for both the dashboard and the difference in difference analysis. We re-calculate each metric outside of the automatic procedure to ensure the data is reported correctly and without errors. However, this does not ensure that the underlying data used to create the metrics is correct. To check for this, we compare our metrics across years for a reasonability check. The metrics are also compared to benchmarks where applicable, and to rates we have seen in other states. The

dashboard and DID metrics have a multi-level review, where two additional analysts review code and output after the initial author has finished his or her checks. In addition, the SAS programs and program logs are carefully reviewed for errors.

For our underlying MaineCare data, Lewin ties the member months, unique members, and costs back to reports provided by MaineCare to ensure we are using the correct data. Where available, we compared our metrics to those previously calculated by the University of Southern Maine Muskie School and other published sources to ensure reasonability of measures.

Core Metrics Dashboard - Overview

As part of the SIM self-evaluation, Lewin has created a dashboard displaying core metrics selected by the SIM Steering Committee. These metrics are used throughout the evaluation and are documented in the exhibit below.

Exhibit 7. Maine SIM CORE Metrics Specifications (Claims based only)

Metric	Link to specification
Non-emergent ED use	http://www.qualitymeasures.ahrq.gov/content.aspx?id=47270
All-cause readmissions	http://www.qualitymeasures.ahrq.gov/content.aspx?id=47277
Use of imaging studies for low back pain	http://www.qualitymeasures.ahrq.gov/content.aspx?id=48635
Median Fragmented Care Index	See Liu, 2010
Total Cost of Care	http://www.qualitymeasures.ahrq.gov/content.aspx?id=38363
Well-child Visits (ages 3-6)	http://www.ncqa.org/portals/0/Well-Child%20Visits%20in%20the%20Third%20Fourth%20Fifth.pdf
Children 7-11 Access to Primary Care Practitioners (formerly Well-child Visits (ages 7-11))	http://www.ncqa.org/portals/0/Children%20and%20Adolescents%20Access%20to%20Primary%20Care%20Practitioners.pdf
Developmental Screenings in the First 3 Years of Life	http://www.oregon-pip.org/focus/Measurement%20Specifications.pdf
Follow-Up After Hospitalization for Mental Illness	http://www.ncqa.org/portals/0/Follow-Up%20After%20Hospitalization%20for%20Mental%20Illness.pdf
Diabetic Care HbA1c (ages 18-75)	http://www.ncqa.org/portals/0/PolicyUpdates/HEDIS%20Technical%20Updates/09_CDC_Spec.pdf

Difference in Difference - Overview

The difference-in-difference (DID) design measures avoidances in cost by creating a control group and comparing the changes in the outcome of interest over time for both the control group and the group engaged in the intervention (also known as the experimental group). This method can be used for any outcome and has been used with the Core Metrics and other quality measures. To assess program cost effectiveness the relevant measure is per member per month (PMPM) paid dollars directly from claims. The PMPM includes all services captured in the extract of claims from Molina. The table below demonstrates the concept.

Exhibit 8. Sample Difference in Difference Design

	Pre- Time Period	Post- Time Period	Percent Change
Experimental Group	$450	$465	3.3%
Control Group	$449	$468	4.2%

In the table above, expenditures for the control group increase 4.2%. In the absence of the intervention, we would expect PMPM for the experimental to also rise by 4.2% to $469 PMPM. The observed or actual cost for the experimental group rose to $465, generating avoidance in cost of $4 PMPM ($469-$465). Cost avoidance can also be calculated using a regression equation. This was used for cross-validation and significance testing but was not used to display results in the report so they can be more easily understood to non-technical audiences. Cost avoidance calculations were not significance tested.

The DID analysis included three separate analyses for Health Home members. The following criteria were used to select members into one of three experimental groups:

- MaineCare Stage A members with no Care Coordination Team (CCT) and 6 or more months of 2013 Health Home enrollment.
- MaineCare Stage A members with Care Coordination Team (CCT) and 6 or more months of 2013 Health Home enrollment.
- MaineCare Stage B members with 6 or more months of 2014 Health Home enrollment.

MaineCare Stage A Health Homes started in January 2013, so the pre-intervention time period was calendar year 2012, and the post-intervention time period was calendar year 2013. This time period remained the same for both the cost effectiveness and impact evaluations. MaineCare Stage B Behavioral Health Homes started in April of 2014, so the analysis used the last three quarters of 2013 as the pre-intervention time period, and the last three quarters of 2014 was the post-intervention time period for the cost effectiveness evaluation. These time periods align with the analysis Lewin provided in a previous report, the Strategic Objective Review Team Report. In order to evaluate the impact effectiveness, many metric specifications required a full year of claims history, so an additional quarter was added to both the pre and post-intervention time periods. The impact evaluation for MaineCare Stage B Behavioral Health Homes used calendar year 2013 Quarter 2 (Q2) through 2014 Q1 as the pre-intervention time period, and calendar year 2014 Q2 through 2015 Q1 as the post-intervention time period.

Difference in Difference – Case Matching

Control groups were created for each experimental group using propensity score matching and cross-validated by using cell-based matching. Propensity score matching uses logistic regression to assign a probability that a potential control is similar to an observation in the experimental group. Digit matching was used with the probabilities computed using logistic regression, such that controls with the highest probability of being similar to observations in the experimental group were selected first. Variables used in the matching include, age, gender, risk score, pre- time period PMPM, the presence of selected chronic conditions, geography, and MaineCare eligibility. The case matching process was iteratively refined over time and involved over 20 different simulations to develop the most suitable comparison group.

To evaluate how well the case matching worked, we compared the pre-intervention time period PMPM overall and by category of service. This ensures the two groups have similar baseline medical needs and could be expected to have similar expenditure trends had the intervention never happened. For MaineCare Stage A and Stage B Health Homes, the pre-intervention time period PMPM for the controls was within 5% or less of the experimental group pre- time period PMPM. Where differences were present at the category of service level, we would adjust the case matching method to reduce the baseline variance between control and experimental group. The findings presented here reflect Lewin's initial pass at creating control groups that may be refined over time after additional analysis and feedback. Lewin's category of service logic is a way to classify different types of services and is described in more detail below.

Difference in Difference – Category of Service Analysis

The DID calculation can be made across all of Lewin's categories of service, which allows us to disaggregate changes in expenditures into component parts. This method was used to identify the cost drivers, such as inpatient or behavioral health, noted in the annual report. The category of service logic is hierarchical in that it will assign an entire claim to a category based on what is likely the primary service. For example, if a member had outpatient surgery and some associated lab tests or radiology services, the logic assigns the entire claim to outpatient surgery. If the member only had facility based lab tests, then the claim would be assigned to the lab category. The logic is implemented in the following steps.

Exhibit 9. Category of Service Assignment Logic

Step	Description
1	Assign each claim line to an institutional or professional category number using the type and claim and either the revenue code or the procedure code, respectively.
2	Sort claims by the claim number and category number.
4	Select the category with the highest number for the entire claim. For institutional claims, if the type of bill starts with 2 or 6 (SNF or ICF), always assign the claim to institutional category 4, otherwise pick the category that sorted first.
5	Combine professional and institutional claims into a single data set.

The category numbers and descriptions used in the assignment logic are listed below.

Exhibit 10. Category of Service Numbers

Professional		Institutional	
Category Number	Description	Category Number	Description
1	Office Visits	1	Inpatient - NICU
2	Delivery	2	Newborn Nursery
3	Surgery	3	Inpatient - Maternity
4	Oncology Treatment	4	Inpatient - Psych
5	Ophthalmology	5	Inpatient - Med/Surg
6	Institutional Services	6	Long Term Care
7	Anesthesia	7	Outpatient-Ambulatory Surgery
8	Behavioral Health	8	Outpatient-ER

Professional		Institutional	
Category Number	Description	Category Number	Description
9	Therapy	9	Dialysis
10	Alternative Medicine	10	Outpatient Clinic
11	Diagnostic Treatment	11	Diagnostic Testing
12	Lab / Radiology	12	Outpatient Therapy (e.g., PT, OT, SP)
13	Emergency Transportation	13	Outpatient Behavioral Health / Substance Abuse
14	Non-Emergency Transportation	14	Home and Community Based Services / Home Health
15	Vision	15	Outpatient Radiology
16	DME	16	Outpatient Lab
17	Injection / Infusion	17	Crossover
18	Office Drugs	18	Drugs / Supplies
19	Medical Supplies	19	Blood Products
20	Dental	20	Other
21	Hearing		
22	Orthotics		
23	Case Management		
24	Home and Community Based Services		
25	Telehealth		
26	Other services		

Procedure and revenue code detail for each of the categories above is supplied at the end of this appendix. In our typical engagements, the standard category of service logic is used as a starting point then refined to account for local codes or client preferences. The logic was adjusted to follow the Muskie primary care visit definition, which includes community providers at rural health clinics and federally qualified health centers, in addition to the standard physicians, physician assistants, and nurse practitioners.

To validate the performance of the case matching, we compared baseline expenditures across all 46 categories of service. The percentage variance column in the table below shows the areas where baseline expenditures varied between the two groups. Categories with large percentage variances and material PMPMs are not considered suitable for avoidance calculations at that level.

Exhibit 11: MaineCare Stage B Baseline Expenditure Comparison

	Case	Control		
Members	1300	1300		
Member months	11410	11412		
	Case PMPM	Control PMPM	Percent variance	PMPM variance
Total Spend	$1,097.83	$1,145.94	1.04	-$48.11
Medical Spend	$987.57	$1,010.48	1.02	-$22.91

	Case	Control		
Pharmacy Spend	$110.26	$135.46	1.23	-$25.20
Professional Office Visits	$22.17	$23.82	1.07	-$1.66
Professional Delivery	$1.06	$1.81	1.70	-$0.74
Professional Surgery	$5.79	$6.08	1.05	-$0.29
Professional Oncology Treatment	$0.10	$0.37	3.83	-$0.28
Professional Ophthalmology	$1.53	$1.25	0.82	$0.27
Professional Institutional Services	$7.95	$6.82	0.86	$1.13
Professional Anesthesia	$1.66	$1.62	0.98	$0.04
Professional Behavioral Health	$568.72	$627.03	1.10	-$58.30
Professional Therapy	$2.92	$7.09	2.43	-$4.17
Professional Alternative Medicine	$0.38	$0.33	0.86	$0.05
Professional Diagnostic Treatment	$6.19	$9.74	1.57	-$3.55
Professional Lab / Radiology	$12.41	$12.57	1.01	-$0.16
Professional Emergency Transportation	$7.04	$5.52	0.78	$1.52
Professional Non-Emergency Transportation	$15.81	$16.15	1.02	-$0.34
Professional Vision	$0.12	$0.11	0.95	$0.01
Professional DME	$3.86	$4.02	1.04	-$0.16
Professional Injection / Infusion	$0.07	$0.17	2.49	-$0.10
Professional Office Drugs	$0.04	$0.22	5.23	-$0.18
Professional 19 Medical Supplies	$3.83	$3.83	1.00	$0.00
Professional Dental	$0.00	$0.00	-	$0.00
Professional Hearing	$0.00	$0.01	-	-$0.01
Professional Orthotics	$1.52	$1.50	0.99	$0.01
Professional Case Management	$40.73	$46.95	1.15	-$6.22
Professional Telehealth	$0.00	$0.00	-	$0.00
Professional Other Services	$4.29	$0.92	0.21	$3.37
Institutional Inpatient – Maternity	$3.02	$4.07	1.35	-$1.06
Institutional Inpatient – NICU	$0.00	$0.00	-	$0.00
Institutional Newborn Nursery	$0.00	$0.00	-	$0.00
Institutional Inpatient – Psych	$8.69	$10.29	1.18	-$1.59
Institutional Inpatient Med / Surg	$42.58	$30.24	0.71	$12.34
Institutional Outpatient – Ambulatory Surgery	$3.63	$4.77	1.32	-$1.14
Institutional Outpatient – ER	$21.96	$19.11	0.87	$2.85
Institutional Dialysis	$0.00	$0.00	-	$0.00
Institutional Outpatient Clinic	$63.69	$50.55	0.79	$13.14
Institutional Diagnostic Testing	$2.94	$2.07	0.71	$0.87
Institutional Outpatient Therapy	$57.72	$33.86	0.59	$23.86
Institutional Outpatient Behavioral Health / Substance Abuse	$6.51	$2.53	0.39	$3.98

	Case	Control		
Institutional Home and Community Based Services / Home Health	$8.30	$7.74	0.93	$0.57
Institutional Outpatient Radiology	$7.67	$5.81	0.76	$1.86
Institutional Outpatient Lab	$3.33	$3.47	1.04	-$0.14
Institutional Crossover	$0.00	$0.00	0.00	$0.00
Institutional Drugs / Supplies	$0.31	$0.16	0.52	$0.15
Institutional Blood Products	$0.00	$0.00	-	$0.00
Institutional Other	$2.47	$0.47	0.19	$2.01
Professional Home and Community Based Services	$14.41	$33.49	2.32	-$19.08
Institutional Long Term Care	$32.16	$23.92	0.74	$8.25

Exhibit 12: MaineCare Stage A Baseline Expenditure Comparison

	Case	Control		
Members	48,206	48,206		
Member months	561,409	536,177		
	Case PMPM	Control PMPM	Percent variance	PMPM variance
Total Spend	$585.80	$557.18	0.95	$28.62
Medical Spend	$496.47	$465.55	0.94	$30.92
Pharmacy Spend	$89.33	$91.63	1.03	-$2.30
Professional Office Visits	$16.65	$19.99	1.20	-$3.34
Professional Delivery	$2.01	$2.12	1.06	-$0.12
Professional Surgery	$8.70	$8.41	0.97	$0.29
Professional Oncology Treatment	$0.45	$0.45	1.00	$0.00
Professional Ophthalmology	$1.36	$1.34	0.99	$0.01
Professional Institutional Services	$6.11	$6.67	1.09	-$0.56
Professional Anesthesia	$3.73	$3.42	0.92	$0.31
Professional Behavioral Health	$46.64	$52.75	1.13	-$6.11
Professional Office Visits	$2.27	$1.98	0.87	$0.29
Professional Delivery	$0.51	$0.49	0.95	$0.02
Professional Surgery	$4.16	$3.85	0.93	$0.31
Professional Oncology Treatment	$9.60	$10.09	1.05	-$0.49
Professional Ophthalmology	$2.97	$3.39	1.14	-$0.42
Professional Institutional Services	$12.85	$11.66	0.91	$1.19
Professional Anesthesia	$0.16	$0.17	1.06	-$0.01
Professional Behavioral Health	$3.39	$3.24	0.96	$0.15
Professional Office Visits	$1.11	$0.81	0.74	$0.29
Professional Office Drugs	$0.48	$0.39	0.81	$0.09
Professional 19 Medical Supplies	$2.86	$2.85	1.00	$0.01

	Case	Control		
Professional Dental	$0.06	$0.11	1.81	-$0.05
Professional Hearing	$0.02	$0.02	0.77	$0.00
Professional Orthotics	$1.37	$1.36	0.99	$0.01
Professional Case Management	$6.63	$7.21	1.09	-$0.58
Professional Telehealth	$0.00	$0.00	2.29	$0.00
Professional Other Services	$0.19	$0.40	2.10	-$0.21
Institutional Inpatient – Maternity	$5.58	$5.66	1.02	-$0.09
Institutional Inpatient – NICU	$3.86	$4.13	1.07	-$0.27
Institutional Newborn Nursery	$2.27	$2.65	1.17	-$0.38
Institutional Inpatient – Psych	$5.01	$7.51	1.50	-$2.50
Institutional Inpatient Med / Surg	$56.67	$53.33	0.94	$3.34
Institutional Outpatient – Ambulatory Surgery	$2.39	$2.42	1.01	-$0.02
Institutional Outpatient – ER	$6.96	$8.88	1.28	-$1.92
Institutional Dialysis	$0.66	$0.68	1.04	-$0.02
Institutional Outpatient Clinic	$37.54	$32.63	0.87	$4.91
Institutional Diagnostic Testing	$0.87	$0.84	0.96	$0.03
Institutional Outpatient Therapy	$8.04	$11.05	1.37	-$3.01
Institutional Outpatient Behavioral Health / Substance Abuse	$0.71	$0.89	1.27	-$0.19
Institutional Home and Community Based Services / Home Health	$3.93	$4.94	1.26	-$1.01
Institutional Outpatient Radiology	$4.13	$5.67	1.37	-$1.55
Institutional Outpatient Lab	$1.50	$1.90	1.26	-$0.39
Institutional Crossover	$0.00	$0.00	0.00	$0.00
Institutional Drugs / Supplies	$0.29	$0.61	2.11	-$0.32
Institutional Blood Products	$0.00	$0.01	13.29	-$0.01
Institutional Other	$0.35	$0.40	1.15	-$0.05
Professional Home and Community Based Services	$151.06	$114.75	0.76	$36.32
Institutional Long Term Care	$70.39	$63.45	0.90	$6.93

We also examined category of service level avoidances by evaluating the episodes of care (ETGs) associated with those claims. This allows us to examine, for example, case management services being provided in the context of an episode to treat autism. Please see the Symmetry ETG documentation for more details.

Professional CPT Category of Service Detail

'95004'-'95199','96900'-'96922','96999','99201'-'99215','99241'-'99245','99341'-'99350','99354'-'99355','99357'-'99360','99366'-'99368','99374'-'99380','99381'-'99397','99432','99450','99455','99456','99460','99499','99401'-'99429','99606','99607','T1015','99050'-'99058','0500F'-'0503F','90918'-'90925','97802'-'97804','99024','99078','99170'-'99175','99195'-

'99199','99500'-'99599','T1502','T1023'-'T1030','0001F','G0101'-'G0122','G0127','G0166'-'G0168','G0179','G0180'-'G0182','G0246'-'G0250','G0257','G0317'-'G0327','G0344','G0372','M0064','M0076','M1204','Q0081'-'Q0085','S0220','S0265','S0302','S0315'-'S0320','S0390','S0395','S0601'-'S0630','S0812','S0820','S2260','S0199','S8110','S9075','S9083'-'S9090','S9381'-'S9401','S9436'-'S9474','S9490'-'S9562'=**'01' /* Office visits*/**

'59000'-'59076','59100'-'59200','59300'-'59350','59400'-'59622','59870'-'59899'=**'02' /* Delivery*/**

'10021'-'34999','35045','35050'-'36299','36430'-'58999','59812'-'59866','60000'-'69990','35001'-'35022','91299','C1305','C9728','G0173','G0251','G0269','G0288-G0291','G0300','G0339'-'G0341','G0364','G0365','S2076'-'S2078','S2083','S2208','S2250','S2342'=**'03' /*Surgery*/**

'96400'-'96567'=**'04' /* Oncology Treatment */**

'92002'-'92140','92225'-'92260','92265'-'92287','Q1003'=**'05' /* Ophthalmology */**

'99217'-'99239','99251'-'99275','99281'-'99288','99289'-'99299','99300'-'99340','99431','99433','99435',

'99436','99440','99462','99478'-'99480','99356','90935'-'90999','99026','99183'-'99186','99190'-'99192','99463'-'99477','C1300','G0378'-'G0384','G0390','T2044'-'T2048','Q5006'=**'06' /* Institutional Services */**

'00100'-'01999','99060','99100','99116','99135','99140','99141','99143'-'99150','99180'=**'07' /* Anesthesia*/**

'90791','90801'-'90802','90804'-'90824','90826'-'90829','90832','90834','90837','90841'-'90847','90849','90853','90855','90857','90862'-'90899','H0001'-'H0042','H0046'-'H2037','G0177','96150'-'96155','T1007'-'T1010','H2104','H5300','HIVE2','HJ201','HOOO4','S9475'-'S9485','G0396','G0397','G0410'-'G0411','G8466','G8477','G8128','G8467','Q4094','T1006','T1012'=**'08' /* BH */**

'97001'-'97799','G0129','G0151'-'G0156','G0176','G0237'-'G0245','G0280'-'G0283','G0345'-'G0350','Q0086','S8990'=**'09' /*Therapies */**

'97810'-'98943'=**'10' /* Alternative Medicine */**

'95200'-'95251','95805'-'96120','90901'-'90911','91000'-'91133','C1080'-'C1201','C8900'-'C8928','G0366'-'G0368','92502'-'94799','G0268','G0275','G0278', 'G0389','G0392'-'G0394','G0399','G0424'=**'11' /*Diagnostic and treatment*/**

'36400'-'36425','70000'-'79999','80000'-'89999','96210','99000'-'99002','99090','99091','A9500','A9502'-'A9579','A9600','A9700','G0027'-'G0047','G0123-G0125','G0141'-'G0148','G0202'-'G0235','G0252'-'G0254','G0306','G0307','G0328','G0431','P3000','P3001','P7001','P9010'-'P9059','P9603'-'P9615','Q0091','Q0092','Q0111'-'Q0114','Q3009','Q3010','Q5003'-'Q5006','Q9945'-'Q9966','Q9967','R0070'-'R0076','S3645','S3655','S3820'-'S3823','S3830'-'S3851','S8037','S8095','S9025'=**'12'/* Lab x-ray*/**

'A0021' -
'A0050','A0225','A0302','A0308','A0310','A0322','A0328','A0330','A0342','A0348','A0350','A0362','A

0368','A0370','A0390','A0392','A0394','A0396','A0398','A0420','A0422'-
'A0436','A0800','A0888','A0998','A0999','Q3019','S0208'=**'13' /* Emergent */**

'A0080'-
'A0210','A0300','A0304','A0306','A0320','A0324','A0326','A0340','A0344','A0346','A0360','A0364','A0366','A0380','A0382','A0384','Q3020','S0215','99082','T2001'-'T2007','NY100'-'NY138','NY199'-NY299','S0209'='14' /* non emergent */

'V0000'-'V2999','92310'-'92326','92330'-'92335','92340'-'92371','92390'-'92396','92499','S0500'-'S0512','S0580'=**'15' /* Vision */**

'A4000'-'A4201','A7527'-'A8999','A9277'-'A9283','A9300','A9900'-'A9901','A9999','C1713'-'C1900','C2614'-'C2631','C9201','E0100'-'E9999','K0000'-'K9999','Q4005'-'Q4051','S1040','S4989','S8096'-'S8101','S8185','S8186','S8260'-'S8270','S8421'-'S8460','S8999'-'S9001'=**'16' /* DME */**

'90281'-'90788','99600'-'99602','B4034'-'B9999','C8957','C9003'-'C9129','C9202'-'C9223','C9238'-'C9244','C9399','C9415'-'C9722','G0260','G0332','G9141','96360'-'96379','Q0136','Q3025','Q4055','Q4081','Q0515','Q4083','Q4086','Q0497'-'Q0499'=**'17' /* Injections/Infusions */**

'A9150'-'A9152','G0008'-'G0010','G0333','G0351'-'G0363','J0000'-'J9999','Q0144','Q0163'-'Q0180','Q0510'-'Q0514','Q2009','Q4080','Q4093','S0012'-'S0040','S0071'-'S0191','S4993','S5000'-'S5011','S5550','S9430'-'S9435'=**'18' /* Office drugs */**

'A4202'-'A7526','99070','S8490','T1999','T4521'-'T5999'=**'19' /* Med Supplies */**

'D0009'-'D9999'=**'20' /* Dental */**

'V5000'-'V5789'=**'21' /* Hearing */**

'L0100'-'L9900'=**'22' /* Orthotics */**

'T1016'-'T1018','T2011','T2022','T2023','G9001'-'G9012','S0250','W0810'-'W0812','W0814'=**'23' /*Case Management */**

'H0043'-'H0045','Q5001','S5100'-'S5199','S5497'-'S5523','S9121'-'S9127','S9208'-'S9379','T1000'-'T1005','T1019'-'T1021','T1031','T2010'-'T2011','T2013'-'T2021','T2024'-'T2043','W0813','W0815'-'W1518','W2500'-'W5201'=**'24' /* Waiver Services */**

'99371'-'99373','99441'-'99444','Q3014'=**'25' /* Telehealth */**

other='26';

Institutional Revenue Code Detail

'174'='**01' /*Newborn NICU*/**

'170'-'173','179','239'='**02' /*Newborn Nursery*/**

'112','122','132','142','152','175','231','232',

'720'-'729'='**03' /* Maternity */**

'114','124','134','144','154','204','116','118','126','128','136','138'='**04' /* Psych */**

'113','123','133','143','153','203',
'100','101','110','111','119','117','120','121','127','129','130','131','139','140','141','150','151','160','164','167','169','233','234','190'-'199','200','201','202','206'-'209','210'-
'219','413','710','760','769','811','819','987','988'='**05' /* Med surg */**

'481','490','499','360'-'369','790','799','963','975'='**07' /* Amb surg */**

'450','451','452','459','981'='**08' /* ER */**

'800'-'810','820','821','829'='**09' /* Dialysis */**

'280','370','372','379','480','482'-'489','456','510','511','512','513','514','515','516','517','519',

'520','521','522','523','525','526','529','761','762','770'-'771','830','831','840','841','850','851','880'-'889',

'983','960','962','969','982','989'='**10' /* Clinic */**

'730'-'739','460'-'469','470'-'479','740'-'750'='**11' /* Diagnostic testing */**

'410','412','419','420'-'429','430'-'439','440'-'449','530','940'-'943','949','951','976'='**12' /* Therapies */**

'900'-'907','910'-'919','931','932','944','945','961'='**13' /* Psych - sub abuse */**

'125','550'-'559','570'-'572','580'-'589','590','640'-'646','650'-'659','822'-'824','845'='**14' /* ltc - hha*/**

'320'-'329','330'-'339','340'-'349','350'-'359','371','400'-'409','610'-'619','972','973','986'='**15' /*xray*/**

'300'-'309','310'-'319','920'-'929','971','985'='**16' /*Lab */**

'500'='**17' /* Medicare crossover */**

'250'-'259','260'-'269','270'-'279','630'-'637','621'-'624'='**18' /* drugs - supplies */**

'390'-'399'='**19' /* blood products */**

other='20';

MAINE SIM DASHBOARD

In order to accommodate data visualization of SIM Core Metrics, Lewin has developed a Tableau®[13] dashboard, and has vetted it with OCQI, other state leadership, and key stakeholders. This dashboard functions to surface and vet data for the evaluation, provide regular monitoring of SIM Core metrics, helps to support MaineCare target setting and quality improvement activities. For the purposes of this report, the dashboard has not been used directly in favor of using a methodologically stronger difference in difference analysis. The previous section of the Appendix provides an in-depth description of the data analysis methodology.

The Maine SIM Dashboard will be posted and updated quarterly on the Maine SIM Website which can be accessed here: http://www.maine.gov/dhhs/sim/index.shtml

[13] More information on Tableau is available here: http://www.tableausoftware.com/.

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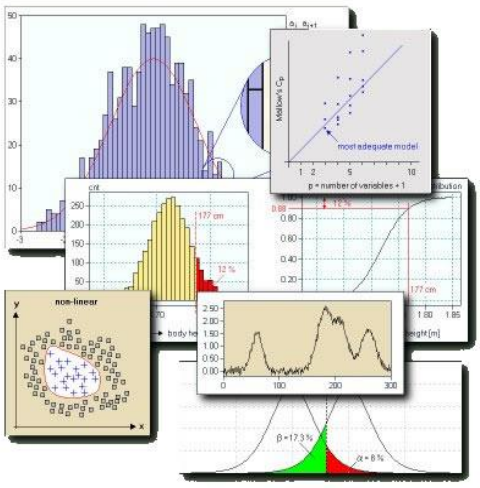


Maine State Innovation Model Evaluation Services

Survey of MaineCare Enrollees

Comprehensive Report

October 2015

Prepared by:
Brian Robertson, Ph.D. Director of Research
Mark Noyes, Research Analyst

Table of Contents

Provided Separately:
Technical Documentation providing detailed research methodology

Available Upon Request:
Data Compendium providing results by demographic groups and significant differences

I. Executive Summary

Survey Methods

This will provide a summary of the methods used during the survey. A more detailed methodology will be provided in a separate technical document.

Sample Methodology

Sampling for the Maine SIM MaineCare Patient Experience Survey was based on a random sample of MaineCare enrollees grouped by their current involvement in three initiatives (MaineCare Stage A Health Homes, Stage B Behavioral Health Homes, and Accountable Communities) and their age (child or adult). The target population consisted of all current MaineCare enrollees including children. In the case of a child, the parent was asked to complete the survey as it related to their child. In addition, a control group of patients was selected by matching a number of demographic characteristics including gender, age, risk factor, and chronic conditions with those of intervention group patients.

For a more detailed overview of how sampling was conducted, please see the Technical Documentation addendum to this report.

Questionnaire Design

The survey questions were developed by the staff of Market Decisions Research, the staff of the Lewin Group, and the Maine SIM Evaluation sub-committee.

MaineCare Stage A Health Home Surveys

The MaineCare Stage A Health Home versions of the survey used questions from existing surveys that were specific to the goals of the project. These included the CG CAHPS® survey with Patient Centered Medical Home (PCMH) supplement, CAHPS® supplemental questions, the Experience of Care and Health Outcomes (ECHO®) Survey, the patient experience survey used during the Medical Liability Reform and Patient Safety Demonstration Project in Massachusetts, as well as the Experience of Care Survey that is used by RTI in their national SIM evaluation.

MaineCare Stage B Behavioral Health Homes Survey

The MaineCare Stage B Behavioral Health Homes versions of the survey used questions from the Maine Consumer Survey developed by the Maine Department of Health and Human Services to survey patients with severe mental illness that were receiving care. The survey also included additional items from the Experience of Care and Health Outcomes (ECHO®) Survey, the patient experience survey used during the Medical Liability Reform and Patient Safety Demonstration Project in Massachusetts, as well as the Experience of Care Survey that is used by RTI in their national SIM evaluation. Finally, the design team developed a set of questions that ask about community supports.

The final versions of the survey were completed on March 18, 2015 and submitted for IRB approval. The sampling methodology, data collection protocols, and survey instruments were approved by New England IRB on April 16, 2015.

Data Collection

Data collection began on April 21, 2015 and was completed by July 7, 2015.

The data collection strategy used a dual mode protocol combining a telephone survey and a mail survey. A dual mode protocol is a data collection methodology which allows responses by multiple modes of communication, in this case, by telephone and by physical mail. Prior to the inception of data collection, a pre-notification letter was sent to all sampled respondents with a valid mailing address. This letter was designed to inform the respondent about the study, its goals, and that they may be contacted to participate.

The initial contact was attempted by telephone. Interviews for the survey were conducted from 9 AM to 9 PM local time, six days a week (Monday – Saturday). The only exceptions were for specific scheduled appointments outside this range. Market Decisions Research made up to 10 attempts were made to reach each respondent.

A mail survey was sent to those who did not have a valid telephone number in their sample record, those with a non-working or incorrect telephone number identified during the telephone data collection phase, along with those requesting a paper copy. A total of 2,768 surveys were mailed on June 1, 2015.

For the adult survey versions, MaineCare members were asked to complete the survey based upon their experiences, while a parent or guardian was asked to complete the child versions based on the care their child received. A total of 1,510 surveys were completed by telephone or were completed and returned via mail.

The overall telephone survey response rate is 71.3%, and the overall telephone respondent cooperation rate is 84.9% while the telephone respondent refusal rate is 10.6%. The rates reported are based on the standard formulas developed by the American Association for Public Opinion Research.

The response rate to the mail survey phase is 8.2%

Margin of Error by Strata Group

	Intervention	Control
MaineCare Accountable Communities	**4.8%**	**9.0%**
MaineCare Stage A Health Homes	**4.7%**	**9.1%**
MaineCare Stage B Behavioral Health Homes	**4.7%**	**8.6%**

Summary of Survey Results by Group

MaineCare Stage A Health Homes

The following section presents data collected from patients of Stage A Health Homes. While comparisons between the intervention group and the control group are made, this initial administration of the MaineCare Patient Experience Survey has always been intended to serve as a baseline against which future successes and challenges can be measured in order to assess the effects of the intervention techniques. Additionally given the wide margin of error for the control group and the absence of statistically significant differences on core measures, these comparisons are unlikely to be a reliable guide to the present success of the intervention.

Composite Measures

Composites are calculated by assigning a value between zero and 100 to every possible answer category for each question that comprises the composite. Higher values represent more positive responses. Scores are summed and averaged across the number of valid responses provided by the respondent. This average score is the statistic reported. Respondents with valid answers to fewer than half the questions within a composite are removed from that composite's calculation. For more information on composite scores, and for complete information on each composite's individual survey items, refer to Appendix B of this report.

Within the Stage A Health Homes intervention group the highest scoring composite measures are:

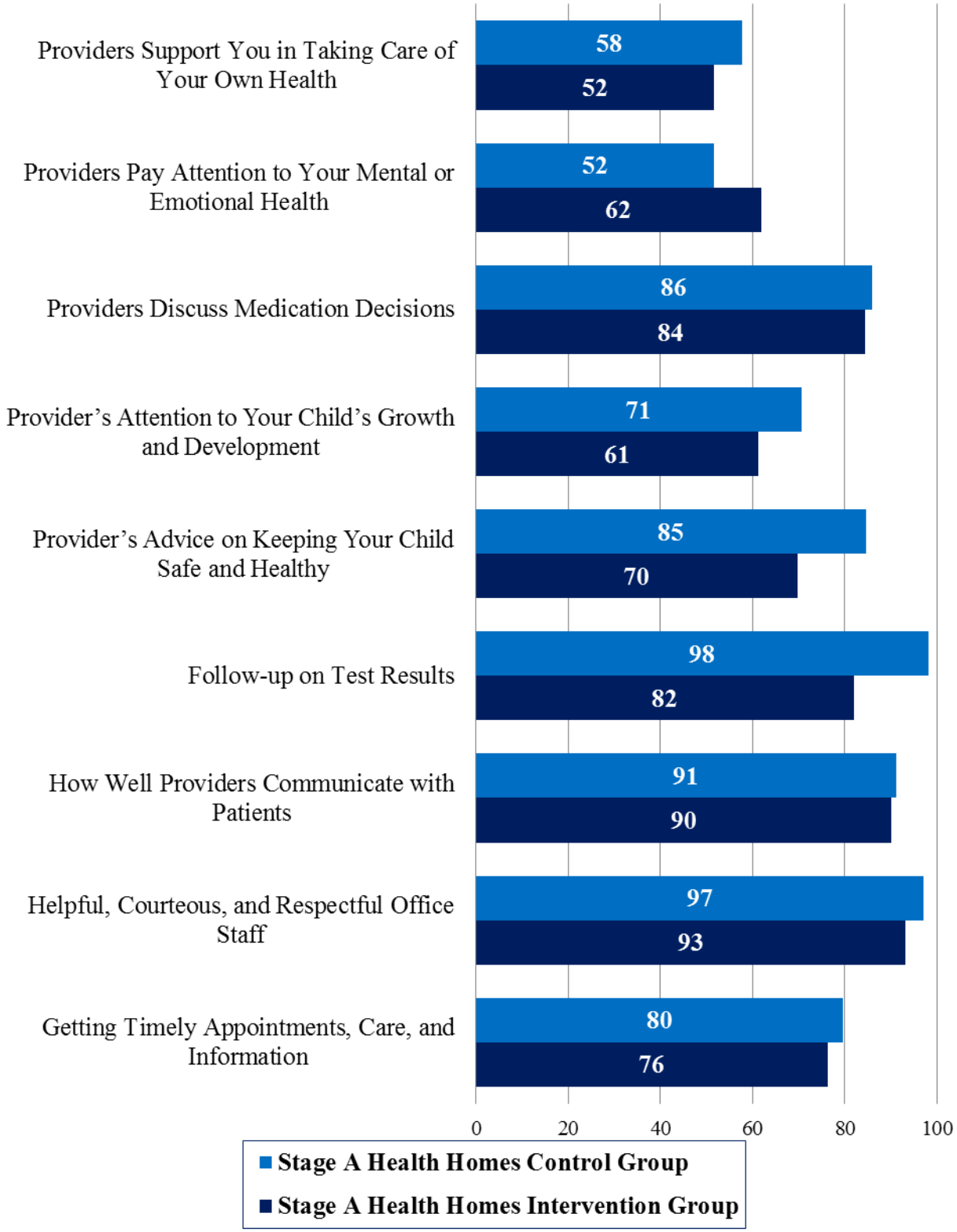
- Helpful, Courteous and Respectful Office Staff (Control: 97/Intervention: 93)
- How Well Providers Communicate With Patients (91/90)

The least positive scores are:

- Providers Support You in Taking Care of Your Own Health (58/52)
- Provider's Attention to Your Child's Growth and Development (71/61)
- Providers Pay Attention to Your Mental or Emotional Health (52/62)

None of these differences rise to the level of statistical significance.

MaineCare Stage A Health Homes Composite Measures Summary



Individual Items

There are also groups of items in the survey instrument which fall outside of the composite measures. These items are grouped into areas of broad thematic focus as they relate to each other and to the goals of the ME SIM Grant Evaluation program. These items are explored fully in Appendix C.

The following percentages are all given using the top box score, i.e. the percentages for the most positive response option available.

Patients of the Stage A Health Homes Intervention group are more likely to report:

- That their provider always helped coordinate care with the people they or their child saw for counseling or treatment (63% vs 47%)
- They were given information on different kinds of counseling or treatment available to them (86% vs 75%)

Intervention group patients are less likely to report:

- That their provider asked for their ideas about managing their health than the control patients (45% vs 61%)
- They get the help they thought they needed to coordinate care between different specialists and providers (67% vs 81%)

Accountable Communities

The following section presents data collected from patients of Accountable Communities. While comparisons between the intervention group and the control group are made, this initial administration of the MaineCare Patient Experience Survey has always been intended to serve as a baseline against which future successes and challenges can be measured in order to assess the effects of the intervention techniques. Additionally, given the wide margin of error for the control group and the absence of statistically significant differences on core measures, these comparisons are unlikely to be a reliable guide to the present success of the intervention.

Composite Measures

Composites are calculated by assigning a value between zero and 100 to every possible answer category for each question that comprises the composite. Higher values represent more positive responses. Scores are summed and averaged across the number of valid responses provided by the respondent. This average score is the statistic reported. Respondents with valid answers to fewer than half the questions within a composite are removed from that composite's calculation. For more information on composite scores, and for complete information on each composite's individual survey items, refer to Appendix B of this report.

Within the Accountable Communities intervention group the highest scoring composite measures are:

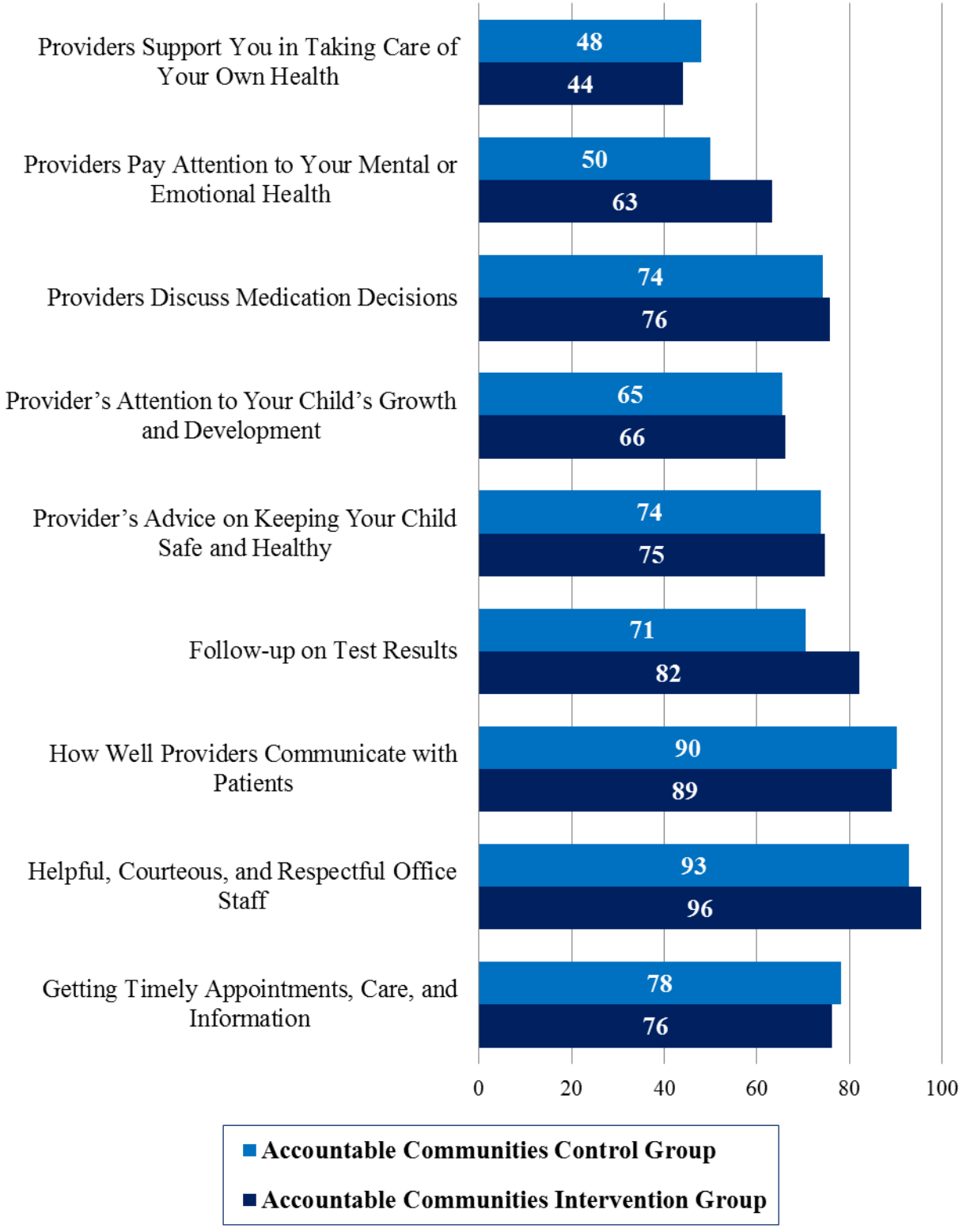
- Helpful, Courteous and Respectful Office Staff (Control: 93/Intervention: 96)
- How Well Providers Communicate With Patients (90/89)

The least positive scores are:

- Providers Support You in Taking Care of Your Own Health (48/44)
- Provider's Attention to Your Child's Growth and Development (65/66)
- Providers Pay Attention to Your Mental or Emotional Health (52/63).

None of these differences rise to the level of statistical significance.

Accountable Communities Composite Measures Summary



Individual Items

There are also groups of items in the survey instrument which fall outside of the composite measures. These items are grouped into areas of broad thematic focus as they relate to each other and to the goals of the ME SIM Grant Evaluation program. These items are explored fully in Appendix C.

The following percentages are all given using the top box score, i.e. the percentages for the most positive response option available.

The Accountable Communities intervention group performs highly in areas relating to provider communications:

- Patients feel they were given enough information to follow up about their child's care (Control: 100%/Intervention: 97%)
- They were given as much information as they wanted about what they could do to manage their child's condition (99%/93%)
- More than three quarters feel they were always involved in managing their or their child's care as much as they wanted (78%/82%)

In lower performing items, Accountable Communities intervention group patients are less likely to:

- Feel they were always asked for their ideas for managing their health in the last six months (45%/43%)
- Feel they always got the help they needed in coordinating their or their child's care with the people they went to for counseling or treatment (44%/44%)

MaineCare Stage B Behavioral Health Homes

The following section presents data collected from patients of Stage B Behavioral Health Homes. While comparisons between the intervention group and the control group are made, this initial administration of the MaineCare Patient Experience Survey has always been intended to serve as a baseline against which future successes and challenges can be measured in order to assess the effects of the intervention techniques. Additionally, given the wide margin of error for the control group and the absence of statistically significant differences on core measures, these comparisons are unlikely to be a reliable guide to the present success of the intervention.

Domain Measures

Domains are calculated by assessing whether the respondent has answered within the two most positive response categories (in the case of domains, always Strongly Agree or Somewhat Agree). The statistic reported is the percentage of individuals answering within the two most positive responses to half or more of questions within the domain. Respondents providing valid responses to fewer than half of questions within a domain are removed from that domain's calculation. The items used to calculate domain scores are explored fully in Appendix B of this report.

The Stage B Behavioral Health Homes intervention group scores highest in the areas of:

- Cultural Sensitivity (Control: 100%/Intervention: 100%)

- Participation in Treatment Planning (95%/95%)
- Quality and Appropriateness (94%/95%)

Stage B Behavioral Health Homes intervention group was rated less highly in the areas of:

- Social Connectedness (96%/85%)
- Functioning & Outcomes (86%/84%)

None of these differences rise to the level of statistical significance.

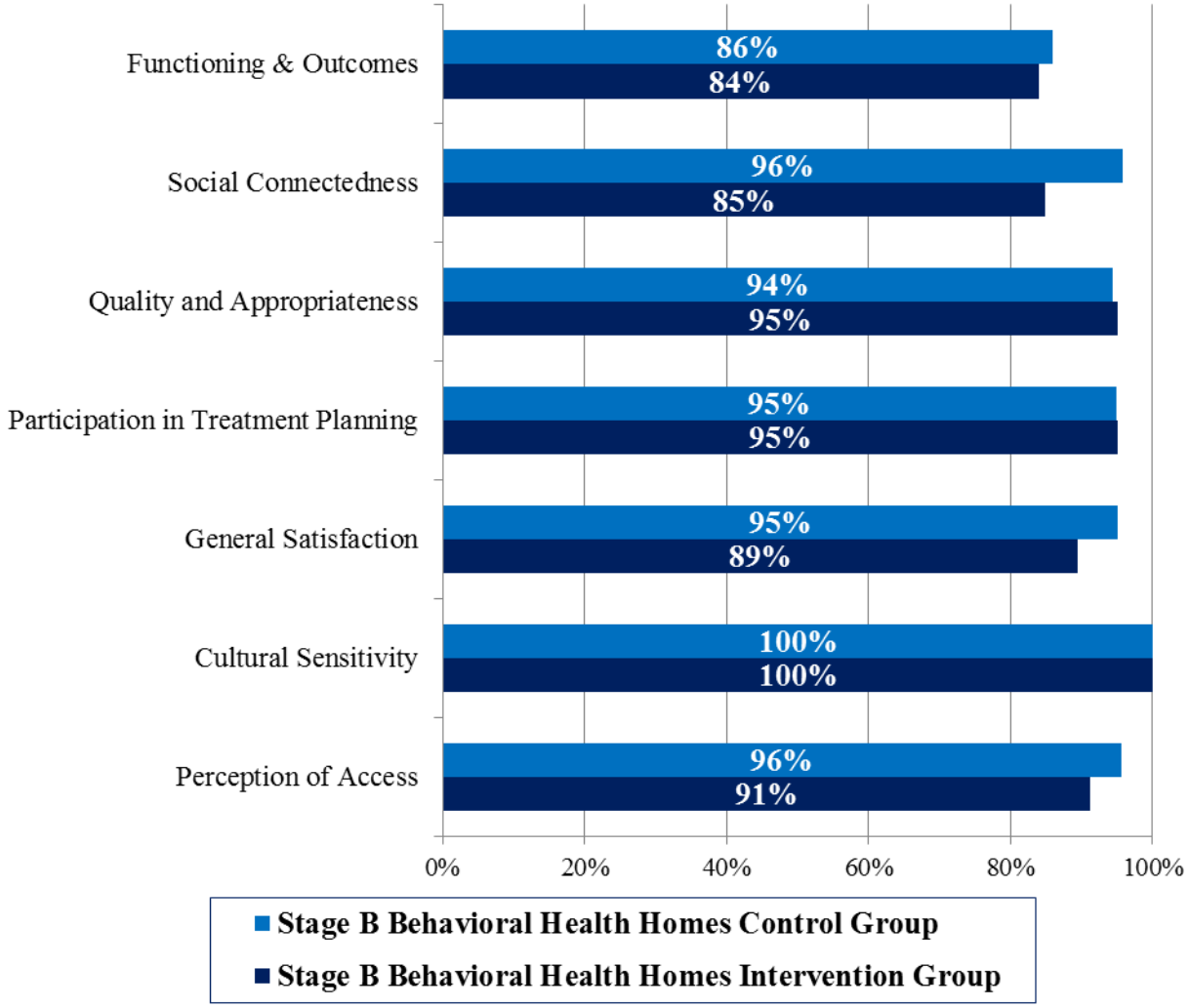
Individual Items

There are also groups of items in the survey instrument which fall outside of the domain measures. These items are grouped into areas of broad thematic focus as they relate to each other and to the goals of the ME SIM Grant Evaluation program. These items are explored fully in Appendix C.

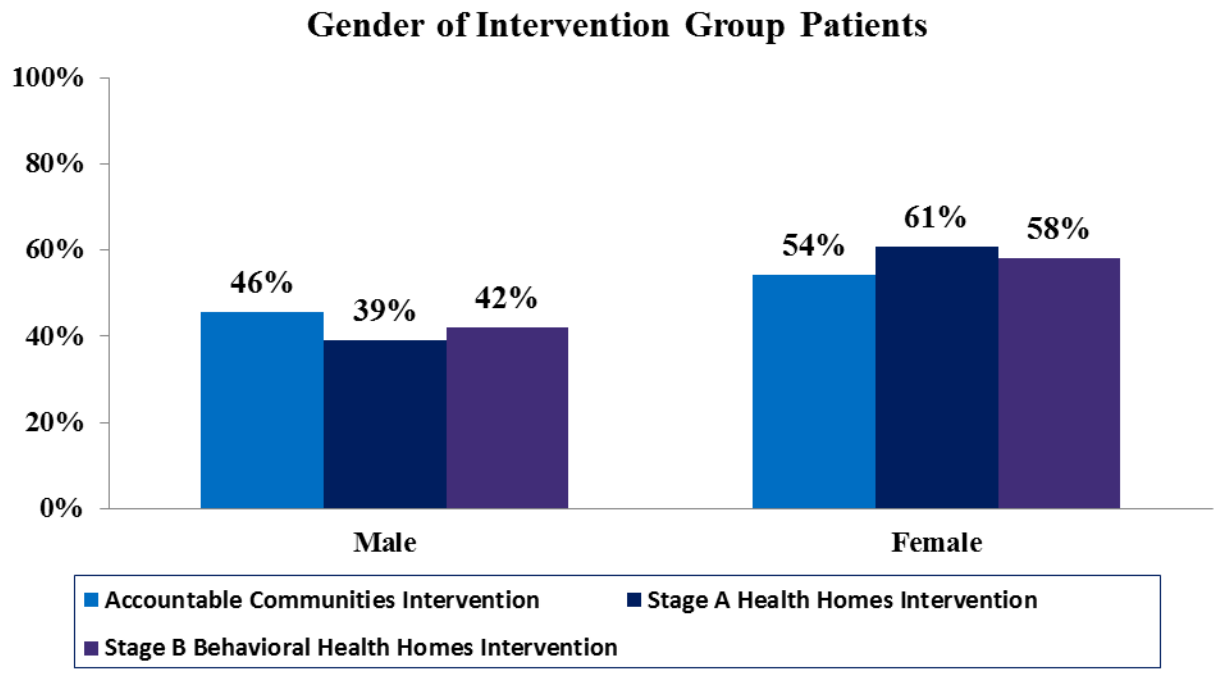
The following percentages are all given using the top box score, i.e. the percentages for the most positive response option available.

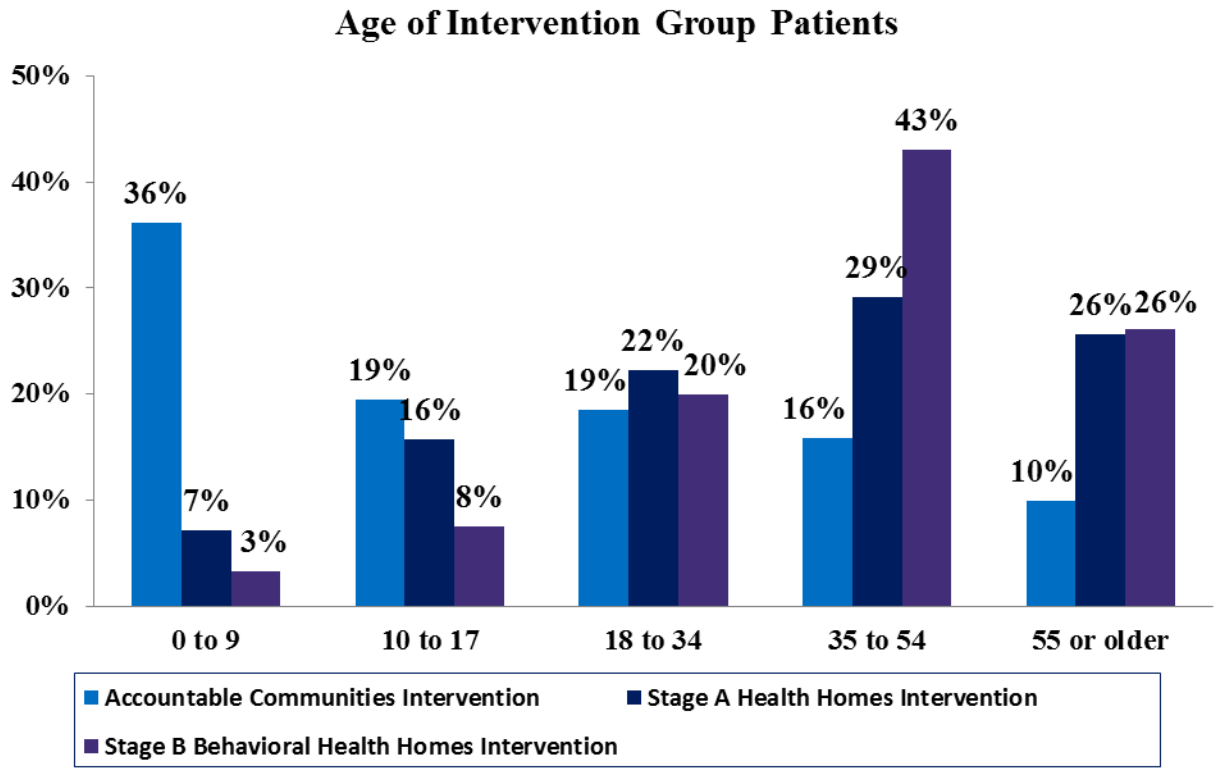
The Stage B Behavioral Health Homes intervention group is generally rated more highly in terms of social support than the control group. Three quarters (73%) of intervention group patients feel that the people they went to for counseling or treatment were very helpful in helping them with housing, compared to 53% for the Control Group. Likewise, the majority (54%) feel the people they went to for counseling or treatment were very helpful in helping them find or keep a job (0% in the Control Group). However, Stage B Intervention patients generally rate their providers lower on issues of communication. Only 68% report always being involved in managing their or their child's health as much as they wanted (78% for the control group). The groups are similarly distinct when asked if they were always encouraged to ask questions (61%/73%).

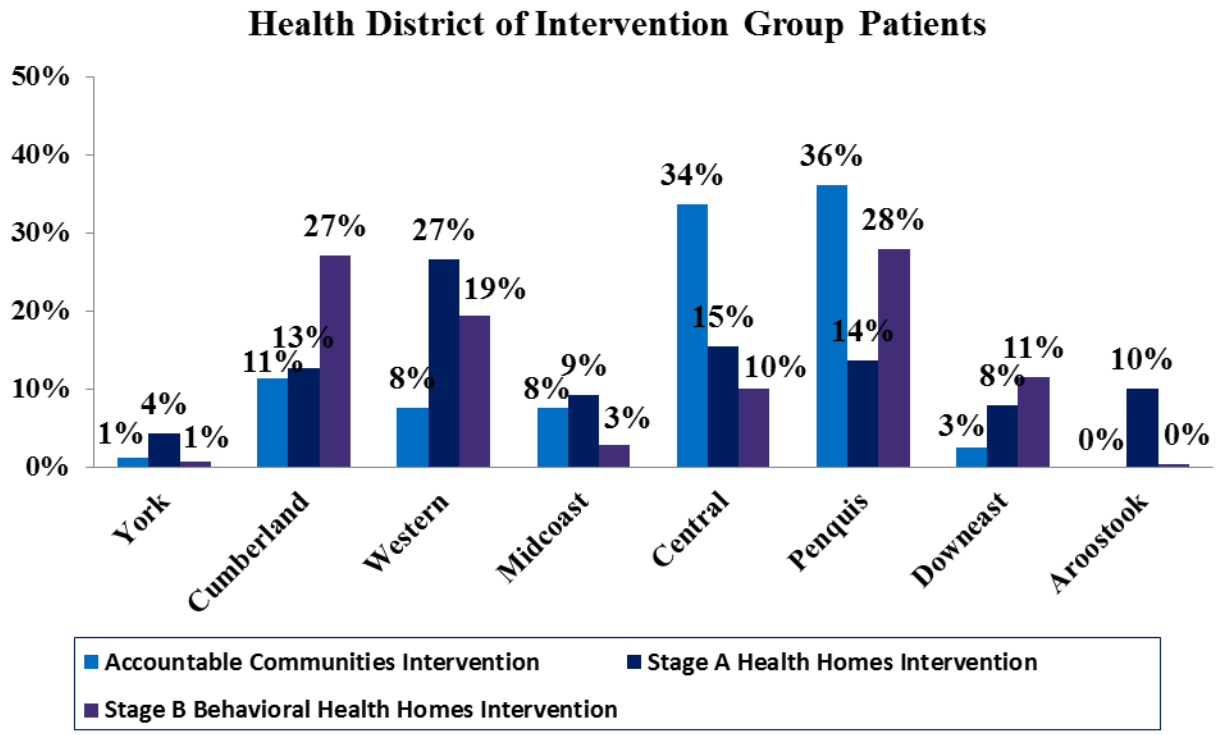
MaineCare Stage B Behavioral Health Homes Summary of Domains

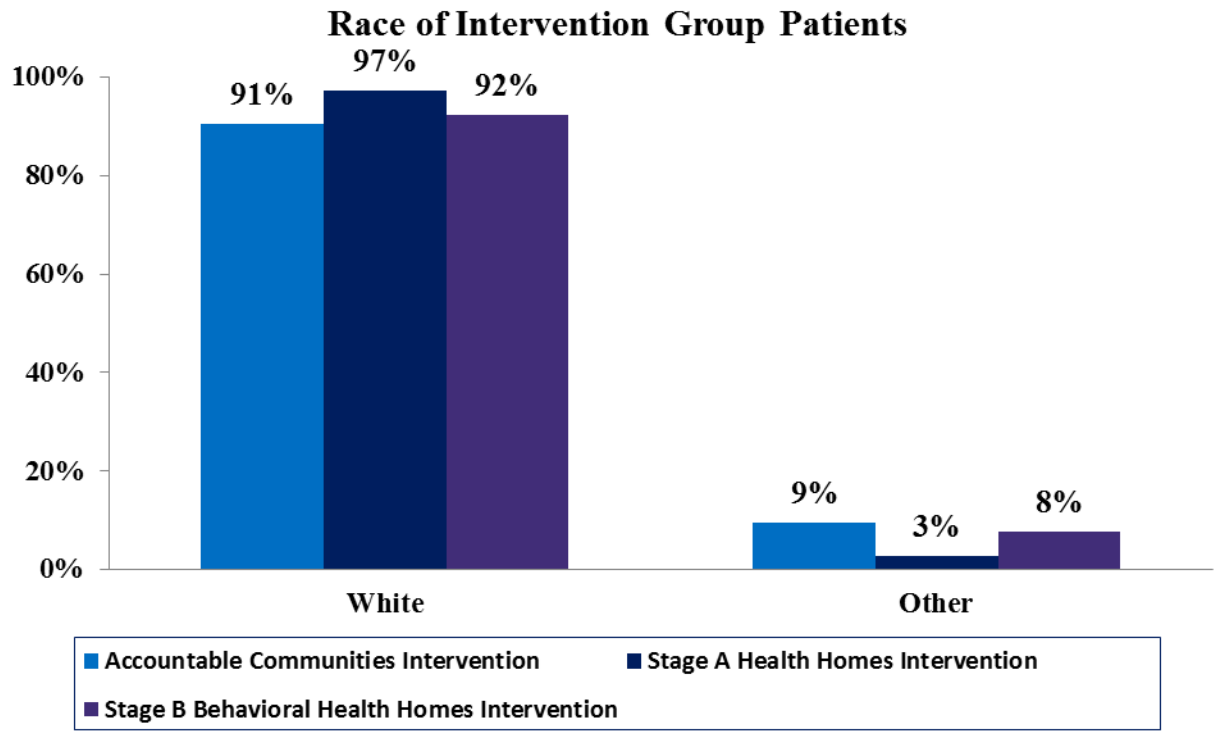


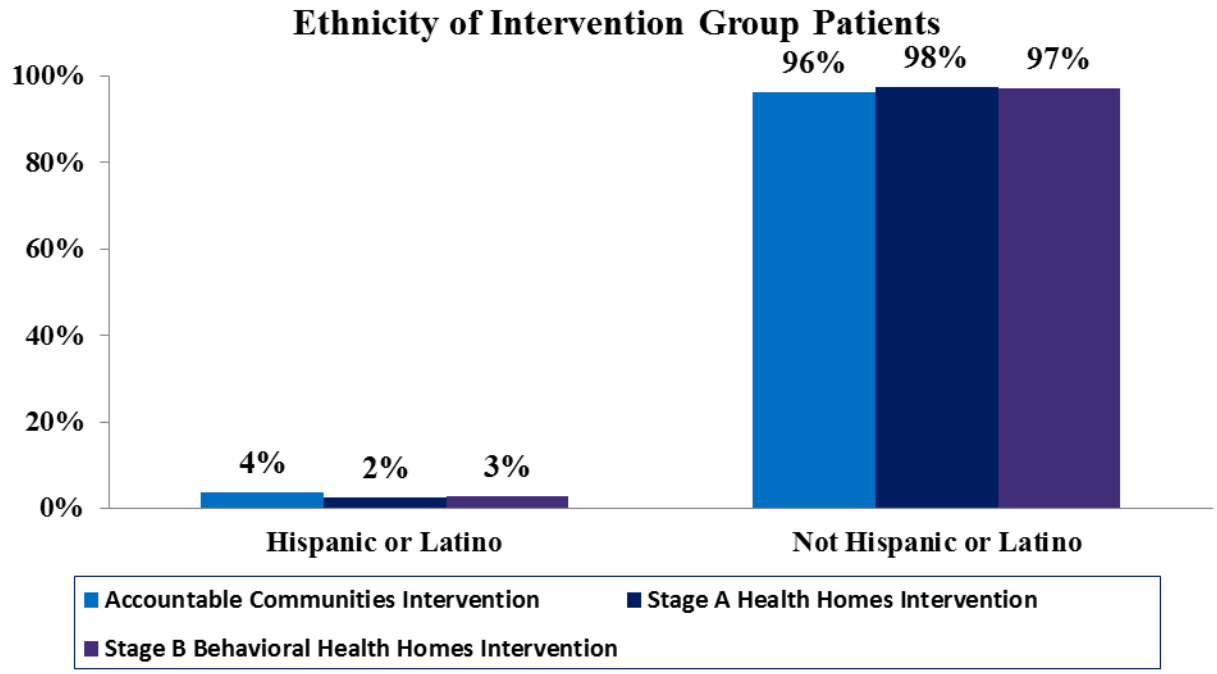
Demographic Characteristics of the Intervention Groups

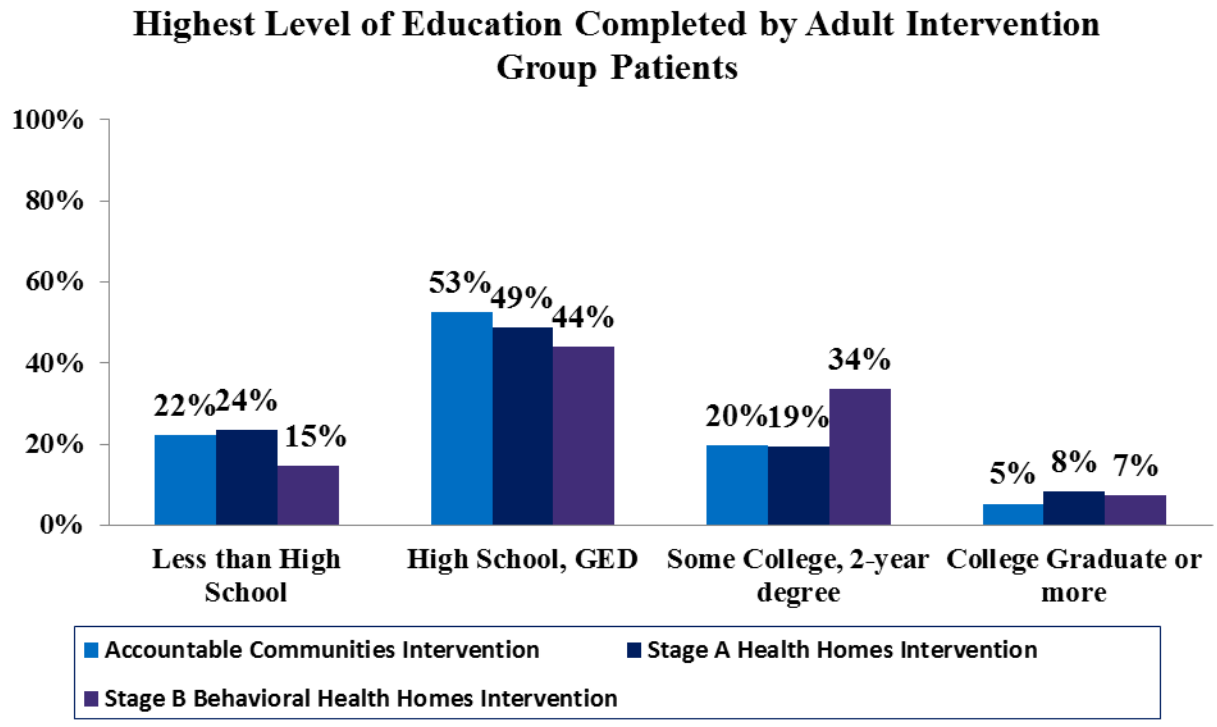


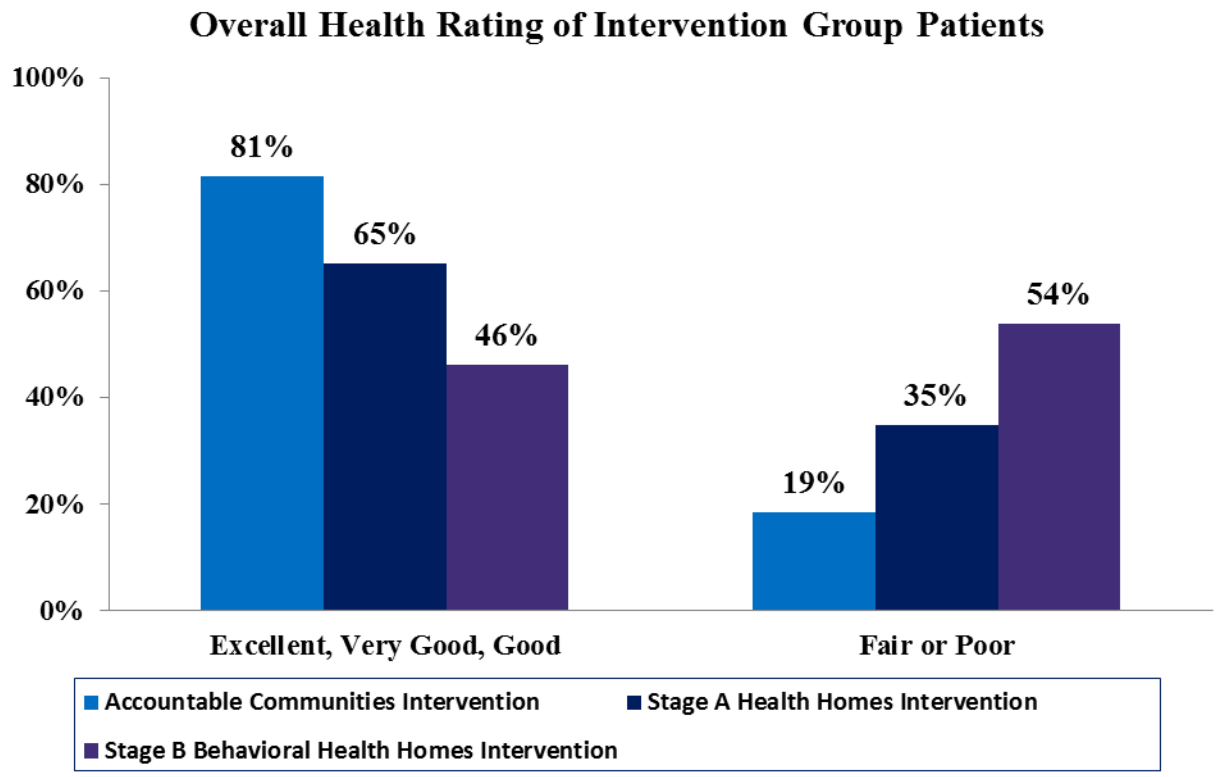


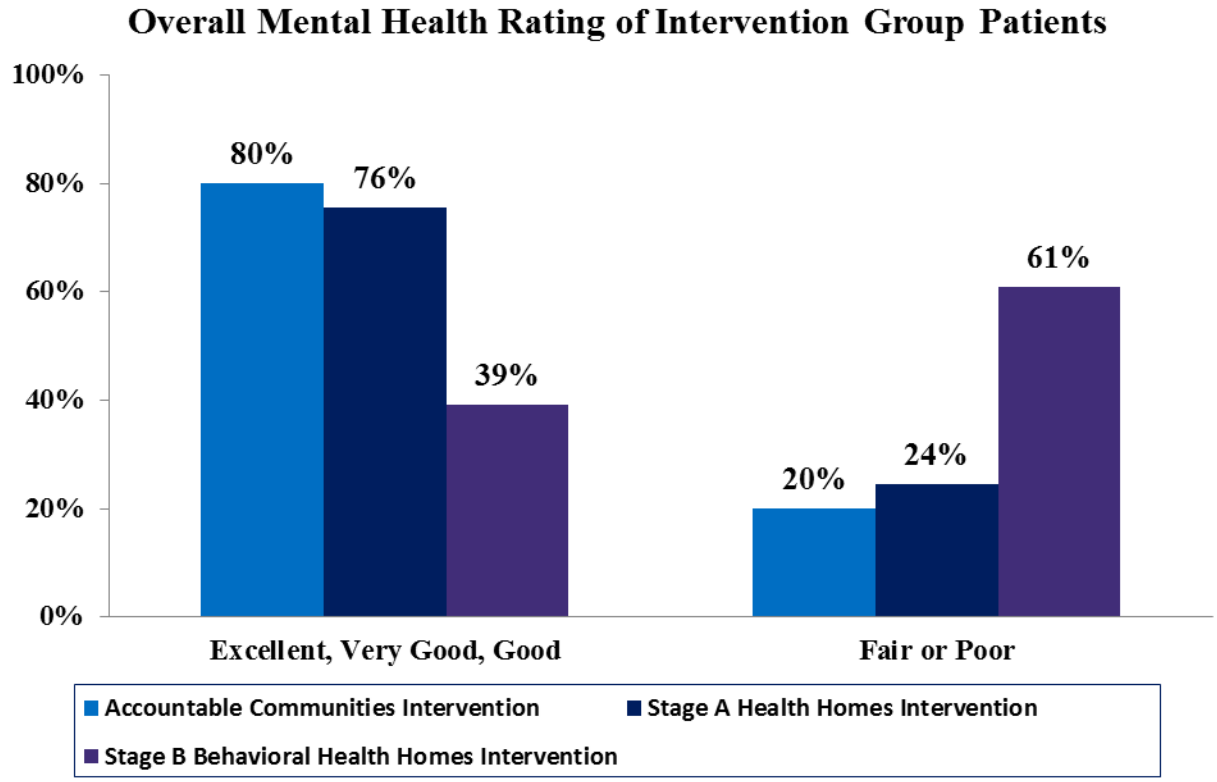

Health District of Intervention Group Patients
50%
40%
30%
20%
10%
0%
1%
4%
1%
11%
13%
27%
8%
27%
19%
8%
9%
3%
34%
15%
10%
36%
14%
28%
3%
8%
11%
0%
10%
0%
York
Cumberland
Western
Midcoast
Central
Penquis
Downeast
Aroostook
Accountable Communities Intervention
Stage A Health Homes Intervention
Stage B Behavioral Health Homes Intervention


Race of Intervention Group Patients
100%
80%
60%
40%
20%
0%
91%
97%
92%
9%
3%
8%
White
Other
Accountable Communities Intervention
Stage A Health Homes Intervention
Stage B Behavioral Health Homes Intervention


Ethnicity of Intervention Group Patients
100%
80%
60%
40%
20%
0%
4%
2%
3%
96%
98%
97%
Hispanic or Latino
Not Hispanic or Latino
Accountable Communities Intervention
Stage A Health Homes Intervention
Stage B Behavioral Health Homes Intervention


Highest Level of Education Completed by Adult Intervention Group Patients
100%
80%
60%
40%
20%
0%
22%
24%
15%
53%
49%
44%
20%
19%
34%
5%
8%
7%
Less than High School
High School, GED
Some College, 2-year degree
College Graduate or more
Accountable Communities Intervention
Stage A Health Homes Intervention
Stage B Behavioral Health Homes Intervention


Overall Health Rating of Intervention Group Patients
100%
80%
60%
40%
20%
0%
81%
65%
46%
19%
35%
54%
Excellent, Very Good, Good
Fair or Poor
Accountable Communities Intervention
Stage A Health Homes Intervention
Stage B Behavioral Health Homes Intervention


Overall Mental Health Rating of Intervention Group Patients
100%
80%
60%
40%
20%
0%
80%
76%
39%
20%
24%
61%
Excellent, Very Good, Good
Fair or Poor
Accountable Communities Intervention
Stage A Health Homes Intervention
Stage B Behavioral Health Homes Intervention

II. Program Summary

The MaineCare Patent Experience Survey measures the experience of MaineCare enrollees on key attributes of the process and outcomes of their care. The survey gathered information about the experiences of MaineCare members who are part of three key interventions (MaineCare Accountable Communities, Stage A Health Homes, and Stage B Behavioral Health Homes) as well as about corresponding control groups in order to assess the impact of these programs on those receiving care. This report summarizes the results to the baseline survey. A second survey will be conducted in 2016 to determine additional impacts of the program.

The MaineCare Patent Experience Survey provides data that can be used to assess the two Maine SIM Pillars (Objectives): the strengthening of primary care (SIM Pillar 1) and the integration of physical and behavioral health (SIM Pillar 2).

SIM Pillar 1: Strengthening Primary Care

The survey measures that relate most directly to Pillar 1 include patient/provider communication, support of the patient in taking care of their or their child's health, communication between providers about their patients (also an important measure in examining the second Maine SIM Pillar), and advice related to child health and safety. The common component of all of these is communication; whether there is an effective exchange of information between parties and whether patients feel they are an active participant in the process.

Patient/Provider Communications

Having active and effective communication between a patient, adult or child, represents a fundamental method of strengthening the care received by patients and is important for a number of reasons. Providers must be kept up to date about the health and wellbeing of their patients. It is important for a provider to be up to date about the care received by his or her patients, including care from other providers, and to communicate with patients about their health. Part of this process is also asking patients about their wellbeing and involving the patient in their own health care.

A number of survey measures examine communications between patients and providers. For those in MaineCare Accountable Communities and State A Health Homes, the survey includes a patient/provider communications composite[14]. Patients rate their providers highly on this composite, with a rating of 89 out of 100 among those in Accountable Communities and 90 out of 100 among those in Stage A Health Homes[15]. The Cultural Sensitivity Domain also provides an assessment of patient/provider communications among MaineCare Stage B Behavioral Health Homes, with patients rating their providers highly with a score of 100%[16].

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[14] For a description of this and other composites asked of those in MaineCare Accountable Communities and Stage A Health Homes, see Appendix B.
[15] See Appendix B for a description of the calculation of composite scores.
[16] See Appendix B for a description of the calculation of domain scores.

This indicates that, in terms of this overall assessment of patient/provider communications, there is consistency across providers in speaking with patients about their care. However, it is important to evaluate in more detail the specific aspects of communication between providers and patients to determine areas where the communication process is most effective and areas where it is potentially less effective, i.e. ways where communication between patients and their provider work to strengthen primary care and ways communication can be improved.

The results reported for this survey are only a baseline assessment[17]. A second survey conducted in 2016 will be used to more fully determine the impact of the Maine SIM initiative on the intervention groups and then to determine whether the interventions have strengthened primary care in terms of the communication between providers and their patients.

The tables below provide a more detailed look at patient-provider care by grouping questions into conceptual areas. Some of these questions are used in computing composite or domain measures while others were asked as independent items. The scores provided represent "top box" scores, i.e. the most positive categorical response to each question. These categories have been included below the text of the question. Results are provided separately for the three intervention groups[18].

Providers Providing Information to Patients

Providers are effective in providing information to their patients. This is especially true when providing information about managing their child's health care. They are also providing information to their patient's parents about the types of counseling or treatment options available for behavioral health care thus helping to support the integration of physical and behavioral health care. Patients see their providers or other staff at their provider's office as being less effective in speaking about specific goals for their health care.

[17] In reviewing the survey results, the natural question that will arise is "what constitutes a good score compared to a bad score?" This survey in itself cannot answer these questions since such an answer would require a benchmark against which to compare. Thus one of the key goals of the 2016 survey is to help answer this question as it will allow us to determine if the patient experience is improving based on these interventions. For the purposes of this report, we are examining relative differences between the scores of individual questions as a method to determine which aspects are viewed most positively and which are viewed less positively. In this way we hope to determine where the interventions are potentially having the largest, most positive impact.

[18] In analyzing the data there were only a few significant differences in survey results between an intervention group and its control, largely due to the size of the control group. Given that significant differences for the most part did not exist, this section focuses only on the intervention groups. Section V, with its focus on quality improvement, does provide an analysis comparing intervention and control groups.

Summary of Questions Related to Communications between Patients (or their Parents) and Providers

	Accountable Communities	Stage A Health Homes	Stage B Behavioral Health Homes
Providers Providing Information to Patients			
In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition? (% Yes)	93%	86%	NA
In the last 12 months, were you given information about different kinds of counseling or treatment that are available? (% Yes)	79%	86%	NA
In the last 12 months, did anyone in this provider's office talk with you about specific goals for your/your child's health? (% Yes)	55%	64%	NA
Does the Provider Explain Clearly			
Staff speak with my family in a way that we understand. (% Strongly Agree)	NA	NA	87%
In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns? (% Always)	79%	80%	NA
In the last 12 months, how often did this provider explain things in a way that was easy for you/your child to understand? (% Always)	75%	82%	NA
My provider clearly understands the things that really matter to me about my/my child's health care.	73%	74%	59%

NA – Question was not asked of this group of patients.

Summary of Questions Related to Communications between Patients (or their Parents) and Providers (continued)

	Accountable Communities	Stage A Health Homes	Stage B Behavioral Health Homes
Does the Provider Listen and Seek Input			
In the last 12 months, how often did this provider listen carefully to your child? (% always)	92%	83%	NA
In the last 12 months, how often were you involved as much as you wanted in managing your/your child's health? (% always)	82%	76%	68%
In the last 12 months, how often did this provider listen carefully to you? (% always)	78%	79%	NA
I feel comfortable asking questions about my treatment and medication (% strongly agree)	NA	NA	65%
In the last 12 months, how often did this provider encourage you to ask questions? (% always)	69%	73%	61%
Staff have asked me about my/my child's personal goals and strengths. (% strongly agree)	NA	NA	47%
Thinking about the last 6 months, how often did this provider ask you for your ideas about managing your child's health? (% always)	43%	45%	70%
In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your/your child's health? (% yes)	33%	40%	NA

NA – Question was not asked of this group of patients.

Does the Provider Explain Clearly

Providers are effective in providing information to their patients in a manner that can be easily understood. Patients receiving care at behavioral health homes believe that staff speak in a way that they and their families can understand. Patients receiving care through accountable communities or health homes see providers as effective in providing information and explaining information in a way that is easy to comprehend. Patients also believe that providers understand things that are important to their or their child's health care, though patients at behavioral health homes feel their providers are less effective at understanding what is important to them about their health care compared to accountable communities and health homes.

Does the Provider Listen and Seek Input

Patients indicate that their providers do listen to them, and parents indicate providers also listen to their child. Most patients indicate they are actively involved in their health care, although patients receiving care through behavioral health homes do so less often than patients receiving care through accountable communities or health homes. However, the results also suggest that providers are not completely engaging with their patients. Patients in all groups are less apt to indicate that their provider or other staff encourage them to ask questions and those in behavioral health homes are less likely to indicate that their provider or other staff encourage them to ask about personal goals and strengths. Patients also view providers and their staff as being less effective in asking about things that make it hard to take care of their health or eliciting input about managing their child's health.

In evaluating patient/provider communications the results suggest that providers are consistently providing information to their patients. Furthermore, information is provided in a manner that patients indicate is easy to understand. One aspect where they are less effective is engaging patients as a partner in their health care: encouraging patients to ask questions, seeking input from the patient in regards to their or their child's health, and providing support to patients to take care of their own or their child's health.

Communications between Primary Care and Other Providers

In order to effectively treat their patients, primary care providers (PCPs) need to be aware of and up to date on other care received by their patients. This relies on effective communication between providers from whom a patient receives care. Most patients receiving care through an accountable community or health home believe that their or their child's provider was up to date on important information about their medical history. Patients were less likely to indicate their physician was informed and up to date about the care they or their child received from a specialist. Patients indicated their PCPs were less effective at keeping current on any counseling or treatment they received through a behavioral health provider. This suggests that strengthening primary care may require more effective communications between providers. The results are also important in regards to Pillar 2: the integration of physical and behavioral health care. In many cases, behavioral health care information is not being communicated back to a patient's PCP. Furthermore, while patients believe their primary care provider is effective in providing information about the different types of counseling or treatment that are available, many patients

needing such care indicate their PCP's office is not effective in coordinating with those providing mental health counseling or treatment.

Summary of Questions related to Whether Primary Care Providers are Up to Date on Care Received by Their Patients from Other Providers

	Accountable Communities	Stage A Health Homes	Stage B Behavioral Health Homes
In the last 12 months, how often did this provider seem to know the important information about your/your child's medical history?	69%	74%	NA
In the last 12 months, how often did this provider seem informed and up-to-date about the care you/your child got from specialists?	57%	69%	NA
In the last 12 months, how often did your provider seem informed and up-to-date about your counseling or treatment?	53%	68%	NA
The people I went to for counseling or treatment are aware of the services I/my child receive(s) from other doctors, home care, and/or community agencies.	NA	NA	65%
In the last 12 months, were you given information about different kinds of counseling or treatment that are available?	***79%***	***86%***	NA
In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your/your child's care with the people you went to for counseling or treatment?	***44%***	***63%***	NA

Asking About a Child's Physical Lifestyle

One area in which patients indicate providers are largely effective is speaking with them about aspects of their life to keep their child safe and healthy. Parents indicate that providers or other office staff speak to them about their child's diet and, to a lesser degree, about how to keep their child from getting injured and the type of exercise in which their child engages. Providers are effective at discussing a child's physical lifestyle characteristics. Patients are in general less likely to rate providers as effective in discussing their child's mental or behavioral health.

Summary of Questions Related to Keeping Your Child Safe and Healthy

	Accountable Communities	Stage A Health Homes
In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of food your child eats? (% Yes)	84%	*76%*
In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured? (% Yes)	71%	*55%*
In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of exercise your child gets? (% Yes)	69%	*78%*

SIM Pillar 2: Physical-Behavioral Health Integration

The survey measures assessing Pillar 2 include speaking with patients about their behavioral health and the coordination of care between primary care physicians and behavioral health providers. One other aspect of the overall integration of behavioral health care is the social support received by patients receiving care through a behavioral health home.

A key component of the integration of physical and behavioral health is patients and providers communicating on issues related to their mental health. In general, patients indicate that their providers are more effective in in communicating about physical health or lifestyle than behavioral health. Patients indicate that their providers (or others at their office) ask about the growth of their child and television viewing habits. Patients do indicate that their PCP's office was effective in asking about times when they felt sad or depressed, however this may simply reflect that patients are often asked to fill out a standard assessment while in the waiting room and not that their providers ask them directly. Patients indicate that providers are less likely to ask about their child's moods or emotions, their child's learning ability, or whether a patient experiences personal or family problems that may impact their health.

Summary of Questions Related to Growth, Development, and Behavioral Health

	Accountable Communities	Stage A Health Homes
In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?	***81%***	***71%***
In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?	78%	73%
In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age?	72%	62%
In the last 12 months, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV?	***66%***	***71%***
In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?	61%	64%
In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?	50%	38%
In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?	50%	50%

As seen in the Pillar 1 discussion, the coordination of care generally represents an area that patients identify as one where there is a need for improved communication in terms of providers sharing information about their patient's care. This is especially true in the collaboration between those providing physical health care and those providing mental health care. Patients receiving care through an accountable community or health home indicate that their PCPs are effective in giving information about the types of behavioral health counseling or treatment but are less effective in coordinating behavioral health care with other provider's care. In addition, many patients receiving care through an accountable community or health home do not perceive their PCPs as being informed and up to date on their behavioral health care. Most patients receiving care through a behavioral health home do indicate that those they went to for counseling or treatment were aware of the other services they received, suggesting more effective communication with other providers.

Coordination of Behavioral Health Care

	Accountable Communities	Stage A Health Homes	Stage B Behavioral Health Homes
In the last 12 months, were you given information about different kinds of counseling or treatment that are available?	79%	86%	NA
The people I went to for counseling or treatment are aware of the services I/my child receive(s) from other doctors, home care, and/or community agencies.	NA	NA	65%
The people I go to for counseling or treatment work as a team in coordinating my/my child's care.	NA	NA	59%
In the last 12 months, did anyone talk to you about whether to include your family or friends in your/your child's counseling or treatment?	NA	NA	52%
In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your/your child's care with the people you went to for counseling or treatment?	44%	63%	NA
In the last 12 months, how often did your provider seem informed and up-to-date about your counseling or treatment?	53%	68%	NA

One aspect of the broader integration of care is the social support network available to those receiving care through behavioral health homes, along with how the homes work with their patients to access these services. Patients see some aspects of social support services as effective while others are seen as less effective. They view their providers as effective in providing help in times of crisis and in providing assistance in finding housing. The behavioral health homes overall seem to be a key social support mechanism, as many patients indicate they may not receive support from family or friends in times of a crisis. Patients rate their providers as less effective with assistance in finding a job or providing access to support or recovery groups.

Social Support for Patients Receiving Care Through a Behavioral Health Home

	Stage B Behavioral Health Homes
How helpful were the people you went to for counseling or treatment - in helping you when you/your child experienced a crisis?	75%
How helpful were the people you went to for counseling or treatment - in helping you with housing?	73%
Other than my current service provider(s), I have people that I am comfortable talking with about my child's problems.	***67%***
Other than my current service provider(s) in a crisis, I have people that I am comfortable talking with about my child's problems.	***62%***
How helpful were the people you went to for counseling or treatment - in helping you find or keep a job?	54%
Mutual support or recovery focused groups that are facilitated by peers are available to me through my current service provider(s).	39%
Other than my current service provider(s), I have people with whom I can do enjoyable things.	***37%***
Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.	***33%***

What do the survey results tell us about the process and implementation of the Maine SIM Pillars? It is the experience of the patient that provides a key measure of whether the establishment of Accountable Communities, Stage A Health Homes, and Stage B Behavioral Health Homes has strengthened primary care since they are the consumers of health care. From the perspective of the patient, do they believe providers are effectively communicating with patients, are they effectively communicating with other providers, and are providers actively engaging with the patients to involve the patient in his or her own health care?

The survey will help assess the effectiveness of the integration of physical and behavioral health care based on patient experiences of how well providers coordinate such types of care, whether they have up-to-date information about their behavioral health care, and whether providers include questions about their behavioral health as a part of communicating with their patients.

The 2015 survey is not designed to determine the overall effectiveness and impact of the Maine SIM initiatives, only to provide one measure in its evaluation. Further, even in this role it will not indicate whether the initiative has led to improvements as it primarily serves to form a baseline. The 2016 survey will help to determine whether these interventions bring about positive change. However we believe the 2015 MaineCare Patient Experience Survey results do provide some interesting insight based on the experience of patients.

In terms of the process, there do seem to be some aspects of communication in which providers are consistently rated highly. These include providing information to their patients and doing so in a fashion that is easy to understand. The results suggest there is less consistency or effectiveness in engaging with the patient and eliciting their input into their care. This may be a key element to patient/provider communication which can be improved upon in order to improve the patient's overall experience of care.

The results also suggest that one area of focus for strengthening primary care is improving communications between providers. This supports the second pillar of integrating physical and behavioral health care. Patients indicate that providers are less effective at the coordination of their care between their PCPs and other providers or at least have less familiarity with patient information from other providers. Patients indicate that there are times when their primary care physician does not seem to have all the information about the care they or their child receive from specialists or when they receive mental health counseling or treatment. This seems to be especially true in regards to information about mental health care or counseling. In contrast, most of those receiving care from a behavioral health home do indicate that those providing their behavioral health care are aware of the care they receive from other provider.

Patients indicate that PCPs are effective in making available the information about behavioral health care to their patients so they understand the range of treatments available to them. However, patients also indicate that their PCP offices are less effective in coordination their counseling or treatment with behavioral health providers. Patients indicate that providers are effective in speaking with them on issues of physical health, but less effective in raising and discussing their behavioral health.

What are the impacts of the model on the patient experience? Unfortunately, an assessment of impact will have to await the 2016 survey. The 2016 survey will provide the data to compare against the baseline survey gathered during 2015. This will provide the data needed to evaluate (from the patient perspective) whether the interventions have led to an improvement in the two Maine SIM Pillars of strengthening primary care and integrating physical and behavioral health care. Once reliable comparisons can be drawn there are several key questions that will need to be explored:

- Do patients feel that providers are asking for their input?
- Do patients feel their providers are up to date on the care they receive elsewhere, specifically behavioral health care?
- Do patients feel their provider is working to coordinate their physical and behavioral health care?
- Is the patient's behavioral health a part of the patient/provider discussion?

- Do patients receiving care at a behavioral health home feel that they receive the assistance they need in finding other services?

IV. Summary

MaineCare Stage A Health Homes

Composite Measures

Stage A Health Homes score similarly to their control group across five composite measures: 'Getting Timely Appointments, Care, and Information' (Intervention: 76/Control: 80), 'Helpful, Courteous, and Respectful Office Staff' (93/97), 'How Well Providers Communicate with Patients' (90/91), 'Providers Discuss Medication Decisions' (84/86), and 'Providers Support You in Taking Care of Your Own Health' (52/58). See Appendix B for a detailed description of how composite measures are calculated. Within these measures, scores between the control group and the intervention group are within ten percentage points.

There are larger differences across the remaining four measures. In one measure, 'Providers Pay Attention to Your Mental or Emotional Health', the intervention group scored notably higher than the control group (62/52). In the remaining three, 'Follow-up on Test Results' (82/98), 'Provider's Advice on Keeping Your Child Safe and Healthy' (70/85), and 'Provider's Attention to Your Child's Growth and Development' (61/71), the scores for the intervention group are generally less positive than those for the control group. While these differences are large, due to the sample size of the control group they do not rise to the level of statistical significance.

For a more complete discussion of these scores, see Section V or Section II.

Summary of Composite Measures for Stage A Health Homes

Measure*	Stage A HH	Control Group
Getting Timely Appointments, Care, and Information	**76**	**80**
Helpful, Courteous, and Respectful Office Staff	**93**	**97**
How Well Providers Communicate with Patients	**90**	**91**
Follow-up on Test Results	**82**	**98**
Provider's Advice on Keeping Your Child Safe and Healthy	**70**	**85**
Provider's Attention to Your Child's Growth and Development	**61**	**71**
Providers Discuss Medication Decisions	**84**	**86**
Providers Pay Attention to Your Mental or Emotional Health	**62**	**52**
Providers Support You in Taking Care of Your Own Health	**52**	**58**

Individual Items

Among the remaining 18 items not used in calculating a composite measure, differences are even rarer. When analyzing the top box scores, only four items have differences of ten percentage points or larger.

There are two items in which Stage A Health Homes intervention patients rate the services they receive more positively than the control group:

- In the last 12 months, were you given information about different kinds of counseling or treatment that are available? (86%/75%)
- In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your/your child's care with the people you went to for counseling or treatment? (63%/47%)

Inversely, there are also two items to which the control group patients are more positive:

- In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your/your child's care among these different specialists and services? (67%/81%)
- Thinking about the last 6 months, how often did this provider (the people providing counseling or treatment) ask you for your ideas about managing your child's health? (45%/61%)

	Count
Items rated more positively by intervention patients	**2**
Items rated equivalently by intervention and control patients	**14**
Items rated more positively by control patients	**2**

Summary of Individual Items for Stage A Health Homes

	Intervention	Control
In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your/your child's care among these different specialists and services?	**67%**	**81%**
In the last 12 months, were you given information about different kinds of counseling or treatment that are available?	**86%**	**75%**
In the last 12 months, how often did your provider seem informed and up-to-date about your counseling or treatment?	**68%**	**63%**
In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your/your child's care with the people you went to for counseling or treatment?	**63%**	**47%**
Does your provider's office accommodate those with disabilities?	**98%**	**97%**
The waiting room was clean and welcoming.	**92%**	**95%**
Did this provider's office give you information about what to do if you/your child needed care during evenings, weekends, or holidays?	**86%**	**85%**
Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders (about your child's care) from this provider's office between visits?	**78%**	**78%**
In the last 12 months, how many days did you usually have to wait for an appointment when you/your child needed care right away?	**54%**	**48%**
In the last 12 months, how often were you able to get the care you/your child needed from this provider's office during evenings, weekends, or holidays?	**42%**	**45%**
Did this provider give you enough information about what you needed to do to follow up on your child's care?	**97%**	**100%**
In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you were/your child was taking?	**92%**	**89%**
In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?	**86%**	**86%**
In the last 12 months, how often were you involved as much as you wanted in managing your/your child's health?	**76%**	**79%**
My primary care provider (the people providing counseling or treatment) clearly understand(s) the things that really matter to me about my/my child's health care.	**74%**	**78%**
In the last 12 months, how often did this provider (the people you went to for counseling or treatment) encourage you to ask questions?	**73%**	**67%**
In the last 12 months, how often did this provider seem informed and up-to-date about the care you/your child got from specialists?	**69%**	**65%**
Thinking about the last 6 months, how often did this provider (the people providing counseling or treatment) ask you for your ideas about managing your child's health?	**45%**	**61%**

MaineCare Accountable Communities

Composite Measures

Across the majority of composite measures the Accountable Communities intervention group score similarly to the control group. In seven out of nine measures the two groups are within ten points of each other, according to the CG CAHPS' composite scoring method (see Appendix B).

These similarly rated measures include:

- Getting Timely Appointments, Care, and Information (Intervention: 76/Control: 78)
- Helpful, Courteous, and Respectful Office Staff (96/93)
- How Well Providers Communicate with Patients (89/90)
- Provider's Advice on Keeping Your Child Safe and Healthy (75/74)
- Provider's Attention to Your Child's Growth and Development (66/65)
- Providers Discuss Medication Decisions (76/74)
- Providers Support You in Taking Care of Your Own Health (44/48)

The remaining two measures are viewed more positively by Account Community intervention group patients than by control group patients:

- Follow-up on Test Results (82/71)
- Providers Pay Attention to Your Mental or Emotional Health (63/50)

See Sections II and V for a more complete discussion of the potential meaning of these scores. None of these differences rise to the level of statistical significance.

Summary of Composite Measures for Accountable Communities

Measure*	Accountable Communities	Control Group
Getting Timely Appointments, Care, and Information	**76**	**78**
Helpful, Courteous, and Respectful Office Staff	**96**	**93**
How Well Providers Communicate with Patients	**89**	**90**
Follow-up on Test Results	**82**	**71**
Provider's Advice on Keeping Your Child Safe and Healthy	**75**	**74**
Provider's Attention to Your Child's Growth and Development	**66**	**65**
Providers Discuss Medication Decisions	**76**	**74**
Providers Pay Attention to Your Mental or Emotional Health	**63**	**50**
Providers Support You in Taking Care of Your Own Health	**44**	**48**

Individual Items

Among the remaining 18 items not used in calculating a composite measure, differences do not exist. When analyzing the top box scores, no items have a gap between the patients within the intervention group and the control group of ten points or larger.

	Count
Items rated more positively by intervention patients	**0**
Items rated equivalently by intervention and control patients	**18**
Items rated more positively by control patients	**0**

Summary of Individual Item Scores for Accountable Communities

	Intervention	Control
In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your/your child's care among these different specialists and services?	**61%**	**69%**
In the last 12 months, were you given information about different kinds of counseling or treatment that are available?	**79%**	**88%**
In the last 12 months, how often did your provider seem informed and up-to-date about your counseling or treatment?	**53%**	**51%**
In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your/your child's care with the people you went to for counseling or treatment?	**44%**	**44%**
Does your provider's office accommodate those with disabilities?	**98%**	**97%**
The waiting room was clean and welcoming.	**84%**	**86%**
Did this provider's office give you information about what to do if you/your child needed care during evenings, weekends, or holidays?	**91%**	**89%**
Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders (about your child's care) from this provider's office between visits?	**82%**	**74%**
In the last 12 months, how many days did you usually have to wait for an appointment when you/your child needed care right away?	**62%**	**65%**
In the last 12 months, how often were you able to get the care you/your child needed from this provider's office during evenings, weekends, or holidays?	**51%**	**43%**
Did this provider give you enough information about what you needed to do to follow up on your child's care?	**97%**	**100%**
In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?	**93%**	**99%**
In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you were/your child was taking?	**90%**	**88%**
In the last 12 months, how often were you involved as much as you wanted in managing your/your child's health?	**82%**	**78%**
My primary care provider (the people providing counseling or treatment) clearly understand(s) the things that really matter to me about my/my child's health care.	**73%**	**79%**
In the last 12 months, how often did this provider (the people you went to for counseling or treatment) encourage you to ask questions?	**69%**	**70%**
In the last 12 months, how often did this provider seem informed and up-to-date about the care you/your child got from specialists?	**57%**	**59%**
Thinking about the last 6 months, how often did this provider (the people providing counseling or treatment) ask you for your ideas about managing your child's health?	**43%**	**45%**

Stage B Behavioral Health Homes

Domain Scores

Stage B Behavioral Health Homes use a survey instrument that was considerably different from Accountable Communities and Stage A Health Homes. As such, they use an alternate scoring system to provide a high level view of items. Domain scores are calculated by finding the rate at which respondents answered in either of the two most positive responses (always Strongly Agree and Somewhat Agree) to half or more of the domain measure's component questions. This rate is reported as the final domain score.

The invention group and control group score similarly in six of seven of the final domain measures. There is only one group in which their scores deviate considerably, that of Social Connectedness (Intervention: 85%/Control: 96%).

This difference does not rise to the level of statistical significance. The full impact of this difference is discussed in full in Section V.

Summary of Domain Scores for Stage B Behavioral Health Homes

Measure	Stage B Behavioral Health Homes	Control Group
Perception of Access	**91%**	**96%**
Cultural Sensitivity	**100%**	**100%**
General Satisfaction	**89%**	**95%**
Participation in Treatment Planning	**95%**	**95%**
Quality and Appropriateness	**95%**	**94%**
Social Connectedness	**85%**	**96%**
Functioning & Outcomes[19]	**84%**	**86%**

[19] The Functioning and Outcomes domains were combined into a single domain score when analysis showed high reliability between responses and significant thematic overlap between the two measures (to the extent that one survey item was used as part of the calculation of both measures).

Individual Items

In addition, there are ten survey items which are not used in calculating any domain measure. When analyzing the top box score for these items, similar scores are found for the Stage B intervention group and control group across five items. Scores are notably more positive for the intervention group on three items:

- The people I went to for counseling or treatment are aware of the services I/my child receive(s) from other doctors, home care, and/or community agencies. (Intervention: 65%/Control: 56%)
- How helpful were the people you went to for counseling or treatment - in helping you with housing? (73%/53%)
- How helpful were the people you went to for counseling or treatment - in helping you find or keep a job? (54%/0%)

The control group is rated more positively then the intervention group on two items:

- In the last 12 months, how often were you involved as much as you wanted in managing your/your child's health? (68%/78%)
- In the last 12 months, how often did this provider (the people you went to for counseling or treatment) encourage you to ask questions? (61%/73%)

	Count of Scores
Items rated more positively by intervention patients	**3**
Items rated equivalently by intervention and control patients	**5**
Items rated more positively by control patients	**2**

Summary of Individual Item Scores for Stage B Behavioral Health Homes

	Intervention	Control
The people I went to for counseling or treatment are aware of the services I/my child receive(s) from other doctors, home care, and/or community agencies.	**65%**	**56%**
The people I go to for counseling or treatment work as a team in coordinating my/my child's care.	**59%**	**57%**
In the last 12 months, did anyone talk to you about whether to include your family or friends in your/your child's counseling or treatment?	**52%**	**61%**
Thinking about the last 6 months, how often did this provider (the people providing counseling or treatment) ask you for your ideas about managing your child's health?	**70%**	**62%**
In the last 12 months, how often were you involved as much as you wanted in managing your/your child's health?	**68%**	**78%**
In the last 12 months, how often did this provider (the people you went to for counseling or treatment) encourage you to ask questions?	**61%**	**73%**
My primary care provider (the people providing counseling or treatment) clearly understand(s) the things that really matter to me about my/my child's health care.	**59%**	**62%**
How helpful were the people you went to for counseling or treatment - in helping you when you/your child experienced a crisis?	**75%**	**73%**
How helpful were the people you went to for counseling or treatment - in helping you with housing?	**73%**	**53%**
How helpful were the people you went to for counseling or treatment - in helping you find or keep a job?	**54%**	**0%**

V. Quality Improvement

The results of the MaineCare Patient Experience Survey are used in evaluating each of the three interventions. Importantly, they can help identify policies the can be implemented and actions that can be taken to improve the effectiveness of each of the three interventions and the experience of patients receiving their care through accountable communities, health homes, or behavioral health homes. The quality improvement process includes several key steps.

1. Identifying areas of most positive response by patients and areas where patients are less positive.
    a. Which areas of patient experience do customers (identified through composite or domain[20] measures) rate most positively and which do they rate less positively?

2. Identifying differences between intervention and control groups in the composite or domain measures.
    a. In which areas of patient experience do patients receiving their care through accountable communities, health homes, or behavioral health homes rate more positively or less positively than patients in their paired control group?

3. Identifying differences between demographic groups in composite or domain measures
    a. Are there specific demographic groups that consistently rate their experience more positively or less positively than others?

4. Examine in detail those composites and domains that patients rate less positively compared to those rated most positively.
    a. To which questions do patients provide the least positive response? What specific factors are making the experience less positive for patients?

This process helps to identify the areas of patient experience which represent strengths for accountable communities, health homes, or behavioral health homes. The process also identifies areas where improvement can lead to a more positive patient experience.

[20] A description of composites and domains and how they are calculated is provided in Appendix B beginning on page 50.

Accountable Communities and Stage A Health Homes

The table below provides a summary of the composite measures for the Accountable Communities and Stage A Health Homes interventions along with those at their controls. The composites that patients view most positively are:

- Helpful, Courteous, and Respectful Office Staff Composite
- How Well Providers Communicate with Patients Composite

The composites that patients view least positively are:

- Providers Support You in Taking Care of Your Own Health Composite
- Providers Pay Attention to Your Mental or Emotional Health Composite
- Provider's Attention to Your Child's Growth and Development Composite

Accountable Communities are viewed more positively compared to their control group in the areas of 'Follow-up On Test Results' and 'Providers Paying Attention To Your Mental Or Emotional Health'.

Stage A Health Homes are viewed more positively compared to their control group in the area of 'Providers Paying Attention To Your Mental Or Emotional Health'.

Stage A Health Homes are viewed less positively compared to their control group in the areas of 'Follow-up on test results', 'Provider's Advice On Keeping Your Child Safe and Healthy', and 'Provider's Attention To Your Child's Growth and Development'.

When looking at differences by age, gender, area of residence, race/ethnicity, level of education, and physical and mental health status there are no consistent differences across composite measures among any demographic group.

Composite Measures for Accountable Communities and Stage A Health Homes

	Accountable Communities	Accountable Communities - Control	Stage A Health Homes	Stage A Health Homes - Control
Getting Timely Appointments, Care, and Information Composite	**76**	**78**	**76**	**80**
Helpful, Courteous, and Respectful Office Staff Composite	**96**	**93**	**93**	**97**
How Well Providers Communicate with Patients Composite	**89**	**90**	**90**	**91**
Follow-up on Test Results Composite	**82**	**71**	**82**	**98**
Provider's Advice on Keeping Your Child Safe and Healthy Composite	**75**	**74**	**70**	**85**
Provider's Attention to Your Child's Growth and Development Composite	**66**	**65**	**61**	**71**
Providers Discuss Medication Decisions Composite	**76**	**74**	**84**	**86**
Providers Pay Attention to Your Mental or Emotional Health Composite	**63**	**50**	**62**	**52**
Providers Support You in Taking Care of Your Own Health Composite	**44**	**48**	**52**	**58**

The three tables below provide a summary of responses to individual questions for the Accountable Communities and Stage A Health Homes Interventions. These questions are related to the composites:

- How Well Providers Communicate with Patients Composite
- Providers Support You in Taking Care of Your Own Health Composite
- Providers Pay Attention to Your Mental or Emotional Health Composite
- Provider's Attention to Your Child's Growth and Development Composite

The questions are arranged in three tables that focus on patient-provider communications, provider coordination of care, and provider communication about behavioral health. In the area of patient-provider communications, the least positive responses are to the questions:

- In the last 12 months, did anyone in this provider's office talk with you about specific goals for your/your child's health?
- In the last 12 months, how often did this provider encourage you to ask questions?
- Thinking about the last 6 months, how often did this provider ask you for your ideas about managing your child's health?
- In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your/your child's health?

In the area of provider coordination of care, the least positive responses are to the questions:

- In the last 12 months, how often did this provider seem informed and up-to-date about the care you/your child got from specialists?
- In the last 12 months, how often did your provider seem informed and up-to-date about your counseling or treatment?

In the area of communications about behavioral health, the least positive responses are to the questions:

- In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?
- In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?
- In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

Summary of Individual Questions Patient-Provider Communications

	Accountable Communities	Stage A Health Homes
Providers Providing Information to Patients		
In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition? (% yes)	93%	86%
In the last 12 months, were you given information about different kinds of counseling or treatment that are available? (% yes)	79%	86%
In the last 12 months, did anyone in this provider's office talk with you about specific goals for your/your child's health? (% yes)	55%	64%
Does the Provider Explain Clearly		
In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns? (% always)	79%	80%
In the last 12 months, how often did this provider explain things in a way that was easy for you/your child to understand? (% always)	75%	82%
My provider clearly understands the things that really matter to me about my/my child's health care. (% strongly agree)	73%	74%
Does the Provider Explain Clearly		
In the last 12 months, how often did this provider listen carefully to your child? (% always)	92%	83%
In the last 12 months, how often were you involved as much as you wanted in managing your/your child's health? (% always)	82%	76%
In the last 12 months, how often did this provider listen carefully to you? (% always)	78%	79%
In the last 12 months, how often did this provider encourage you to ask questions? (% always)	69%	73%
Thinking about the last 6 months, how often did this provider ask you for your ideas about managing your child's health? (% always)	43%	45%
In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your/your child's health? (% yes)	33%	40%

Summary of Individual Questions – Provider Coordination of Care

	Accountable Communities	Stage A Health Homes
In the last 12 months, were you given information about different kinds of counseling or treatment that are available? (% yes)	79%	86%
In the last 12 months, how often did this provider seem to know the important information about your/your child's medical history? (% always)	69%	74%
In the last 12 months, how often did this provider seem informed and up-to-date about the care you/your child got from specialists? (% always)	57%	69%
In the last 12 months, how often did your provider seem informed and up-to-date about your counseling or treatment? (% always)	53%	68%

Summary of Individual Questions – Communications about Behavioral Health

	Accountable Communities	Stage A Health Homes
In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed? (% yes)	78%	73%
In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age? (% yes)	72%	62%
In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions? (% yes)	61%	64%
In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability? (% yes)	50%	38%
In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness? (% yes)	50%	50%

Behavioral Health Homes

The following table provides a summary of the domain measures for the Stage B Behavioral Health Home Intervention along with their controls. The domains that patients view most positively are:

- Cultural Sensitivity domain
- Participation in Treatment Planning
- Quality and Appropriateness

The domains that patients view least positively are:

- Functioning & Outcomes

Stage B Behavioral Health Homes are less positive compared to their control group in the areas of outcomes and social connectedness.

When looking at differences by age, gender, area of residence, race/ethnicity, level of education, and physical and mental health status there are no consistent differences across domain measures among any demographic group.

Domain Measures for Accountable Communities and Stage A Health Homes

	Stage B Behavioral Health Homes	Stage B Behavioral Health Homes - Control
Perception of Access	**91%**	**96%**
Cultural Sensitivity domain	**100%**	**100%**
Functioning & Outcomes	**84%**	**86%**
General Satisfaction	**89%**	**95%**
Participation in Treatment Planning	**95%**	**95%**
Quality and Appropriateness	**95%**	**94%**
Social Connectedness	**85%**	**96%**

The table below provides a summary of responses to individual questions for Stage B Health Homes Interventions. These questions are related to the composites:

- Functioning - experience with services and how these services have improved or maintained functioning in respect to dealing with everyday situations, problems and crises domain.
- Outcomes - experience that changes in their life are a result of the treatment and services they are receiving domain

In the area of functioning, the least positive responses are to the items:

- As a direct result of current services, my child gets along better with friends and other people.
- As a direct result of current services, I am/my child is better about to handle things when they go wrong.
- As a direct result of my current services, my symptoms are not bothering me as much.

In the area of outcomes the least positive responses are to the items:

- As a direct result of current services, I am getting along better with my family/my child gets along better with family members.
- As a direct result of my services, I do better in social situations.
- As a direct result of current services, I do better/my child is doing better in school and/or work.
- As a direct result of my current services, my symptoms are not bothering me as much.

Summary of Individual Questions – Functioning and Outcomes

	Stage B Behavioral Health Homes
Functioning	
As a direct result of current services, my child is better able to do things he or she wants to do. (% strongly agree)	*40%*
As a direct result of current services, my child gets along better with friends and other people. (% strongly agree)	*32%*
As a direct result of current services, I am/my child is better about to handle things when they go wrong. (% strongly agree)	*29%*
As a direct result of my current services, my symptoms are not bothering me as much. (% strongly agree)	*22%*
Outcomes	
As a direct result of current services, I deal more effectively with daily problems, my child is better at handling daily life. (% strongly agree)	*43%*
As a direct result of my current services, my housing situation has improved. (% strongly agree)	*42%*
As a direct result of my current services, I am better able to deal with crises. (% strongly agree)	*42%*
As a direct result of my current services, I am better able to control my life. (% strongly agree)	*42%*
As a direct result of current services, I am getting along better with my family/my child gets along better with family members. (% strongly agree)	*30%*
As a direct result of my services, I do better in social situations. (% strongly agree)	*25%*
As a direct result of current services, I do better/my child is doing better in school and/or work. (% strongly agree)	*23%*
As a direct result of my current services, my symptoms are not bothering me as much. (% strongly agree)	*22%*

Potential Areas for Action

Engaging Patients in their Own Health Care

Patient/provider communication is a key part of the patient experience and should be a focus when looking to strengthen primary care (Pillar 1). Patients look upon communications with their provider positively but there is room for improvement in one key area: engaging the patient and asking for their input into their own care. The survey results suggest that providers offer information to their patients, and do so in a manner that patients can understand. The weakest aspect in patient/provider communications is engaging the patient and asking for their input. Patients indicate that their providers listen, but are less likely to indicate that a provider will encourage them to ask questions. Further, they feel there is less engagement in asking about ideas for managing their or their child's health or asking about things that make it hard to take care of their or their child's health.

Integrating the Discussion of Behavioral Health into the Primary Care Setting

Integrating physical and behavioral health (Pillar 2) requires that providers are not only aware of factors that influence a patient's physical health, but also factors that influence their mental well-being. Patients indicate providers frequently ask about their or their child's physical health, and aspects of their lifestyle that may impact their physical health. They are less apt to ask about behavioral health such as moods or emotions, a child's learning ability, or whether a patient is experiencing personal or family problems, alcohol use, drug use, or a mental or emotional illness. Asking about a patient's behavioral health and aspects of their life that may impact their behavioral health needs to have a more prominent role in patient/provider discussions.

Coordination of Care between PCP's and Other Providers Specifically Behavioral Health Providers

The coordination of care between a patient's primary care provider and other providers represents an area that patients identify as one where there is a need for improved communication (Pillar 2). I.E. providers need to improve their sharing of information about their patient's care. This is especially true in the collaboration between those who provide physical health care and those providing mental health care from the perspective of those receiving care through an accountable community or health home. Patients receiving care through an accountable community or health home indicate that their PCPs are effective in giving information about the types of behavioral health counseling or treatment they can receive, but are less effective in coordinating behavioral health care with other providers. Furthermore, many patients receiving care through an accountable community or health home do not perceive their PCPs as being informed and up to date on their behavioral health care.

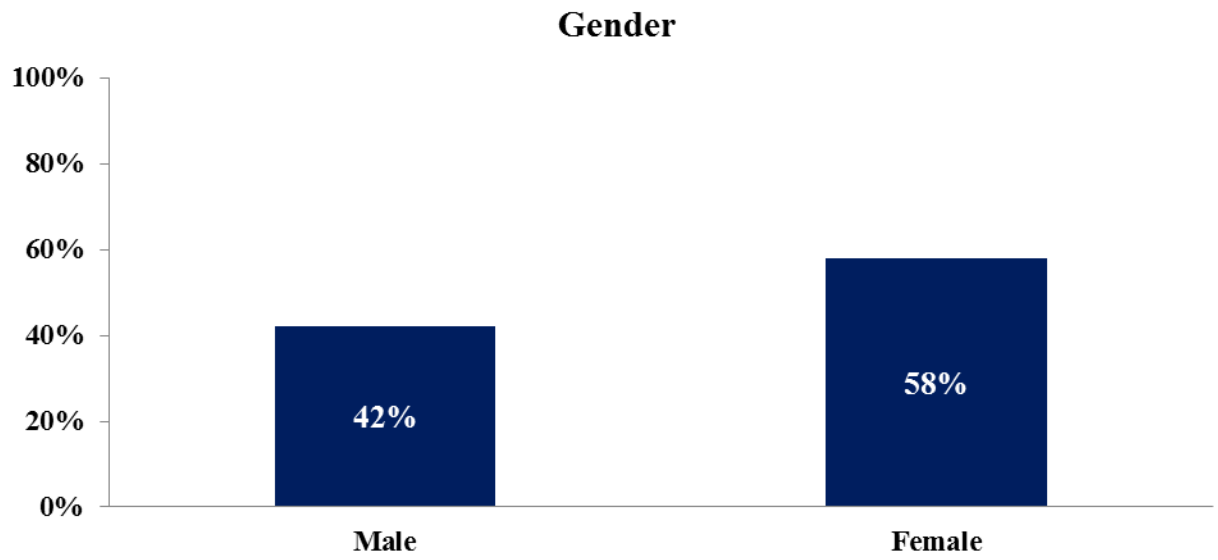
Most patients receiving care through a behavioral health home do indicate that those they went to for counseling or treatment were aware of the other services they received, suggesting more effective communications with other providers. The strategies used by behavioral health homes may represent a source of information that the primary care setting can look to in order to improve their coordination of care with behavioral health providers.

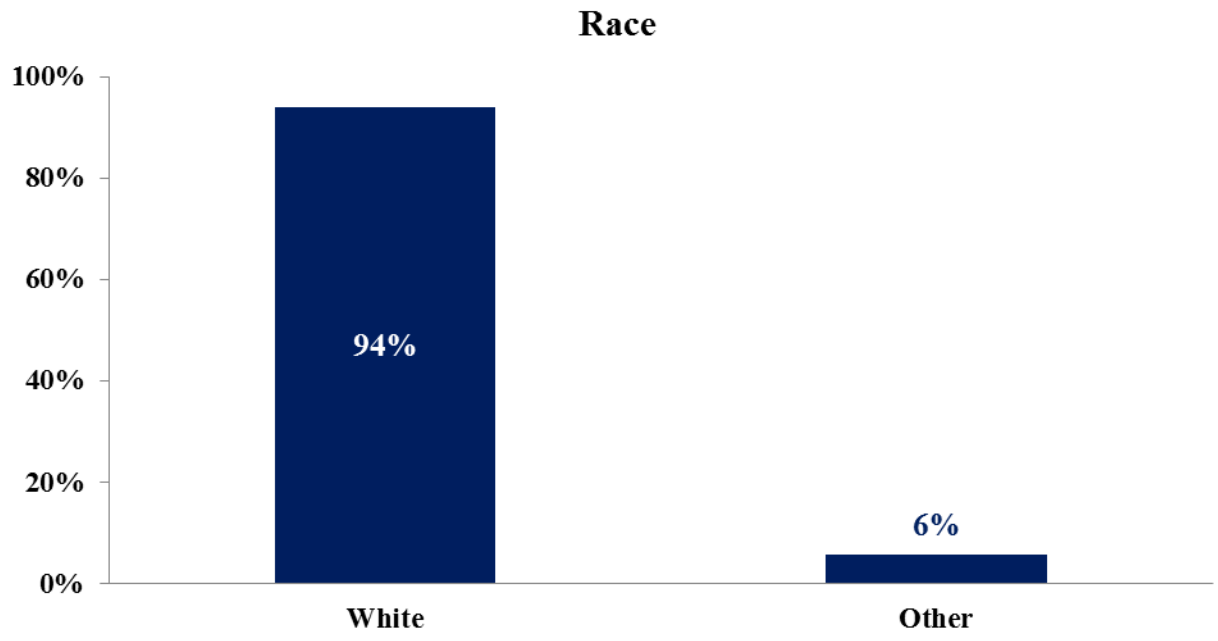
Expectations about Outcomes for Patients Receiving Care through Behavioral Health Homes

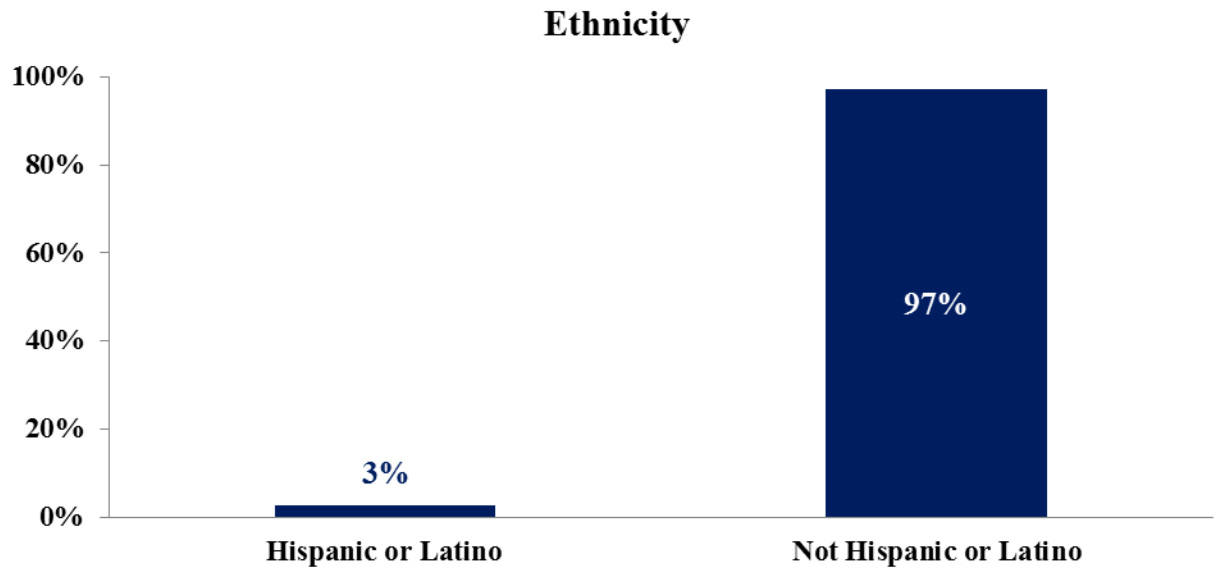
Those receiving care through a behavioral health home rate their experiences as highly positive. Patients are very satisfied with the process of their care as well as their providers. Less positively viewed are the outcomes from the care they receive; that their symptoms are not bothering them as much, that they are able to do better in social situations, that they are able do better in work or school, that they can get along better with others, and that they can now handle things when they go wrong. While patients are not dissatisfied with their outcomes, the strength or depth of this satisfaction is lower than their satisfaction with the process of their care and their providers.

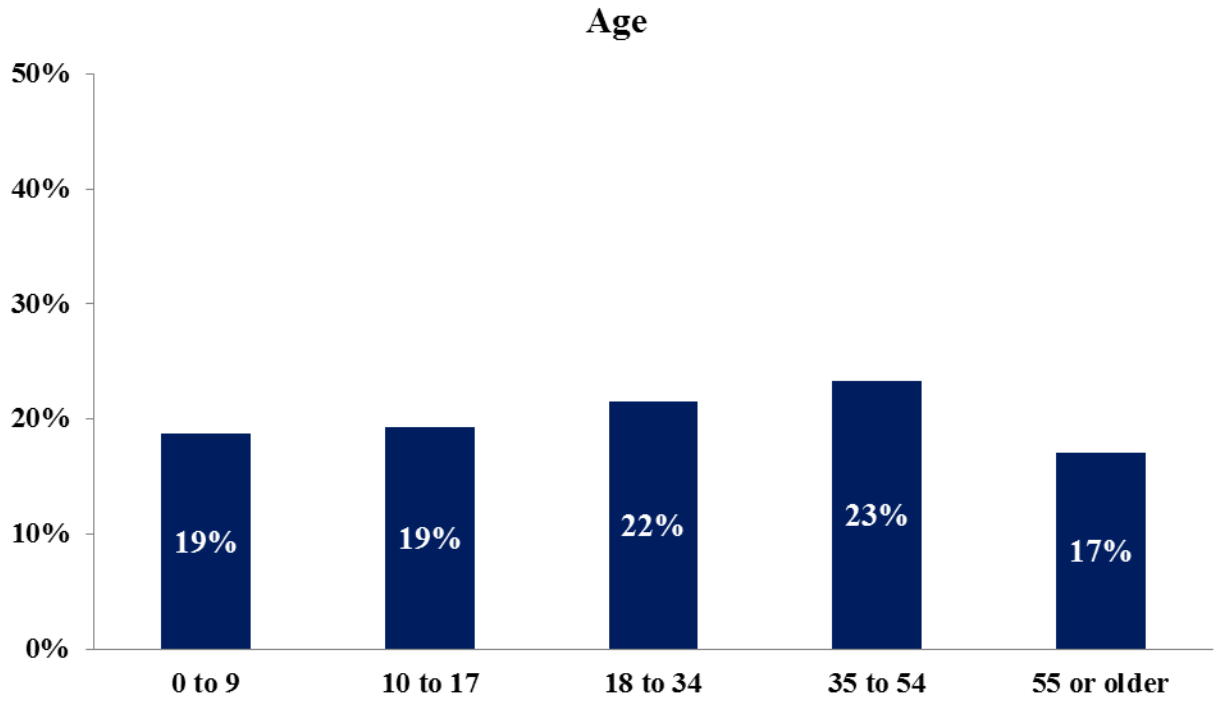
While many patients are willing to express that they are "very satisfied" with the process of their care, most patients are merely "satisfied" with their outcomes. Does this mean that the care they are receiving is not effective? Given their high level of satisfaction with the experience of their care as well as their strong recommendation for those providing their care, it suggests that the patient experience while receiving their care is not leading to lower levels of satisfaction with outcomes as compared to their satisfaction with the experience receiving care. Rather, a component may be patient expectations for what the care they are receiving can accomplish. It is important to address patient expectations about outcomes before and during their care. Providers communicating with their patients, explaining what treatment can realistically accomplish, and what current treatment cannot achieve, are an important part of the overall process of care and are as important as engaging patients in their care.

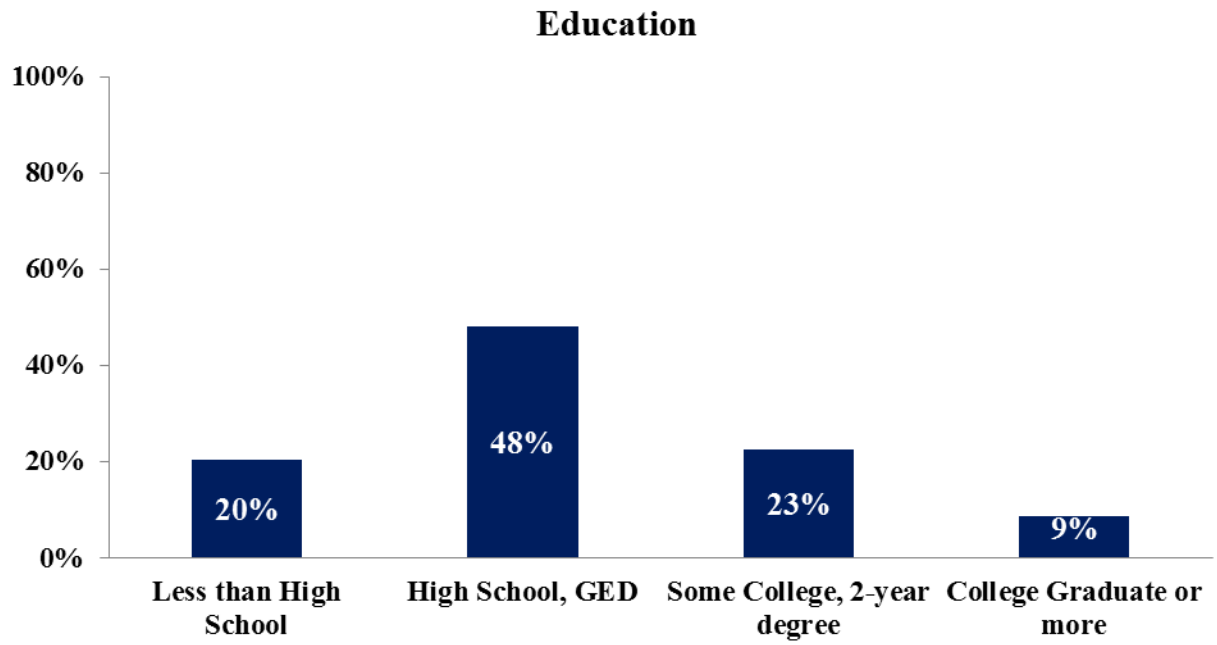
Appendix A. Demographics






Ethnicity
100%
80%
60%
40%
20%
0%
3%
97%
Hispanic or Latino
Not Hispanic or Latino


Age
50%
40%
30%
20%
10%
0%
19%
19%
22%
23%
17%
0 to 9
10 to 17
18 to 34
35 to 54
55 or older


Education
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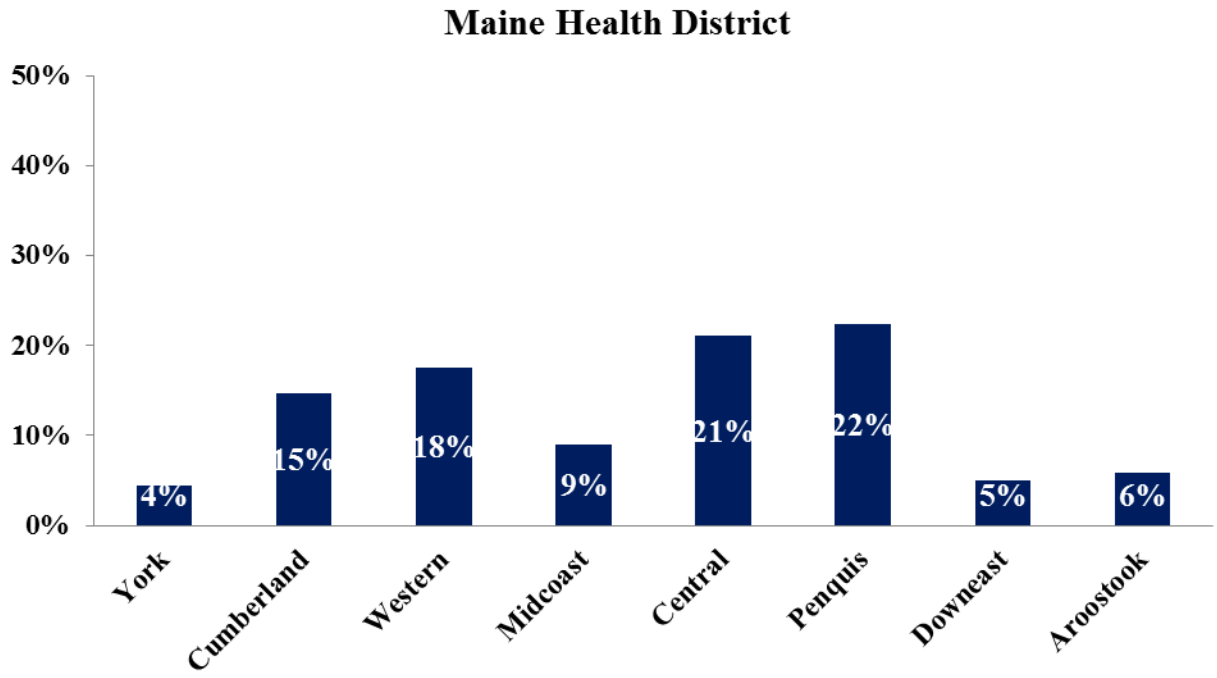
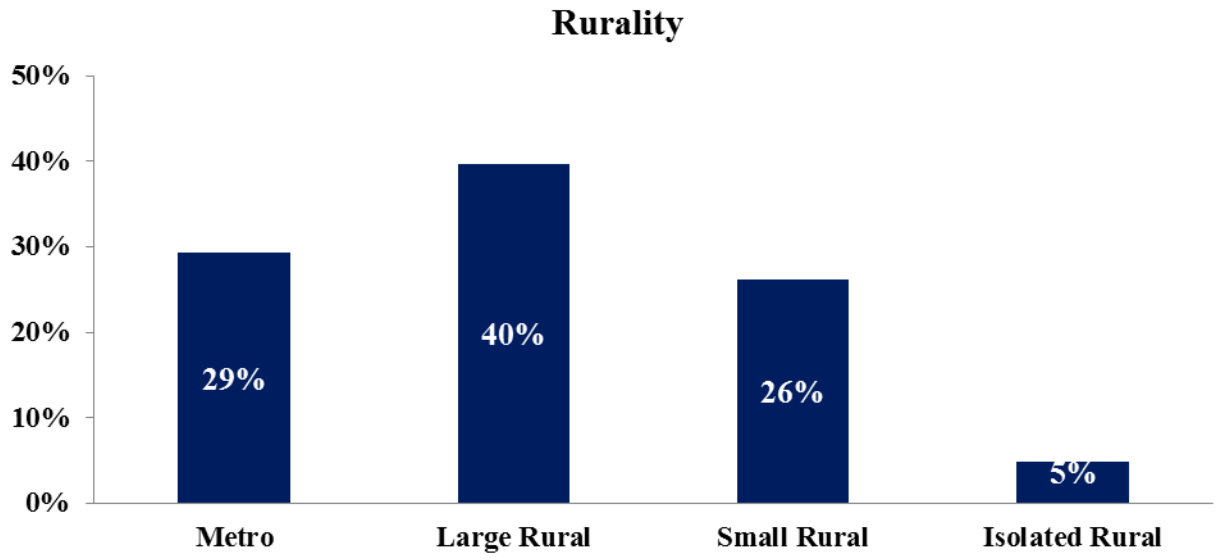
80%
60%
40%
20%
0%
20%
48%
23%
9%
Less than High School
High School, GED
Some College, 2-year degree
College Graduate or more


Maine Health District
50%
40%
30%
20%
10%
0%
4%
15%
18%
9%
21%
22%
5%
6%
York
Cumberland
Western
Midcoast
Central
Penquis
Downeast
Aroostook


Rurality
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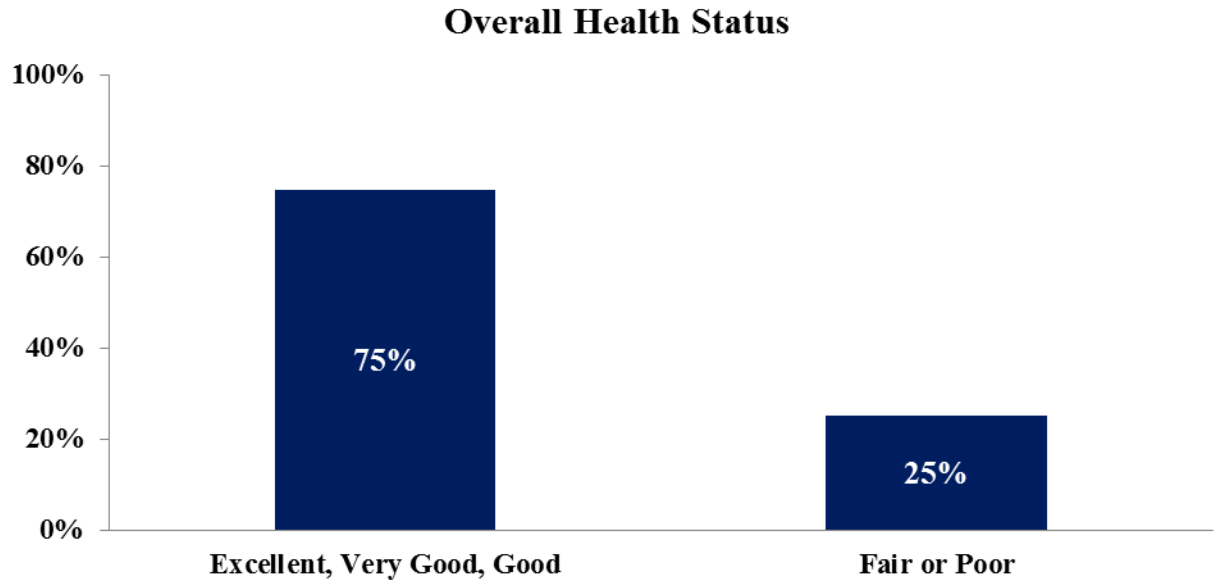
40%
30%
20%
10%
0%
29%
40%
26%
5%
Metro
Large Rural
Small Rural
Isolated Rural


Overall Health Status
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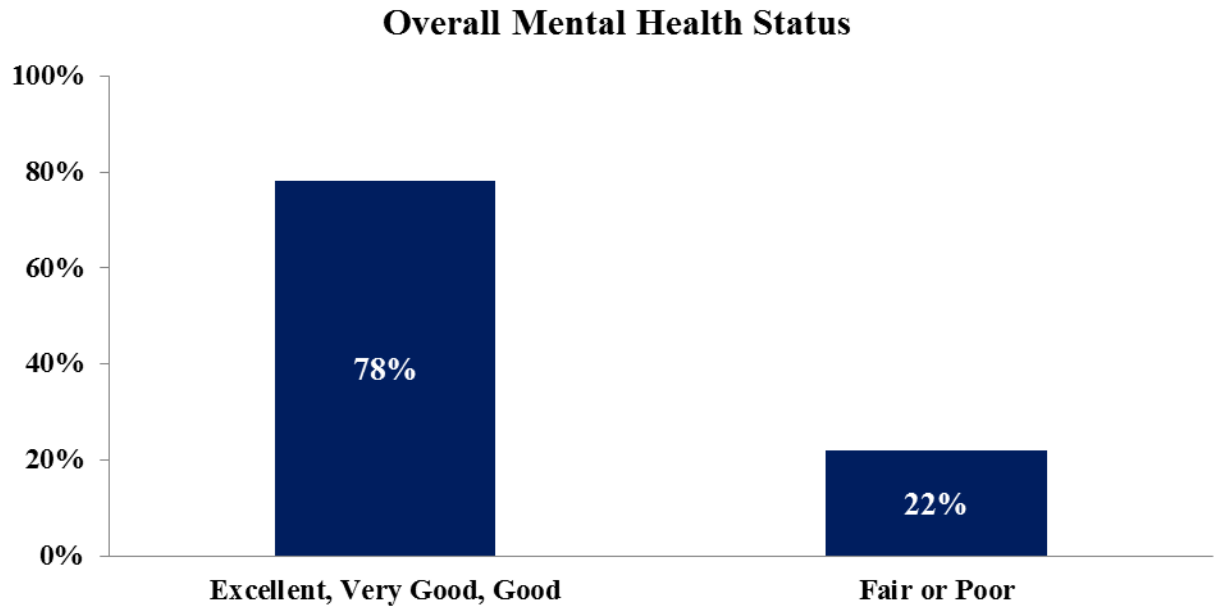
80%
60%
40%
20%
0%
75%
25%
Excellent, Very Good, Good
Fair or Poor


Overall Mental Health Status
100%
80%
60%
40%
20%
0%
78%
22%
Excellent, Very Good, Good
Fair or Poor

Appendix B. How to Read the Results

Reporting Survey Results

Each of the three intervention groups analyzed in the ME SIM MaineCare Patient Experience Survey were stratified and sampled separately, along with their control group. It therefore makes the most sense to report the results of this survey separately, divided along the lines of each of the three intervention groups.

Additionally, for each intervention group a control group of patients was surveyed. This control group was matched across a variety of demographic areas in order to ensure it retained similarity to the intervention group, allowing valid comparisons to be drawn. In order to be selected for the control group, patients had to match on three of four demographic- gender, age (within 5 years for Stage A and Accountable Communities patients, within 10 years for Stage B patients), risk score (within 10%), and county (for Stage A and Accountable Community patients). In addition, all control group patients were matched on the basis of chronic conditions; those who did not match on chronic conditions were eliminated from the control sample.

Calculating Composite and Domain Measures

CG CAHPS Composite Scores (Stage A HH and Accountable Communities)

The CG CAHPS survey allows the calculation of a series of measures known as composite measures. These measures provide a way to summarize the results of a survey using key measures that combine results for related questions. The items have been tested using psychometric analyses and are reliable and valid measures of patients' experiences. Market Decisions Research computed composite scores using the following guidelines:

Calculate scores based on the "half-scale" rule, that is, calculate a score for an individual when at least half of the items within the composite are answered.

> *The original algorithm requires responses for at least one half of the items in each of the eight scales. In cases where at least one half of the items are present for a scale, the values for the missing items are estimated by substituting the average of the items that are present. If one or more of the scales are less than half complete, then estimation of the scores is not possible.*
> *-CMS*

Composite scores are computed using composite averages. The average score is a calculation of the mean across all of the response categories converted to a numerical scale from 0 to 100. A score of "100" would mean that all respondents answered a question using the top category. For example, all respondents answered a question by selecting "Always." A score of "0" would mean that all respondents answered a question using the bottom category. For example, all respondents answered a question by selecting "Never." The greater the value on this 100 point scale, the more

positive the experience from the patient's perspective. Scores are converted based on response categories using the following scales:

- Always = 100
- Usually = 66
- Sometimes = 33
- Never = 0

- A lot = 100
- Some = 66
- A little = 33
- Not at all = 0

- Yes, definitely = 100
- Yes, somewhat = 50
- No = 0

- Yes = 100
- No = 0

Calculating Composite Measures

Composite scores are calculated by adding the proportion of responses that are given for a response category and then dividing by the number of questions that are included in the composite measure.

The average score is calculated by first converting each question to the 100 point scale based on the categories used in the question and then getting the average across all questions.

In our example with four questions, this would mean assigning each question a value on the 100 point scale where "Never" is assigned a value of 0, "Sometimes" a value of 33, "Usually" a value of 66, and "Always" a value of 100 (as indicated above). The values for the four questions are then added together and divided by the number of questions (four).

The tables below provide a summary of all composites (based on the CG CAHPS with PCMH supplement) as well as a notation as to whether the question was included in the adult version of the survey, the child version, or both.

Market Decisions Research will compute each of these composites and conduct analysis comparing the scores to control groups, across interventions (where appropriate), as well as comparisons by demographic group.

NOTES:

In most composites one or more of the questions that are typically included in the measure in the standard CG CAHPS survey were not included in the surveys used in this study. In such cases, composites are calculated based only on the items included in the survey.

Since the Stage A HH and Accountable Communities survey versions were based on the CG CAHPS survey, composites are calculated for these groups. However, as they were asked a different series of questions, most composites cannot be calculated for those responding to the Stage B BHH survey versions with one exception:

- How well providers (or doctors) communicate with patients

The tables below summarize the questions that are used in calculating each composite score and indicate whether the score is calculated for the adult survey, child survey, or both.

CG CAHPS Composite Measures

Getting Timely Appointments, Care, and Information

Question	Adult Survey	Child Survey
In the last 12 months, when you made an appointment for a **check-up or routine care** for you/your child with this provider, how often did you/your child get an appointment as soon as you needed?	Yes	Yes
In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	Yes	Yes
In the last 12 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?	Yes	Yes
Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you/your child see this provider **within 15 minutes** of your appointment time?	Yes	Yes

How Well Providers (or Doctors) Communicate with Patients

Question	Adult Survey	Child Survey
In the last 12 months, how often did this provider explain things in a way that was easy for you/your child to understand?*	Yes	Yes
In the last 12 months, how often did this provider listen carefully to you/your child?*	Yes	Yes
In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?	Yes	Yes
In the last 12 months, how often did this provider seem to know the important information about your/your child's medical history?	Yes	Yes

**these questions are also included in the Stage B BHH survey versions and are used to calculate this composite for both the adults and child survey.*

Helpful, Courteous, and Respectful Office Staff

Question	Adult Survey	Child Survey
In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	Yes	Yes

Provider's (Doctor's) Attention to Your Child's Growth and Development

Question	Adult Survey	Child Survey
In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?	No	Yes
In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age?	No	Yes
In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?	No	Yes
In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?	No	Yes
In the last 12 months, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV?	No	Yes

Provider's (Doctor's) Advice on Keeping Your Child Safe and Healthy

Question	Adult Survey	Child Survey
In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured?	No	Yes
In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of food your child eats?	No	Yes
In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of exercise your child gets?	No	Yes

Providers Pay Attention to Your Mental or Emotional Health

Question	Adult Survey	Child Survey
In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?	Yes	No
In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?	Yes	No

Providers Support You in Taking Care of Your Own Health

Question	Adult Survey	Child Survey
In the last 12 months, did anyone in this provider's office talk with you about specific goals for your/your child's health?	Yes	Yes
In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your/your child's health?	Yes	Yes

Providers Discuss Medication Decisions

Question	Adult Survey	Child Survey
When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?	Yes	No

Individual Item: Follow-up on Test Results

Question	Adult Survey	Child Survey
In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you/your child, how often did someone from this provider's office follow up to give you those results?	Yes	Yes

MMHCES Domain Scores (Stage B Behavioral Health Home Domains)

The Stage B BHH survey versions includes questions asked in 2012 and 2013 during the Maine Mental Health Consumer Experience Survey. These questions were used in calculating seven domain scores that evaluate the patient's experience in key areas. Similar to the CAHPS composites, these measures provide a way to summarize the results of a survey using key measures that combine results for related questions. The items have been tested using psychometric analyses and are reliable and valid measures of patients' experiences. Market Decisions Research computed domain scores using the "half-scale" rule. That is, calculate a score for individual when at least half of the items within the composite are answered.

Domain scores are calculated and reported using a 'percent satisfied' measure. This measure is calculated by adding together the percent of respondents reporting either "Strongly Agree" or "Agree" to an item. The average of all of these scores within each domain will then be calculated and reported as the final domain score. The score is calculated using the 50% rule. A score will be calculated for respondents answering at least 50% of the items used in calculating the domain. A score is classified as "Satisfied" if the respondent answered strongly agree or agree to more than 50% of the items used in calculating the domain score.

The domains are listed below. The tables below provide a summary of the questions that are used in calculating a domain score as well as a notation as to whether the question is included in the adult version of the survey, the child version, or both.

Market Decisions Research computed each of these domain scores and conduct analysis comparing the scores to control groups as well as comparisons by demographic group.

NOTES:

In the certain domains, one or more of the questions that were included in the Maine Mental Health Consumer Experience Survey and used in calculating the domain score are not included in the surveys for this study. In such cases, domains are calculated based only on the items included in the survey.

The Stage A HH and Accountable Communities survey versions do not include the series of questions used in calculating these domains.

Domain Scores for Stage B BHH

Perception of Access

Question	Adult Survey	Child Survey
Staff return my call within 24 hours.	Yes	Yes
Services are available at times that are good for me/us.	Yes	Yes
The location of services is convenient for us.	Yes	Yes

Quality and Appropriateness

Question	Adult Survey	Child Survey
Staff encourage me to take responsibility for how I live my life.	Yes	No
Staff respect my wishes about who is and who is not to be given information about my treatment.	Yes	No
Staff help me to obtain the information I need so that I can take charge of managing my illness.	Yes	No
Staff are sensitive to my cultural background (*race, religion, language, etc.*)	Yes	No
I am given information about my rights.	Yes	No
Staff tell me what side effects to watch out for.	Yes	No

Participation in Treatment Planning

Question	Adult Survey	Child Survey
I feel comfortable asking questions about my treatment and medication.	Yes	No
I, not staff, decide my treatment goals.	Yes	No
I am frequently involved in his/her treatment.	No	Yes

General Satisfaction

Question	Adult Survey	Child Survey
I would recommend my current service provider(s) to a friend or family member.	Yes	No
The people helping my child stick with us no matter what.	No	Yes
I feel my child has someone to talk with when he/she is troubled.	No	Yes
Overall, I am satisfied with the services my child receives.	No	Yes

Social Connectedness

Question	Adult Survey	Child Survey
Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.	Yes	No
Other than my current service provider(s), I have people with whom I can do enjoyable things.	Yes	No
Other than my current service provider(s), I have people that I am comfortable talking with about my child's problems.	No	Yes
Other than my current service provider(s) in a crisis, I have people that I am comfortable talking with about my child's problems.	No	Yes

Functioning & Outcomes[21]

Question	Adult Survey	Child Survey
As a direct result of current services, I/my child deal more effectively with daily problems	Yes	Yes
As a direct result of my current services, I am better able to control my life.	Yes	No
As a direct result of my current services, I am better able to deal with crises.	Yes	No
As a direct result of current services, I/my child gets along better with family members.	Yes	Yes
As a direct result of my services, I do better in social situations.	Yes	No
As a direct result of current services, I/my child does better in school and/or work	Yes	Yes
As a direct result of my current services, my housing situation has improved	Yes	No
As a direct result of my current services, my symptoms are not bothering me as much.	Yes	No
As a direct result of current services, I/my child is better about to handle things when they go wrong.	Yes	Yes
As a direct result of current services, my child gets along better with friends and other people.	No	Yes
As a direct result of current services, my child is better able to do things he or she wants to do.	No	Yes

Cultural Sensitivity

Question	Adult Survey	Child Survey
Staff treat my family with respect.	No	Yes
Staff respect my family's religious/spiritual beliefs.	No	Yes
Staff speak with my family in a way that we understand.	No	Yes

[21] The Outcomes and Functioning domain scores were combined into a single domain during the survey analysis process after tests showed high reliability between questions.

Individual Survey Questions Rating Other Aspects of Patient Experience

Separate Individual Items for Analysis

Many of the questions included in this survey are used in calculating composite measures (Stage A HH and Accountable Communities survey versions) or domain scores (Stage B BHH) survey version(s). Each survey version also includes individual questions that are not used in calculating these broader measures. Analyses were conducted on each of these individual items. These items are summarized below by topic category noting whether they are included in the adult survey, child survey, or both versions.

Coordination of Care

Question	Stage A HH and AC Survey	Stage B BHH Survey
In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your/your child's care among these different specialists and services?	Both	
The people I go to for counseling or treatment work as a team in coordinating my/my child's care.		Both
In the last 12 months, did anyone talk to you about whether to include your family or friends in your/your child's counseling or treatment?		Both
The people I went to for counseling or treatment are aware of the services I/my child receive from other doctors, home care, and/or community agencies.		Both

Coordination of Care - Mental Health Counseling or Treatment

Question	Stage A HH and AC Survey	Stage B BHH Survey
In the last 12 months, were you given information about different kinds of counseling or treatment that are available?	Both	
In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your/your child's care with the people you went to for counseling or treatment?	Both	
In the last 12 months, how often did your provider seem informed and up-to-date about your counseling or treatment?	Adult	

Facility and Environment

Question	Stage A HH and AC Survey	Stage B BHH Survey
The waiting room was clean and welcoming.	Both	
Does your/your child's office accommodate those with disabilities?	Both	

Office Communications and Appointments

Question	Stage A HH and AC Survey	Stage B BHH Survey
In the last 12 months, how many days did you usually have to wait for an appointment when you/your child needed care right away?	Both	
Did this provider's office give you information about what to do if you/your child needed care during evenings, weekends, or holidays?	Both	
In the last 12 months, how often were you able to get the care you/your child needed from this provider's office during evenings, weekends, or holidays?	Both	
Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders (about your child's care) from this provider's office between visits?	Both	

Patient - Provider Communication and Patient Involvement

Question	Stage A HH and AC Survey	Stage B BHH Survey
In the last 12 months, how often were you involved as much as you wanted in managing your/your child's health?	Both	
In the last 12 months, how often did this provider (the people you went to for counseling or treatment) encourage you to ask questions?	Adult	Both
My primary care provider (the people providing counseling or treatment) clearly understand(s) the things that really matter to me about my/my child's health care.	Both	Both
In the last 12 months, how often did the provider seem informed and up-to-date about the care you/your child got from specialists?	Both	
In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you/your child were taking?	Both	
Did this provider give you enough information about what you needed to do to follow up on your child's care?	Child	
Thinking about the last 6 months, how often did this provider (the people providing counseling or treatment) ask you for *your* ideas about managing your child's health?	Child	Child
In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?	Child	

Support by Providers

Question	Stage A HH and AC Survey	Stage B BHH Survey
How helpful were the people you went to for counseling or treatment in helping you with housing?		Both
How helpful were the people you went to for counseling or treatment in helping you find or keep a job?		Adult
How helpful were the people you went to for counseling or treatment in helping you when you/your child experienced a crisis?		Both

Additional Individual Stage B Behavioral Health Home Items

Question	Stage A HH and AC Survey	Stage B BHH Survey
I feel safe and comfortable with coming to my/my child's provider's office.		Both
I have been able to address issues related to abuse and violence with the staff at my provider's office.		Both
Staff have asked me about my/my child's personal goals and strengths.		Both
Staff have worked with me/me and my child on developing the skills I need to achieve my goals.		Both
Staff have helped me head off crises in my/my child's life by dealing with things before they get too bad.		Both
My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).		Adult
Mutual support or recovery focused groups that are facilitated by peers are available to me through my current service provider(s).		Adult

Separate Individual Items for Respondent Characteristic Analysis

The data is analyzed to provide a summary of respondent characteristics. This includes:

Use of Health Care Services

Question	Stage A HH and AC Survey	Stage B BHH Survey
How long have you/your child been going to this provider?	Both	
In the last 12 months, how many times did you/your child visit this provider to get care for yourself?	Both	
In the last 12 months, how many times did you/your child go to an emergency room or see a crisis worker		Both

Health Status Measures

Question	Stage A HH and AC Survey	Stage B BHH Survey
In general, how would you rate your/your child's overall health?	Both	Both
In general, how would you rate your/your child's overall mental or emotional health?	Both	Both
Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your/your child's physical health not good?		Both
Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your/your child's mental health not good?		Both

Demographics

Question	Stage A HH and AC Survey	Stage B BHH Survey
What is your/your child's age?	Both	Both
Are you/Is your child male or female?	Both	Both
What is the highest grade or level of school that you have completed?	Adult	Adult
Are you/is your child of Hispanic or Latino origin or descent?	Both	Both
What is your/your child's race?	Both	Both
What is your age?	Adult	Adult
Are you male or female?	Adult	Adult
Where are you currently living?		Both
Have you lived in any of the following places in the last 12 months?		Both
Are you currently employed?		Adult
What is the highest grade or level of school that you have completed?	Child	Child
How are you related to the child?	Child	Child

Who is Included in the Results?

Respondents that indicated that they (or their child) had not visited their provider or received treatment or counseling during the past 12 months are not counted as "completed surveys" and are not included in the analysis.

The results for the overall ratings, composite measures, domain scores, and individual questions are based on the number of valid responses and exclude cases where the respondent was unsure or refused to answer the question. Results also exclude cases where a respondent should not have answered a question based on his or her response to an earlier question. For some questions, a preceding question is asked to determine if it is appropriate for the respondent to answer. For example, one question asks respondents to rate their experiences using email to get an appointment:

> *"In the last 12 months, when you used email or a website to get an appointment at this provider's office, how often did you get an appointment as soon as you needed?"*

Respondents were first asked whether they could make such an appointment.

> *"Can you make appointments at this provider's office by email or on a website?"*

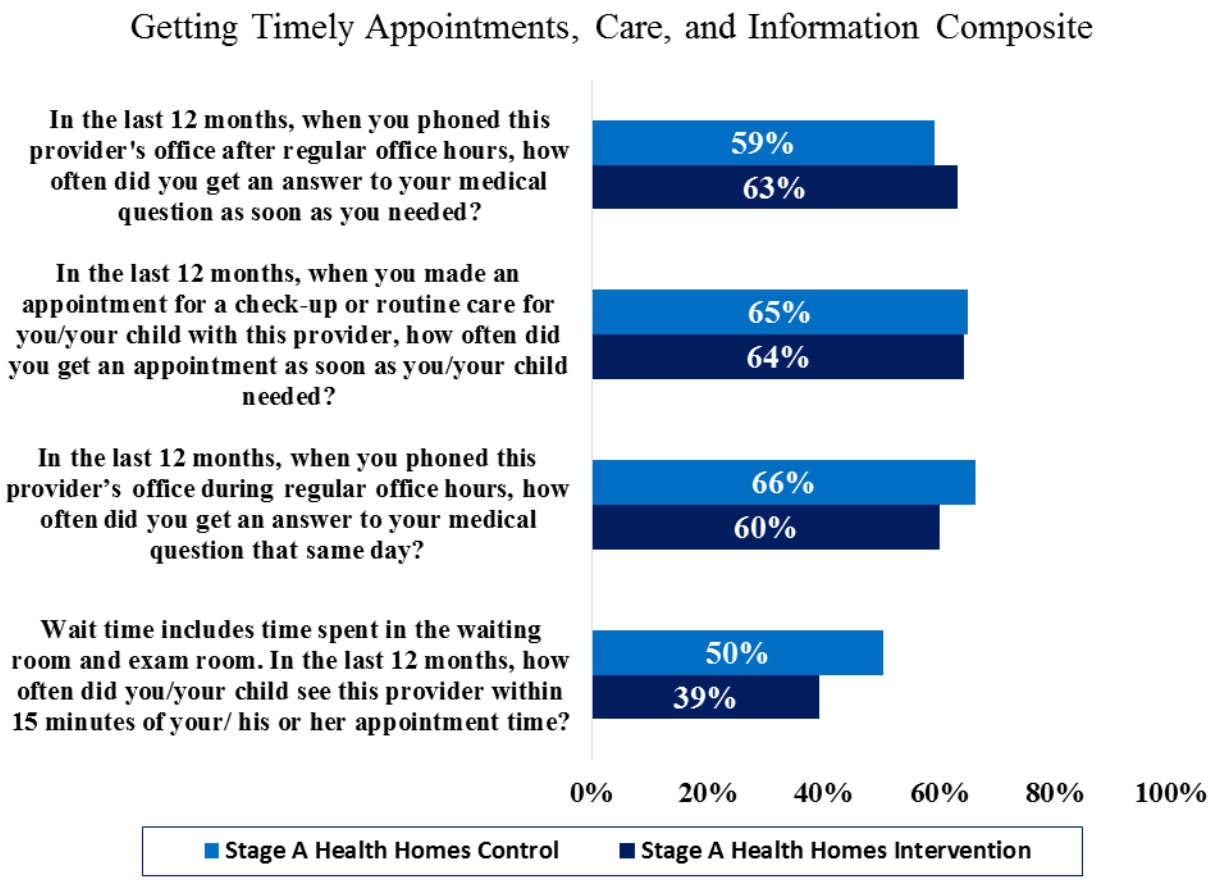
In cases where it was not possible to make an appointment by email or through the website, the respondent would not have been asked about his or her experience and was not included in the reported results.

Appendix C. Results by Survey Item

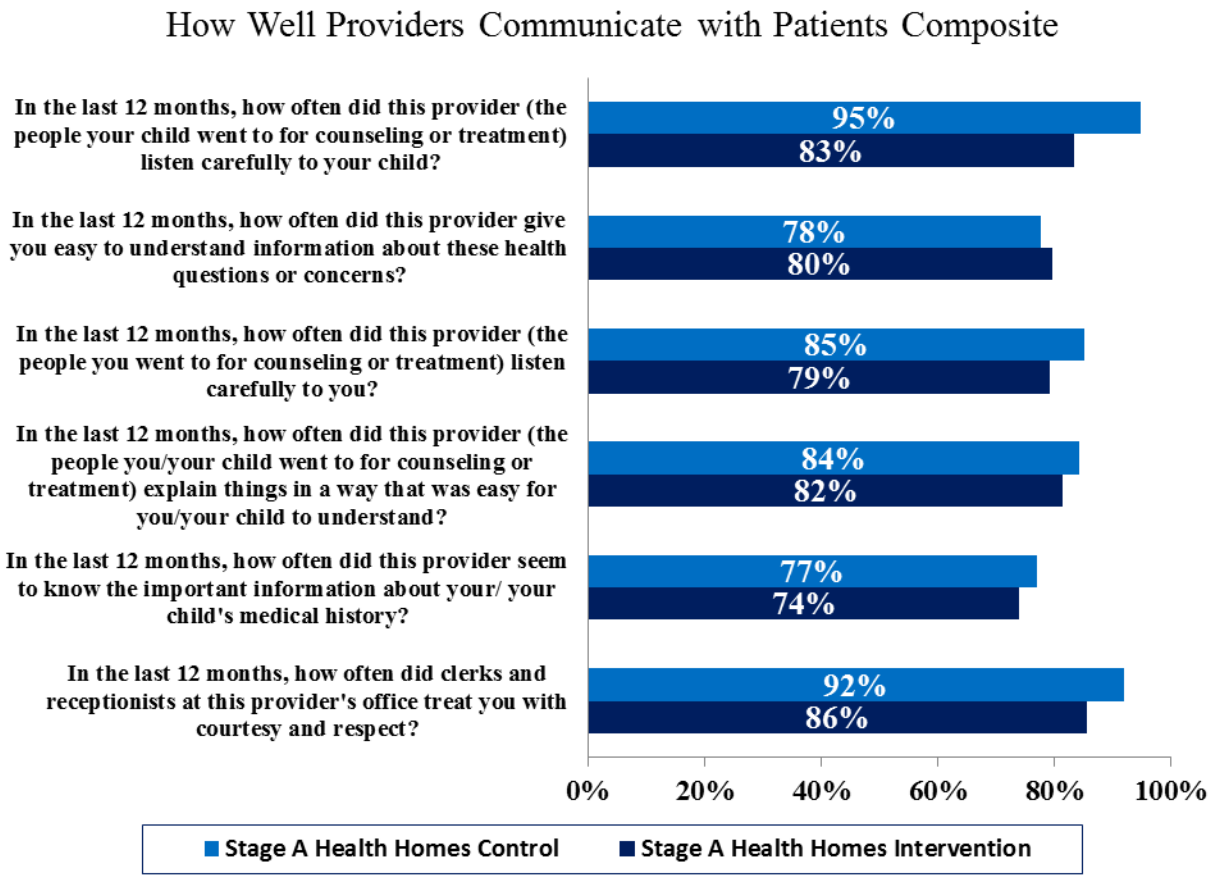
MaineCare Stage A Health Homes Results by Survey Item

Composite Measures & Grouped Items

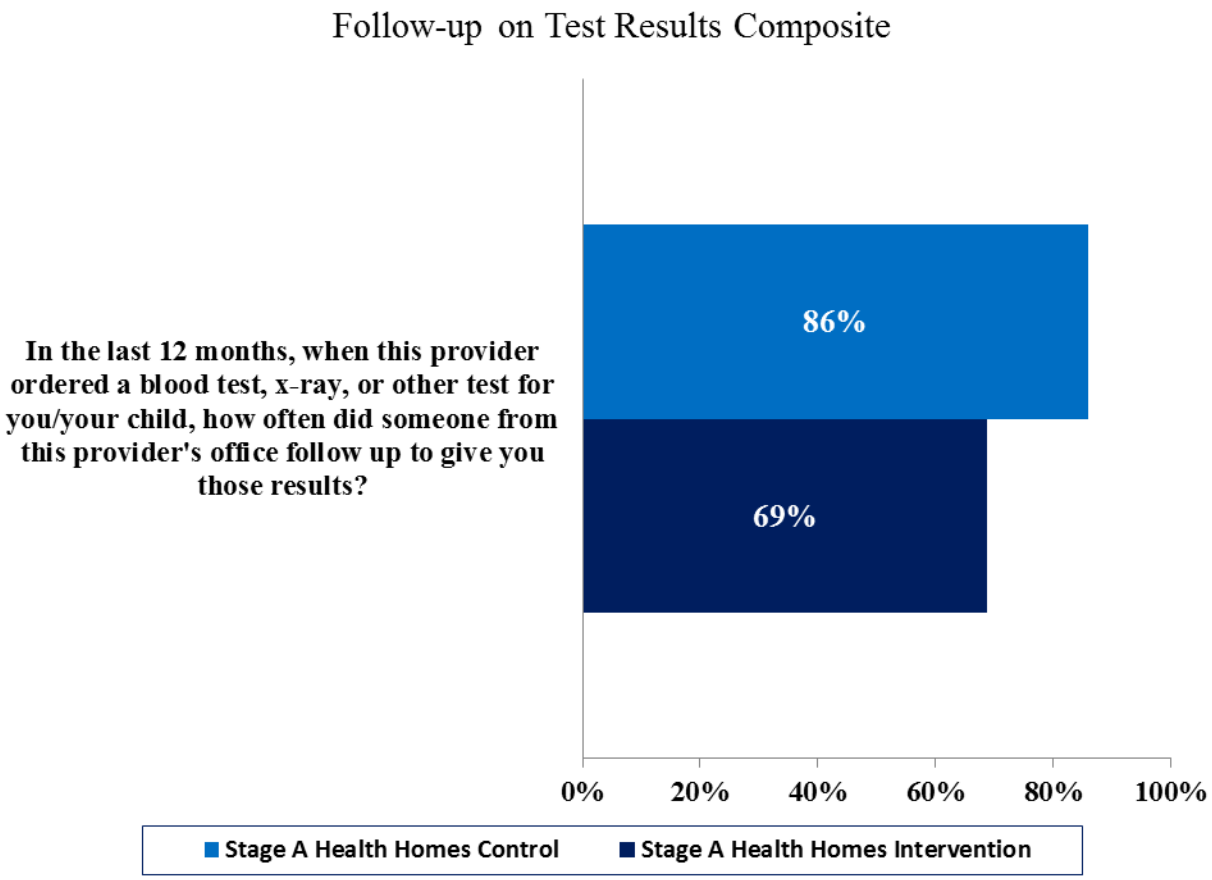
In the 'Getting Timely Appointments, Care and Information' composite, top box results between the Stage A Health Homes intervention and control group patients differ noticeably only for the question "In the last 12 months, how often did you/your child see this provider within 15 minutes of your/his or her appointment time?", with the control group patients responding with top box scores 50% of the time and the intervention group patients responding with top box scores only 39% of the time.



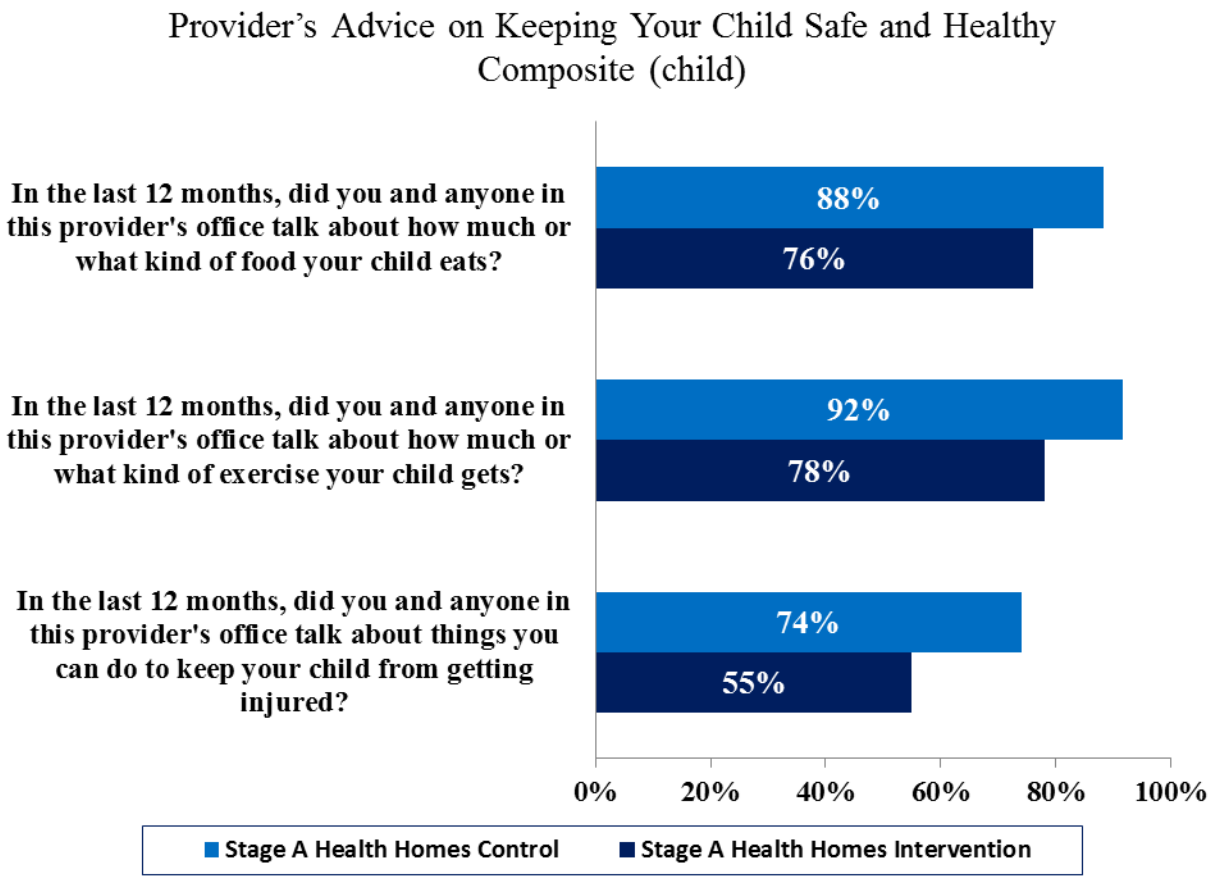
In the 'How Well Providers Communicate with Patients' composite, both control and Stage A Health Homes intervention group patients report top box results across all questions over three quarters of the time, with noticeable differences present only for the question "In the last 12 months, how often did this provider (the people your child went to for counseling or treatment) listen carefully to your child?" where control group respondents reply with top box scores 95% of the time and intervention group respondents giving top box scores only 83% of the time.



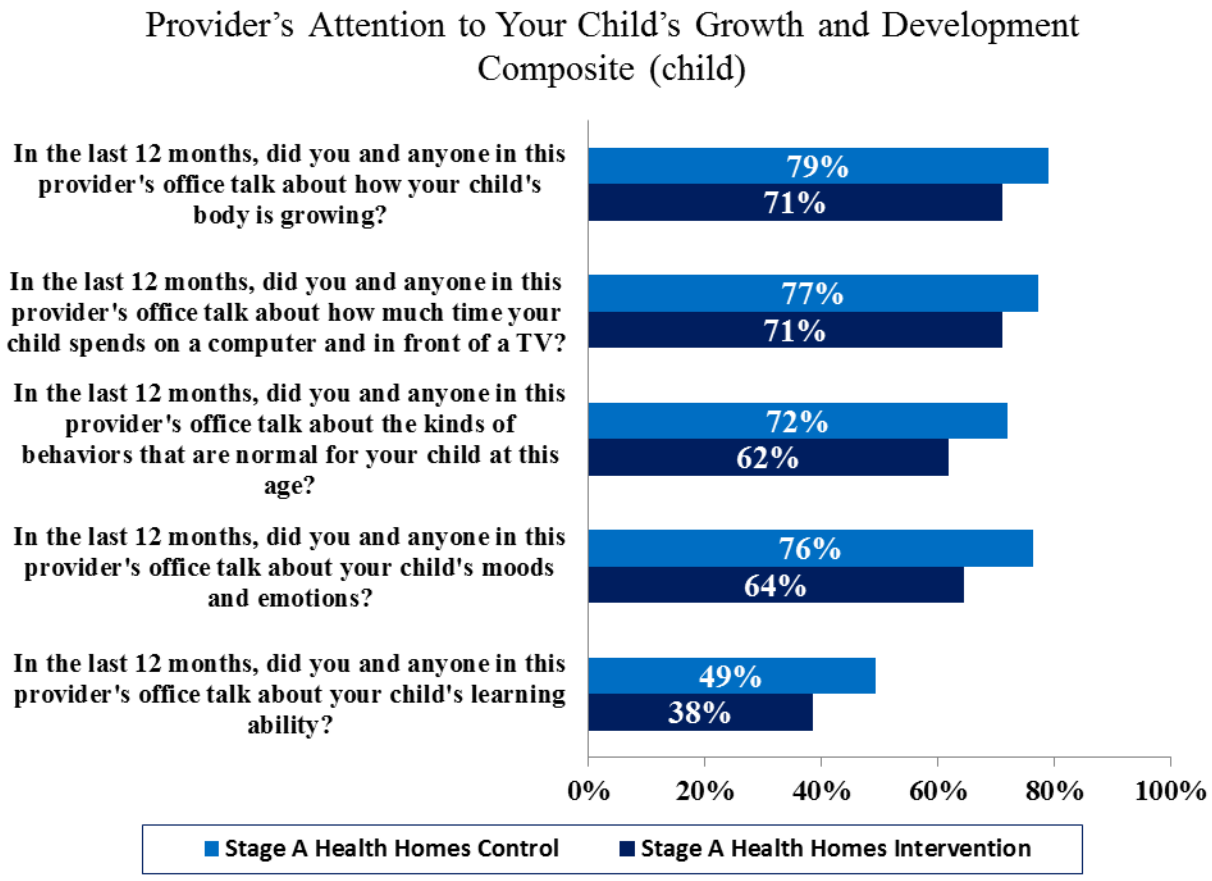
In the 'Follow-up on Test Results' composite, respondents of the control group give top box results to the question "In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you/your child, how often did someone from this provider's office follow up to give you those results?" 86% of the time, noticeably different than the 69% from the Stage A Home Health intervention group patients.



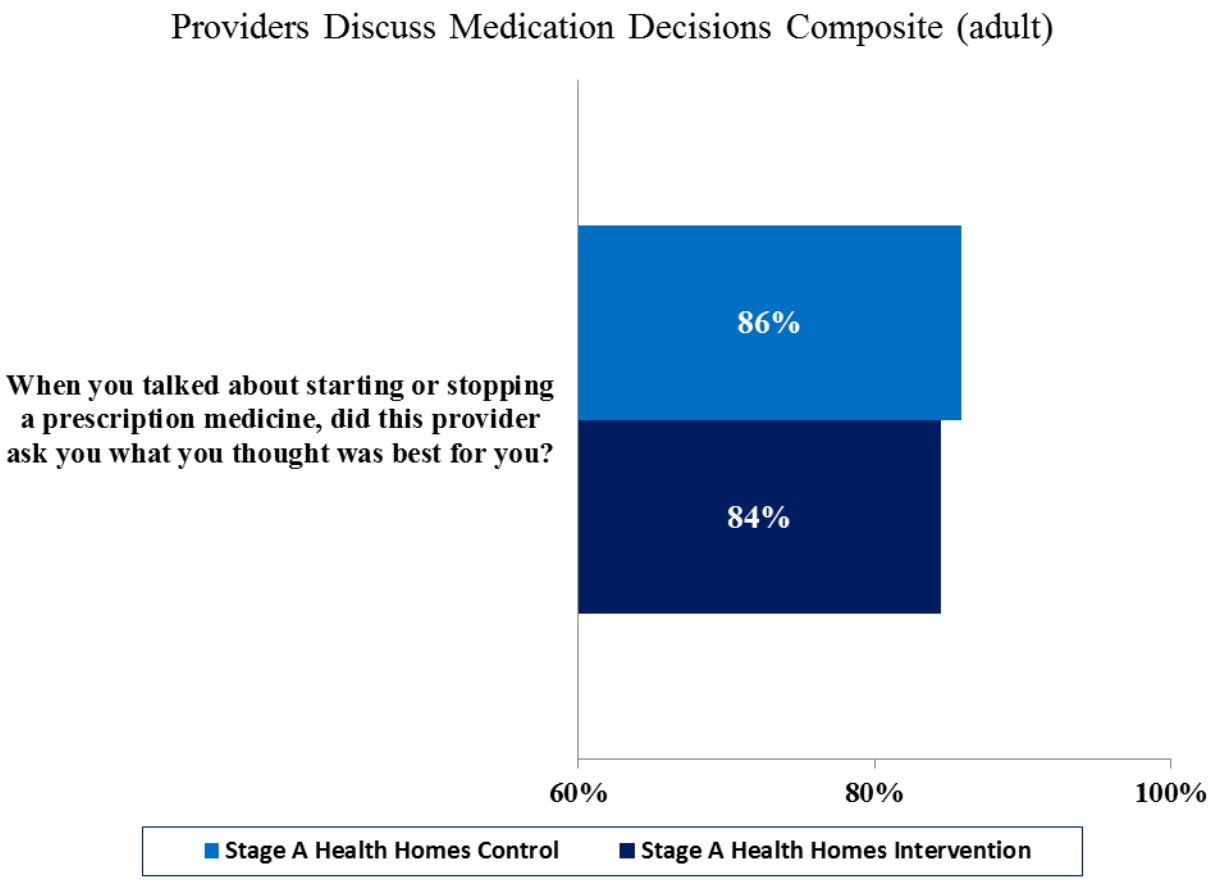
Top box scores across all questions in the 'Provider's Advice on Keeping Your Child Safe and Healthy' composite are noticeably different between the Stage A Health Homes intervention group patients and the control group patients, with control group respondents giving top box scores between 12% and 19% percent more than the intervention group respondents. However, both groups give top box scores greater than 50% of the time on each question.



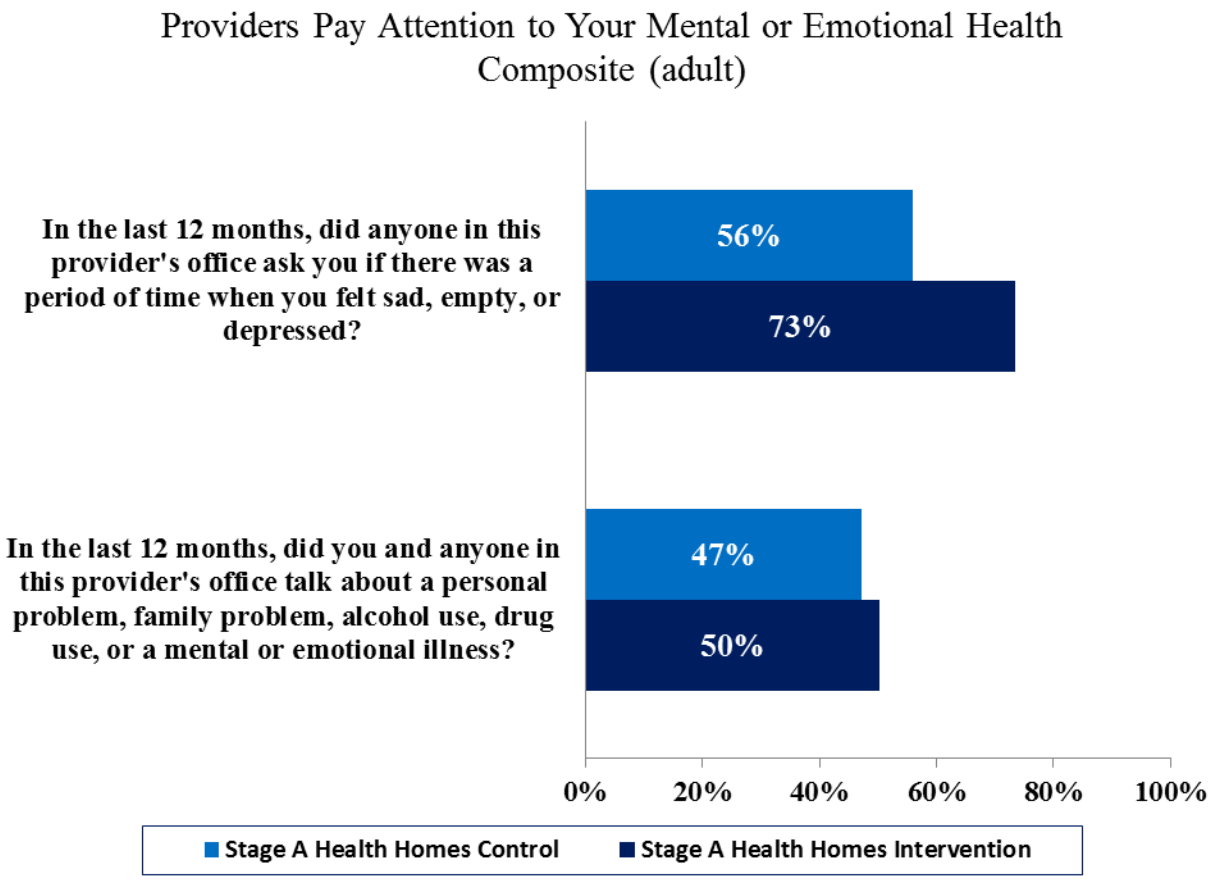
The Stage A Health Homes intervention group patients and control group patients noticeably differ in top box scores across three questions in the 'Provider's Attention to Your Child's Growth and Development' composite, with 62% of the intervention group giving top box scores on the question "In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age?" versus the 72% of the control group patients, 64% of the intervention group patients giving top box scores on the question "In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?" versus 76% of the control group patients, and 38% of the intervention group patients giving top box scores on the question "In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?" versus 49% of the control group patients.



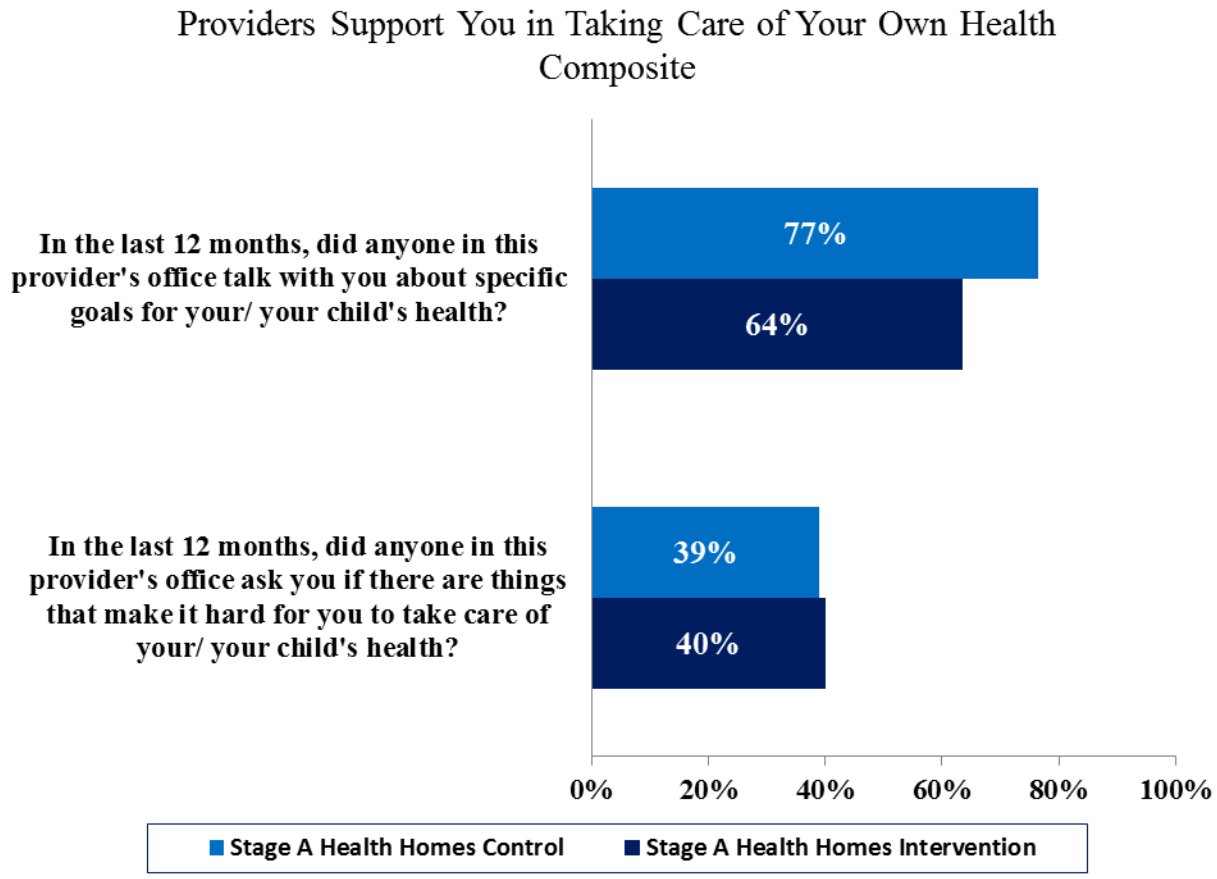
In the 'Providers Discuss Medication Decisions' composite, both the Stage A Health Homes intervention group patients and the control group patients give top box responses more than 80% of the time (Intervention: 84%/Control: 86%).



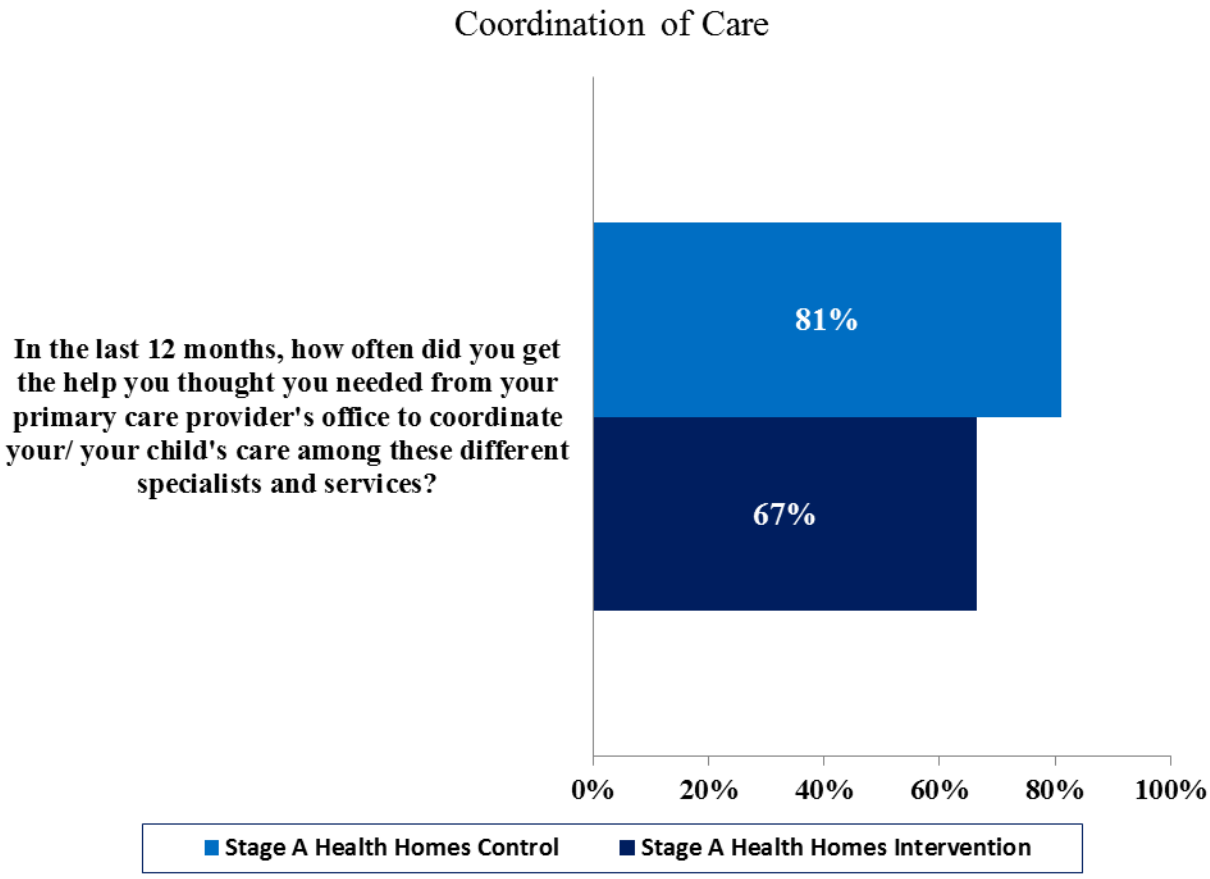
The Stage A Health Homes intervention group patients and control group patients differ noticeably in top box scores to the question "In the last 12 months, did anyone in this provider's office ask if there was a period of time when you felt sad, empty or depressed" in the 'Providers Pay Attention to Your Mental or Emotional Health' composite, with 73% of intervention group respondents giving top box results versus only 56% of the control group respondents.



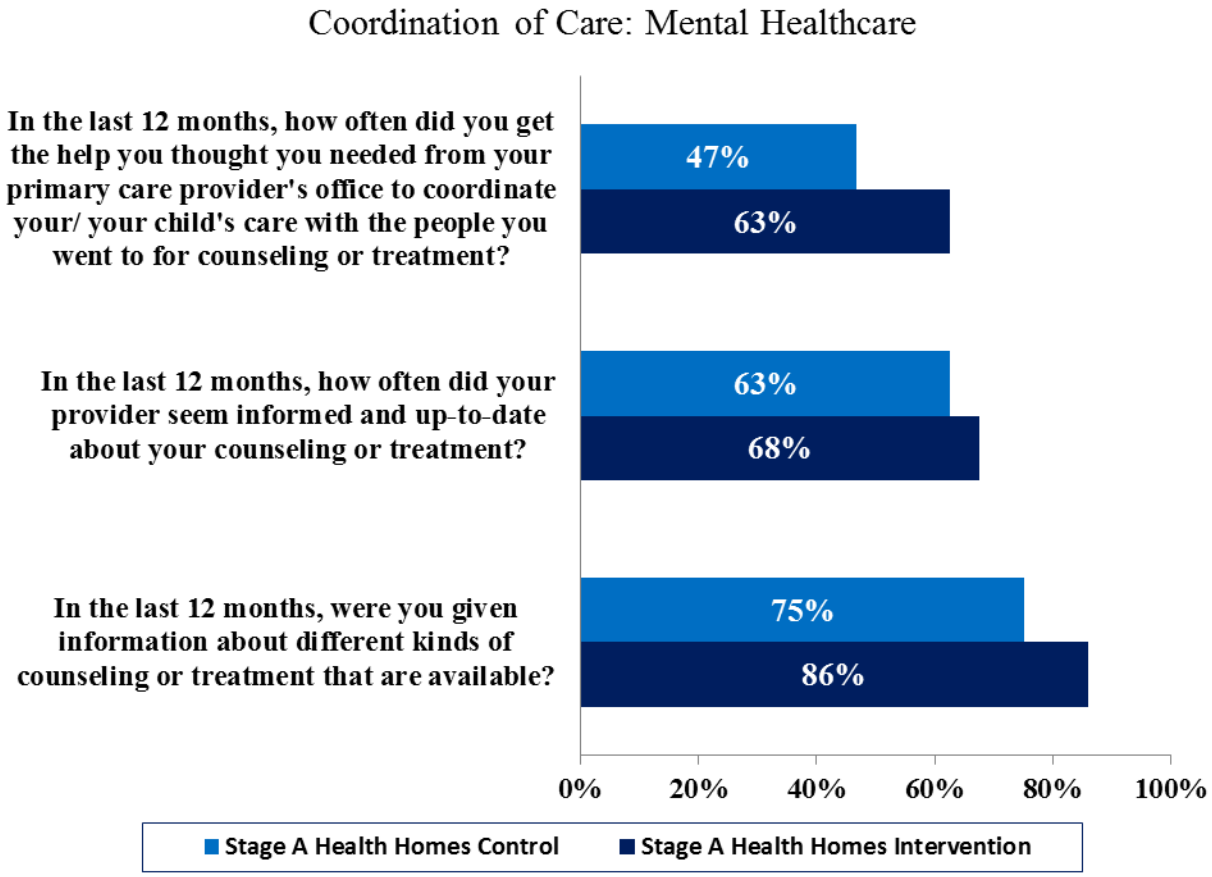
In the 'Providers Support You in Taking Care of Your Own Health' composite, Stage A Health Homes intervention group respondents' and control group respondents' top box scores differ only slightly overall across both questions.



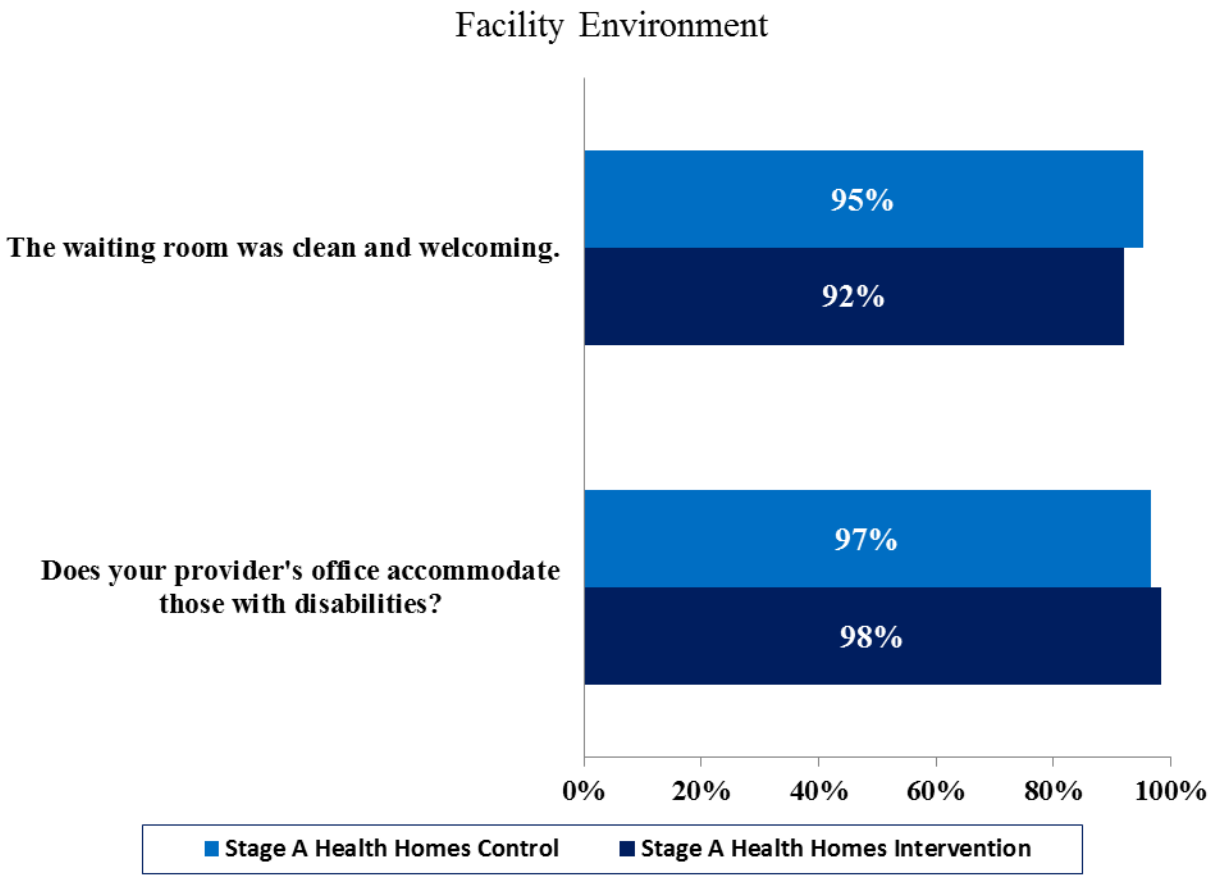
In the Coordination of Care item collection, respondents from the control group give top box results 81% of the time, noticeably different than the 67% from the Stage A Home Health intervention group respondents.



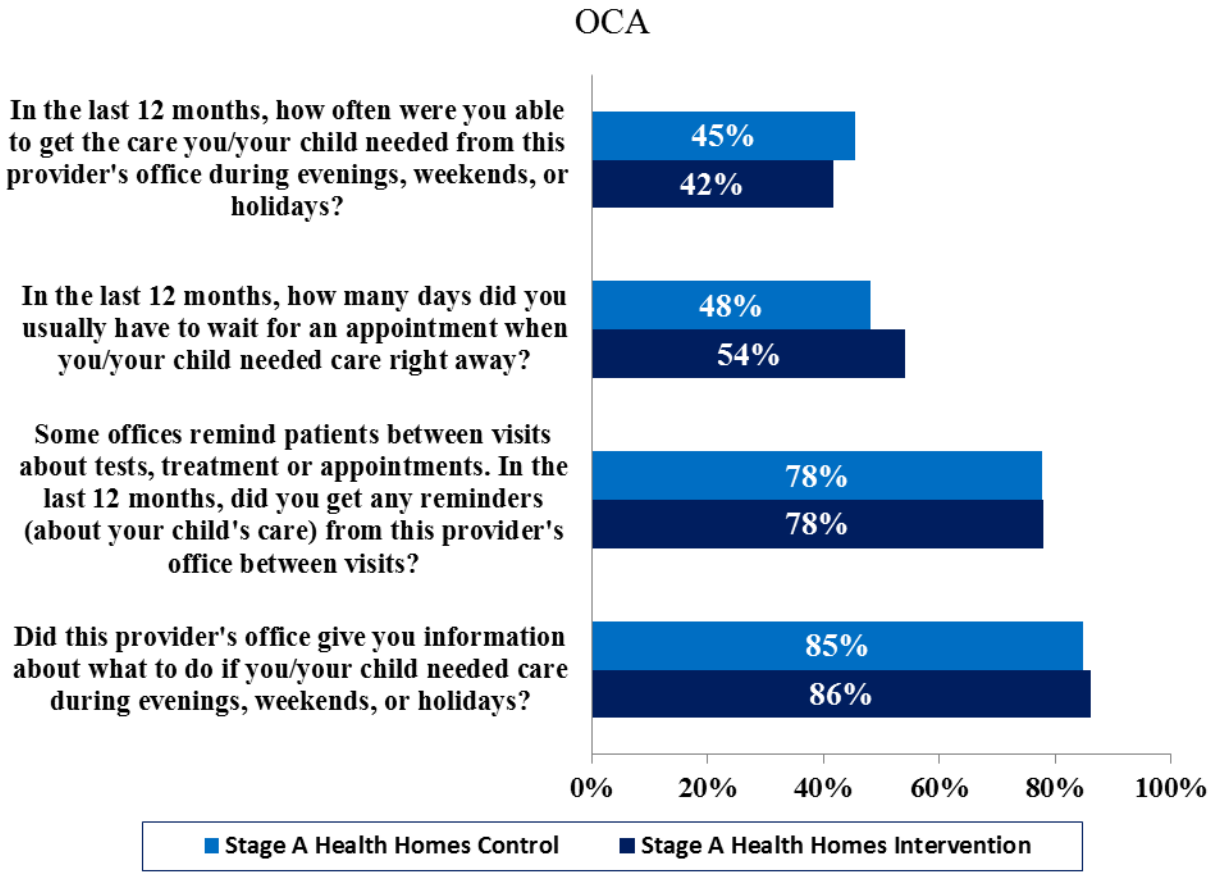
In the 'Coordination of Care: Mental Healthcare' collection of items, the Stage A Health Home intervention group patients give a higher percentage of top box scores than the control group patients across all questions, with noticeably higher top box scores on the question "In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate you/your child's care with the people you went to for counseling or treatment" (Intervention: 63%/Control: 47%) and on the question "In the last 12 months, were you given information about different kinds of counseling or treatment that are available?" (86%/75%).



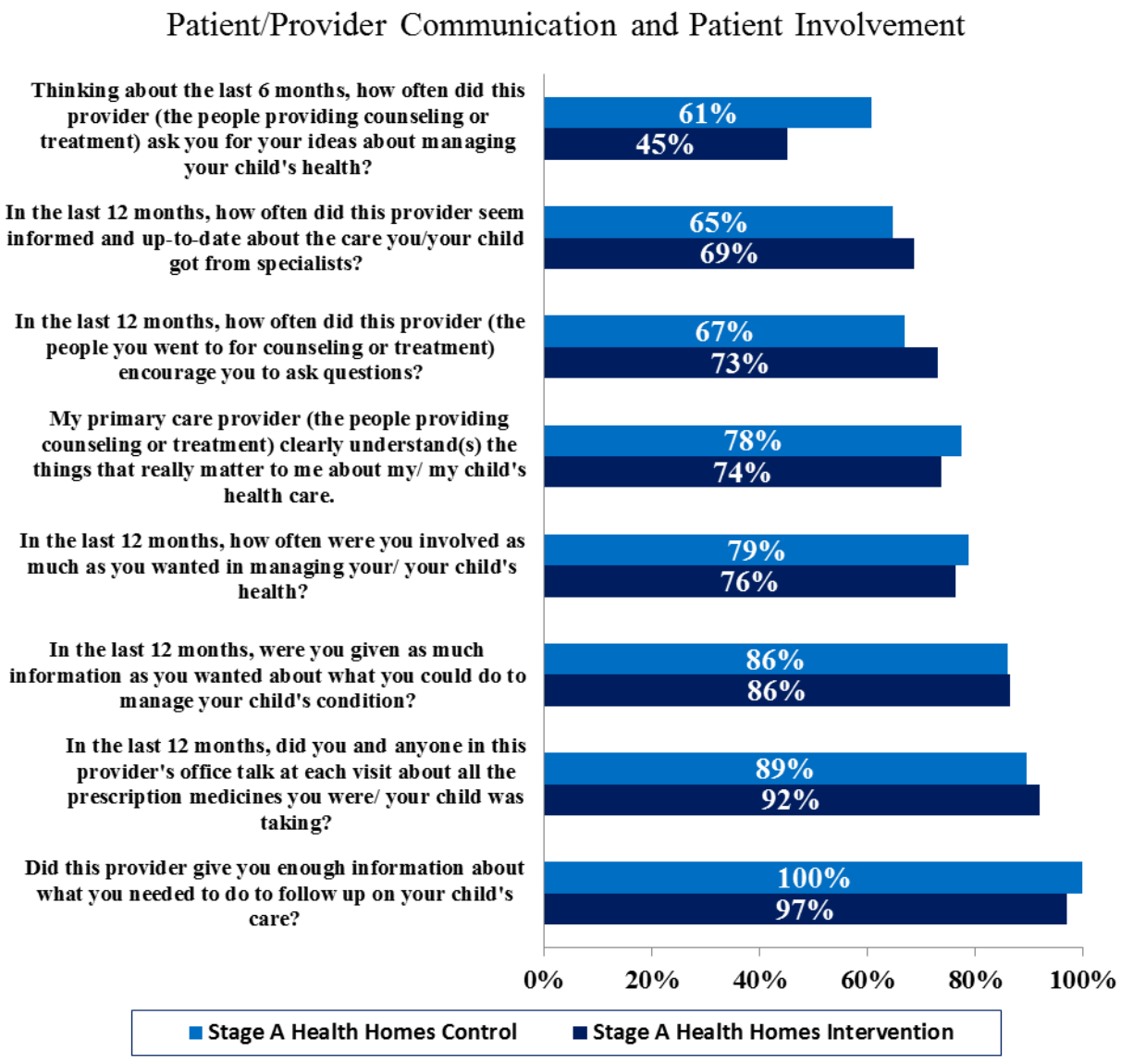
Both the Stage A Health Home intervention group patients and control group patients give similarly high percentages of top box scores in the 'Facility Environment' collection of items.



Across all questions in the 'Office Communication and Appointments' collection of items, top box scores from the Stage A Health Homes intervention group patients and the control group patients both fall into a comparable range.

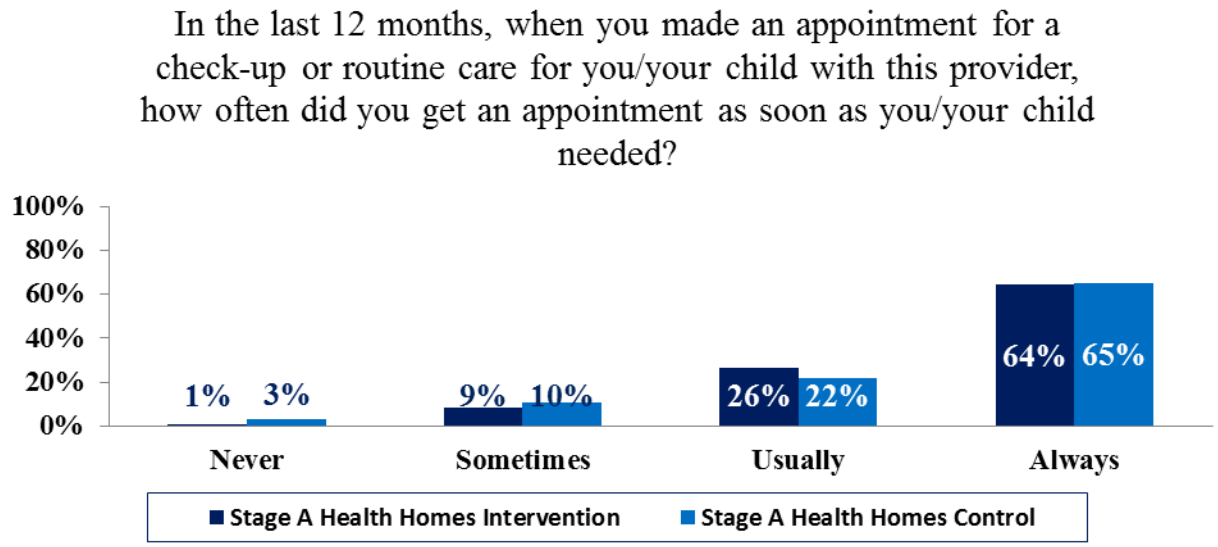


In the 'Patient/Provider Communication and Patient Involvement' collection of items, only top box scores on the question "Thinking about the last 6 months, how often did this provider (the people providing or treatment) ask you for your ideas about managing your child's health?" differ noticeably between the control and Stage A Health Homes intervention group patients, with the intervention group patients giving top box scores only 45% of the time, verse 61% of the time among the control group patients.

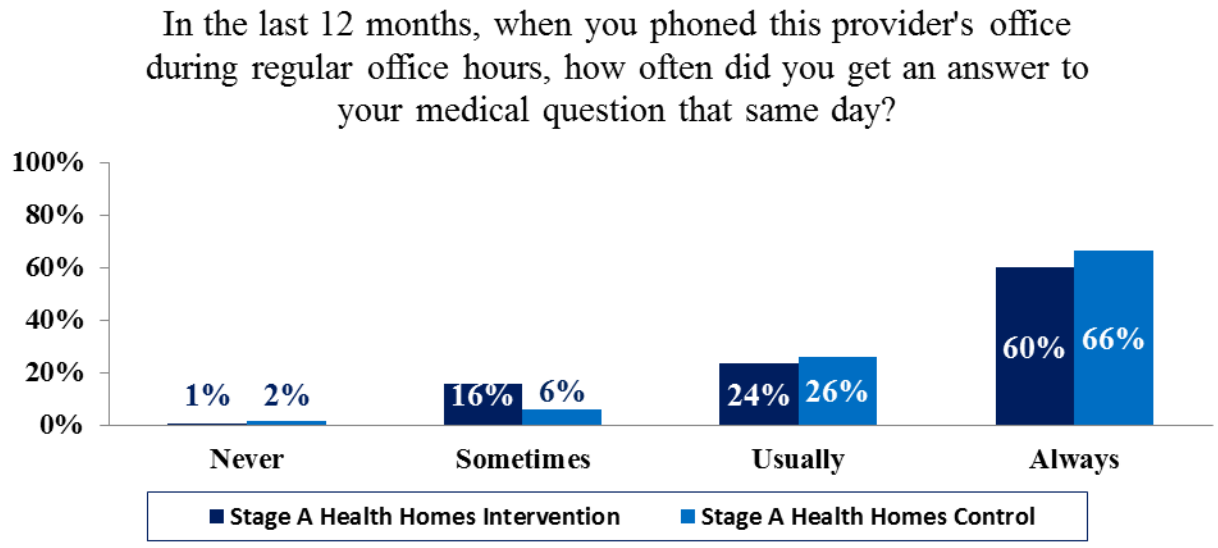


Individual Items

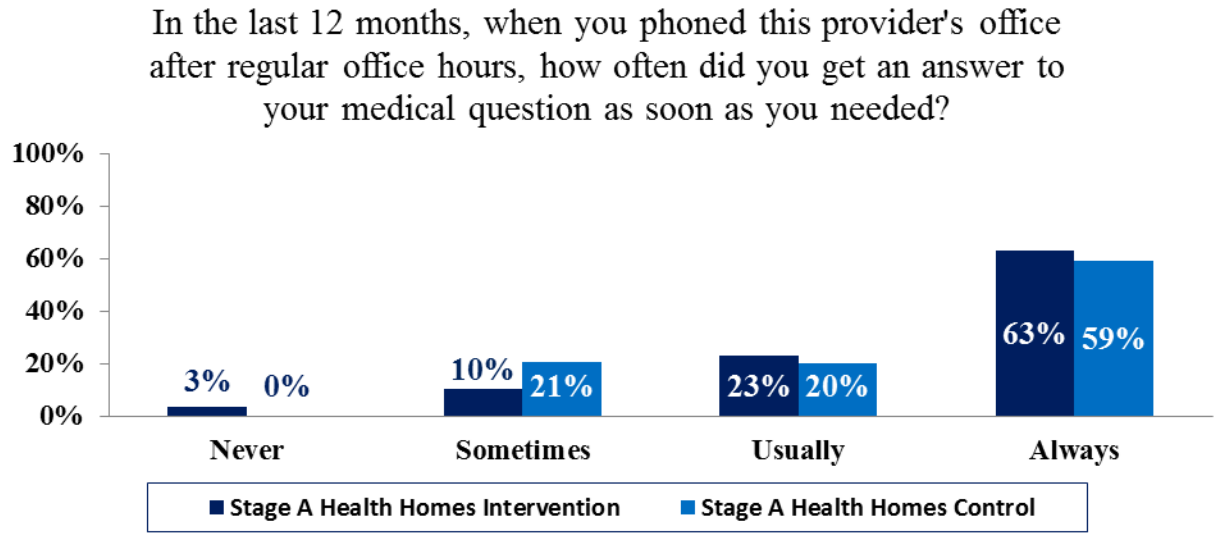
Both the Stage A Health Home intervention group patients and control group patients were able to always get appointments as soon as they or their child needed them almost two-thirds (Intervention: 64%/Control: 65%) of the time.



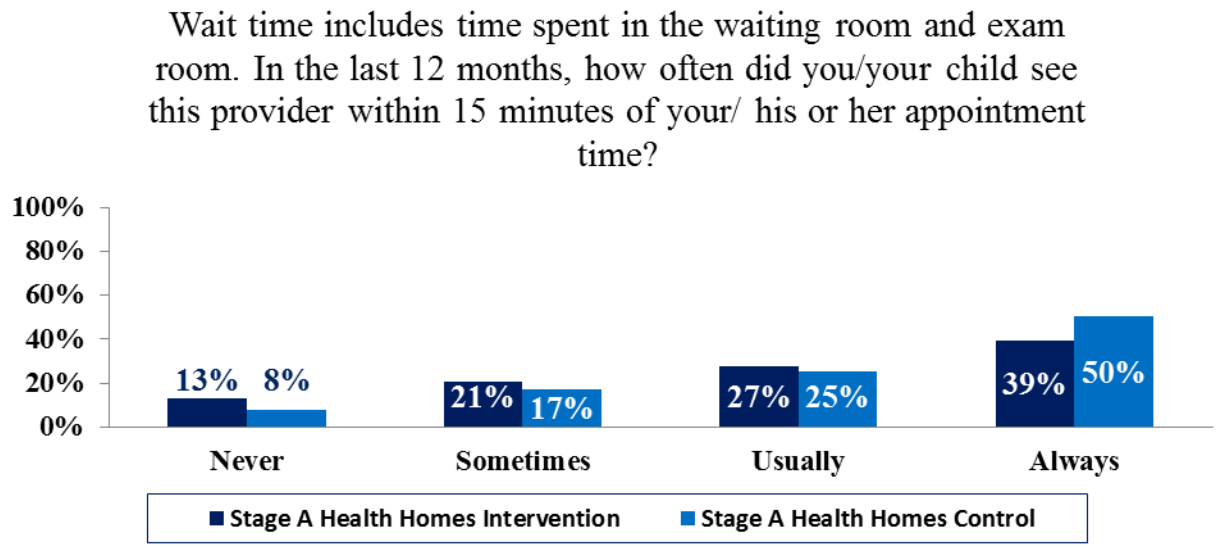
Stage A Health Home intervention group patients are slightly less likely overall (84% 'Usually' or 'Always') to get answers to their medical questions the same day they phoned their provider's office during regular office hours than patients in the control group (92% 'Usually' or 'Always').



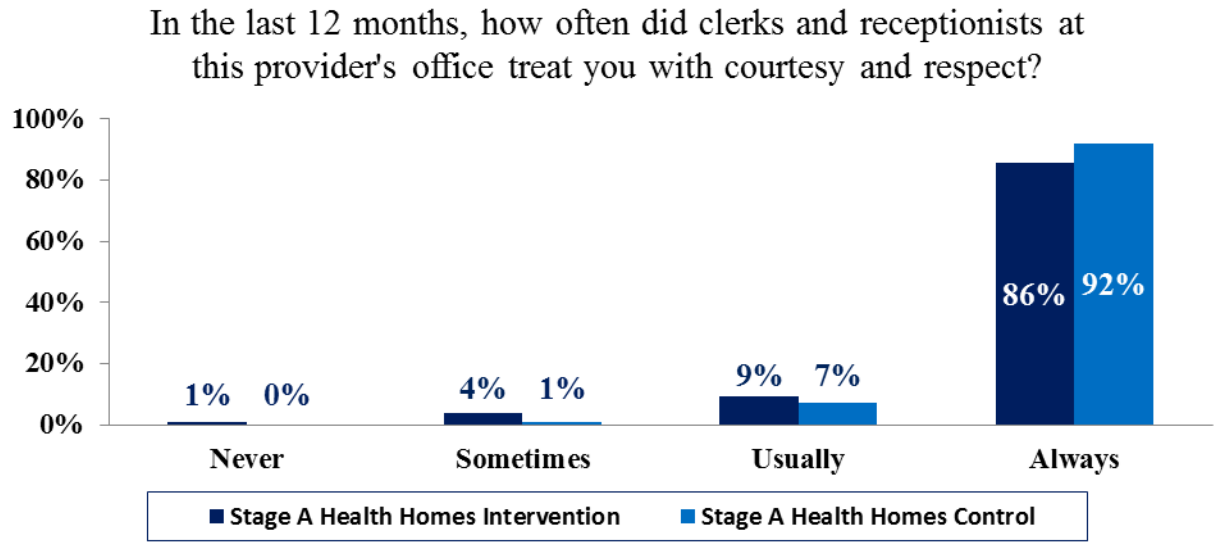
However, Stage A Health Home intervention group patients are overall slightly more likely to get answers to medical questions when phoning after regular office hours (86% 'Usually' or 'Always'), compared to patients in the control group (79% 'Usually' or 'Always').



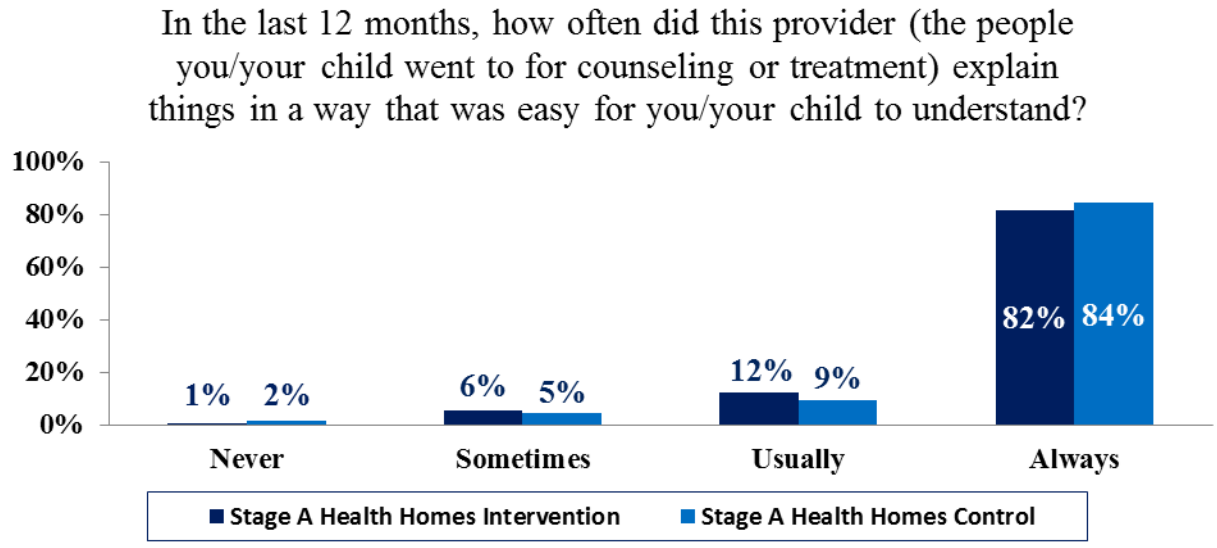
66% of Stage A Health Home intervention group patients usually or always saw their provider within 15 minutes of their appointment times versus 75% of control group respondents.



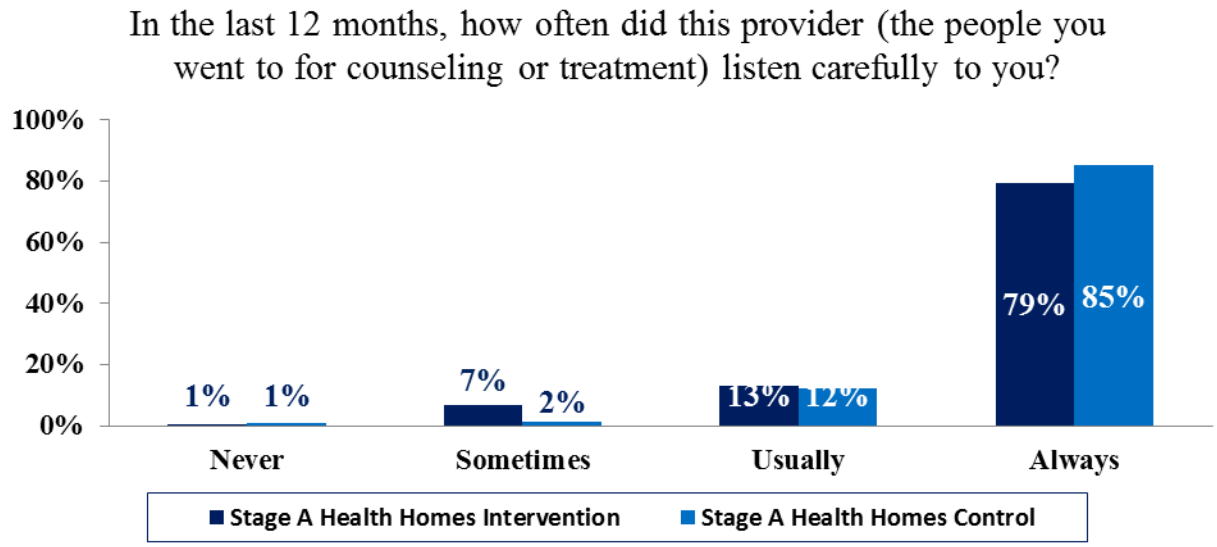
Stage A Health Homes patients usually or always are treated with respect by clerks or receptionists at their provider's office 95% of the time, while a slightly larger percent (99%) of control group respondents report usually or always being treated with respect by clerks or receptionists.



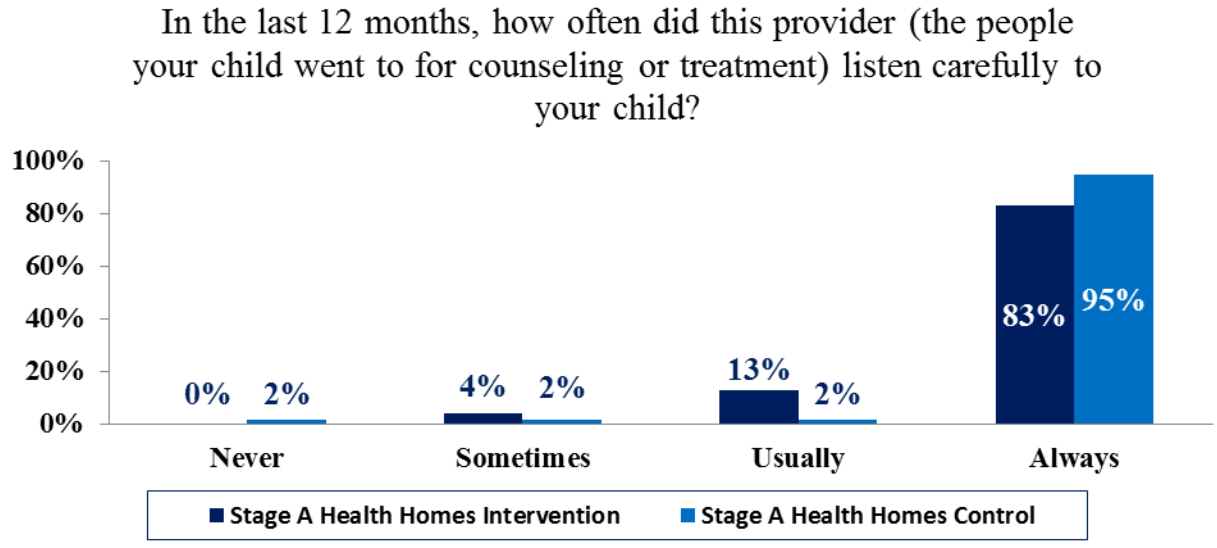
Comparable numbers of Stage A Health Home intervention group patients (94% 'Usually' or 'Always') and control group patients (93% 'Usually' or 'Always') report that their providers explained things in a way that was easily understandable.



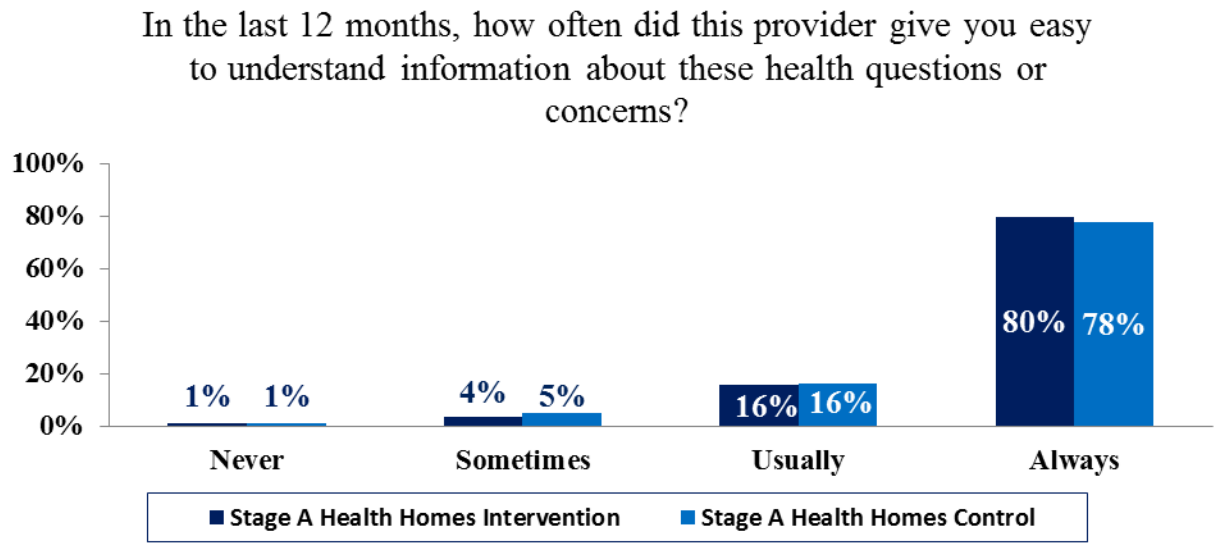
The vast majority of both Stage A Health Homes intervention group patients (92%) and control group patients (97%) report that their provider usually or always listened carefully to them.



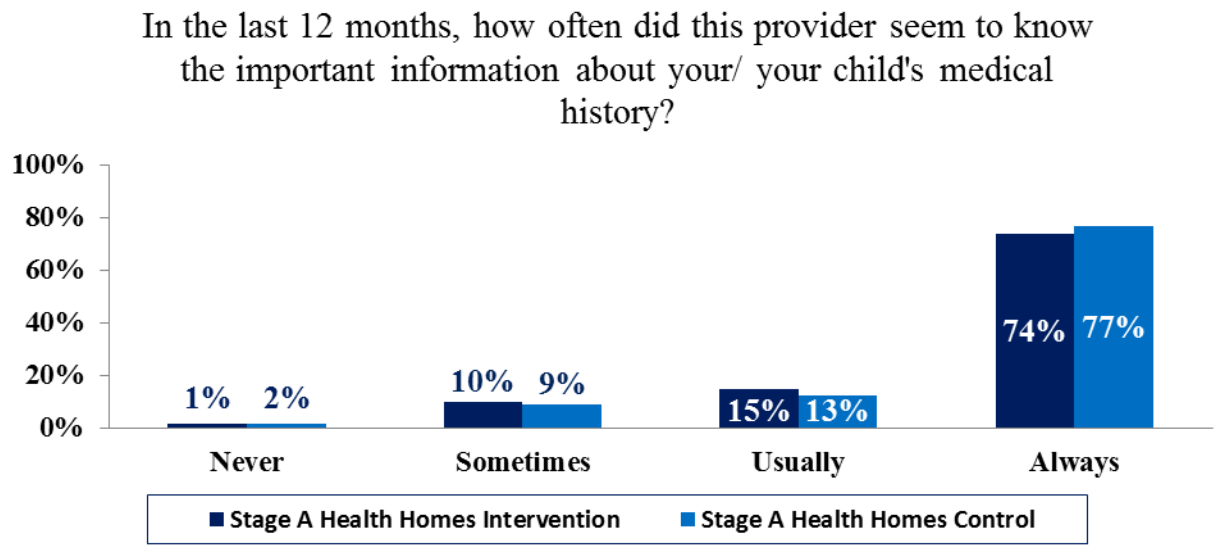
While comparable percentages of both Stage A Health Homes intervention group patients (96% 'Usually' or 'Always') and control group patients (97% 'Usually' or 'Always') feel that overall their providers usually or always listen carefully to their children, noticeably more intervention group patients feel they only usually listen (13%) versus the control group patients (2%).



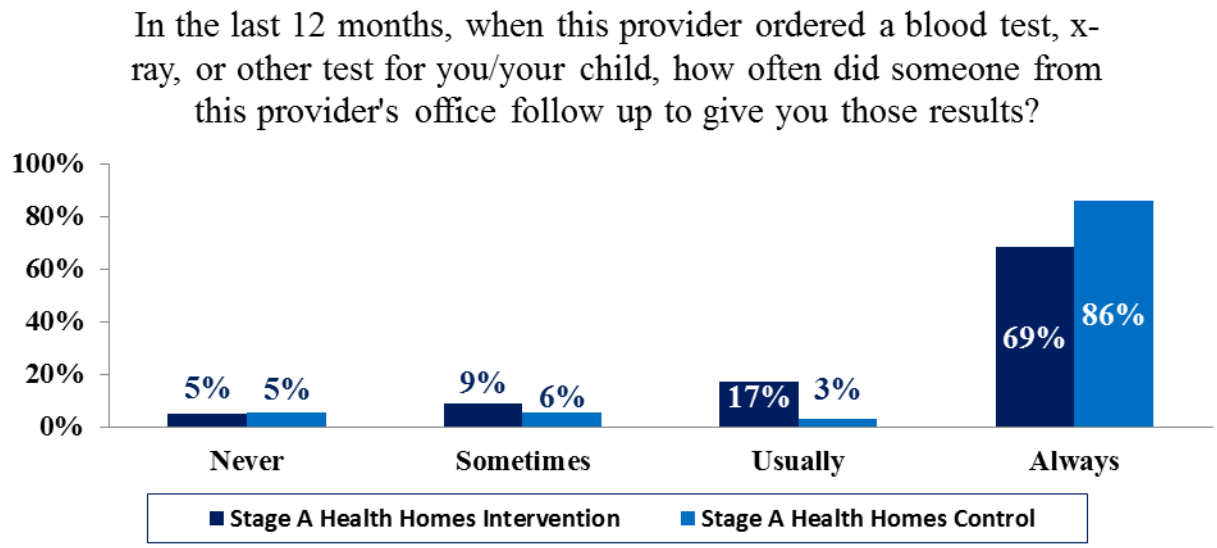
Almost all Stage A Health Homes intervention group patients (96% 'Usually' or 'Always') and control group patients (94% 'Usually' or 'Always') feel that their provider usually or always gave them easy to understand information about their health questions or concerns.



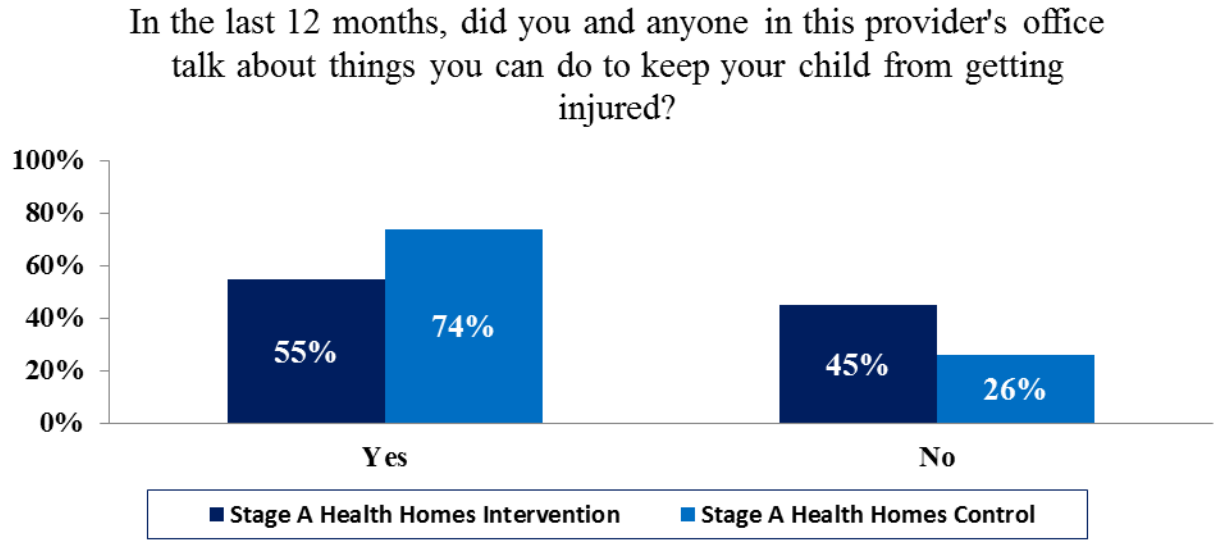
Similar percentages of both the Stage A Health Homes intervention group patients (89% 'Usually' or 'Always') and control group patients (90% 'Usually' or 'Always') report that their providers seem to know the important information about their or their child's medical history.



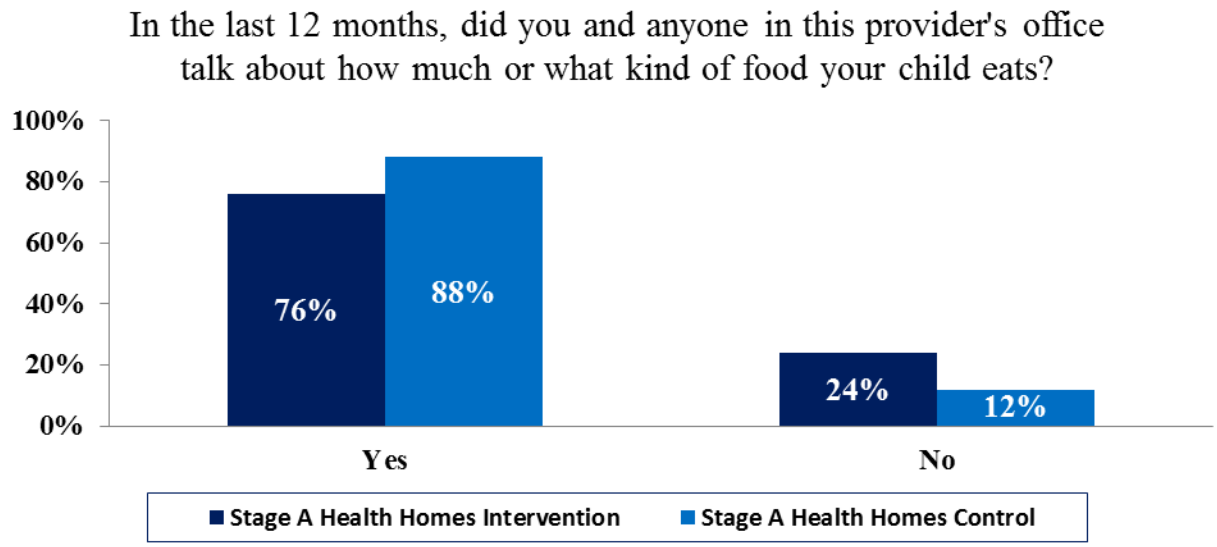
While comparable percentages of both Stage A Health Homes intervention group patients (86% 'Usually' or 'Always') and control group patients (89% 'Usually' or 'Always') feel that overall someone from their provider's office followed up to give them test results, noticeably more intervention group patients feel they only usually follow up (17%) versus control group patients (3%).



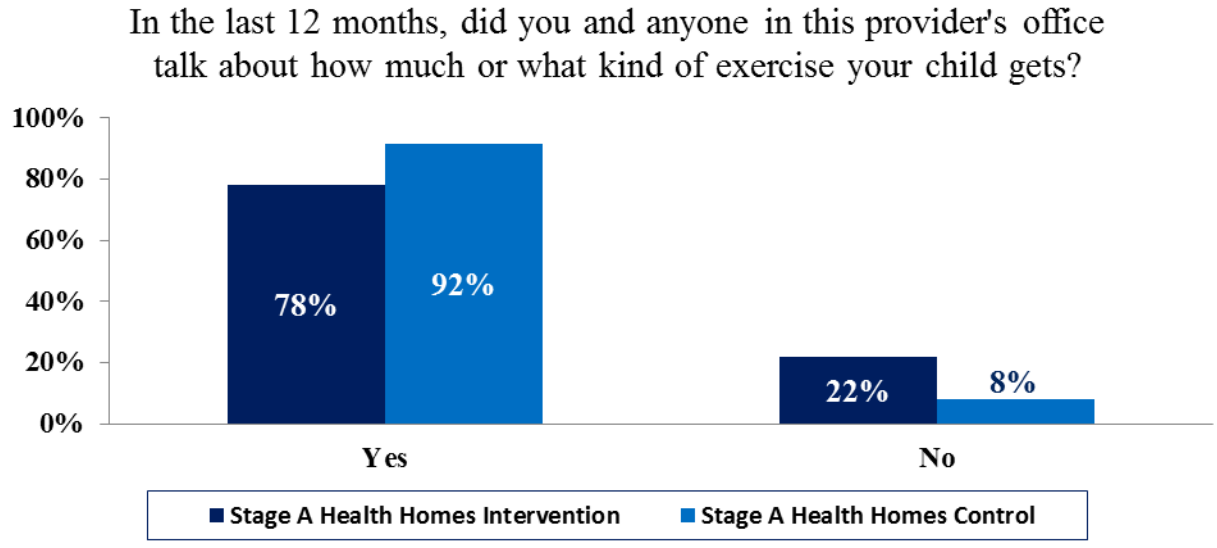
Three-quarters (74%) of control group respondents report that they talked with someone in their provider's office about things they could do to keep their child from getting injured while only slightly over half (55%) of Stage A Health Homes respondents report the same.



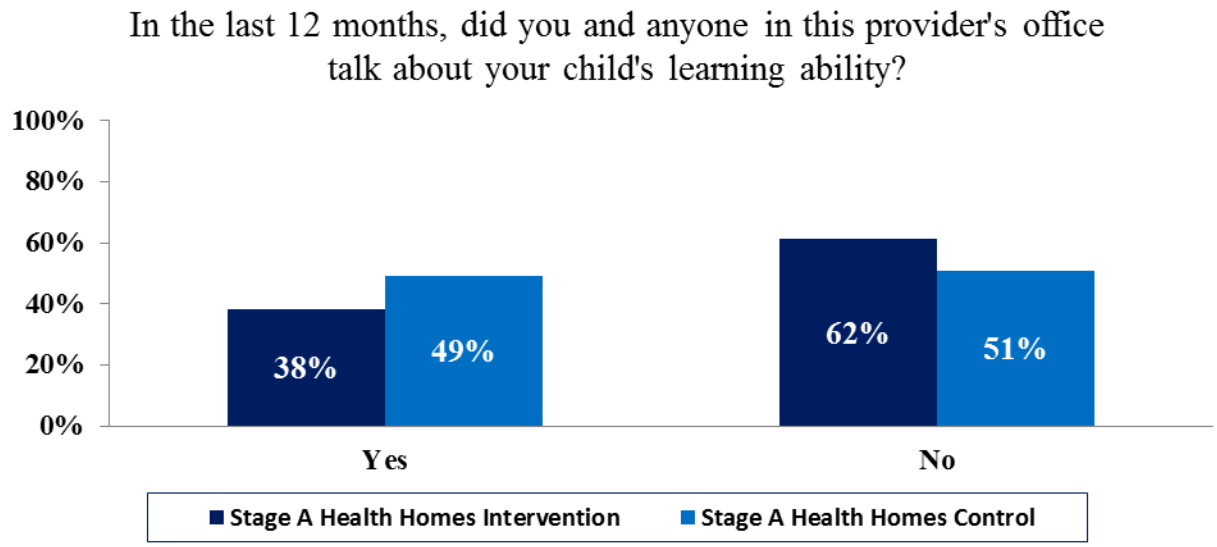
Three-quarters (76%) of Stage A Health Homes intervention group respondents and almost 9 in 10 (88%) control group respondents report talking with someone in their provider's office about how much or what kind of food their child eats.



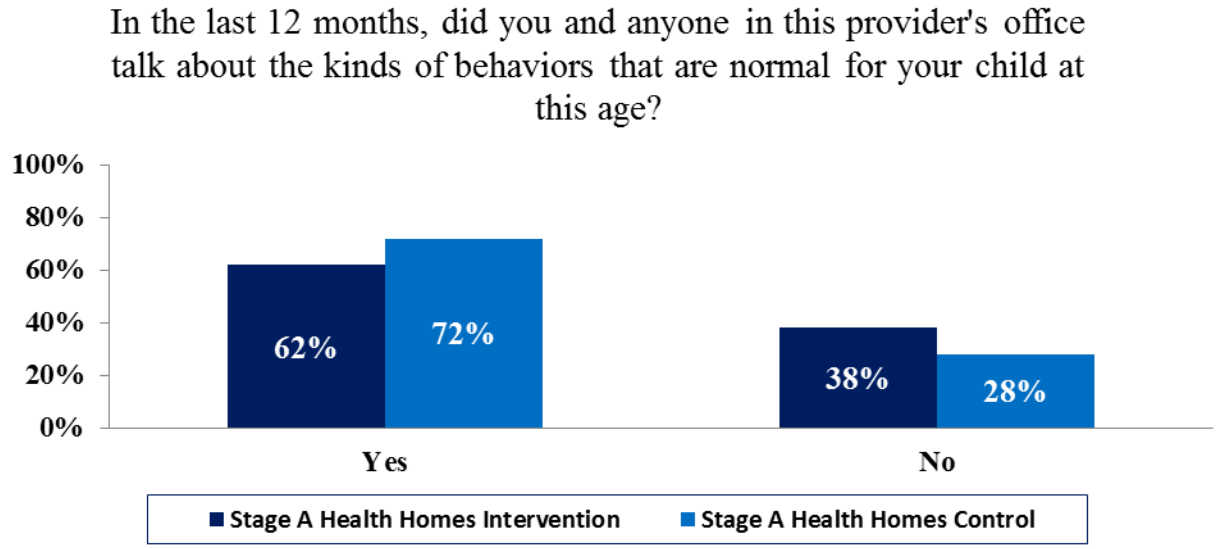
Three-quarters (78%) of Stage A Health Homes intervention group respondents and more than 9 in 10 (92%) control group respondents report talking with someone in their provider's office about how much or what kind of exercise their child gets.



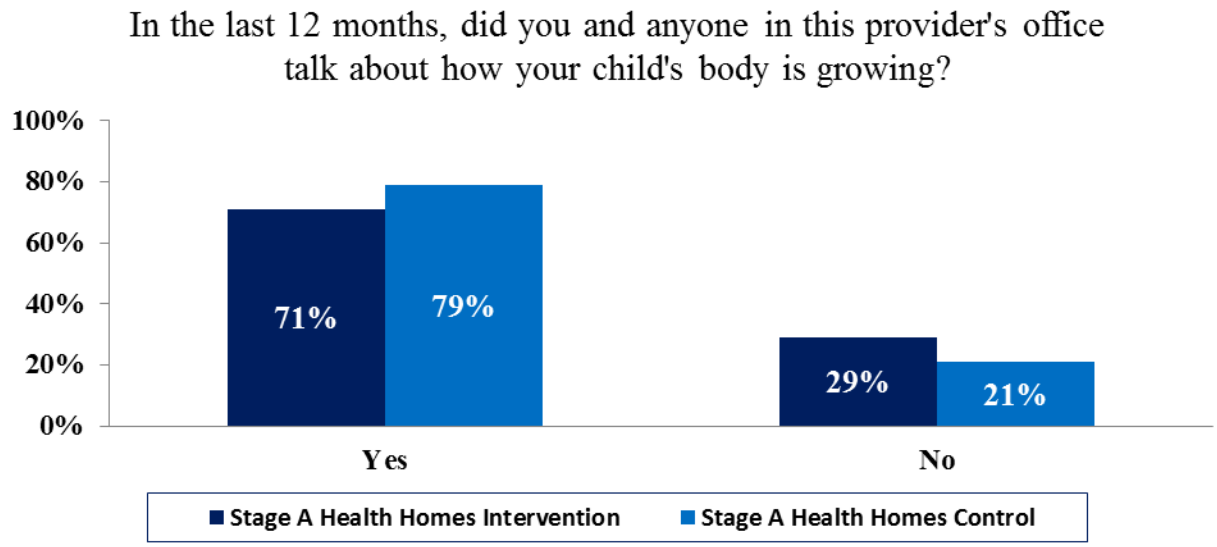
More than half (Intervention: 62%/Control:51%) of both Stage A Health Home intervention group patients and control group patients did not talk to anyone in their provider's office about their child's learning ability.



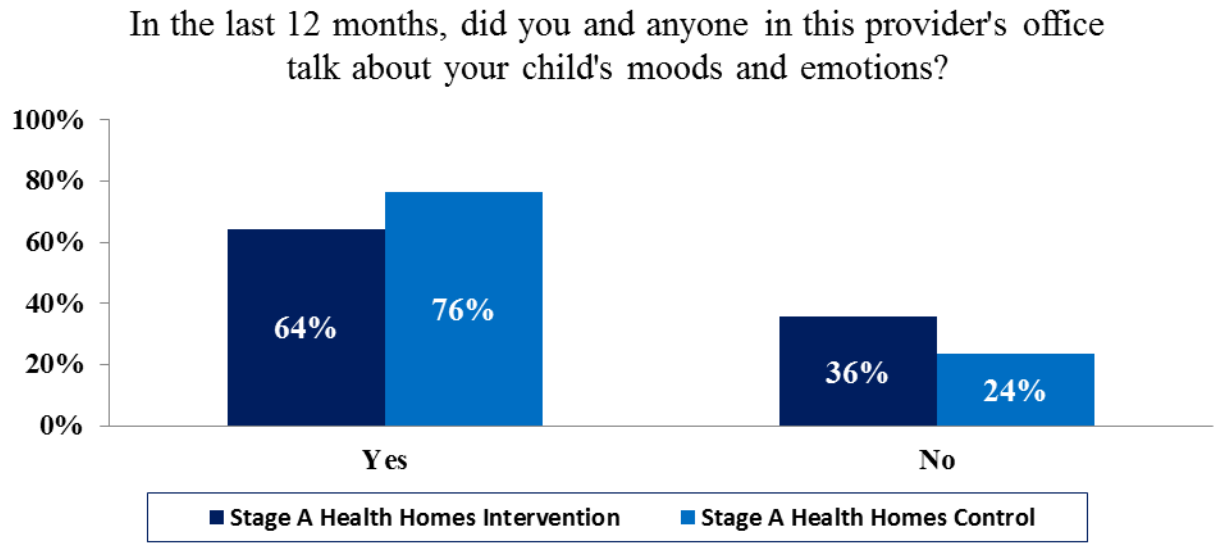
Almost two-thirds (62%) of Stage A Health Homes intervention group patients and almost three-quarters (72%) of control group patients talked with someone in their provider's office about the kinds of behavior normal for their child at their child's age.



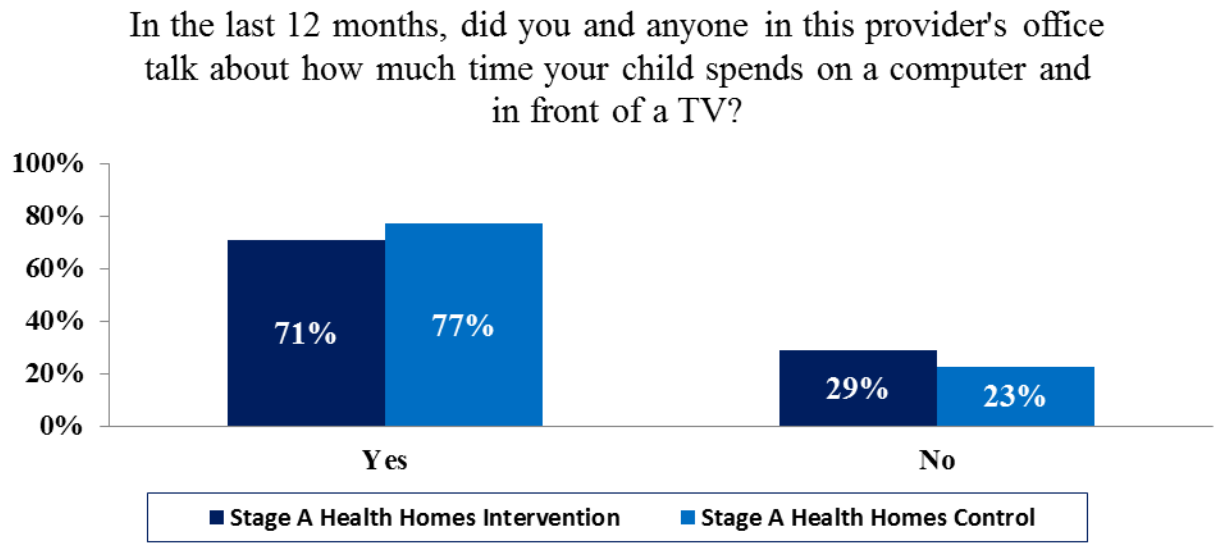
Around three quarters (Intervention: 71%/Control 79%) of both the Stage A Health Home intervention group patients and control group patients talked with someone in their provider's office about how their child's body was growing.



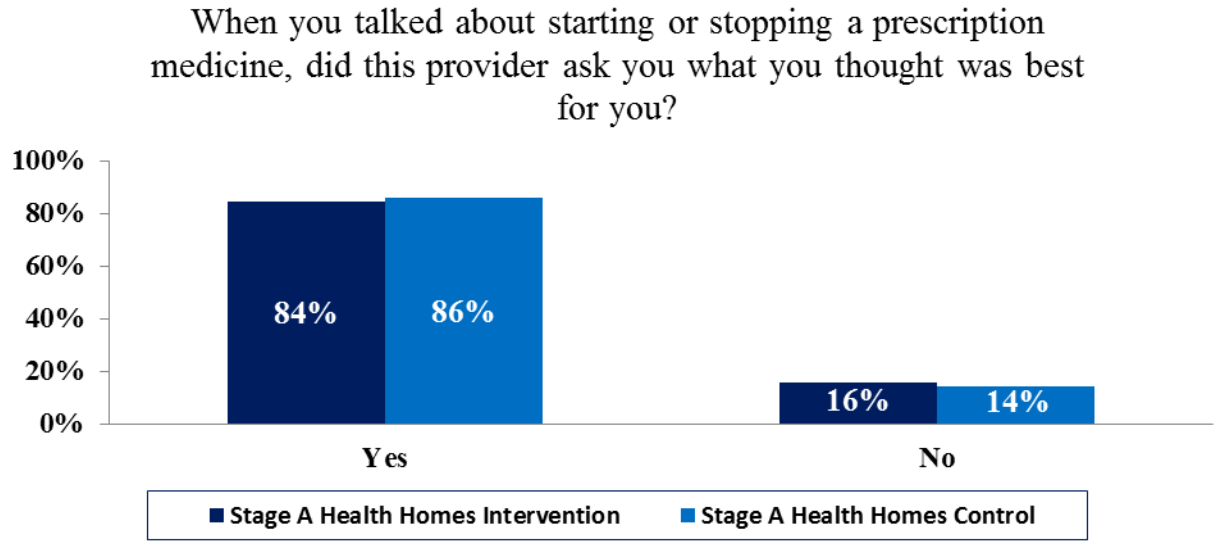
Almost two-thirds (64%) of Stage A Health Homes intervention group patients and three-quarters (76%) of control group patients talked with someone in their provider's office about their child's moods and emotions.



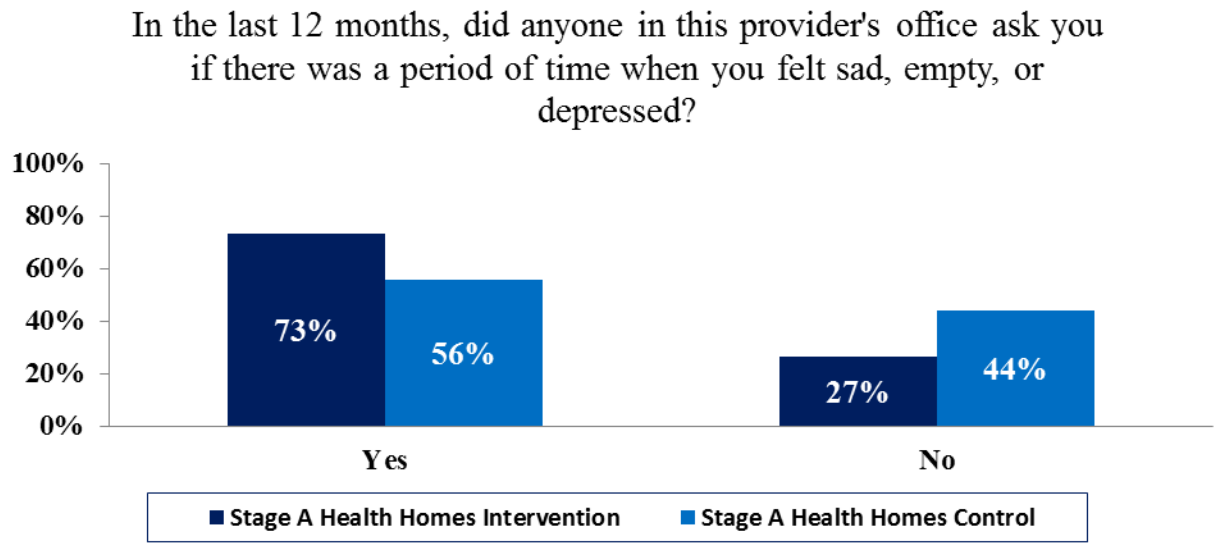
Around three quarters (Intervention: 71%/Control 77%) of both the Stage A Health Home intervention group patients and control group patients talked with someone in their provider's office about how much time their child spends on a computer and in front of a TV.



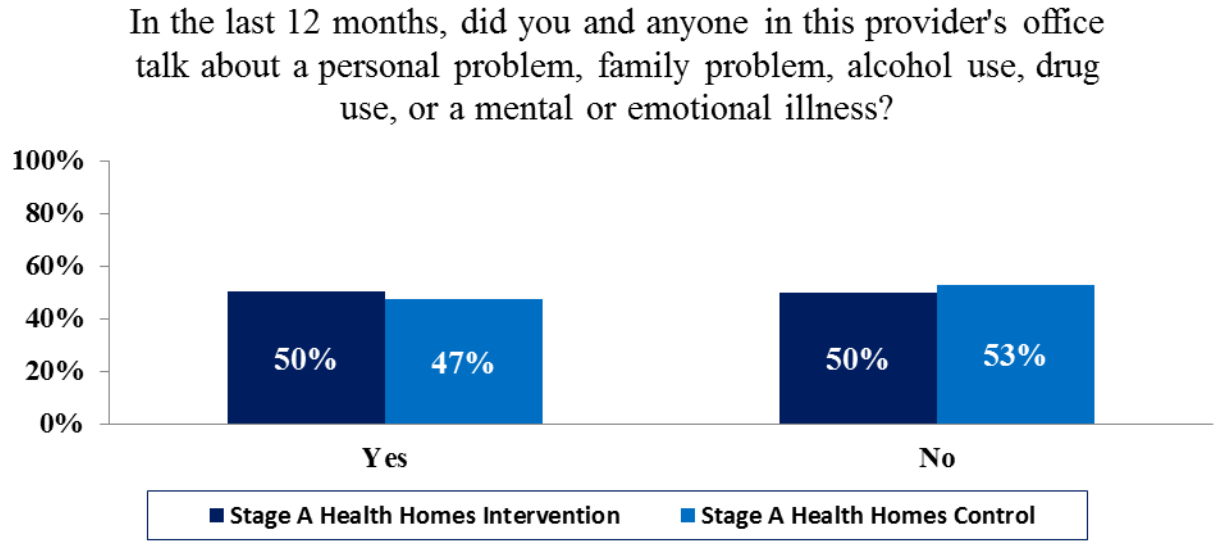
When talking about starting or stopping a prescription medicine, almost the same percentage of both Stage A Health Homes intervention group respondents (84%) and control group respondents (86%) report that their provider asked what they thought was best for themselves.



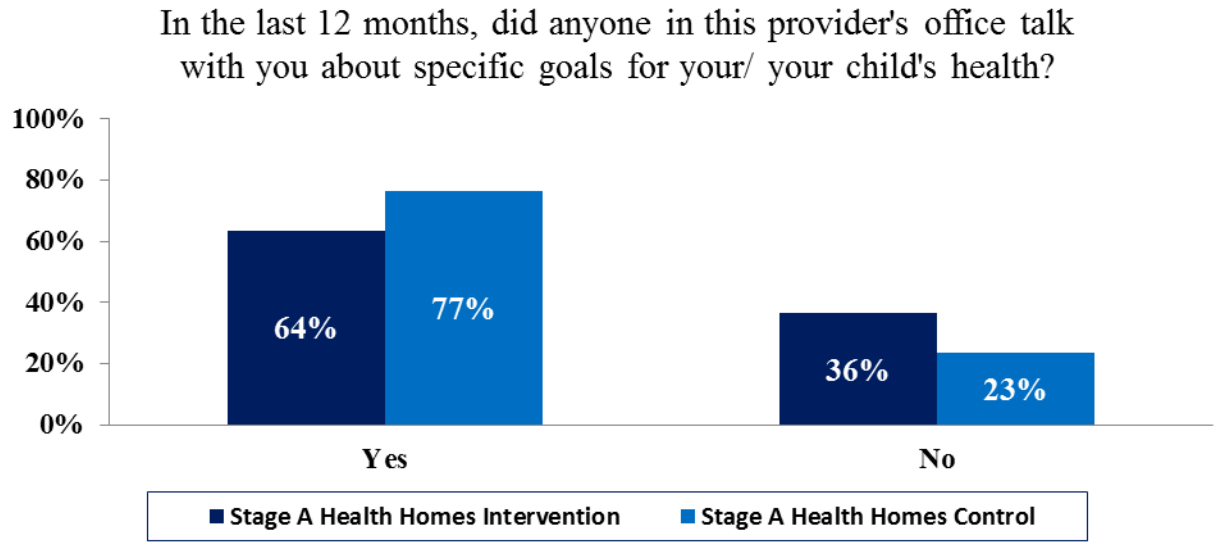
Almost three-quarters (73%) of Stage A Health Homes intervention group patients report that someone in their provider's office asked them if there was a period of time when they felt sad, empty or depressed, compared to only slightly more than half (56%) of control group patients.



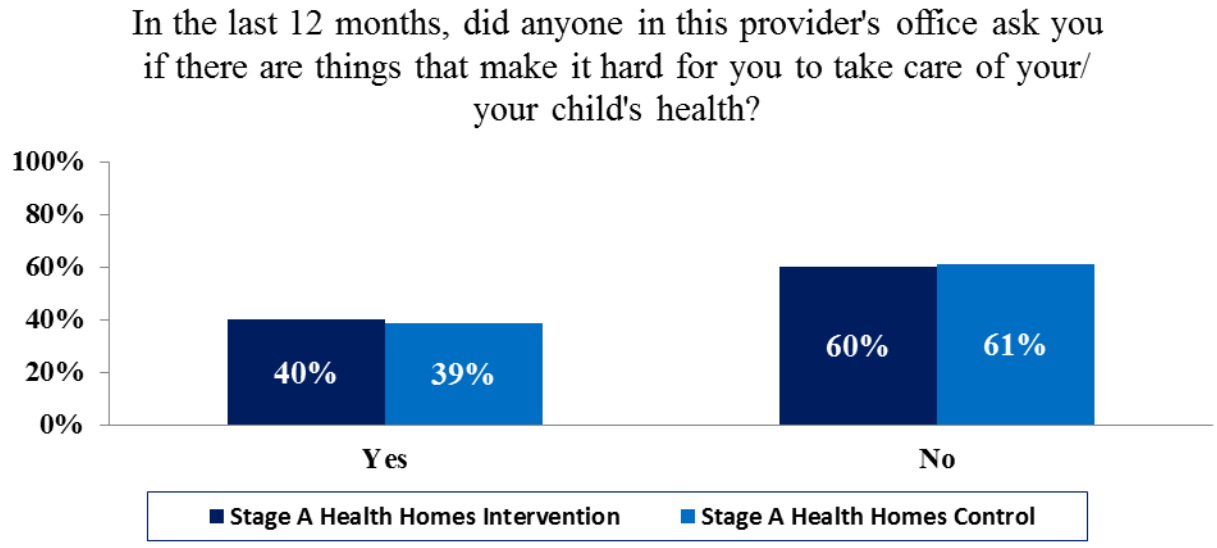
Around half (Intervention: 50%/Control: 47%) of both the Stage A Health Homes intervention group patients and control group patients say they talked with someone in their provider's office about personal problems, family problems, alcohol use, drug use or mental or emotional illness.



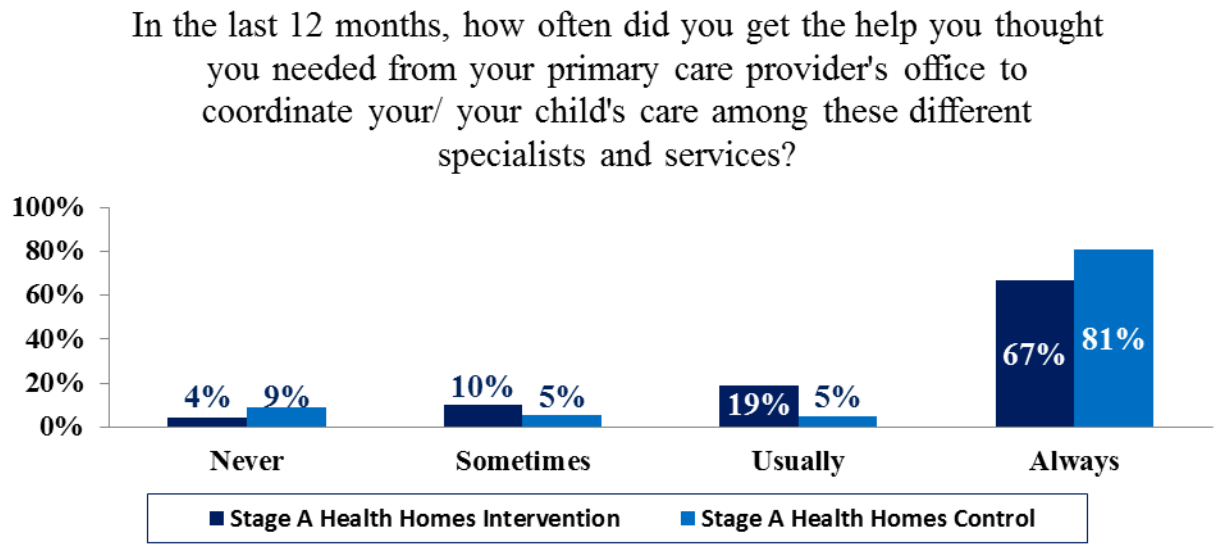
Slightly less than two-thirds (64%) of Stage A Health Homes intervention group patients and slightly more than three-quarters (77%) of control group patients talked with someone in their provider's office about specific goals for their or their child's health.



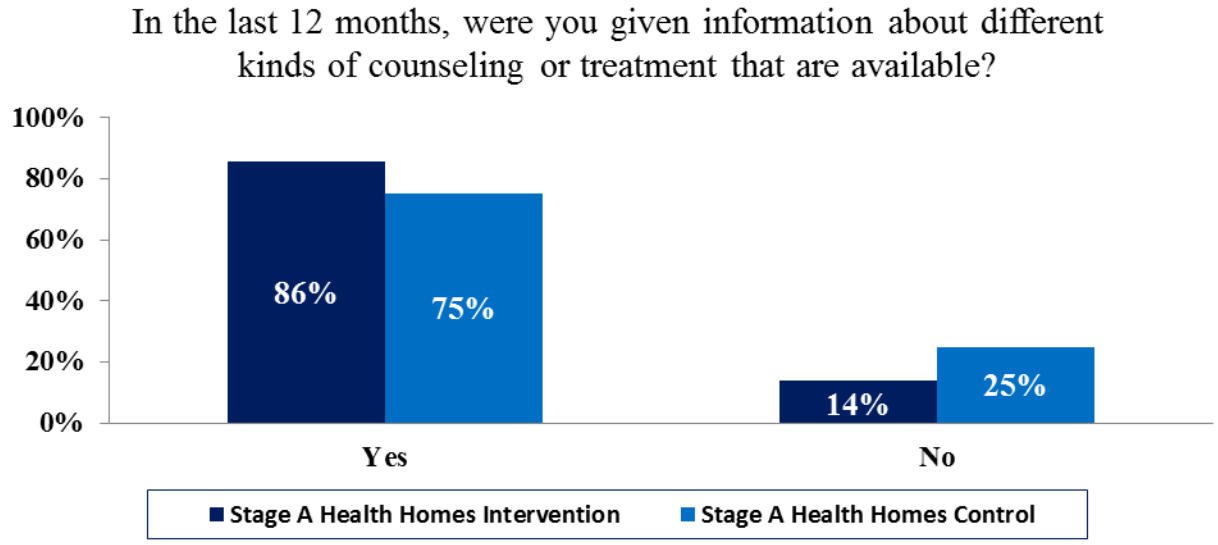
Almost two–thirds (Intervention: 60%/Control:61%) of both Stage A Health Homes intervention group respondents and control group respondents report that no one in their provider's office asked if there were things that make it hard for them to take care of their or their child's health.



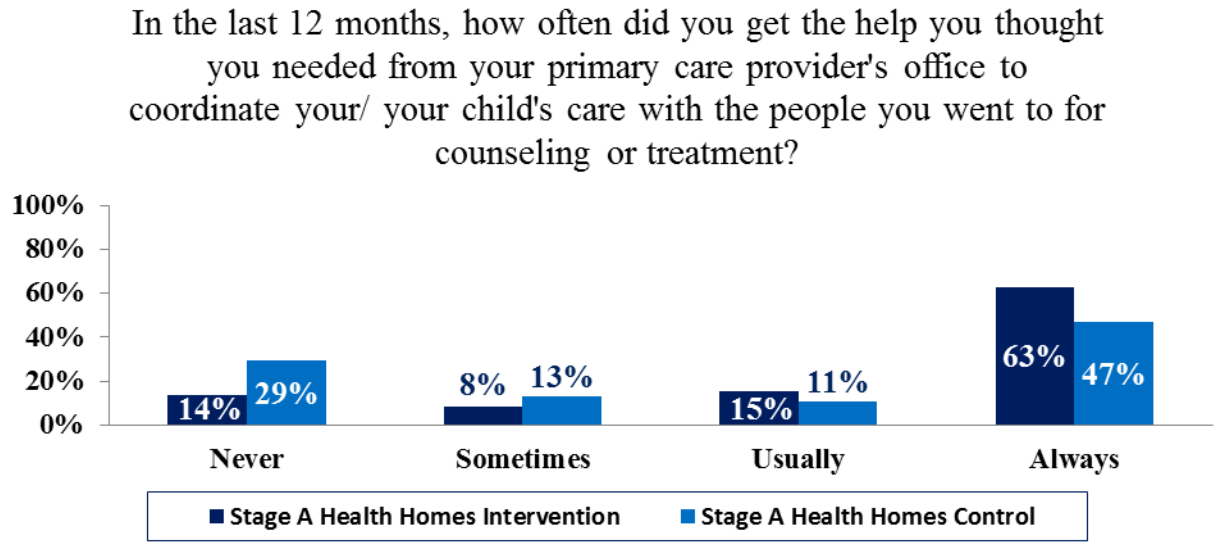
While comparable percentages of both Stage A Health Homes intervention group patients (86% 'Usually' or 'Always') and control group patients (86% 'Usually' or 'Always') feel that overall they received the help they though they needed to coordinate their or their child's care among different specialists or services, noticeably more intervention group patients feel they only usually received help (19%) versus control group patients (5%).



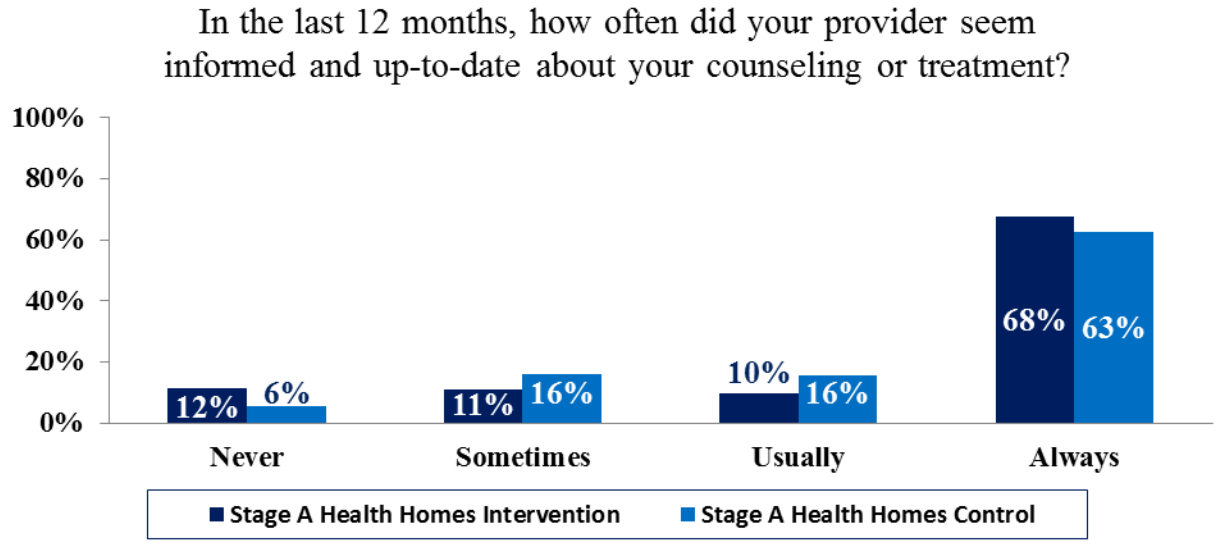
While a strong majority of both report yes, noticeably more Stage A Health Homes intervention group patients feel they were given information about different kinds of counseling or treatment available than control group patients (86% Intervention/75% Control).



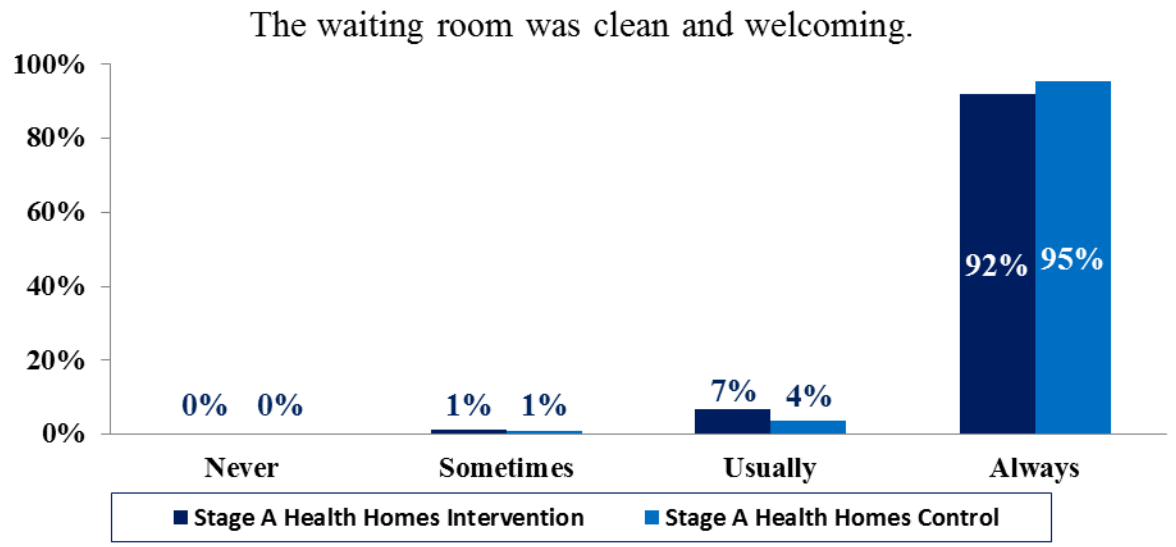
Noticeably more Stage A Health Homes intervention group patients feel that they usually or always received the help they thought they needed from their primary care provider's office to coordinate their or their child's care with the people they went to for counseling or treatment than control group patients (Intervention: 78%/Control: 58%).



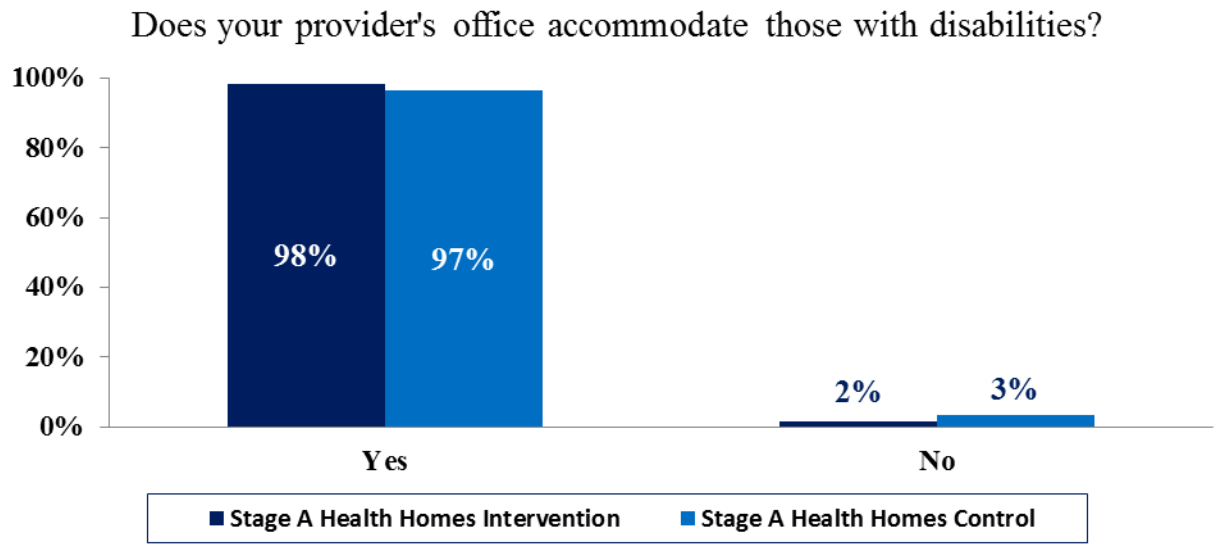
Similar percentages of both Stage A Health Homes intervention group patients and control group patients say that their provider seemed usually or always up to date about their counseling or treatment (Intervention: 78%/Control: 79%), however slightly more control group patients report their provider only usually seemed up to date than intervention group patients (10%/16%).



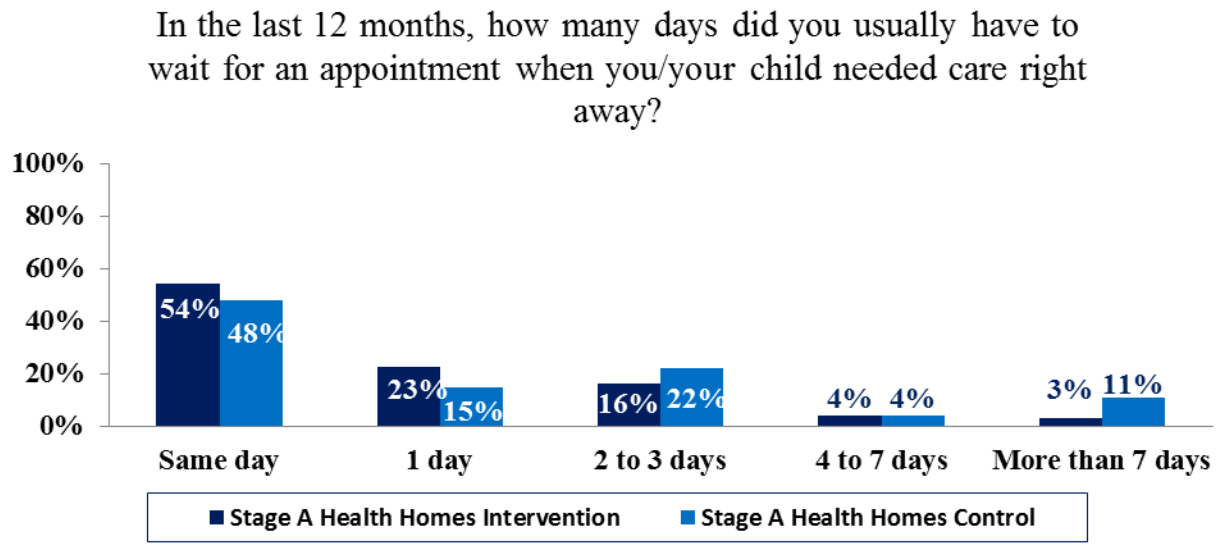
Almost all (99%) of both Stage A Health Homes intervention group patients and control group patients report that the waiting room at their provider's office was usually or always clean and welcoming.



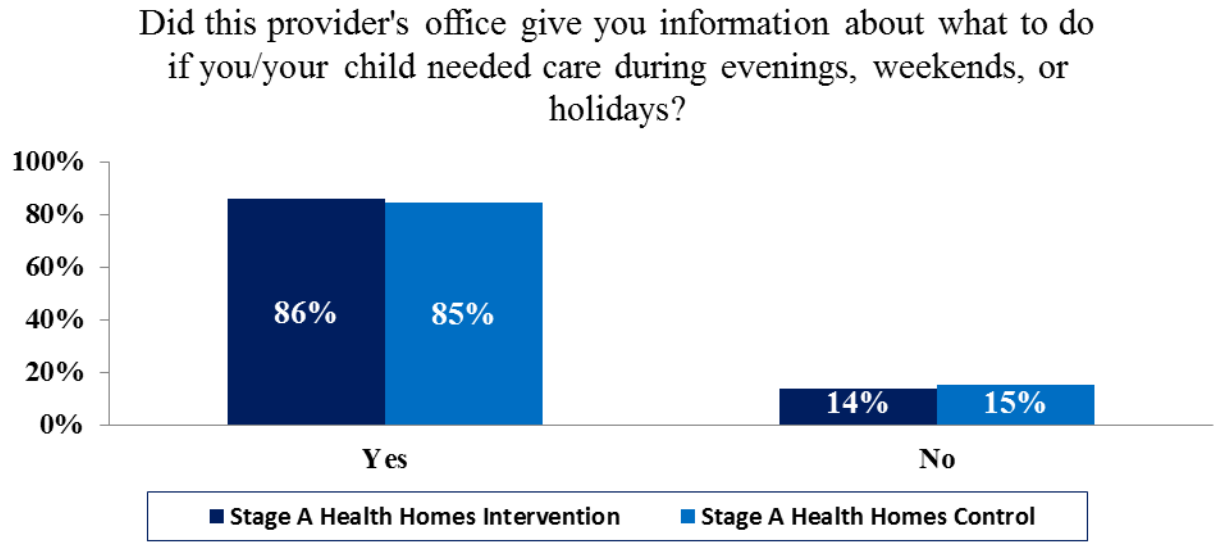
Almost all (Intervention: 98%/Control: 97%) of both Stage A Health Homes intervention group and control group patients say that their provider's office accommodates those with disabilities.



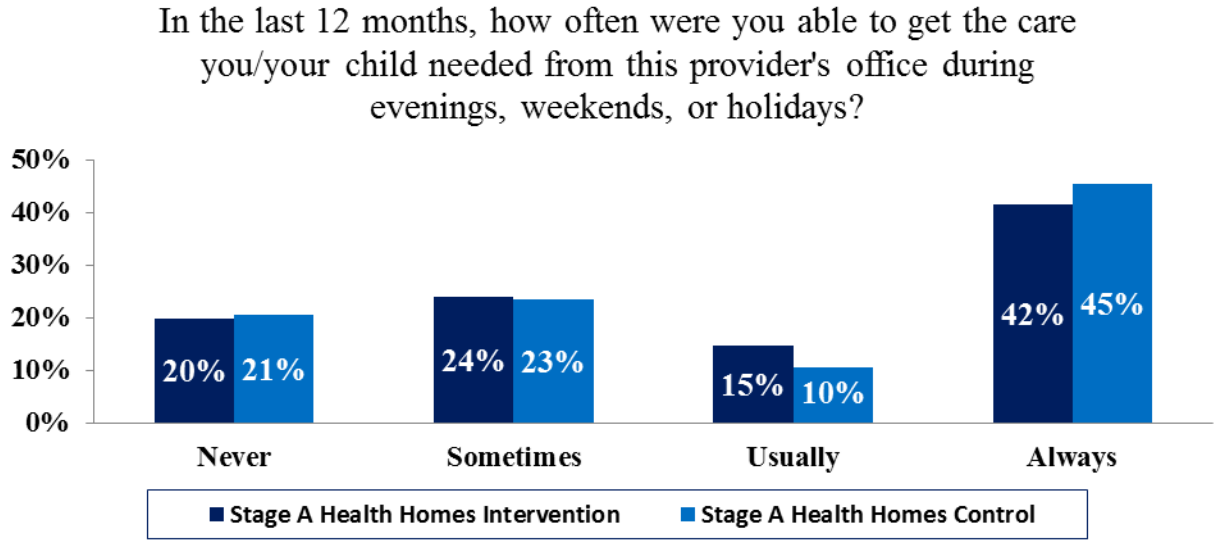
Around half (Intervention: 54%/Control 48%) of both Stage A Health Home intervention group patients and control patients were able to get an appointment the same day they needed care right away.



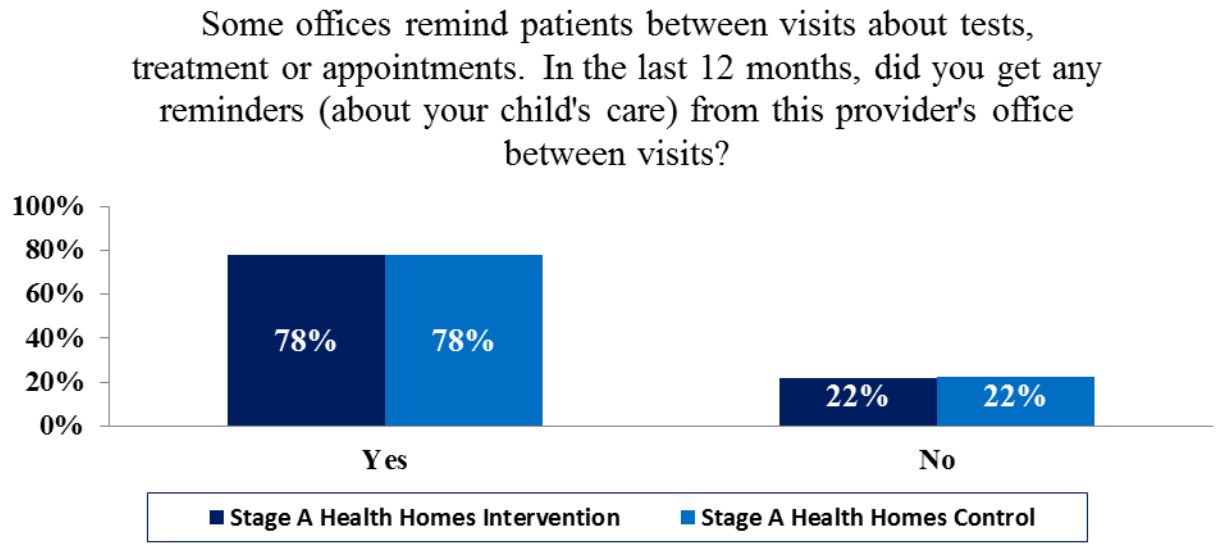
When asked if their provider's office gave them information about what to do if they or their child needed care during evenings, weekends or holidays, almost the same percentages (Intervention: 86%/Control: 85%) of Stage A Home Health intervention group patients and control group patients report yes.



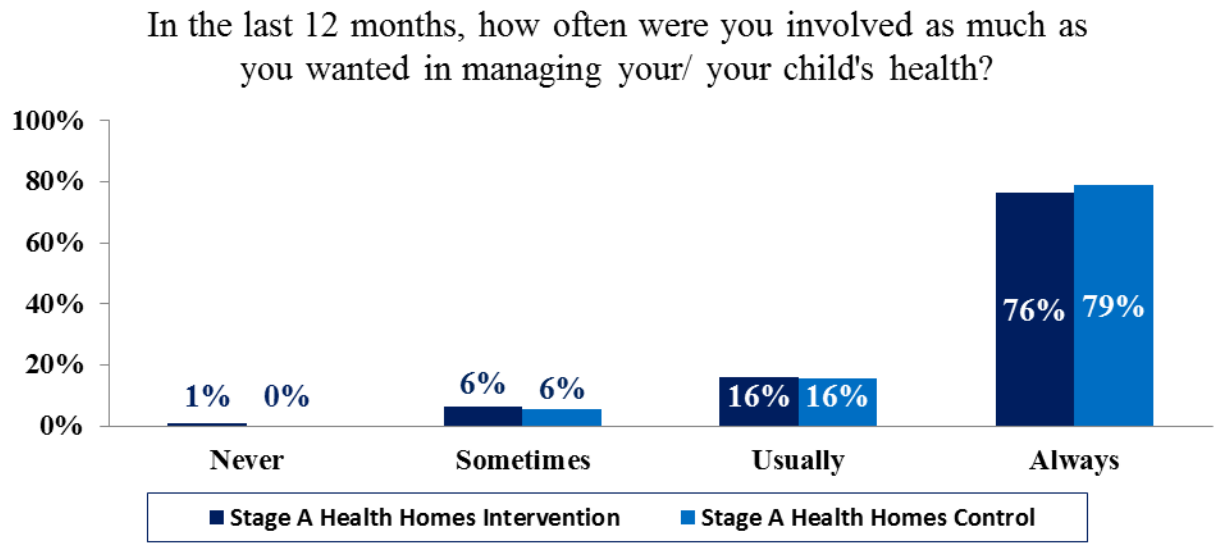
Similar percentages of both Stage A Health Homes intervention group patients and control group patients report that they were usually or always able to get the care they or their child needed from their provider's office during evenings, weekends, or holidays (Intervention: 55%/Control: 55%).



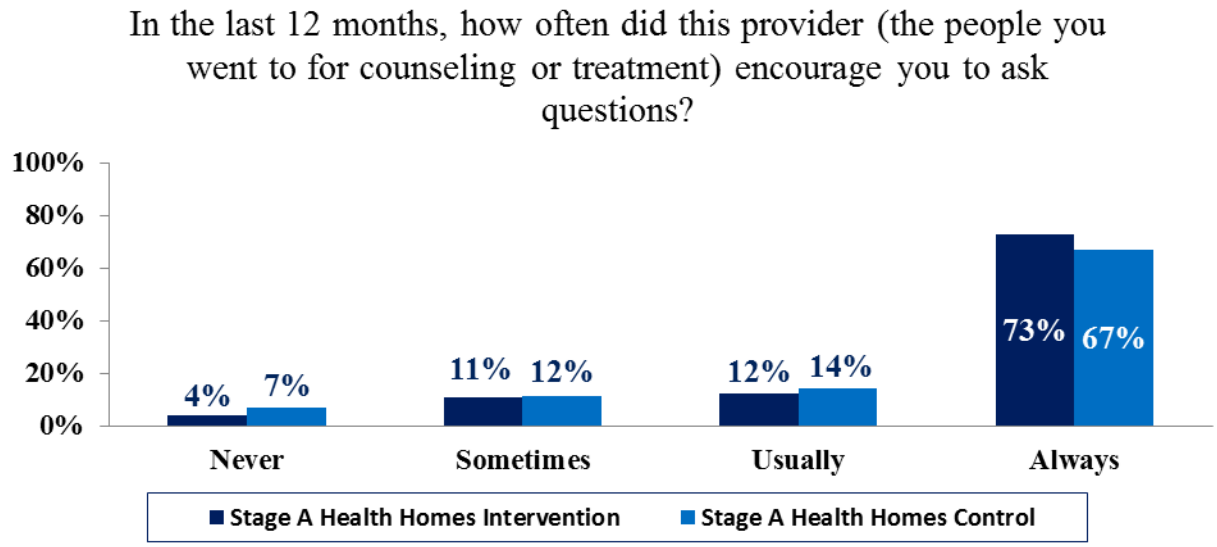
78% of both Stage A Health Homes intervention group patients and control group patients say that they received reminders from their provider's office between visits.



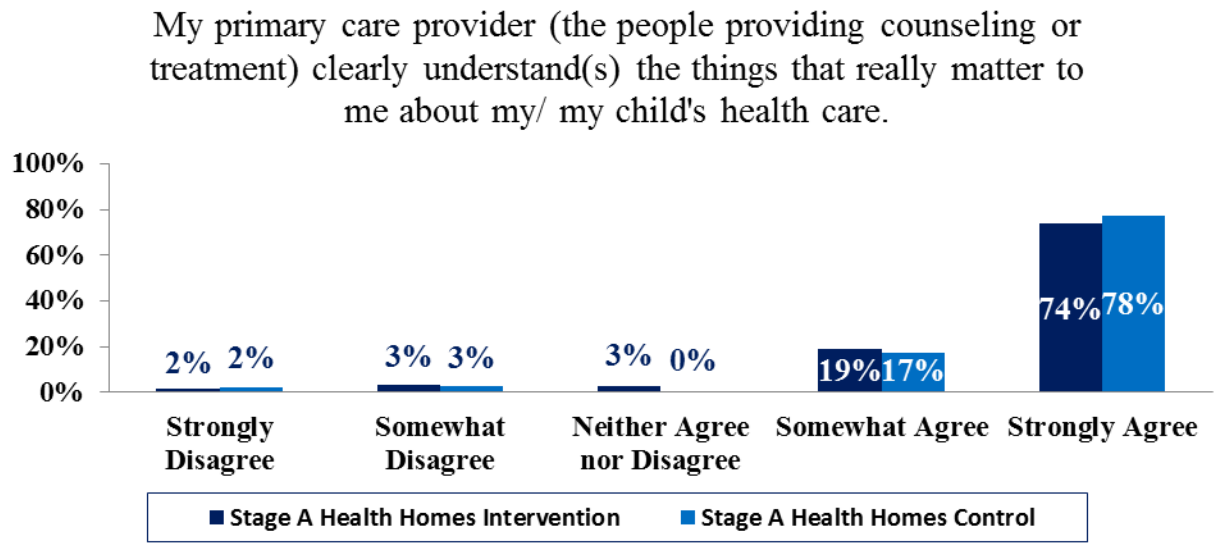
Similar percentages of both Stage A Health Homes intervention group patients and control group patients report that they were usually or always involved as much as they wanted in managing their or their child's health (Intervention: 92%/Control: 95%).



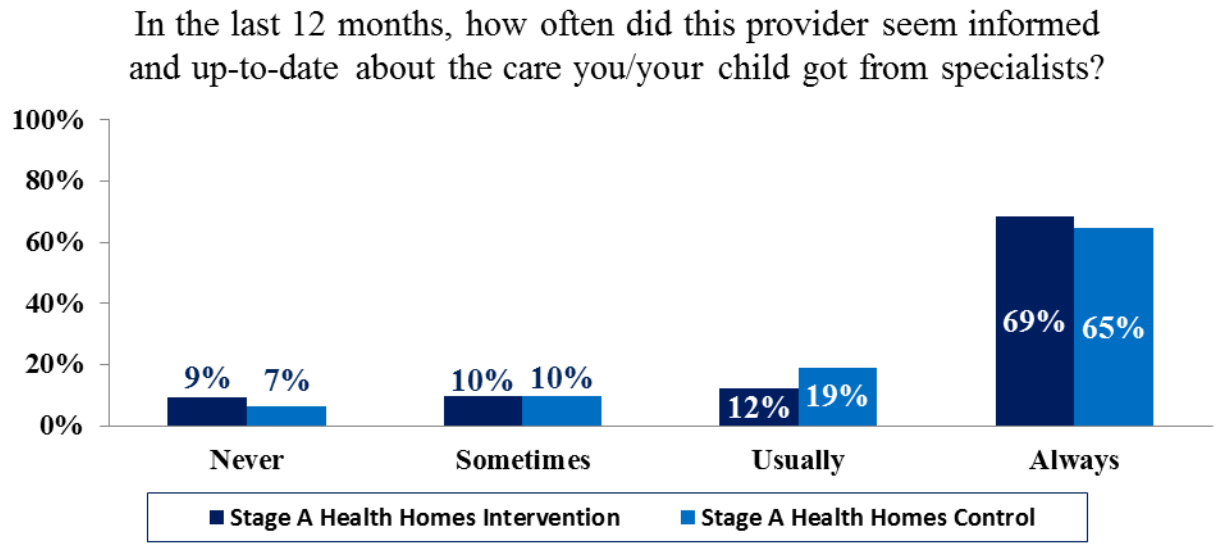
Similar percentages of both Stage A Health Homes intervention group patients and control group patients also report that their provider usually or always encouraged them to ask questions (Intervention: 85%/Control: 81%).



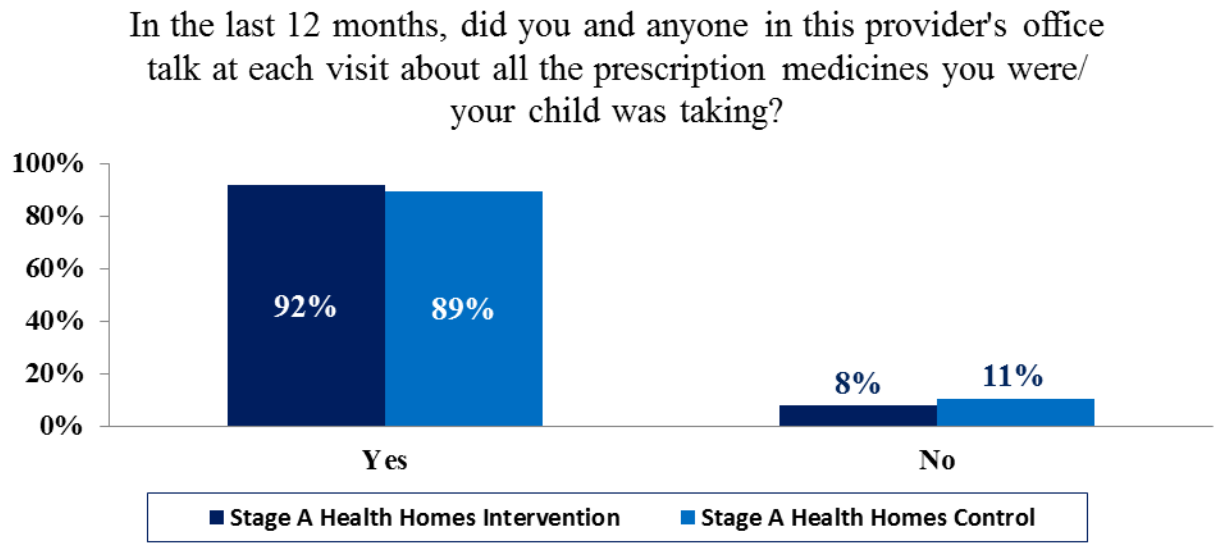
Similar percentages of both Stage A Health Homes intervention group patients and control group patients report that their provider usually or always understood the things that really matter to them about their or their child's health care (Intervention: 93%/Control: 95%).



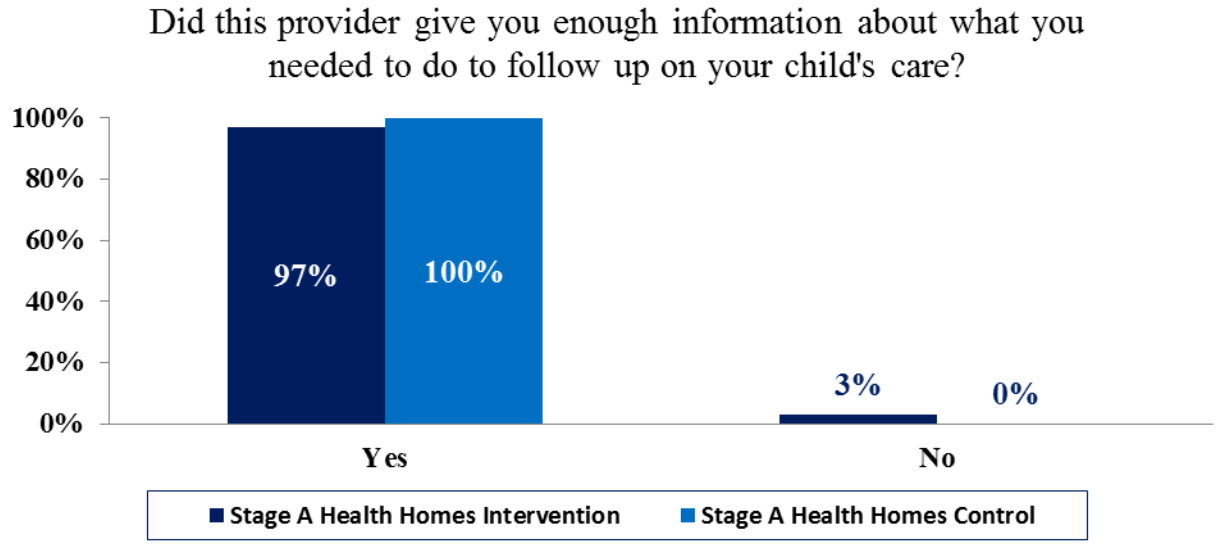
Similar percentages of both Stage A Health Homes intervention group patients and control group patients also report that their provider usually or always seemed informed and up to date about the care they or their child got from specialists (Intervention: 81%/Control: 84%).



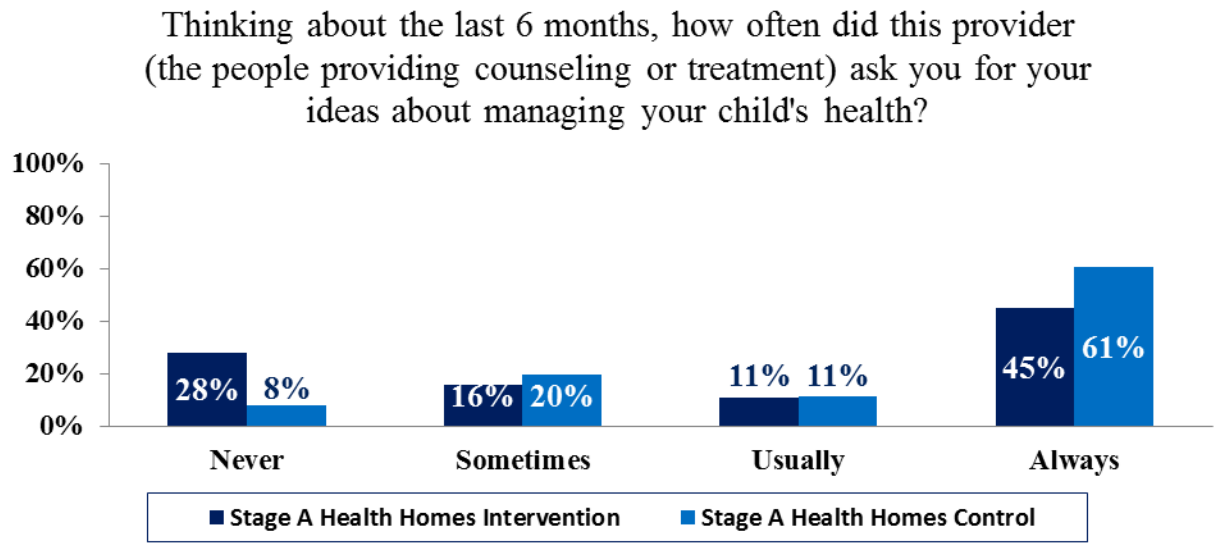
Approximately 9 out of 10 respondents from both the Stage A Health Homes intervention group (92%) and control group (89%) say that they and someone in their provider's office talk at each visit about all the prescription medicines they or their child were taking.



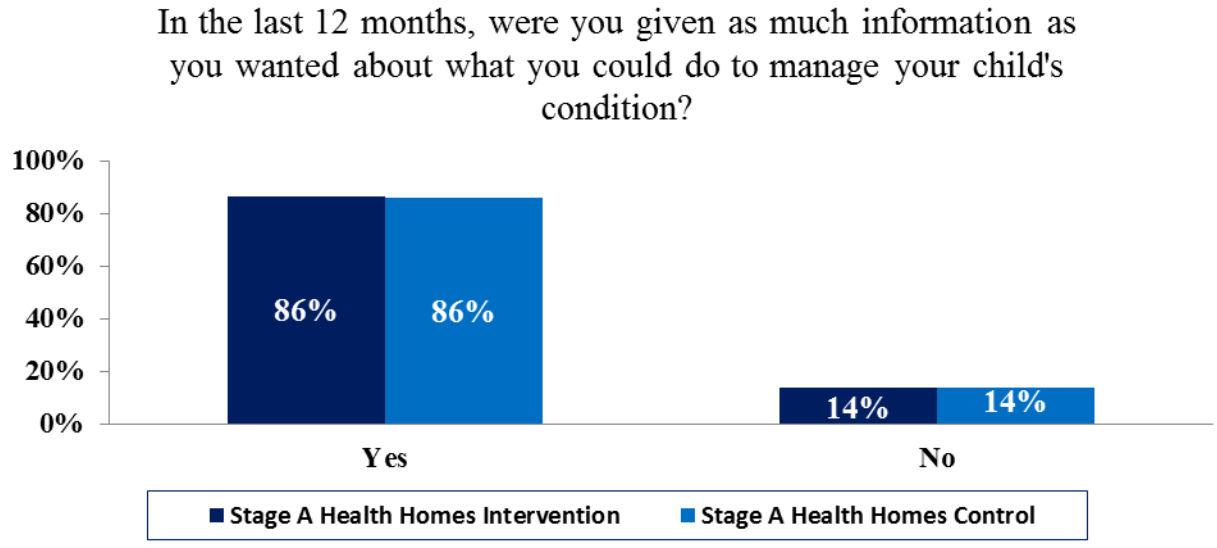
All control group patients and almost all (97%) Stage A Health Home intervention group patients report that their provider gave them enough information about what they needed to do to follow up on their care.



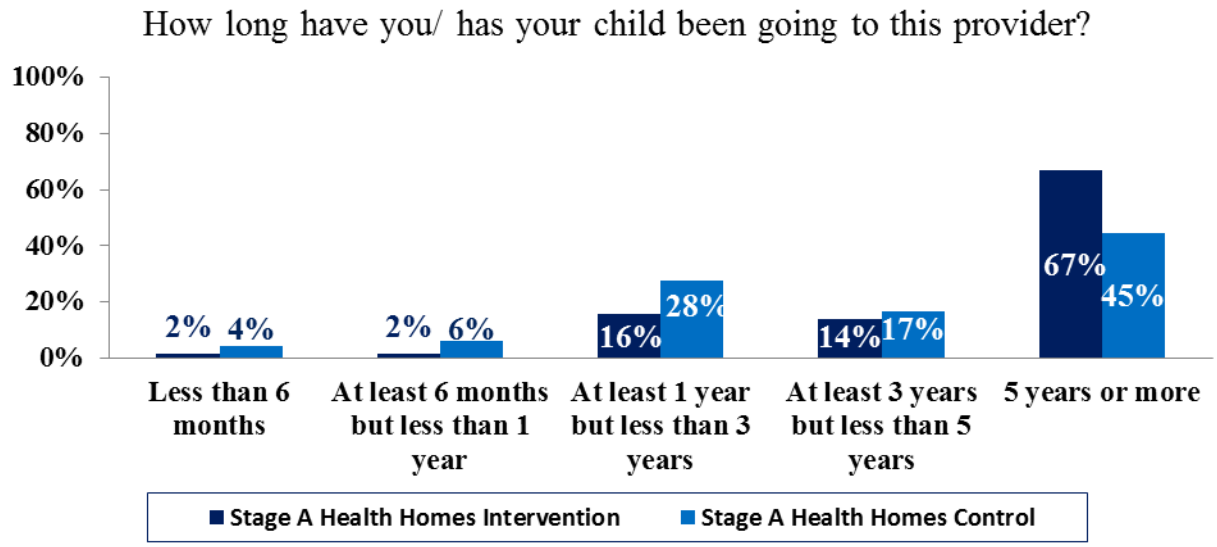
A noticeably larger percentage (61%) of control group patients report that their provider asked them for their ideas about managing their child's health versus the Stage A Health Homes intervention group patients (45%).



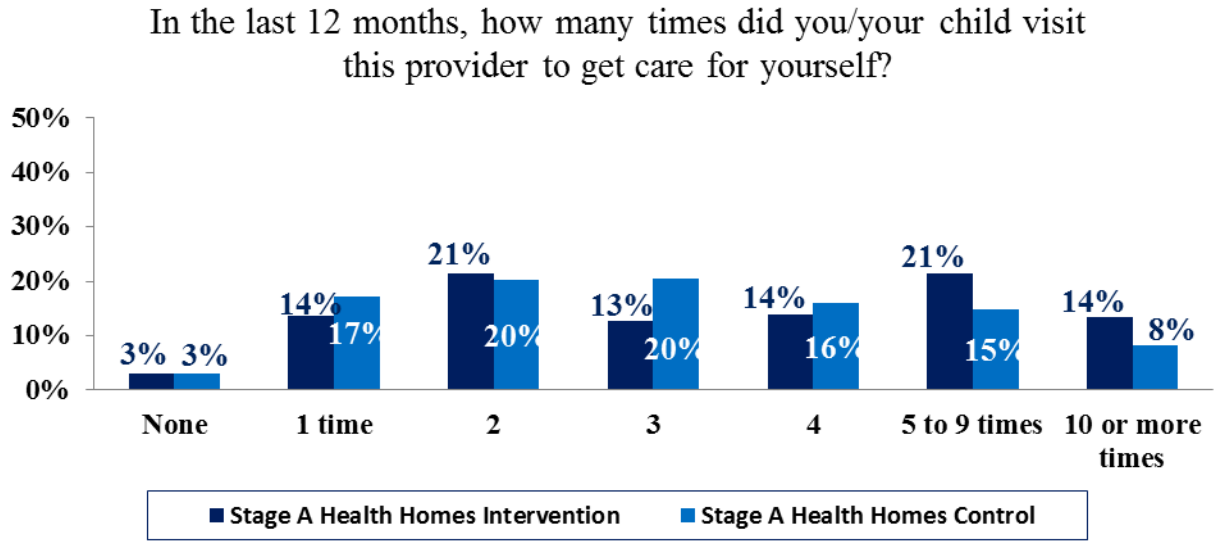
86% of both the Stage A Health Homes intervention group patients and control group patients feel they were given as much information as they wanted about what they could do to manage their child's condition.



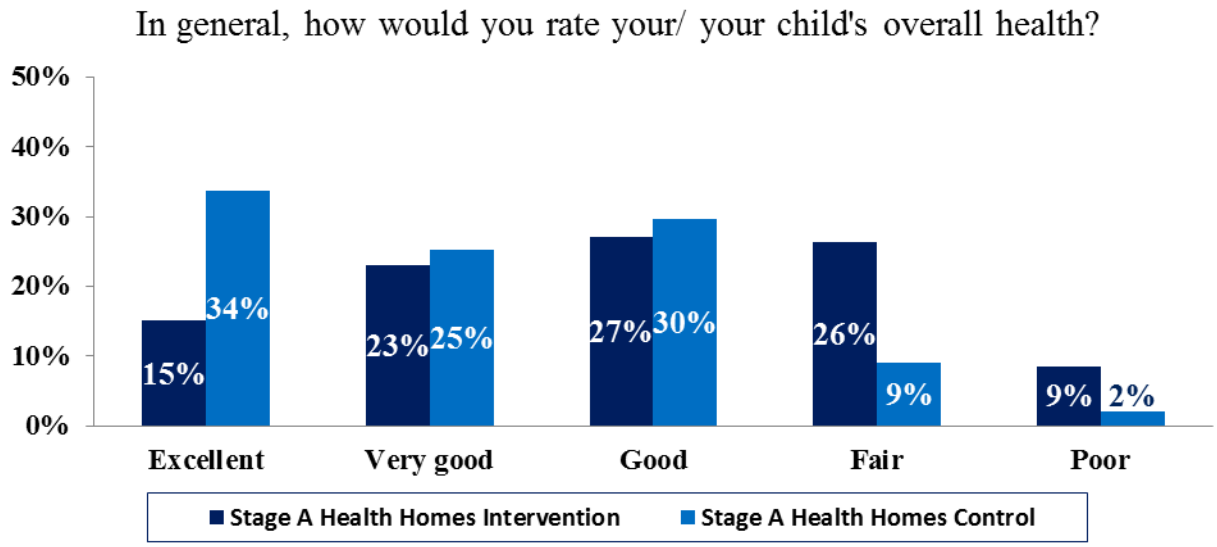
A noticeably larger percentage (67%) of Stage A Health Homes intervention group patients have been going to their provider for five or more years versus the 45% of control group patients.



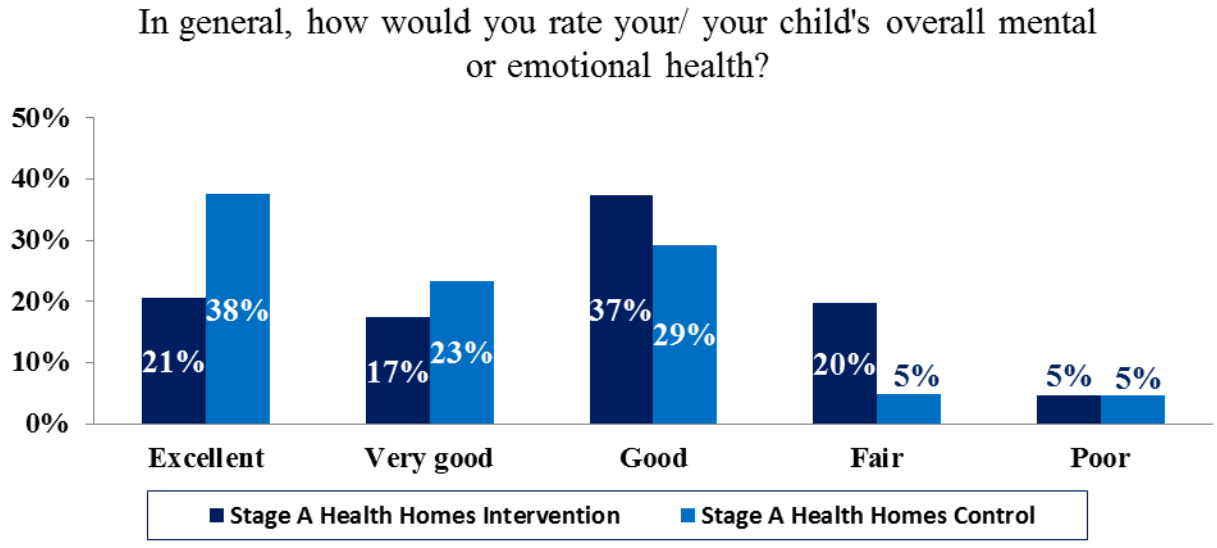
Similar percentages of both Stage A Health Homes intervention group patients and control group patients visited their providers to get care in the last 12 months.



A noticeably higher percentage (34%) of control group patients rate their health as excellent versus 15% of Stage A Health Homes intervention group patients.



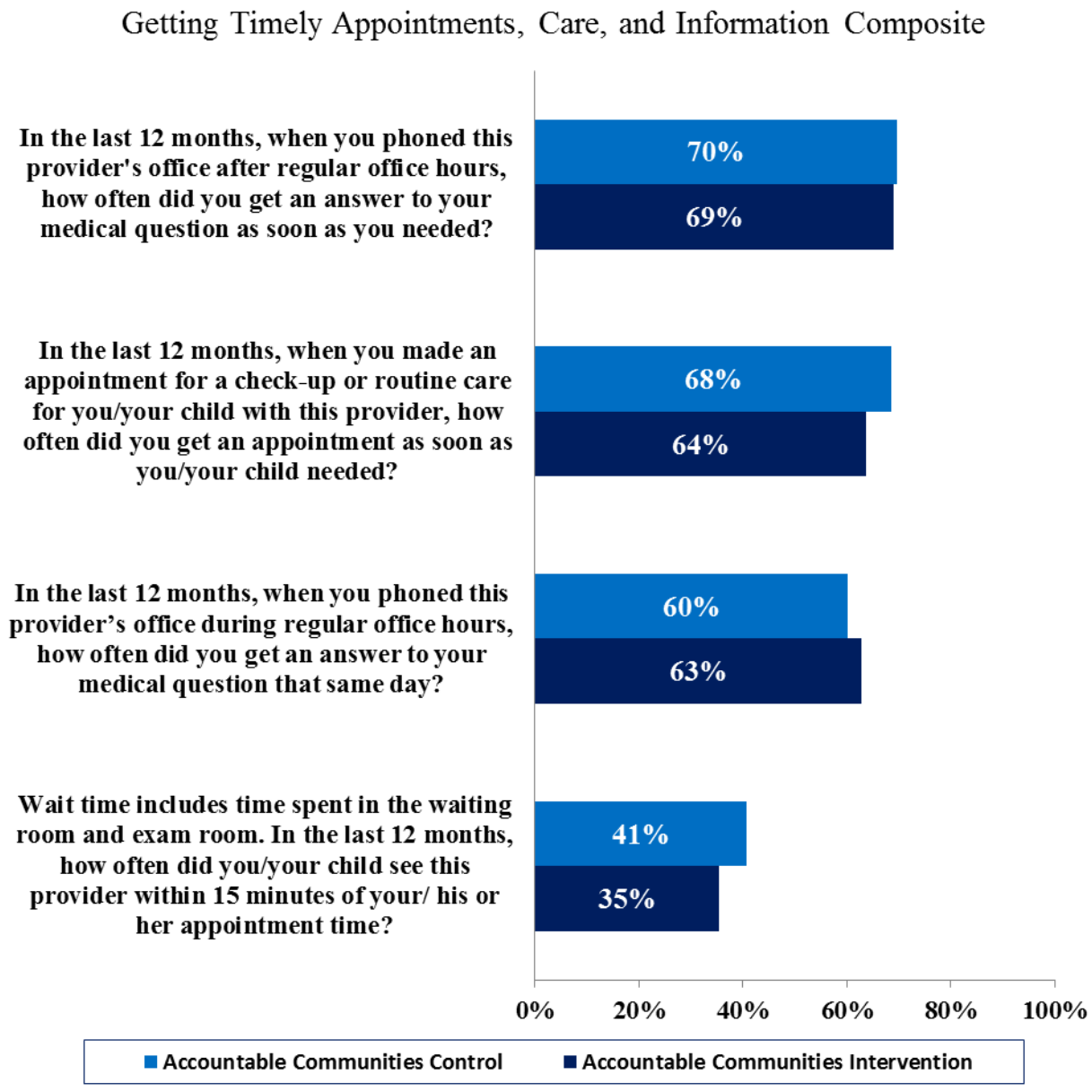
A noticeably higher percentage (38%) of control group patients rate their mental or emotional health as excellent versus 21% of Stage A Health Homes intervention group patients



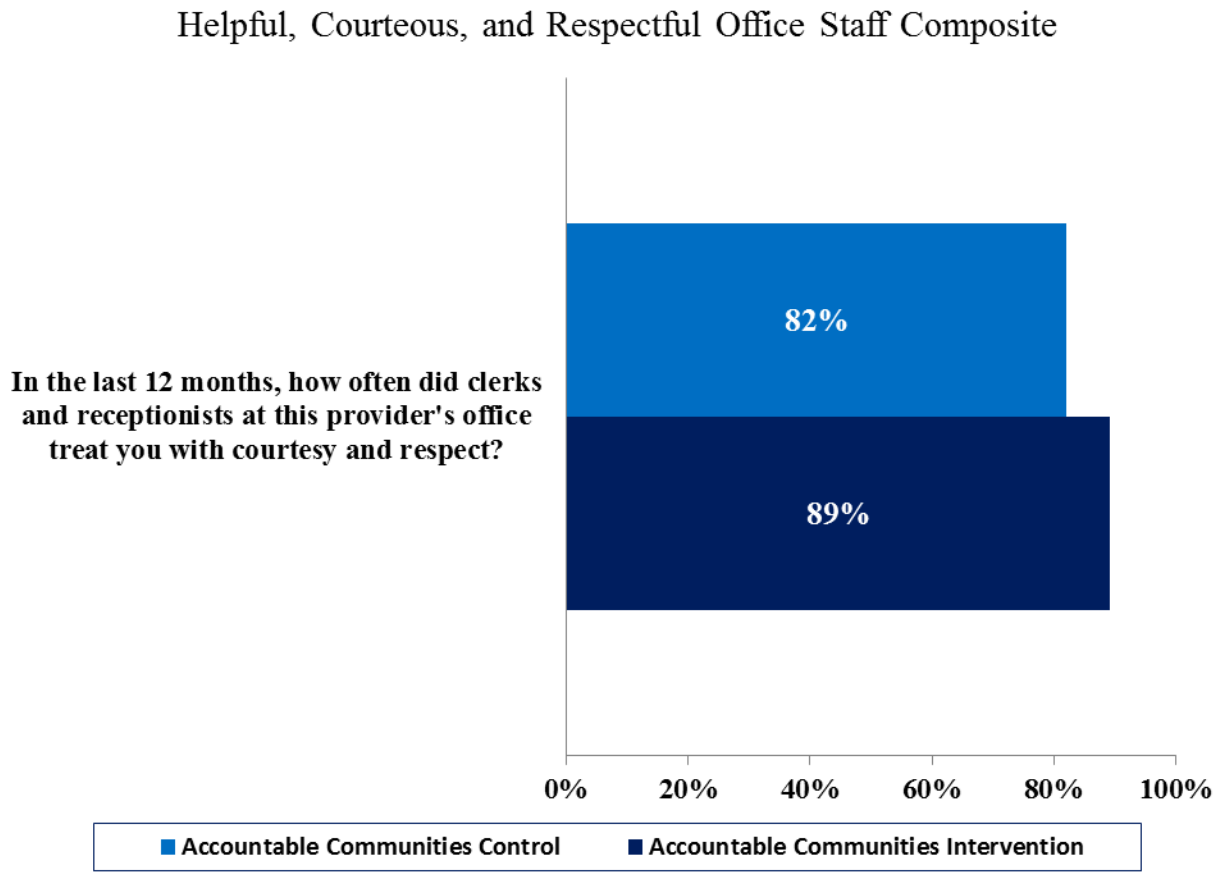
MaineCare Accountable Communities Results by Survey Item

Composite Measures & Grouped Items

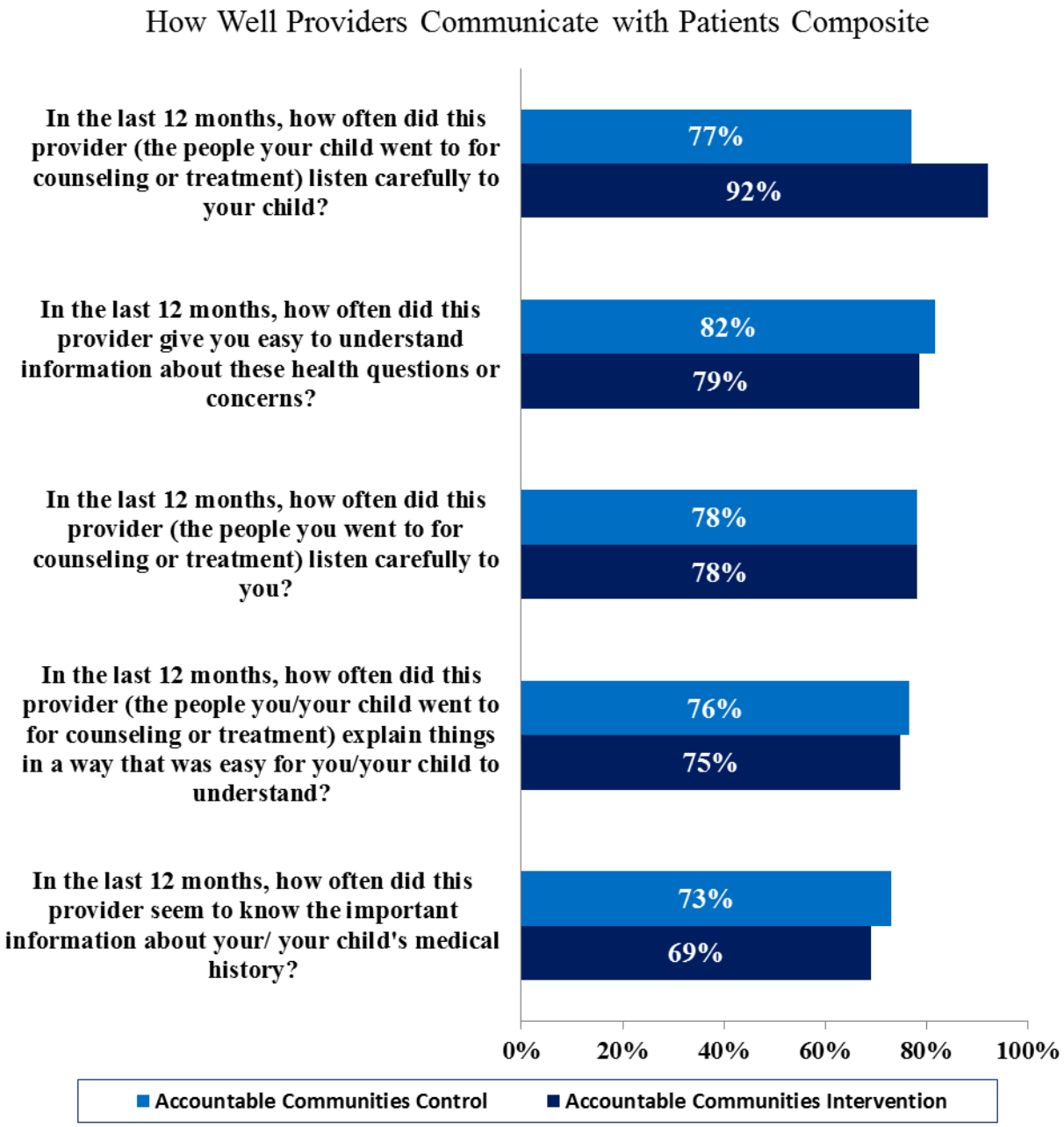
In the 'Getting Timely Appointments, Care, and Information' composite, Accountable Communities intervention group top box scores and control group scores differ only slightly across the four composite items considered.



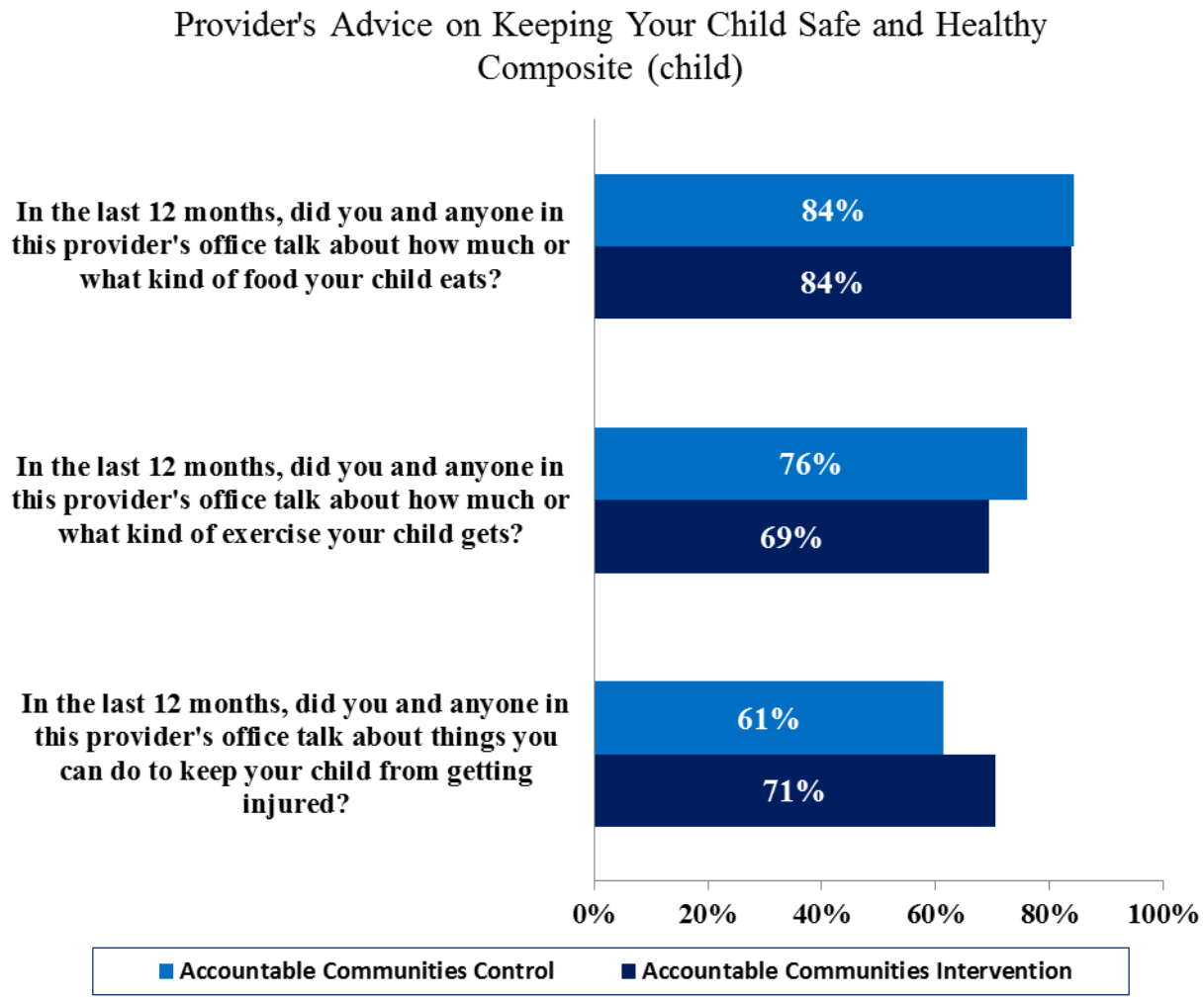
In the 'Helpful, Courteous, and Respectful Office Staff' composite, Accountable Communities intervention group top box scores and control group scores differ only slightly with regards to the composite item, with greater than 80% of respondents using the top box score in both groups.



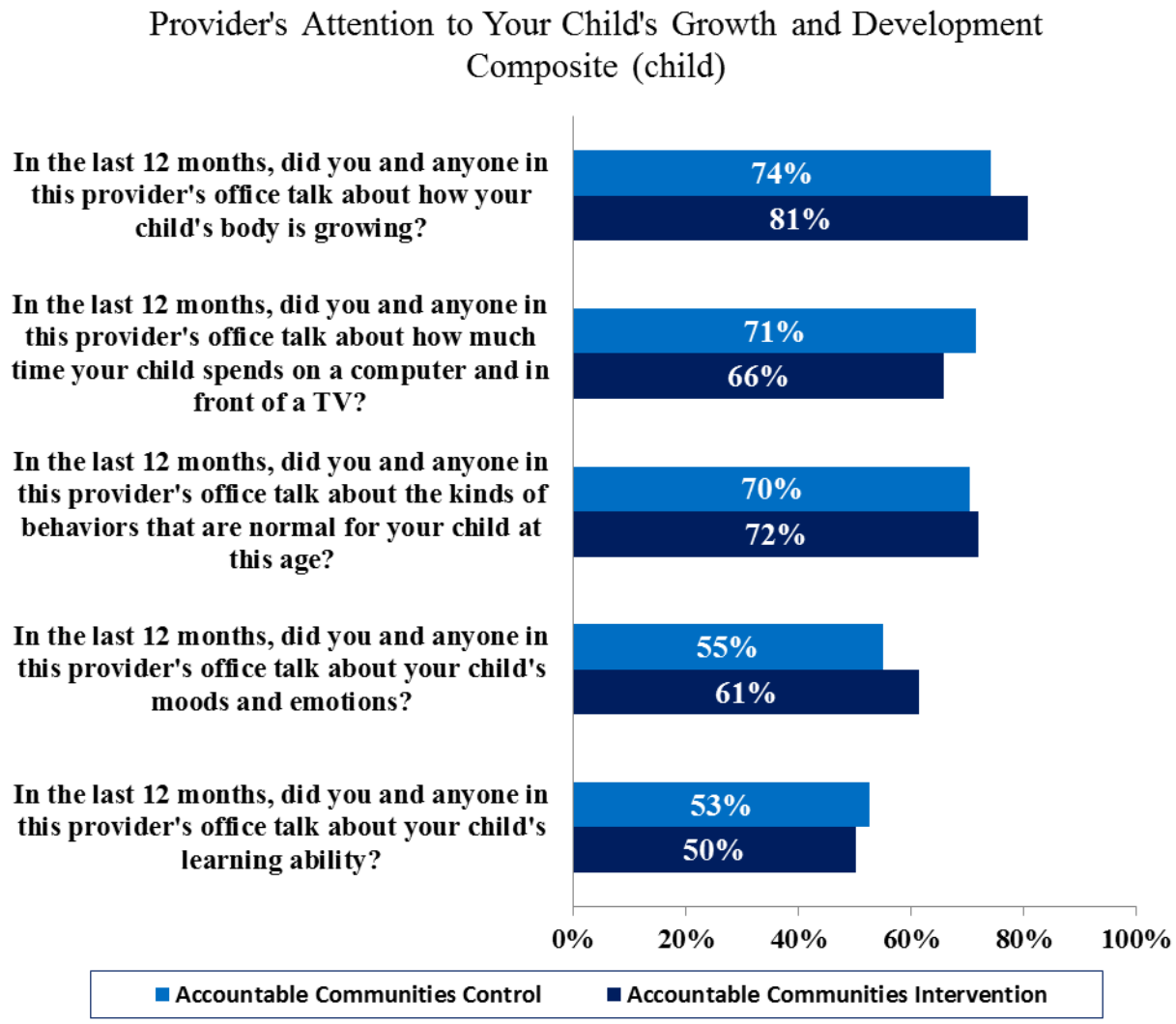
In the 'How Well Providers Communicate with Patients' composite, Accountable Communities intervention group top box scores and control group scores differ noticeably for the question "In the last 12 months, how often did this provider (the people your child went to for counseling or treatment) listen carefully to your child?", with only 77% of the control group using a top box score versus 92% of the intervention group.



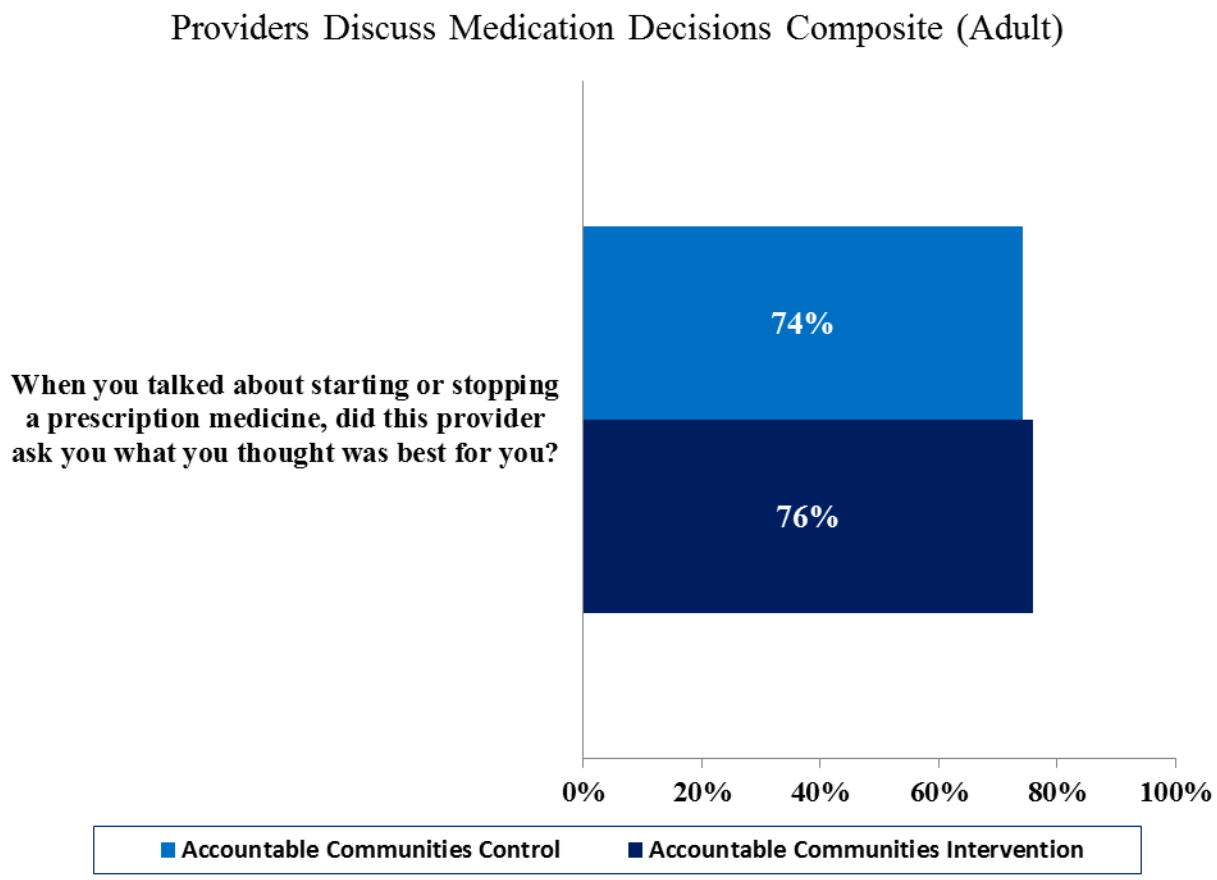
In the 'Provider's Advice on Keeping Your Child Safe and Healthy' composite, Accountable Communities intervention group top box scores and control group scores differ noticeably only for the question "In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured?", with 61% of the control group using a top box score versus 71% of the intervention group.



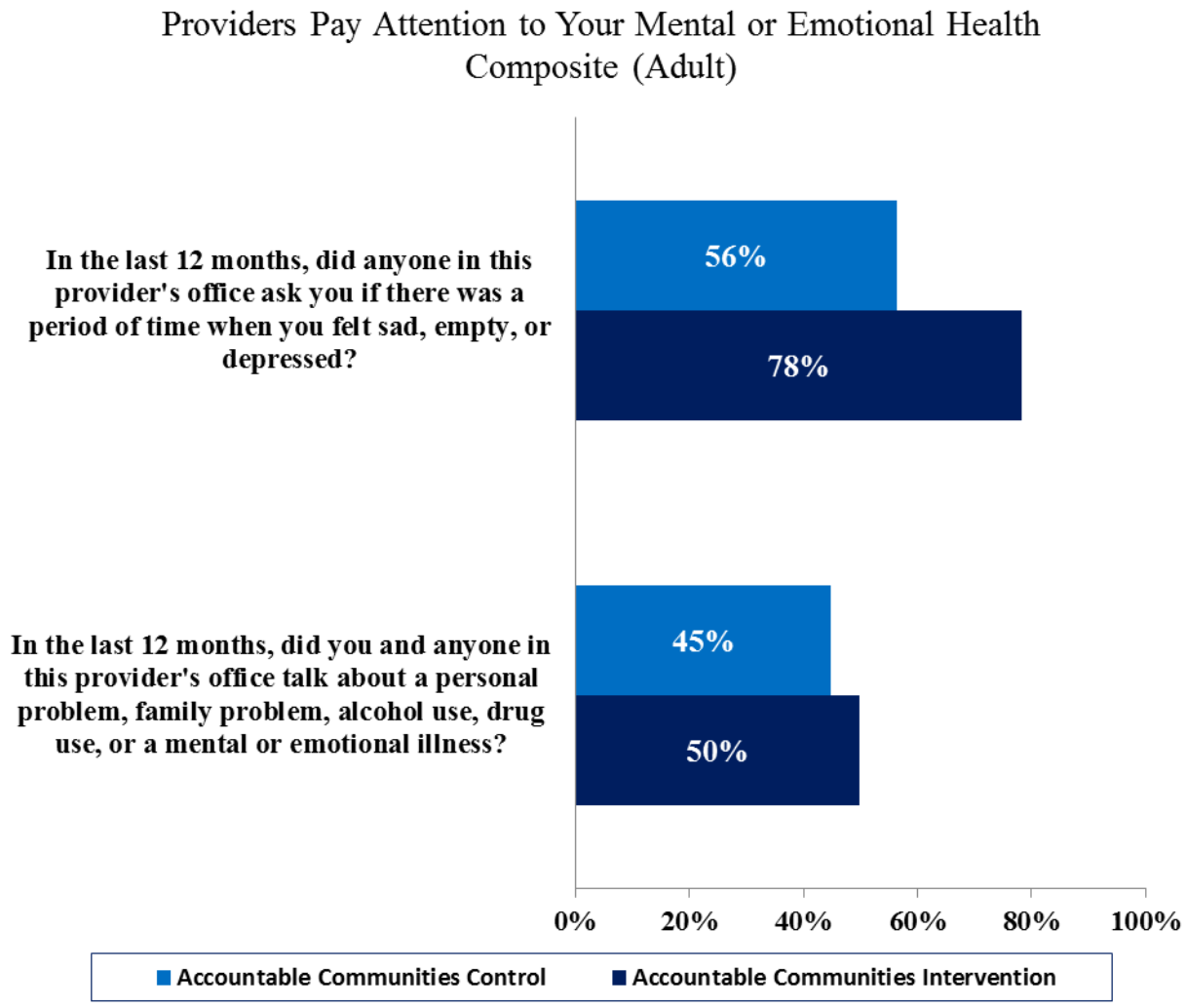
Top box scores differ only slightly between the Accountable Communities intervention and control groups across the five composite items in the 'Provider's Attention to Your Child's Growth and Development' composite, with no item receiving less than 50% of top box scores.



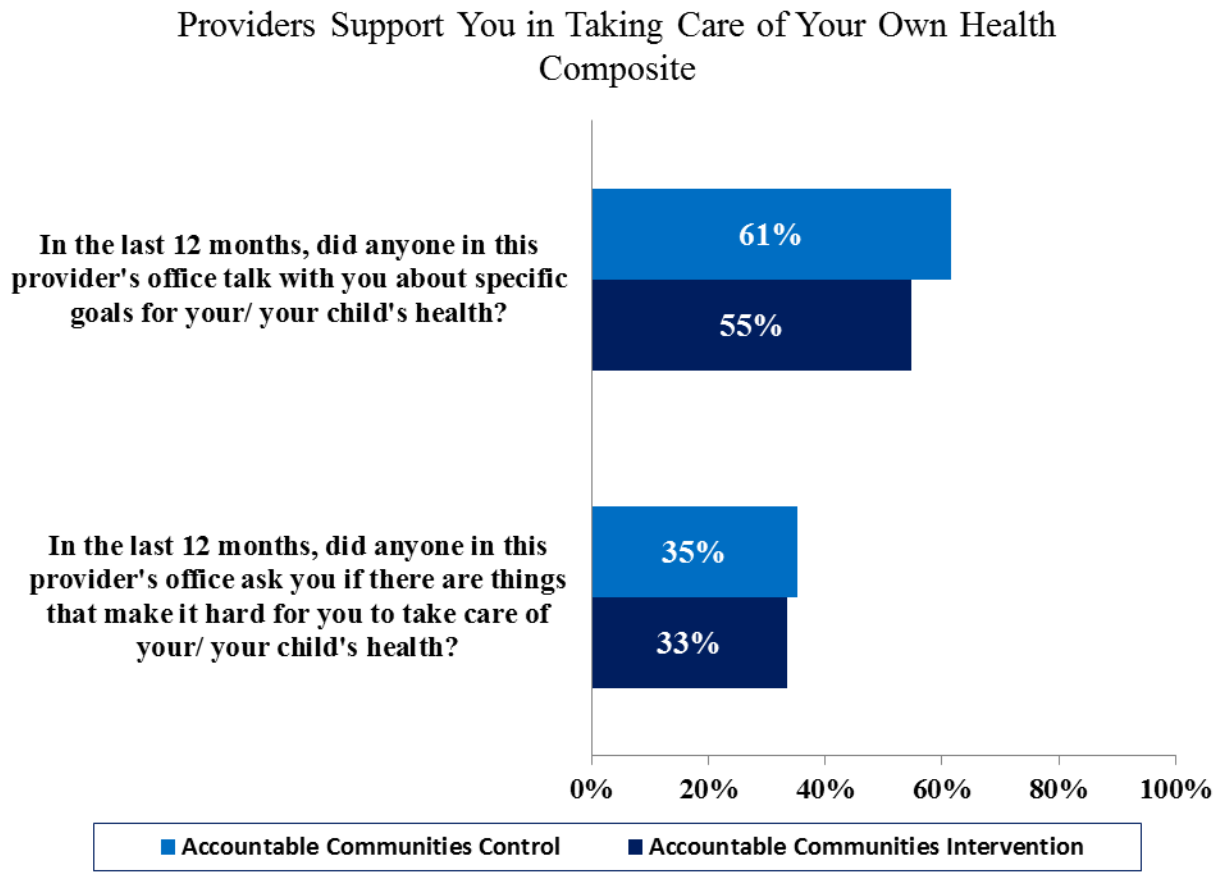
Approximately two-thirds (Intervention: 76%/Control: 74%) of both the Accountable Communities intervention group and control group gave top box scores within the 'Providers Discuss Medication Decisions' composite.



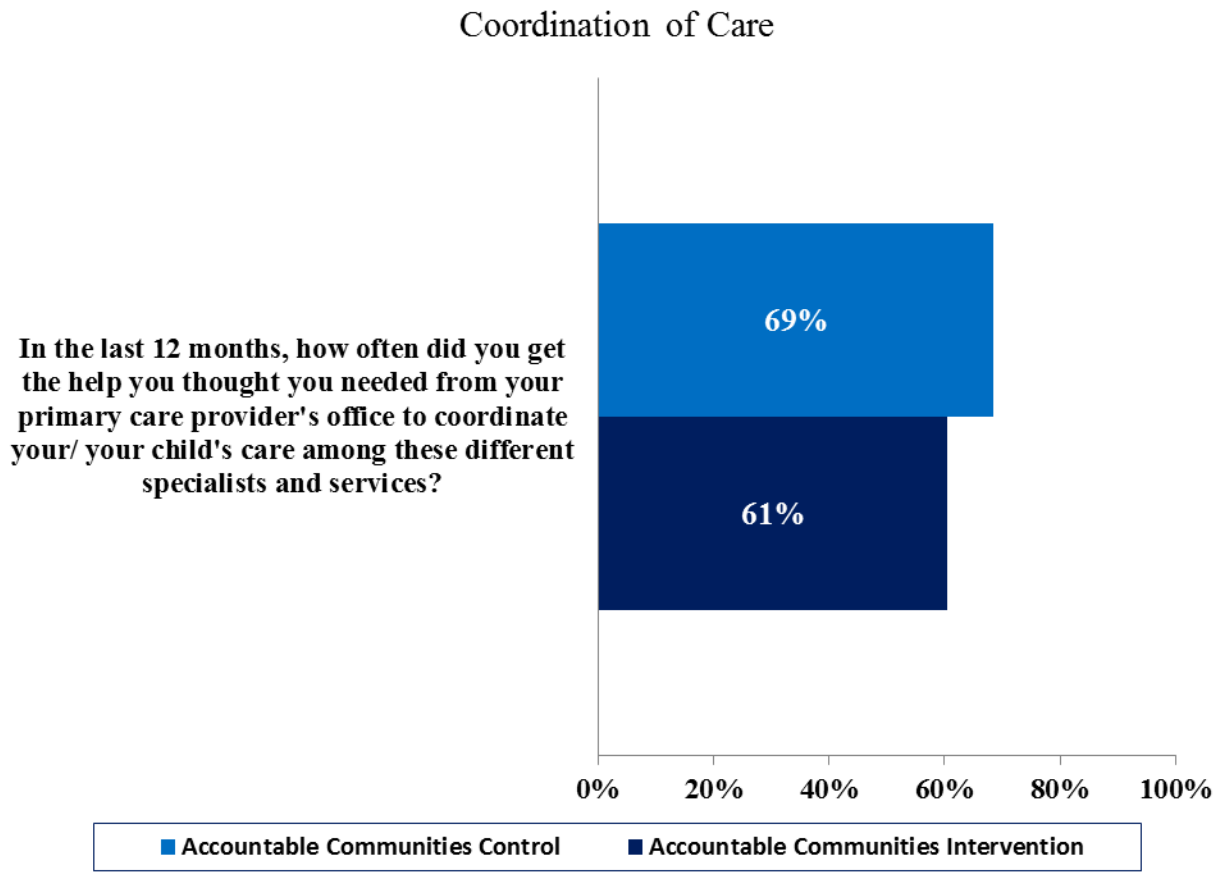
In the 'Providers Pay Attention to Your Mental or Emotional Health' composite, the top box scores differed noticeably between the Accountable Communities intervention group and the control group for the question "In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty or depressed?", with 56% of the control group giving top box scores compared to the 78% of the intervention group.



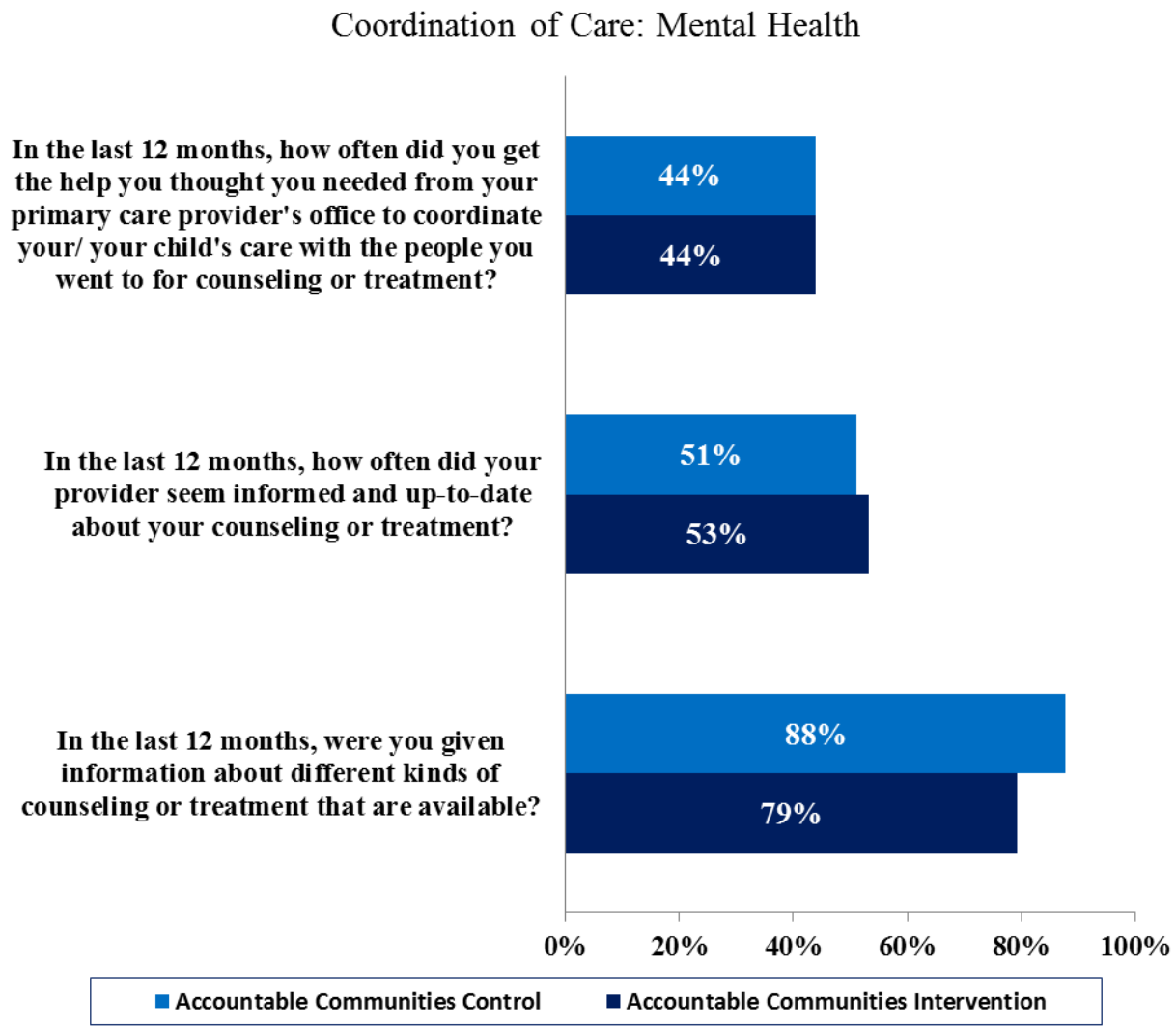
The Accountable Communities intervention group and control group differ only slightly in their top box scores within the 'Providers Support You in Taking Care of Your Own Health' composite.



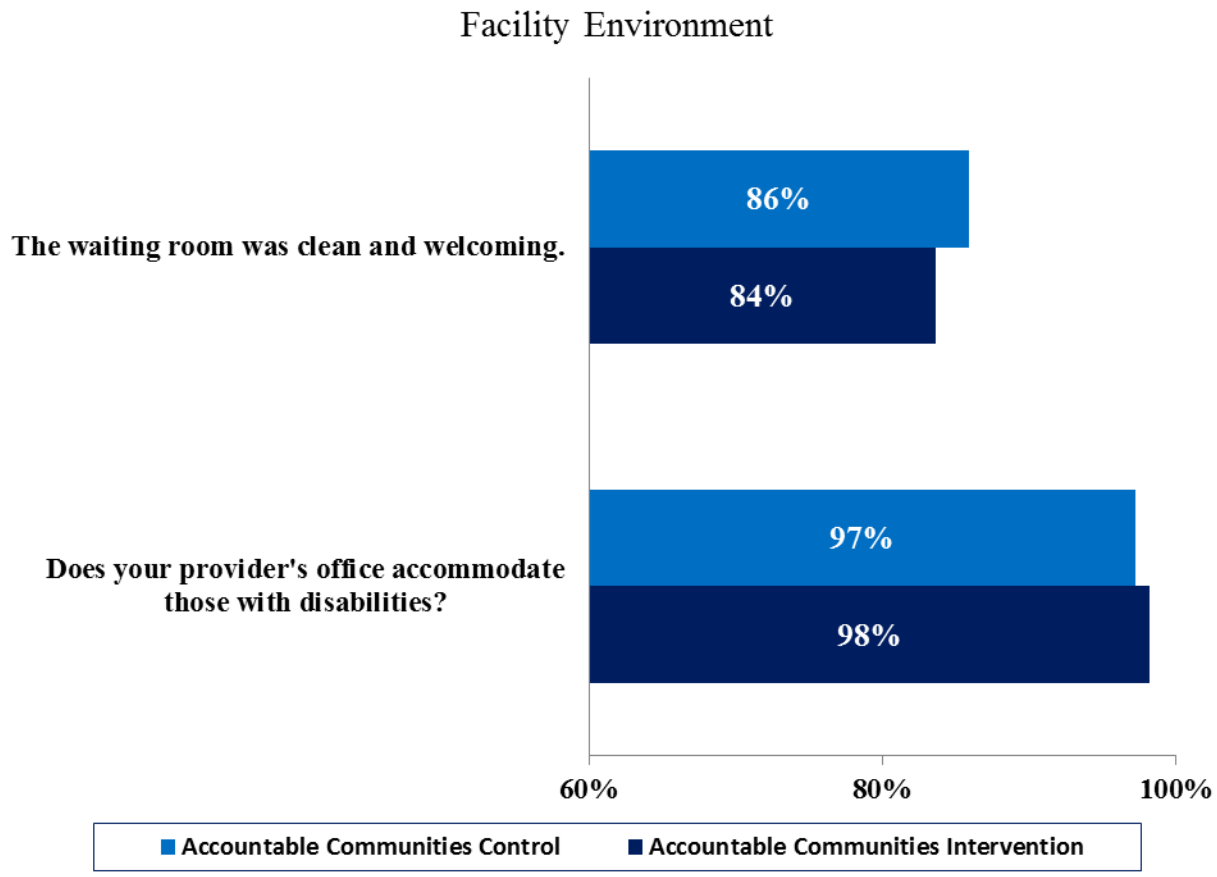
In the 'Coordination of Care' item collection, respondents from the control group give top box results 69% of the time, only slightly different than the 61% from the Accountable Communities intervention group respondents.



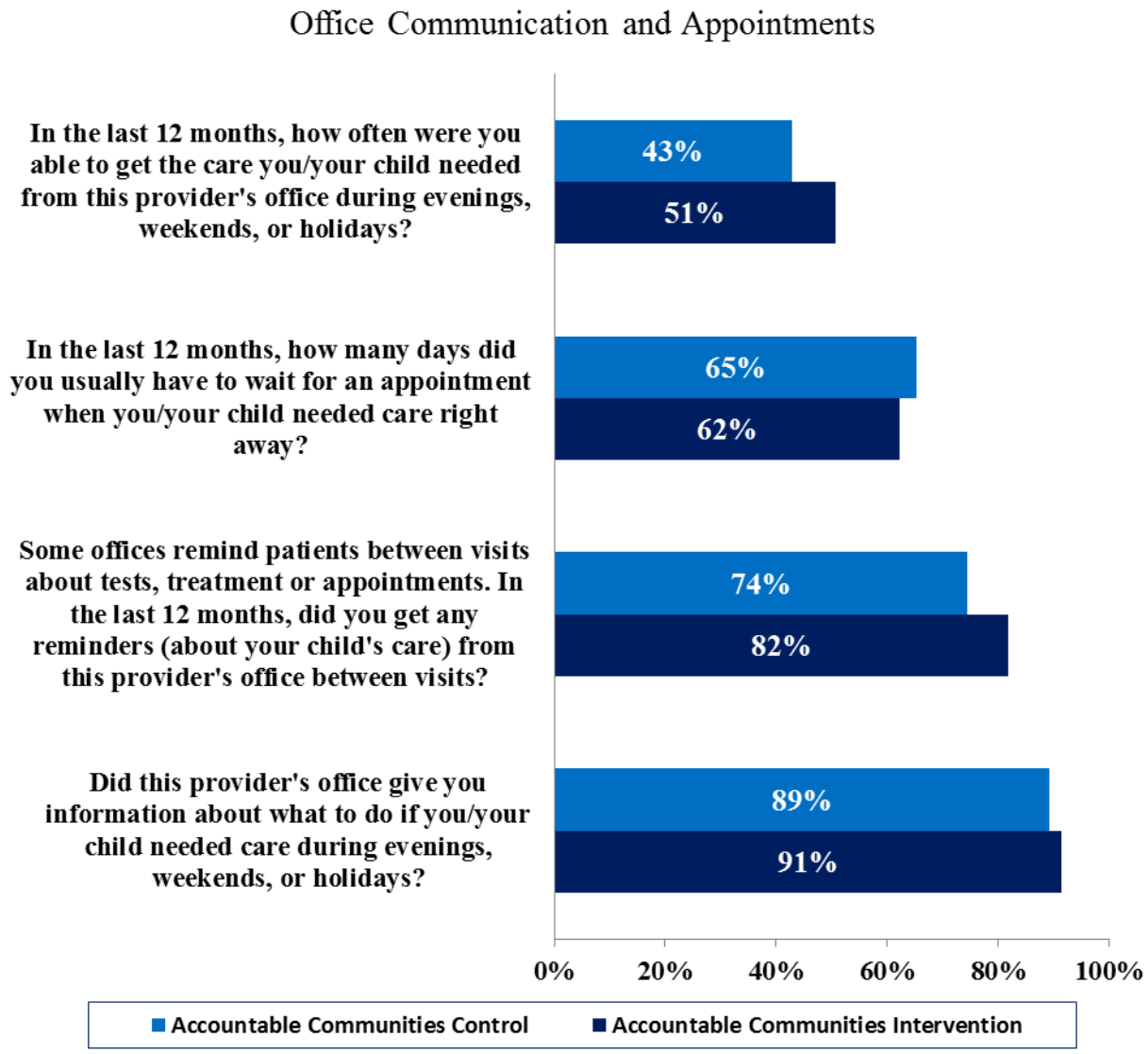
In the 'Coordination of Care: Mental Health' item collection, Accountable Communities intervention group respondents and control group respondents give similar top box scores across all three collection items, with the largest difference in top box scores given to the question "In the last 12 months, were you given information about different kinds of counseling or treatment that are available?" where 88% of control group respondents give top box scores compared to 79% of intervention group respondents.



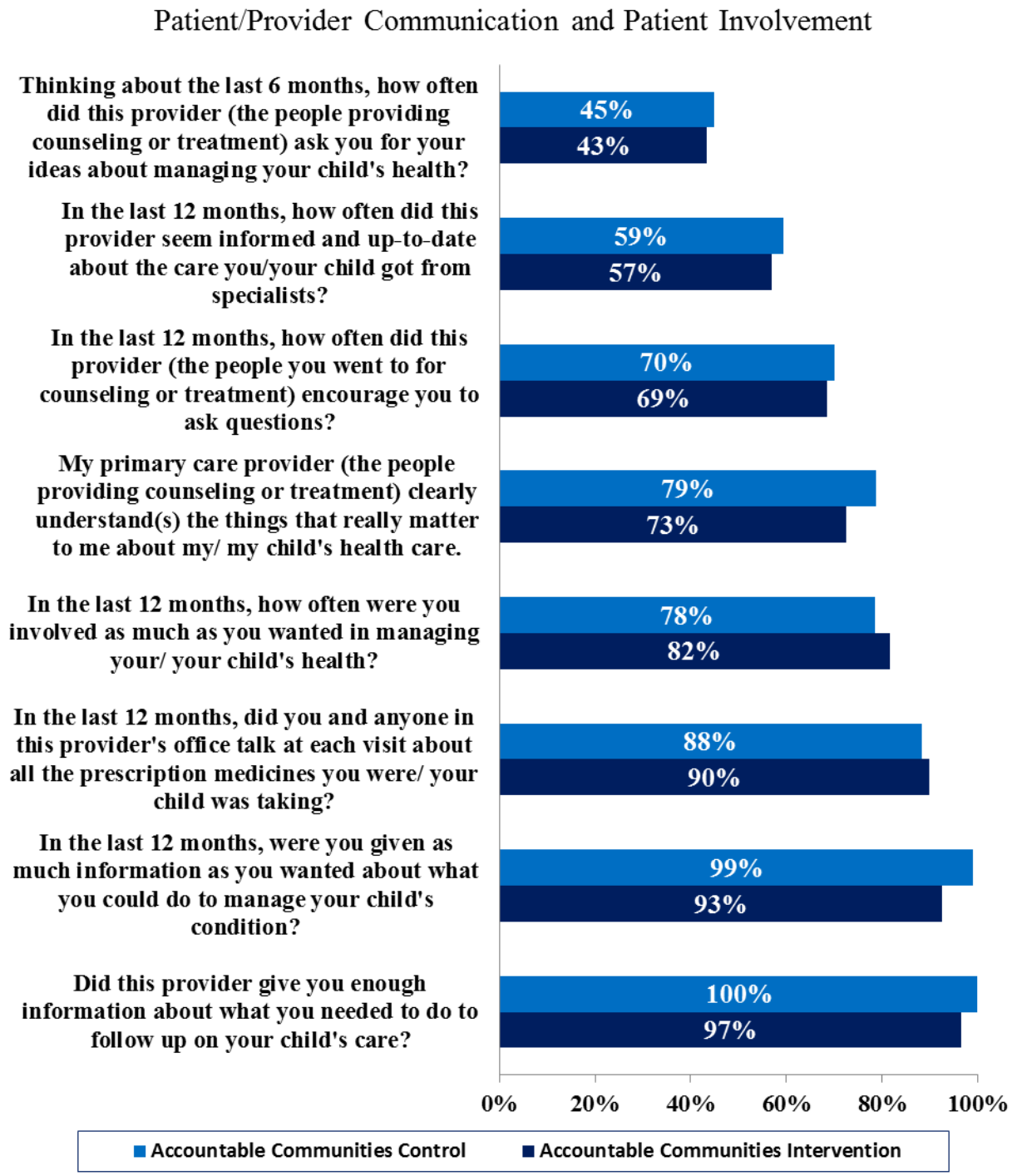
In the ‘Facility Environment’ item collection, respondents from the control group and the Accountable Communities intervention group respondents give similar top box scores on both collection items.



Among the 'Office Communication and Appointments' item collection Accountable Communities intervention group respondents and control group respondents gave similar top box scores across all collection items.

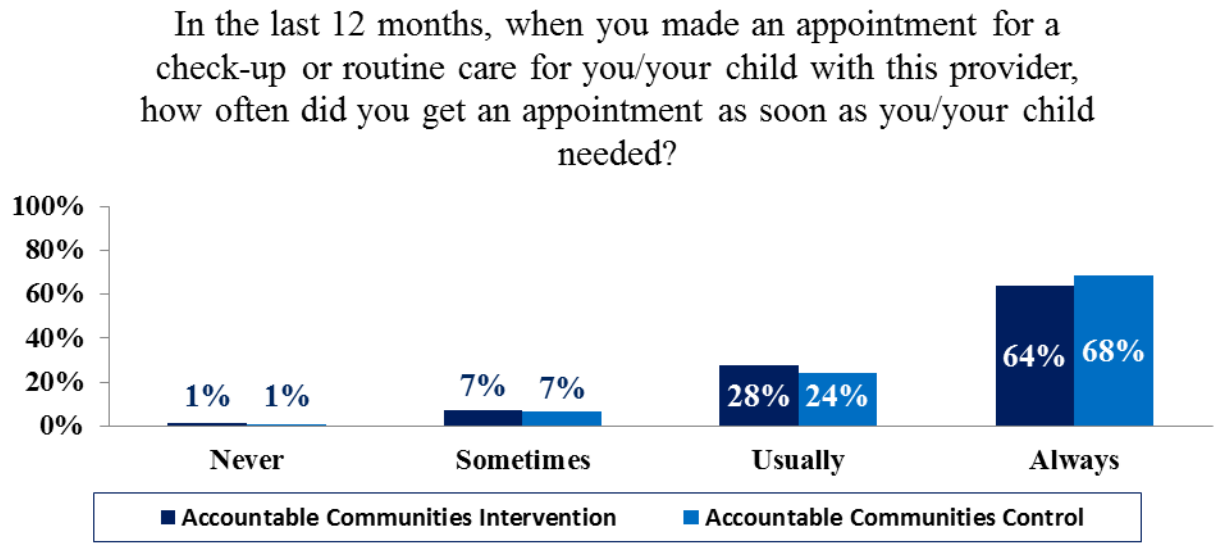


With the exception of the question "How often did this provider (the people providing counseling or treatment) ask you for your ideas about managing your child's health?" (Intervention: 43%/Control: 45%), both Accountable Communities intervention group respondents and control group respondents gave similar top box scores greater than 50% of the time to each item in the 'Patient/Provider Communication and Patient Involvement' item collection.

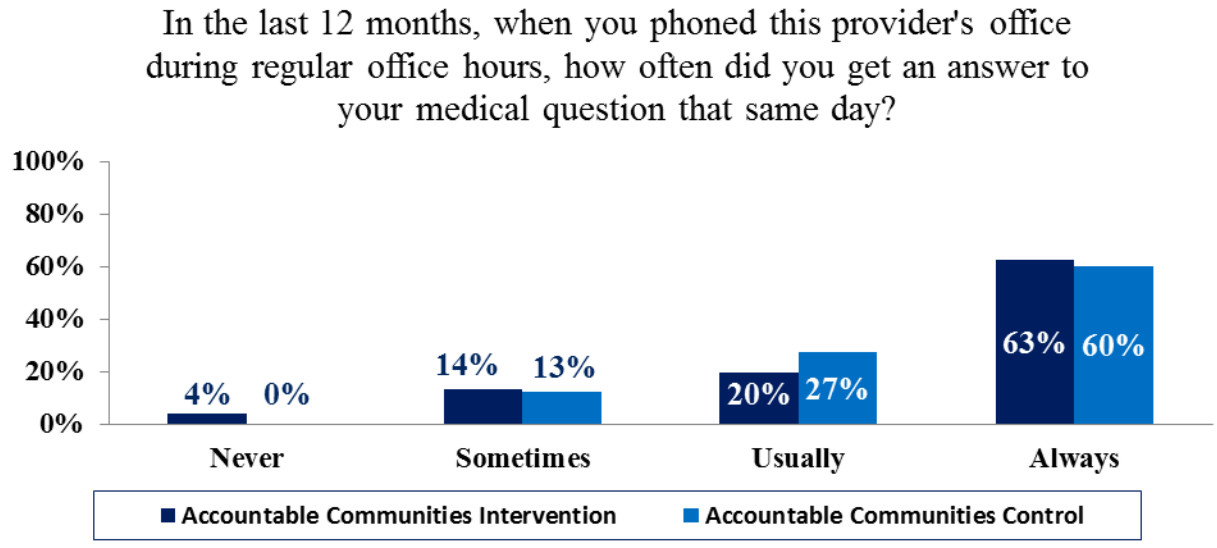


Individual Items

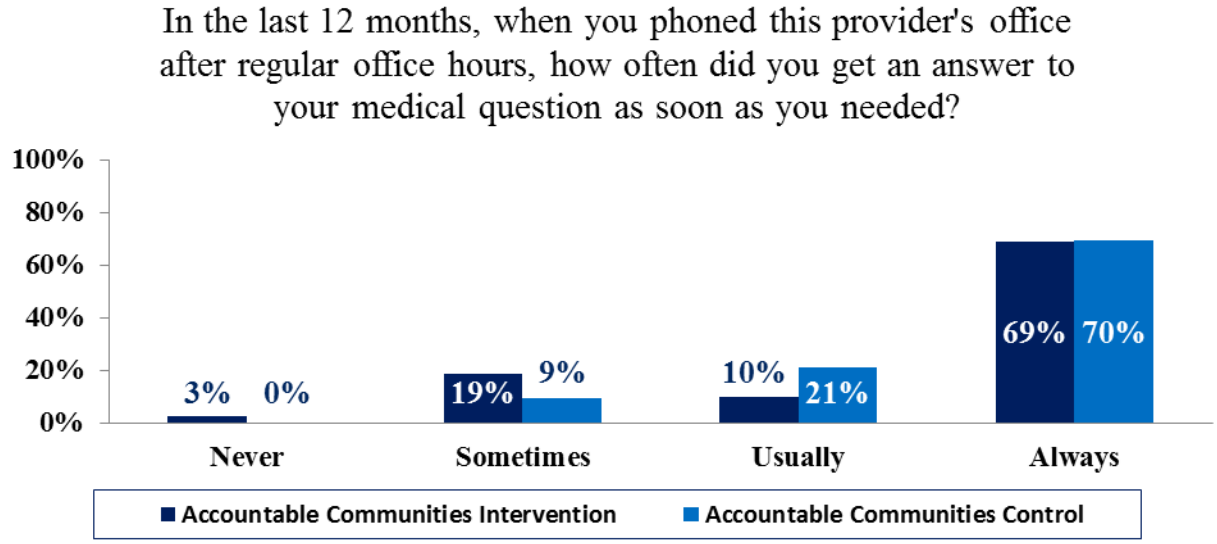
92% of Accountable Communities intervention group patients and control group patients report that they were either usually or always able to get appointments for a check-up or routine care as soon as they or their child needed.



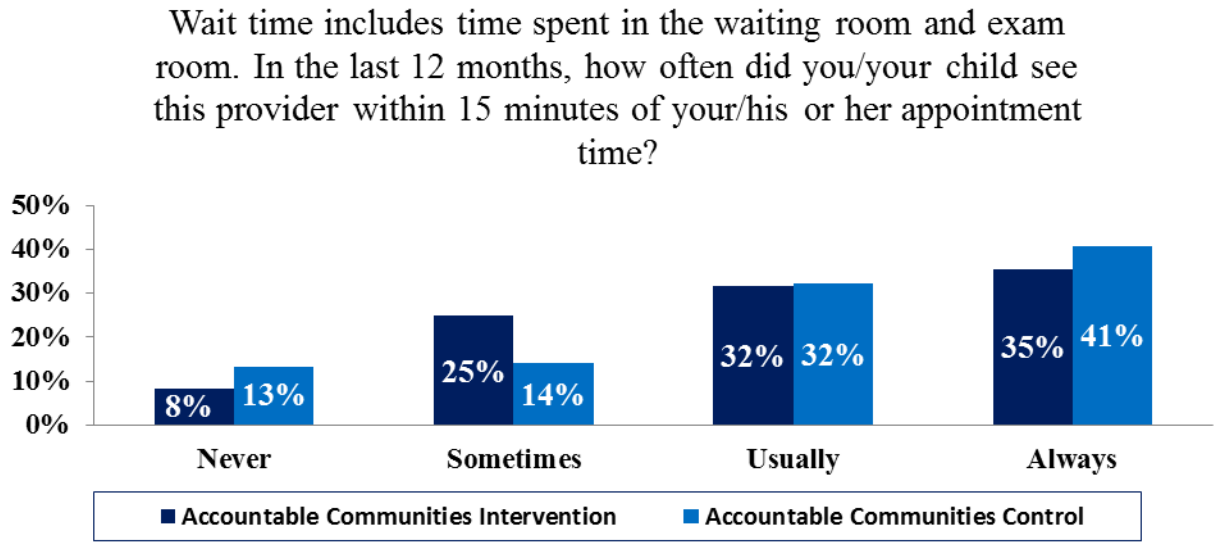
Similar amounts (Intervention: 83%/Control: 87%) of patients from both the Accountable Communities intervention group and control group are able usually or always get answers to their medical questions the same day they phoned their provider's office during regular office hours.



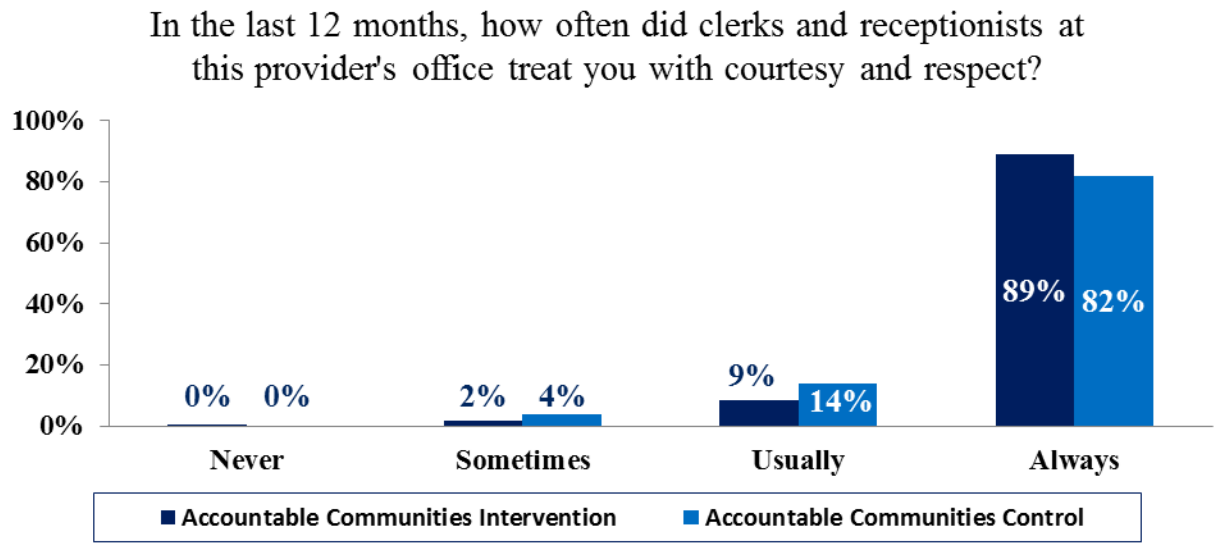
A noticeably larger percent of control group patients (22%) report that they only sometimes or never get the answers to their questions as soon as needed when they phone their provider's office after regular office hours compared to 9% of Accountable Communities intervention group patients.



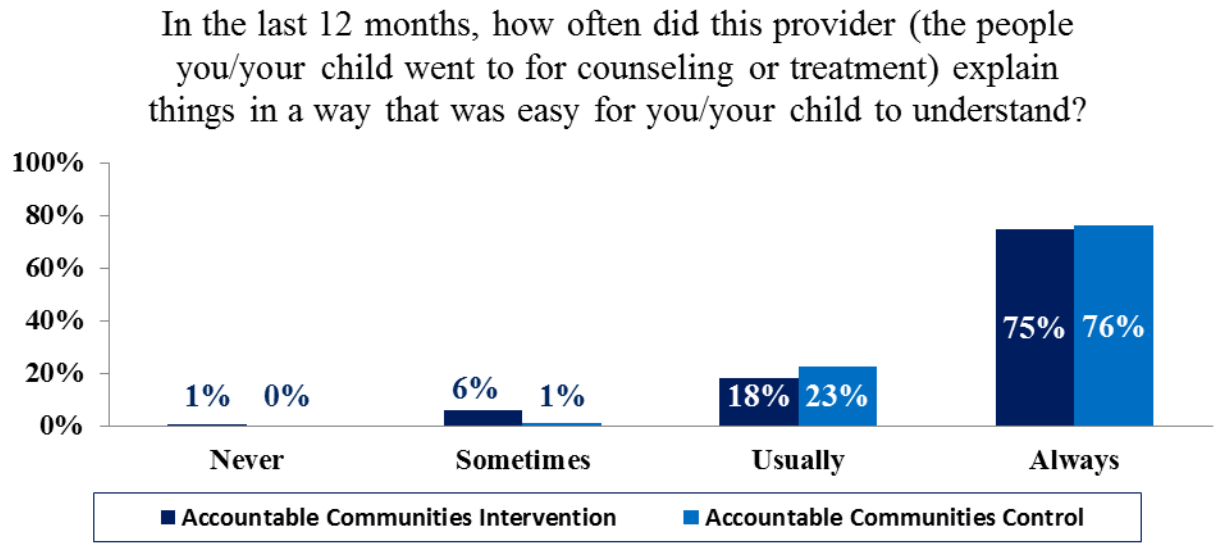
Similar percentages of Accountable Communities intervention group patients (67% 'Usually' or 'Always') and control group patients (73% 'Usually' or 'Always') report that they or their child saw their provider within 15 minutes of their appointment time.



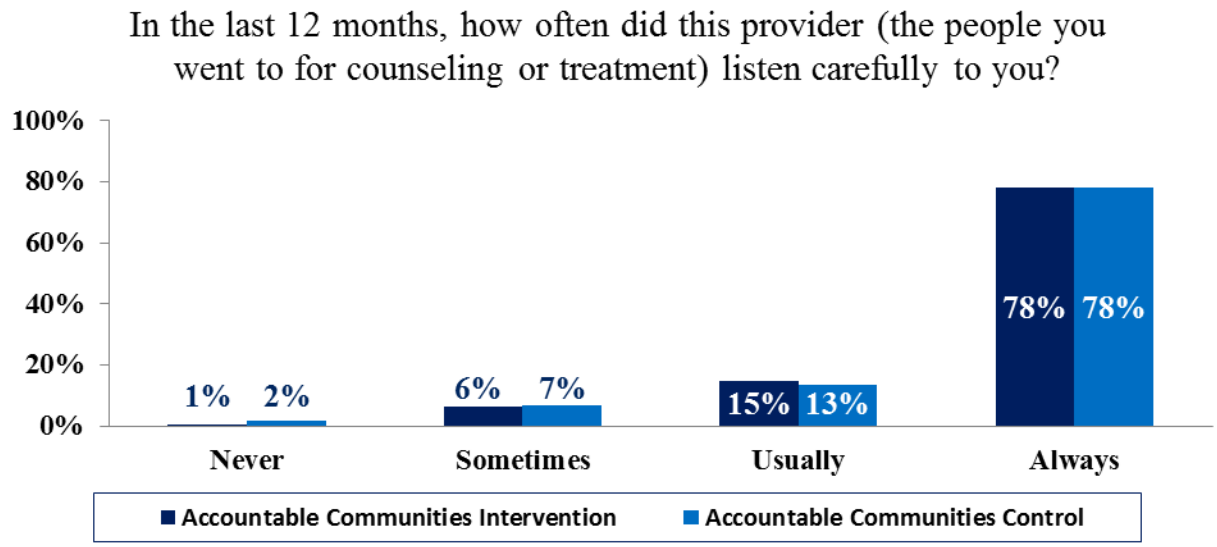
Almost all of both Accountable Communities intervention group patients (98% 'Usually' or 'Always') and control group patients (96% 'Usually' or 'Always') report that the clerks and receptionists at their provider's office treated them with courtesy and respect.



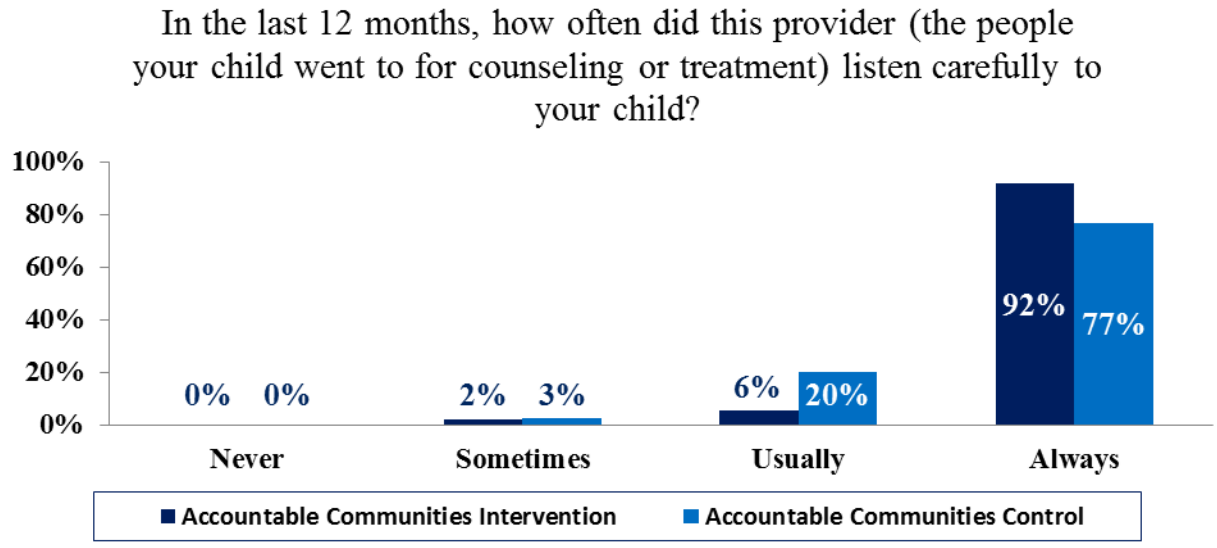
Almost all of both Accountable Communities intervention group patients (93% 'Usually' or 'Always') and control group patients (99% 'Usually' or 'Always') feel that their provider explained things in a way that was easy for them or their child to understand.



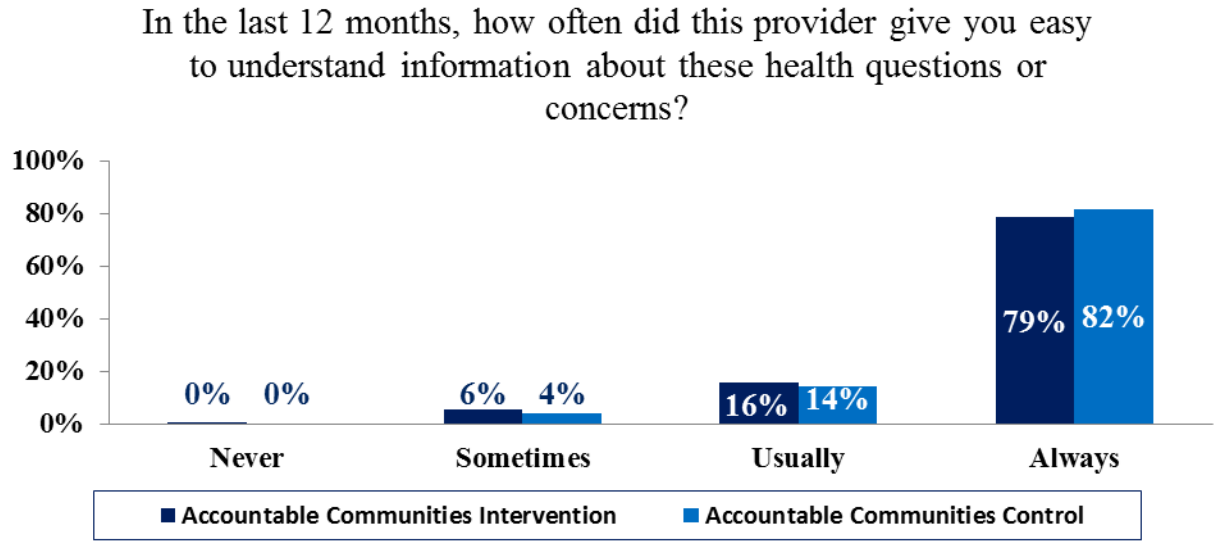
Similar percentages of both the Accountable Communities intervention group patients (93% 'Usually' or 'Always') and control group patients (91% 'Usually' or 'Always) report that their provider usually or always listen carefully to them.



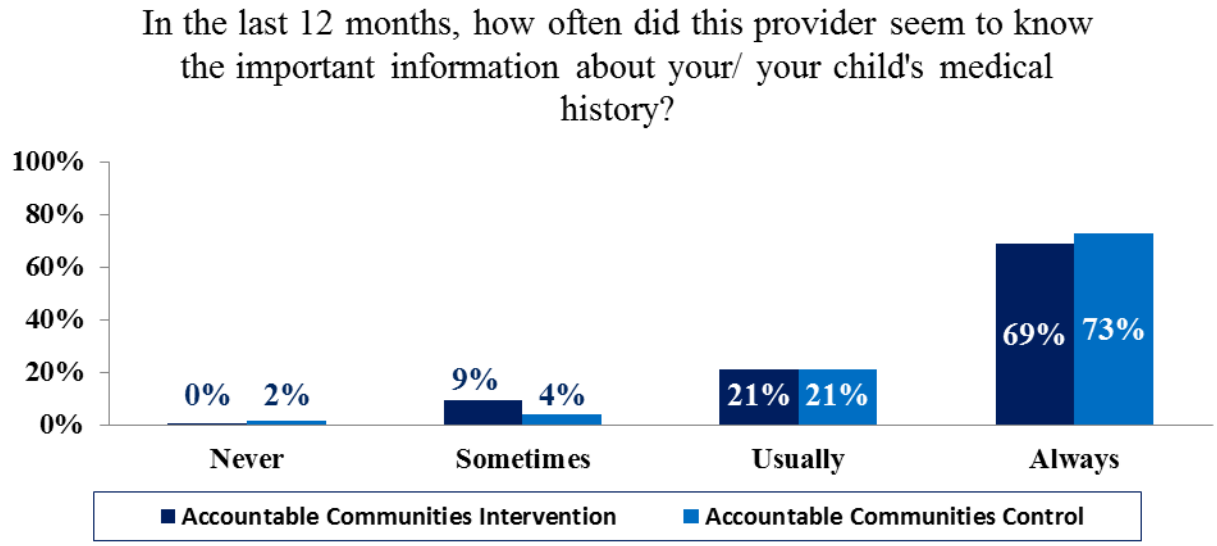
While almost all patients in both groups (Intervention: 98%/Control 97%) report that their provider usually or always listened to their child, a noticeably larger percentage (92%) of Accountable Communities intervention group patients feel that their providers always listen to their child versus only 77% of control group patients.



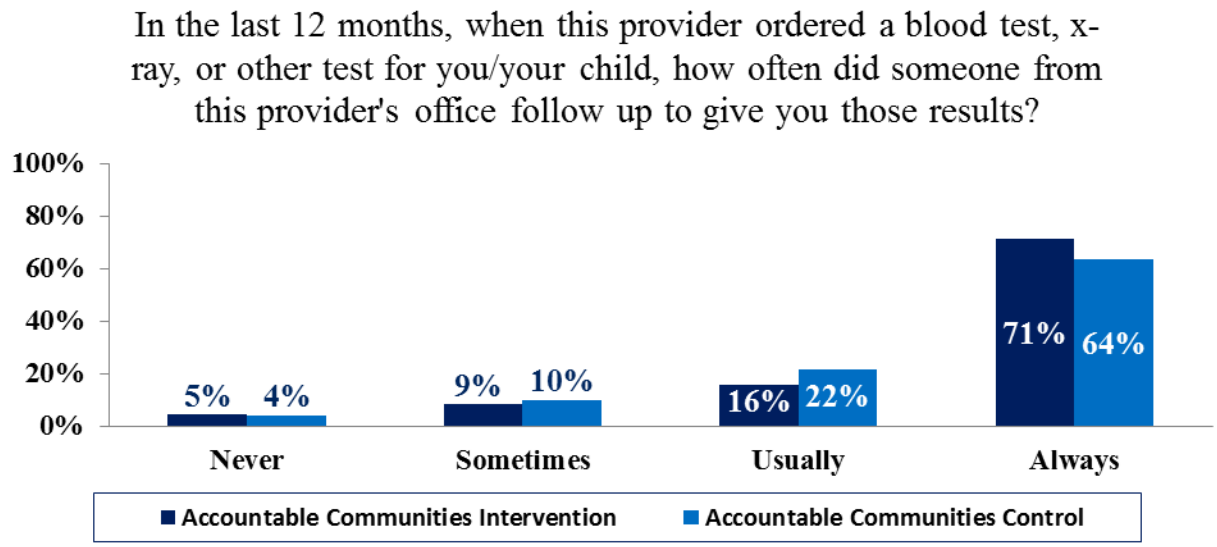
Both Accountable Communities intervention group patients and control group patients almost all feel that their providers usually or always gave them easy to understand information about health questions or concerns (Intervention: 95%/Control: 96%).



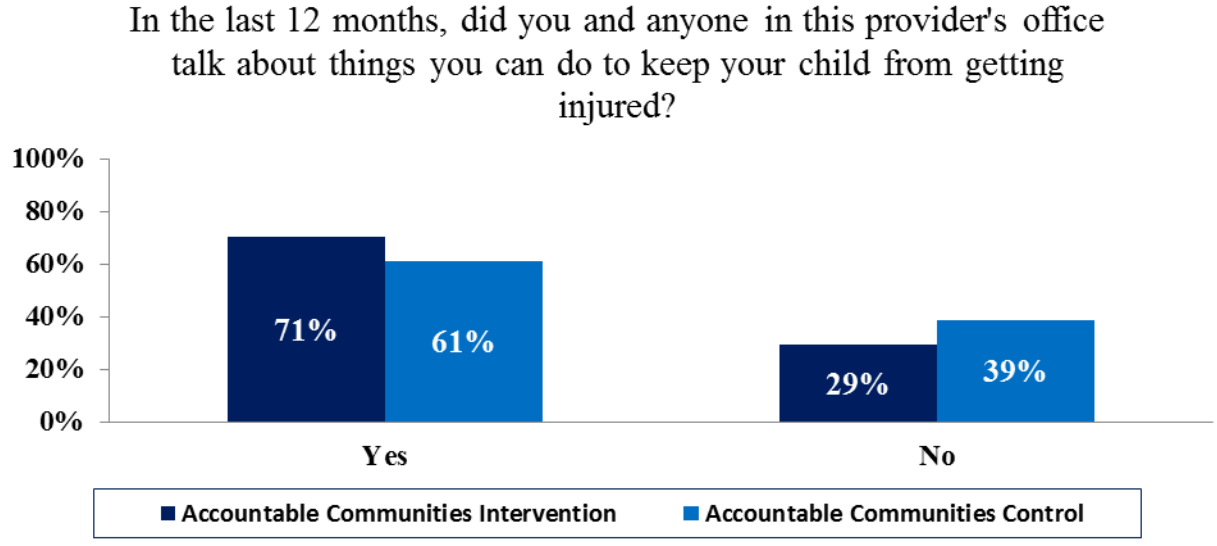
Both Accountable Communities intervention group patients and control group patient also almost all feel that their providers usually or always seemed to know the important information about their or their child's medical history (Intervention: 90%/Control: 94%).



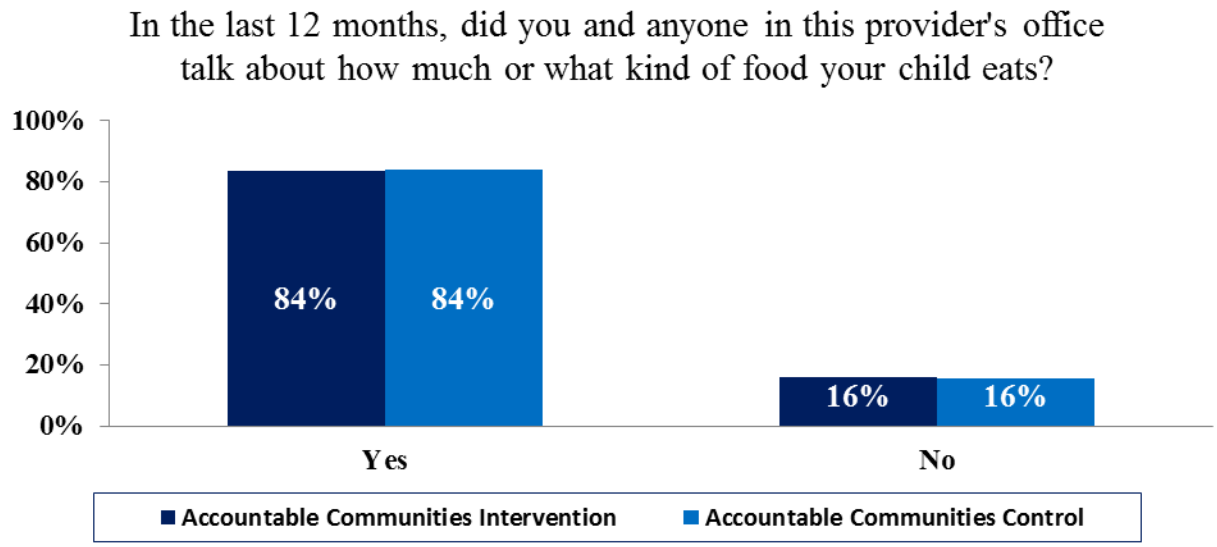
Comparable percentages of Accountable Communities intervention group patients (87%) and control group patients (86%) report that someone from their provider's office usually or always followed up with test results for them or their child.



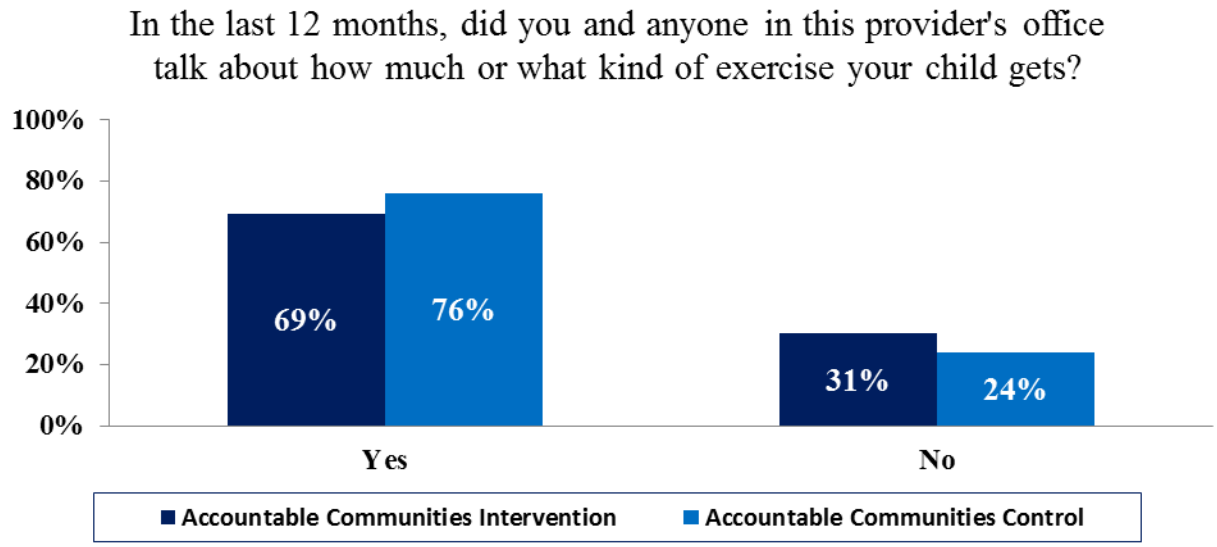
A noticeably larger percentage of Accountable Communities patients (71%) report that they and someone one in their provider's office talked about things they could do to keep their child from getting injured compared to that of the control group patients (61%).



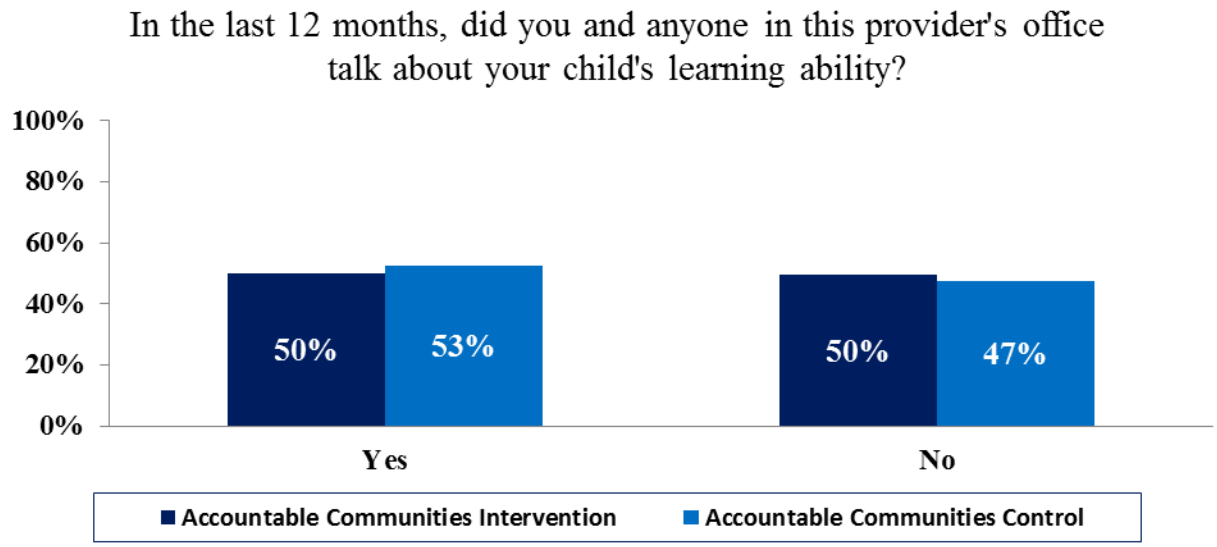
84% of both Accountable Communities intervention group patients and control group patients say that they and someone in their provider's office talked about how much or what kind of food their child eats.



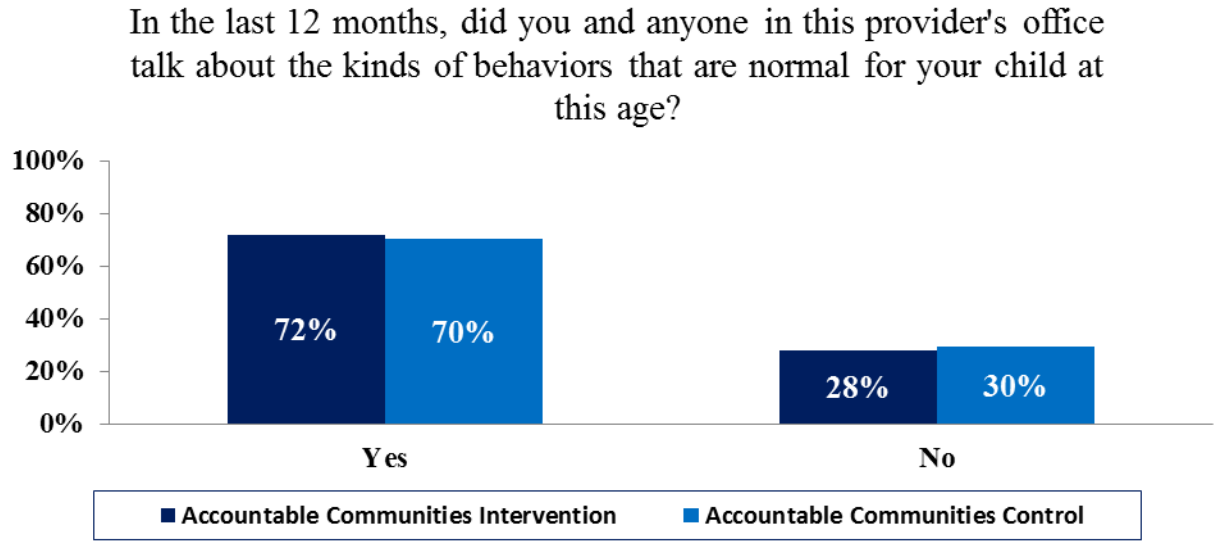
A slightly smaller percentage (69%) of Accountable Communities intervention group patients report that they and someone in their provider's office talked about how much or what kind of exercise their child gets when compared to control group patients (76%).



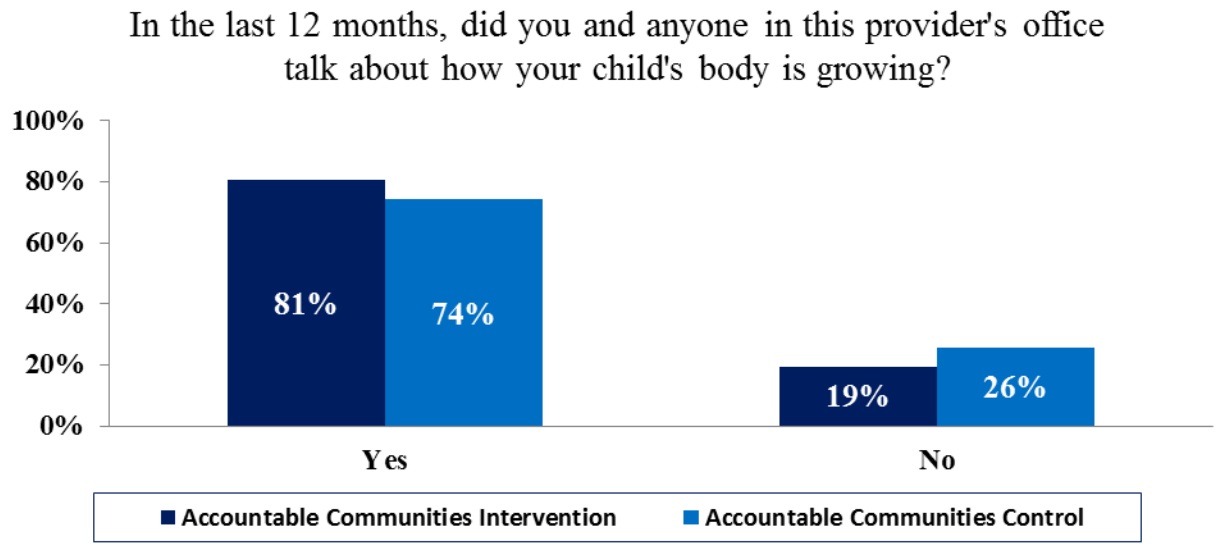
Half (Intervention: 50%/Control: 53%) of both Accountable Communities intervention group patients and control group patients report that they and someone in their provider's office talked about their child's learning ability.



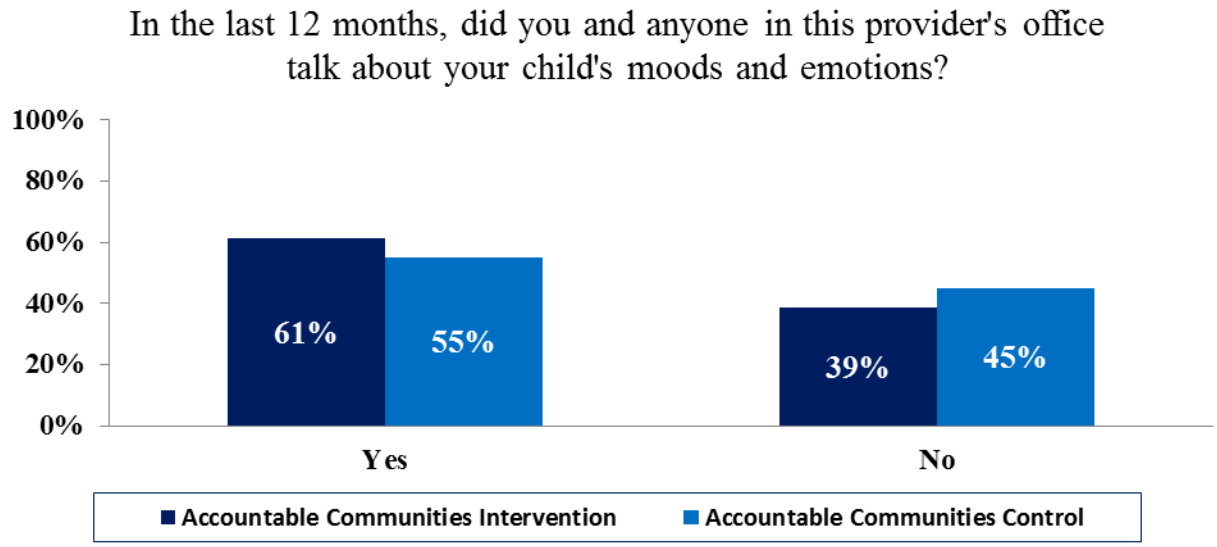
Almost three-quarters (Intervention:72%/Control: 70%) of both Accountable Communities intervention group patients and control group patients report that they and someone in their provider's office talked about the kinds of behaviors that are normal for their child at that age.



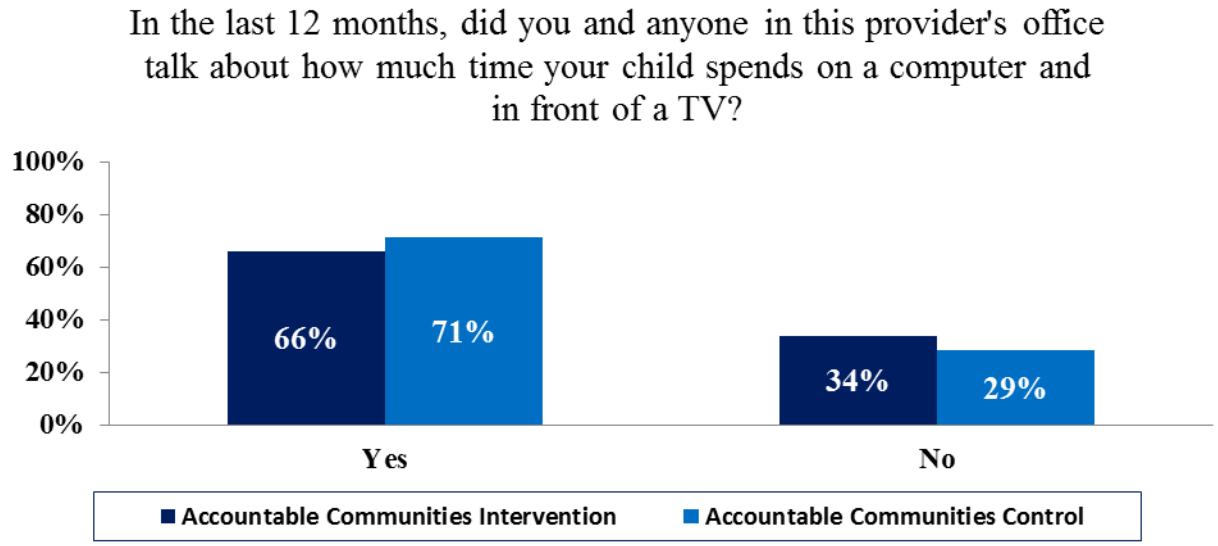
A slightly larger percentage (81% versus 74%) of Accountable Communities intervention group patients say that they and someone in their provider's office talked about how their child's body is growing, versus that of the control group.



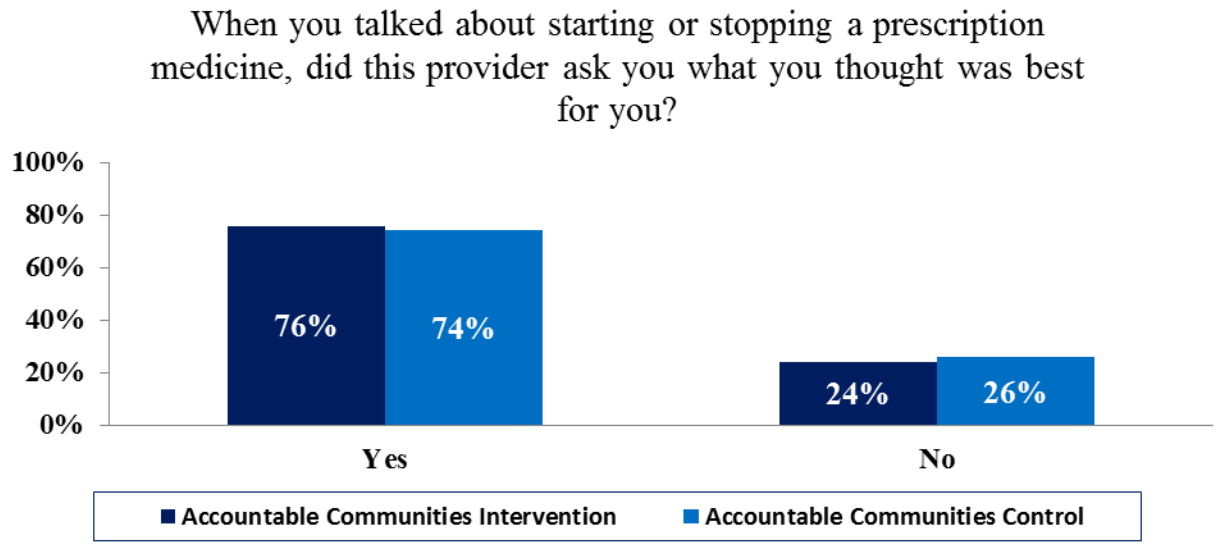
More than half of both Accountable Communities intervention group patients (61%) and control group patients (55%) report that they and someone in their provider's office talked about their child's moods and emotions.



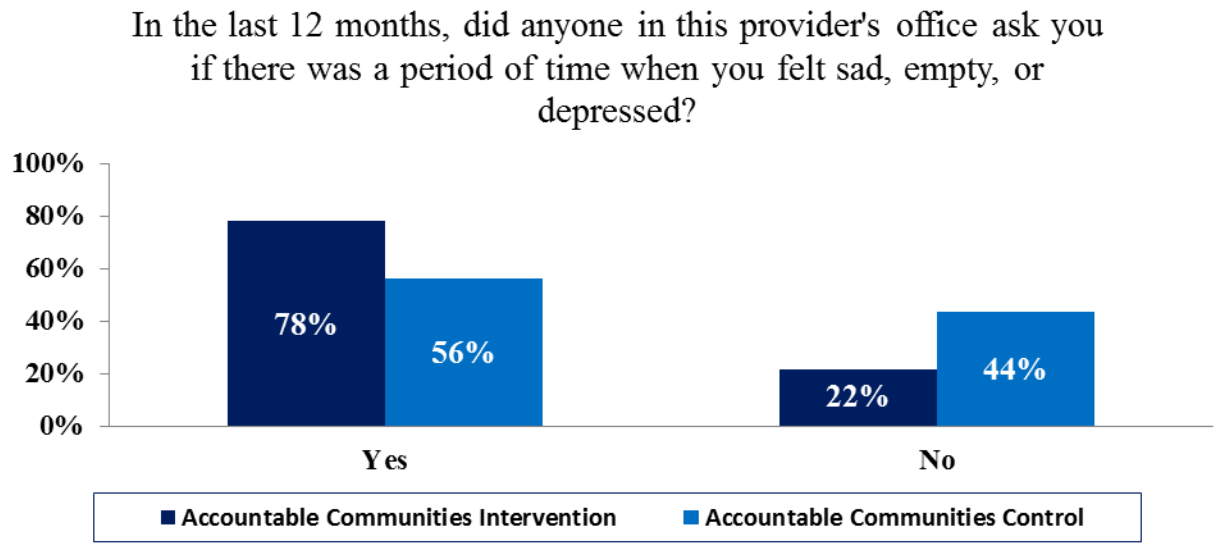
Two-thirds of both Accountable Communities intervention group patients (66%) and more than two thirds of control group patients (71%) say they and someone in their provider's office talked in the last 12 months about how much time their child spends in on a computer and in front of a TV.



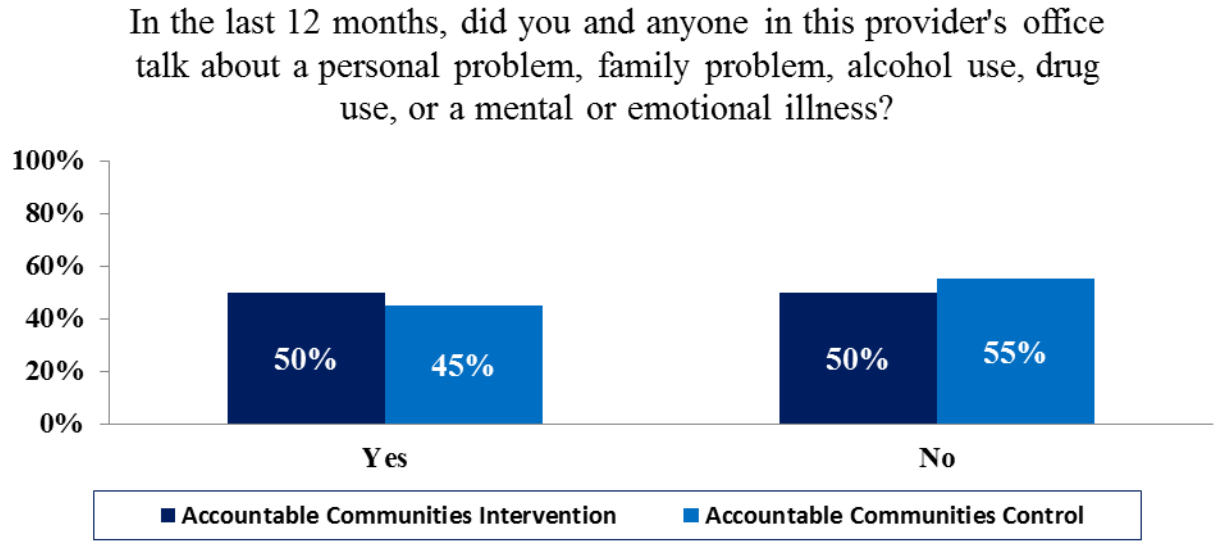
Around three-quarters (Intervention:76%/Control:74%) of both Accountable Communities intervention group patients and control group patients report that their provider asked them what they thought was best for themselves when talking about starting or stopping a prescription medicine.



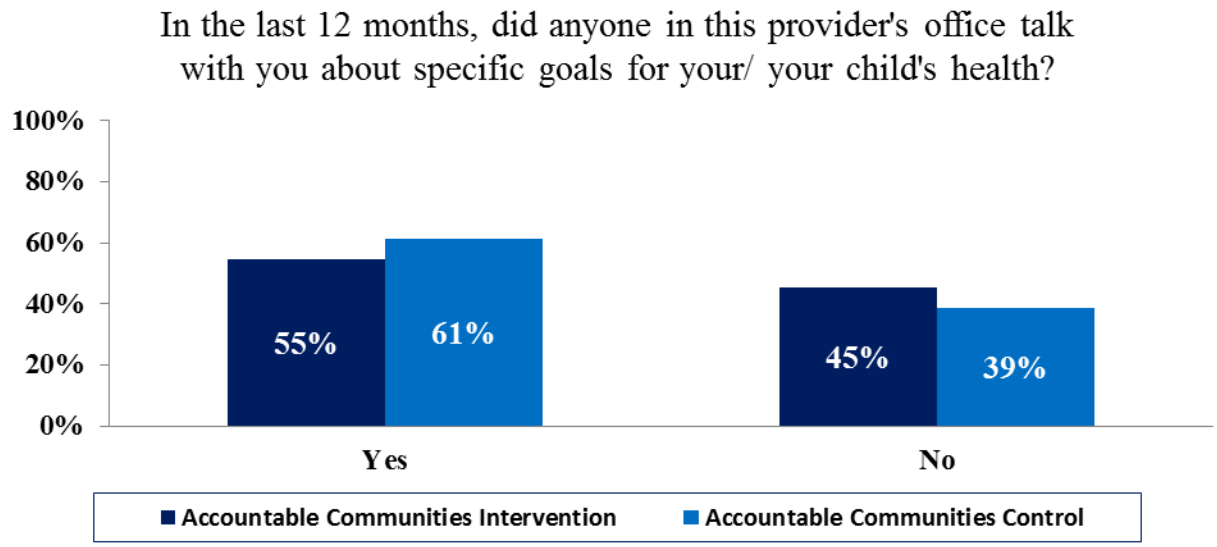
A noticeably larger percentage of Accountable Communities intervention group patients (78%) verse control group patients (56%) report that someone in their provider's office asked them if there was a period of time when they felt sad, empty or depressed.



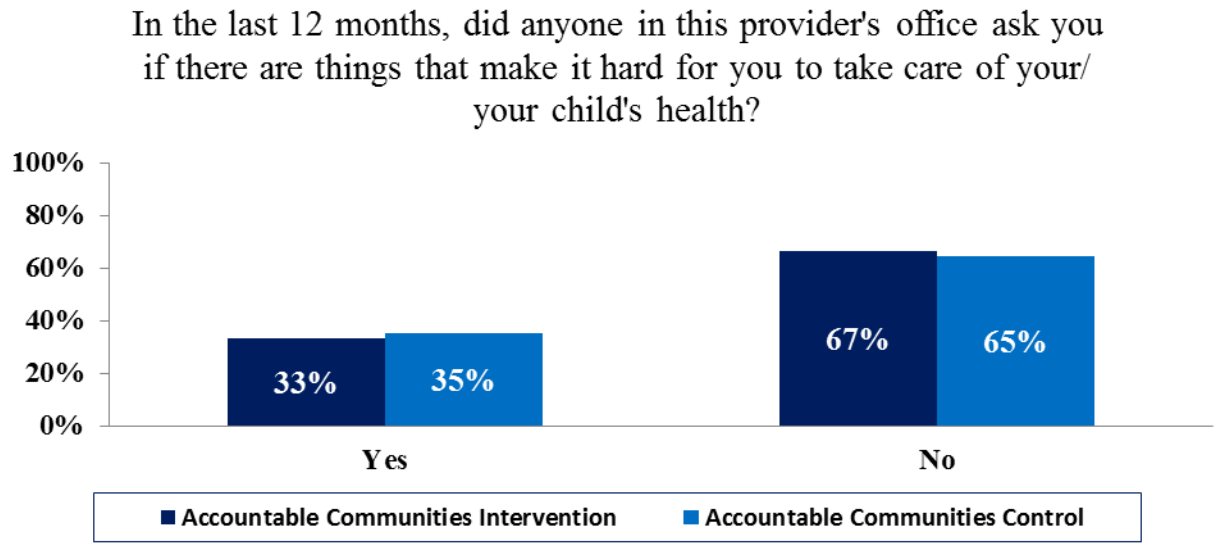
Half of Accountable Communities intervention patients (50%) and slightly less than half (45%) of control group patients say that someone in their provider's office talked with them about personal problems, family problems, alcohol use, drug use or mental or emotional illness.



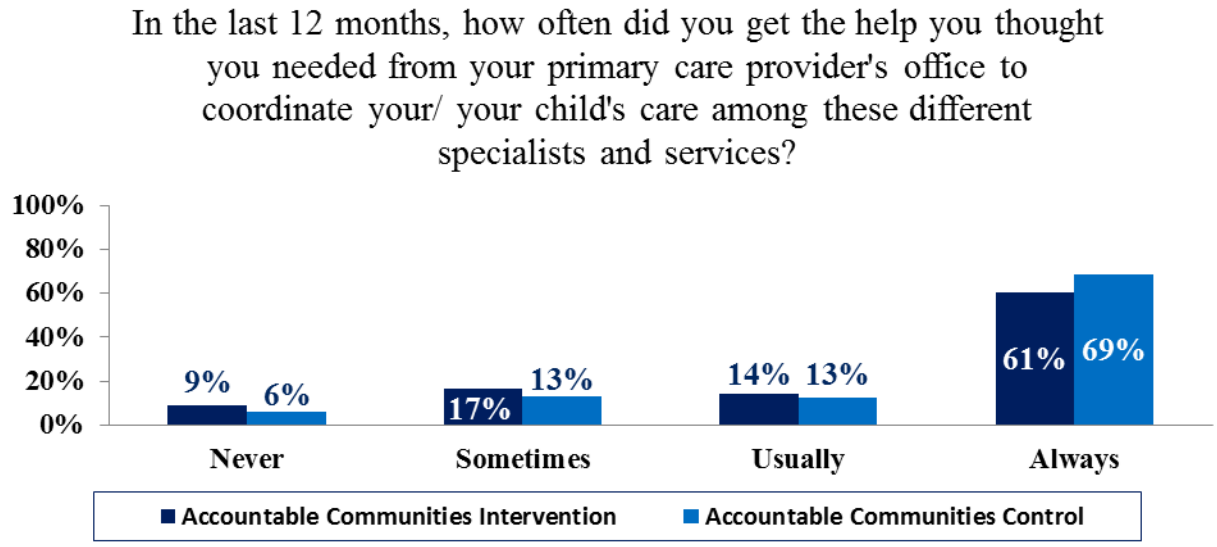
More than half (Intervention: 55%/Control:61%) of both the Accountable Communities intervention group patients and control group patients say that someone in their provider's office talked with them about specific goals for their or their child's health.



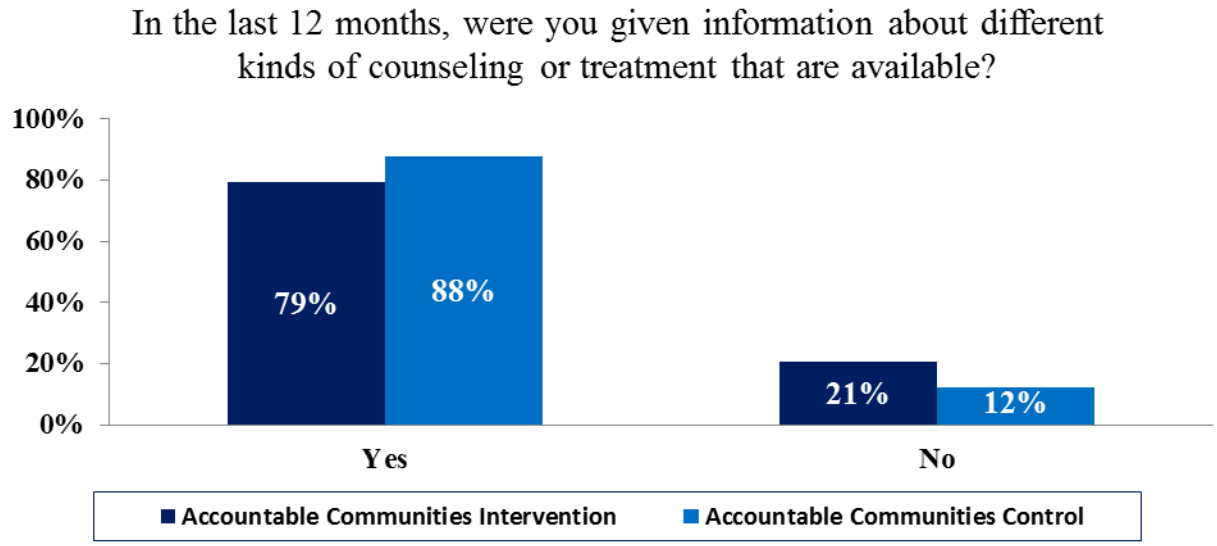
Around two-thirds of both Accountable Communities intervention group patients (67%) and control group patients (65%) report that no one in their provider's office asked them if there were things that make it hard for them to take care of their or their child's health.



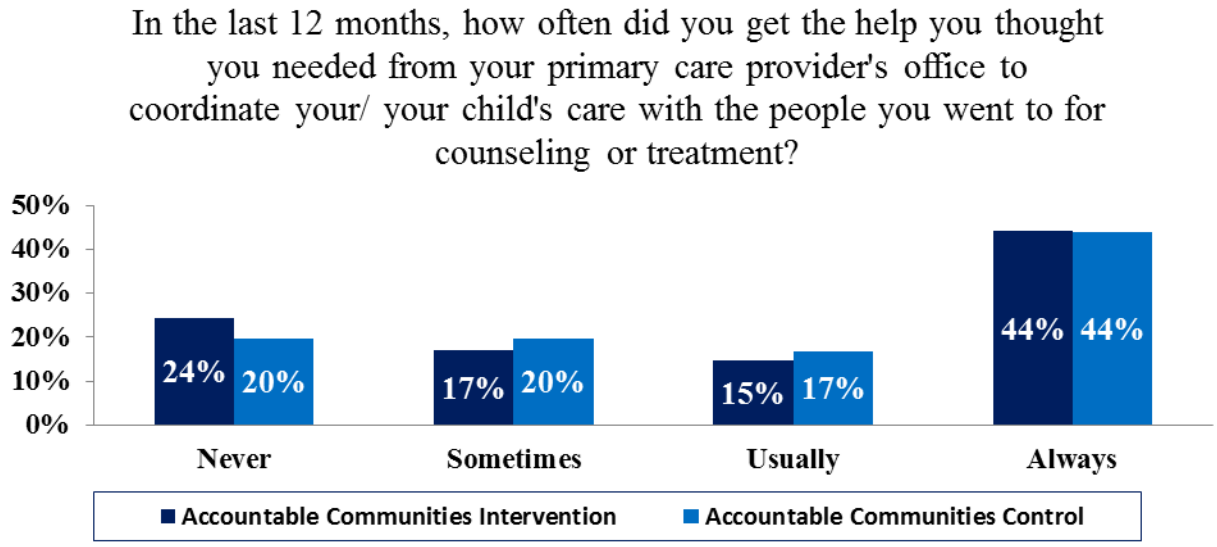
Three-quarters (75%) of Accountable Communities intervention group patients feel that they usually or always got the help they though they needed from their primary care provider's office to coordinate their or their child's care among different specialists and services, verse 81% of control group patients.



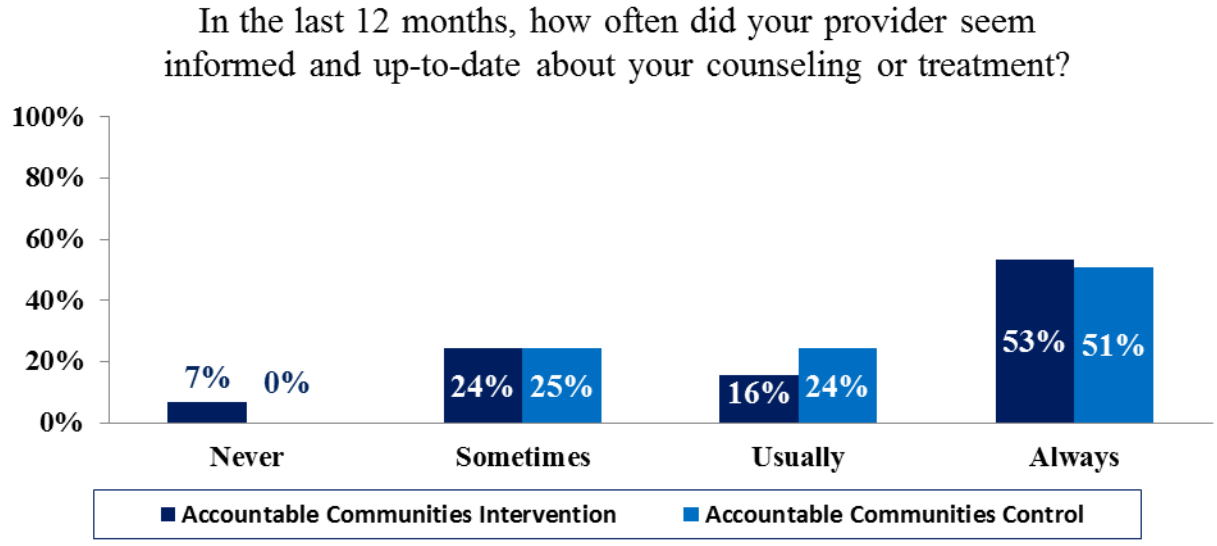
Over three-quarters of both Accountable Communities intervention group patients (79%) and control group patients (88%) report they were given information about different kinds of counseling or treatment available to them.



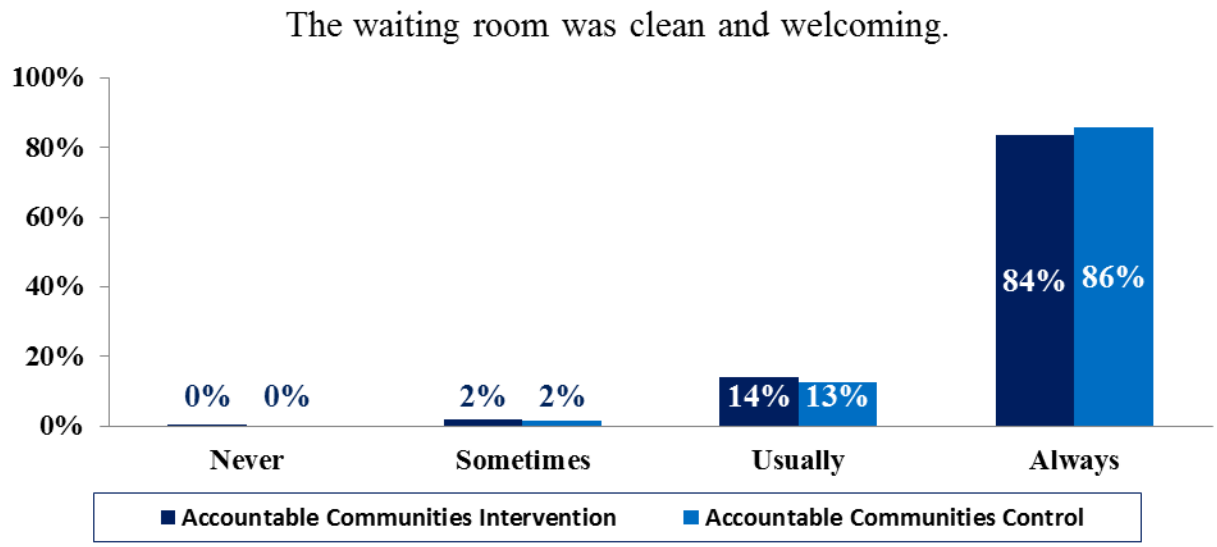
Similar percentages (Intervention: 59%/Control: 61%) of both Accountable Communities intervention group patients and control group patients feel that they usually or always received the help they thought they needed from their provider's office to coordinate their or their child's care with the people they go to for counseling or treatment.



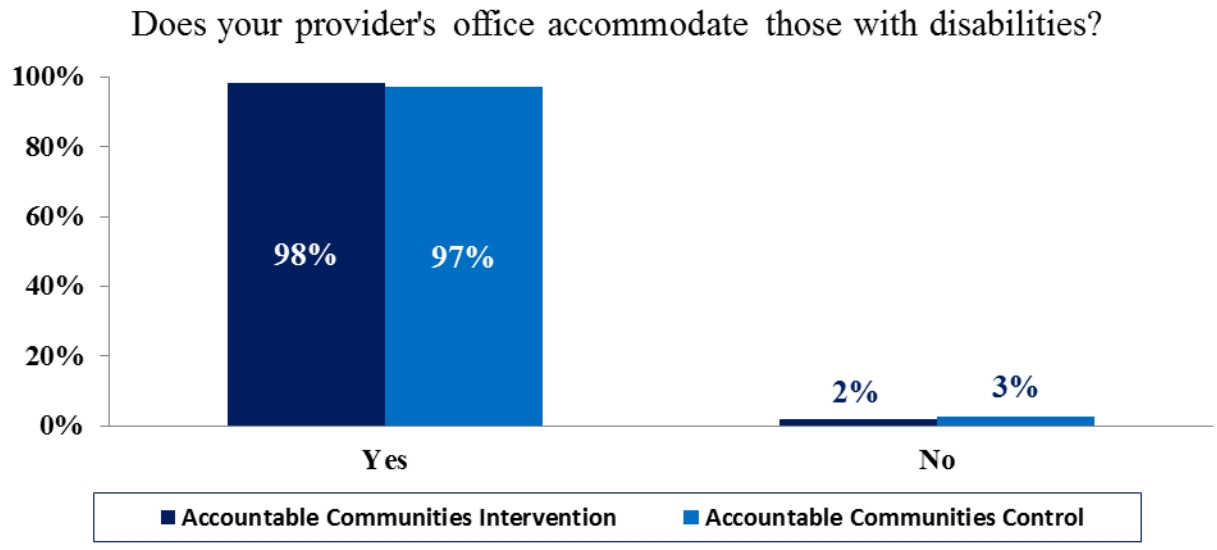
A slightly smaller percentage of Accountable Communities intervention group patients (Intervention: 69%/Control: 75%) report that their provider usually or always seemed informed and up to date about their counseling treatment.



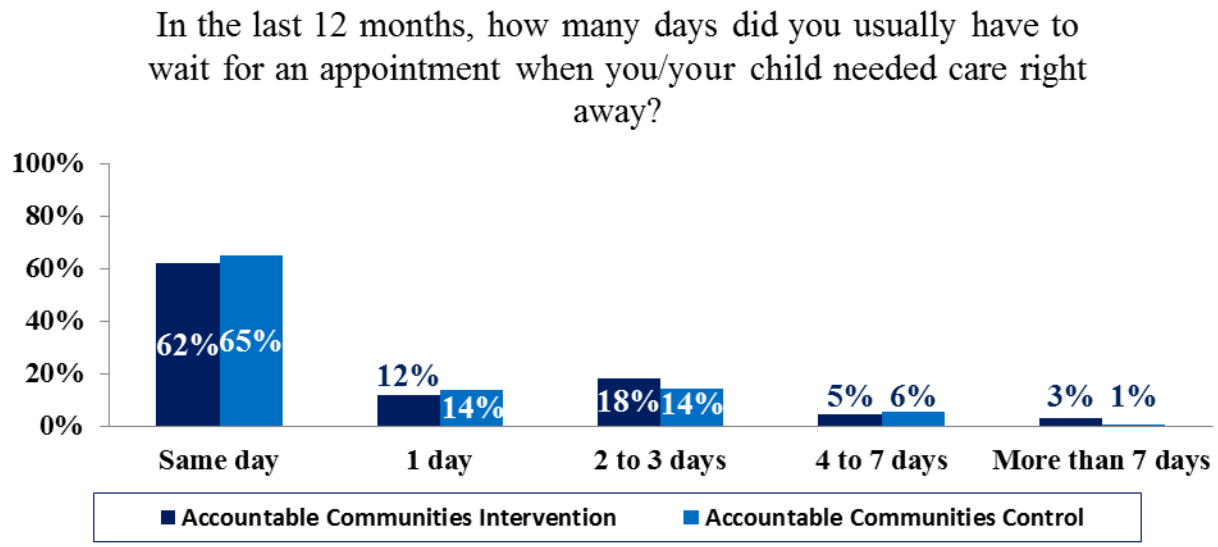
Almost all Accountable Communities intervention group patients and control group patients (Intervention: 98%/Control: 99%) feel that the waiting room of their provider was clean and welcoming.



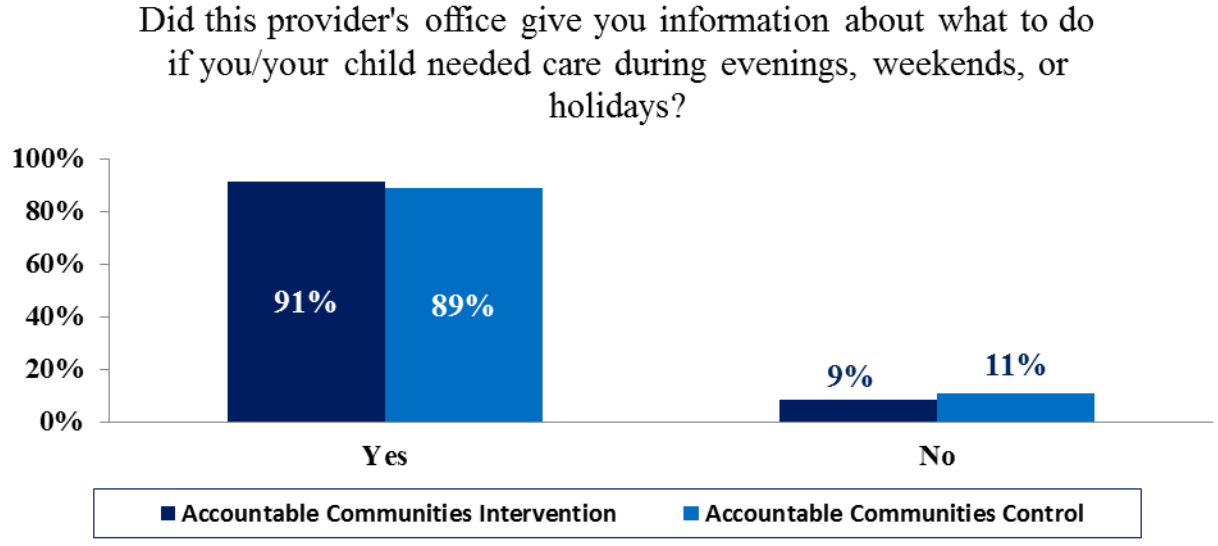
Almost all Accountable Communities intervention group patients and control group patients (Intervention: 98%/Control: 97%) also feel that their provider's office accommodate those with disabilities.



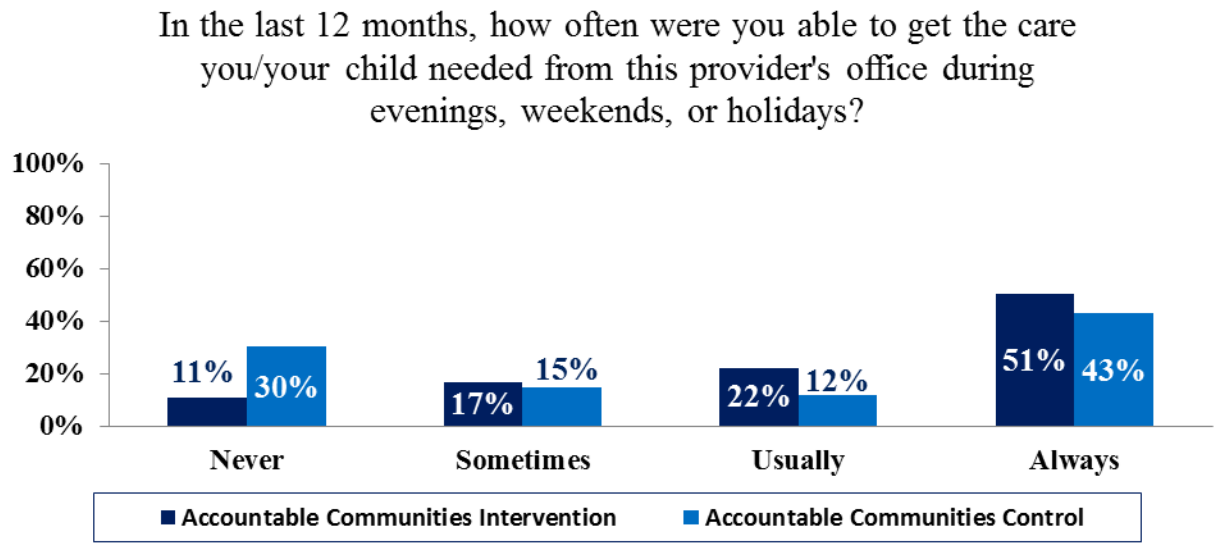
A majority (Intervention: 62%/Control: 65%) of both Accountable Communities intervention group patients and control group patients report receiving an appointment the same day they or their child needed care right away.



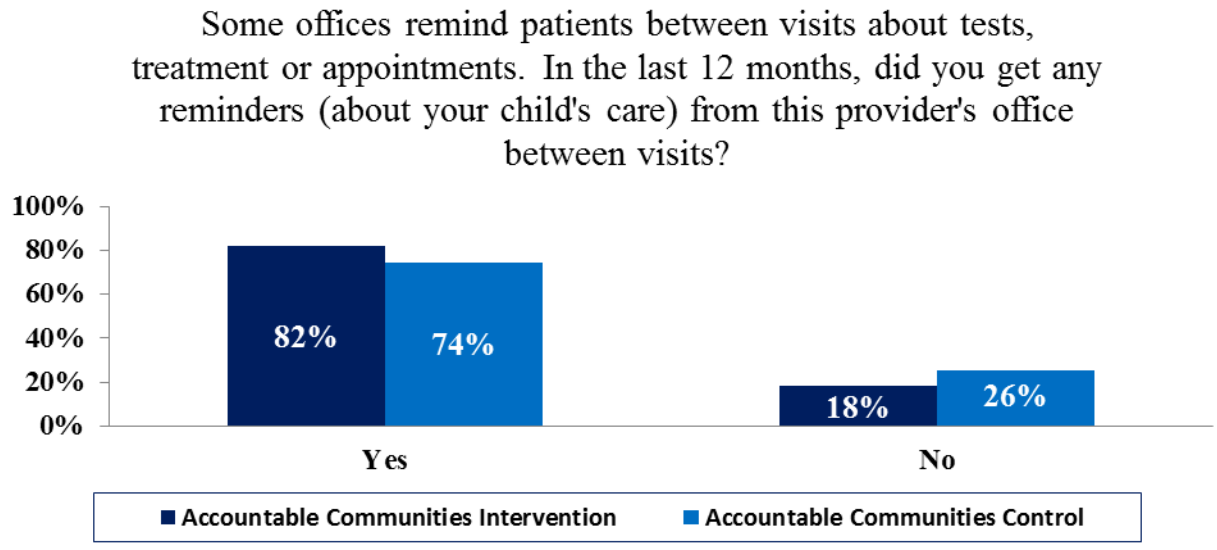
Approximately 9-in-10 Accountable Communities intervention group patients (91%) and control group patients (89%) say that their provider's office gave them information about what to do if they or their child needed care during evenings, weekends, or holidays.



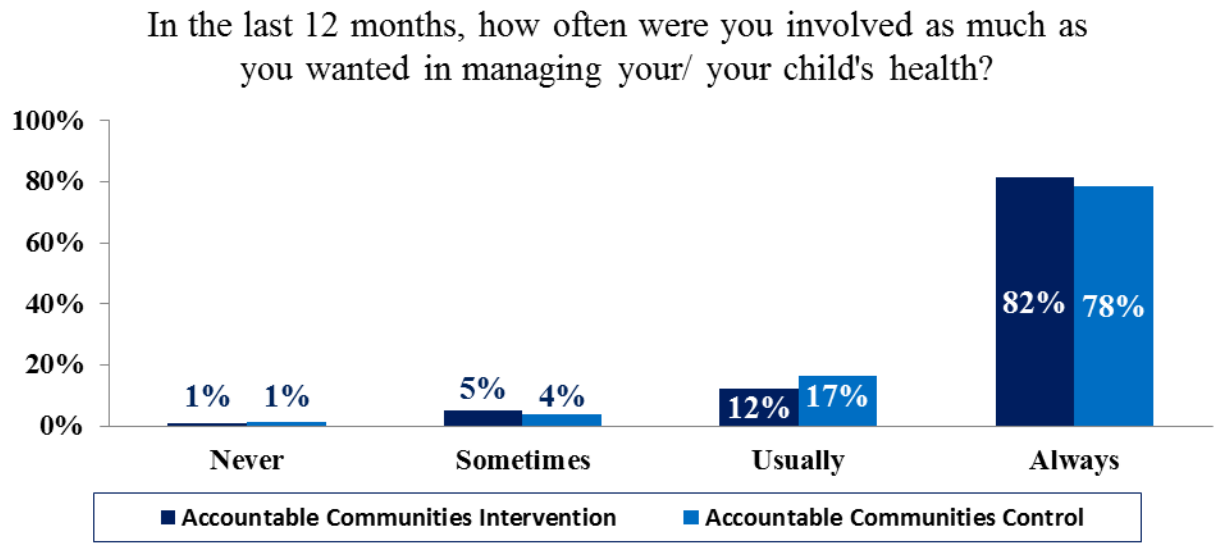
30% of control group patients report never being able to receive care they or their child needed from their provider's office during evenings, weekends, or holidays, noticeably higher than the 11% of Accountable Communities intervention group patients who report the same.



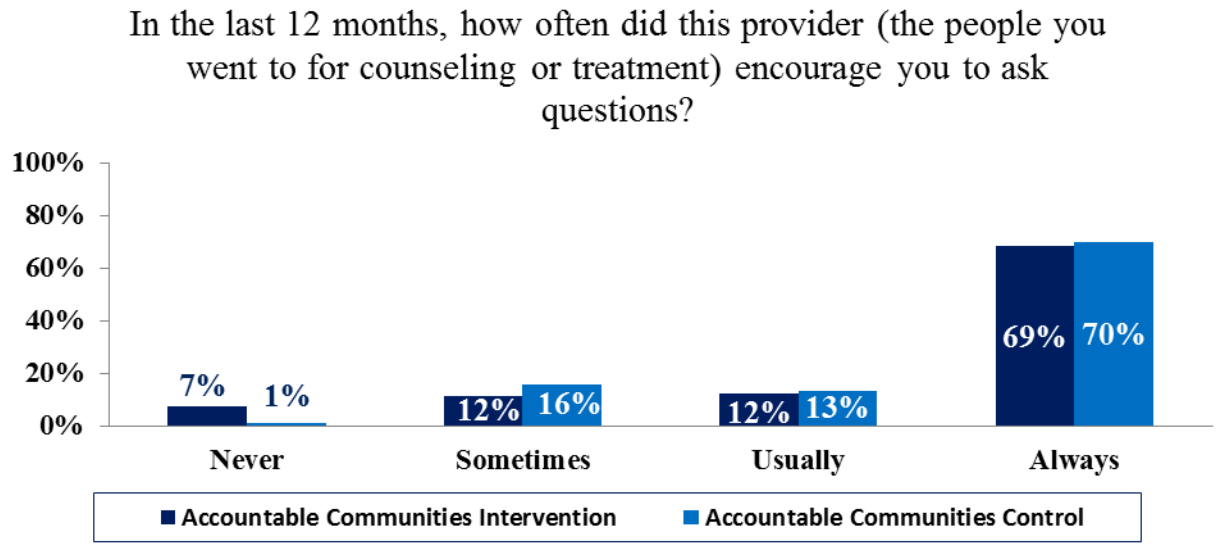
Three-quarters (74%) of control group patients say they received reminders from their provider's office, versus the slightly higher percentage of 82% of Accountable Communities intervention patients.



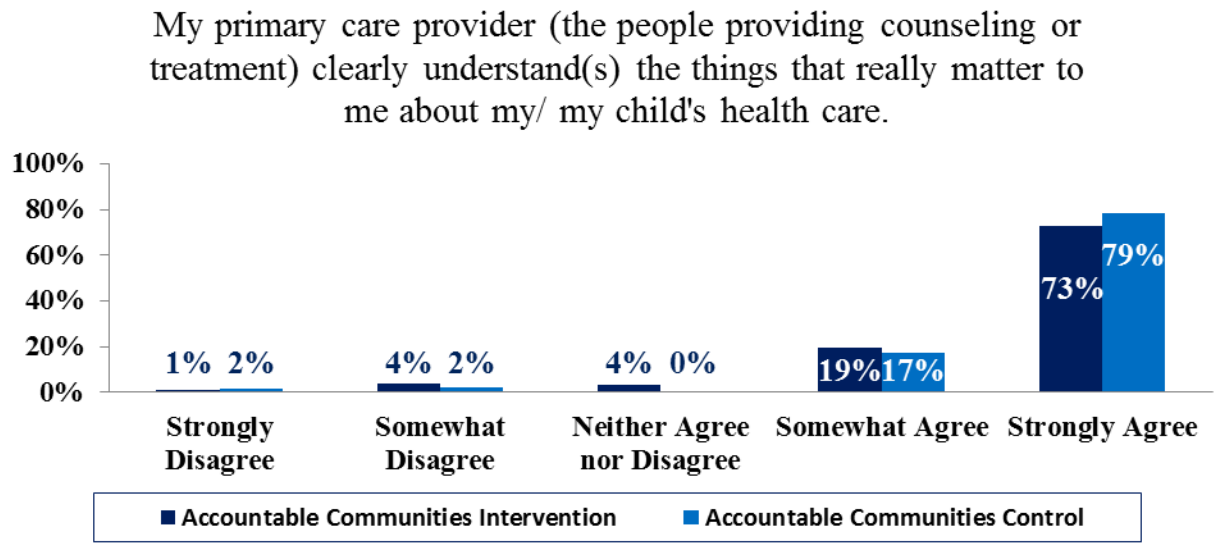
94% of Accountable Communities intervention group patients and 95% of control group patients feel they were usually or always involved as much as they wanted in managing their or their child's care.



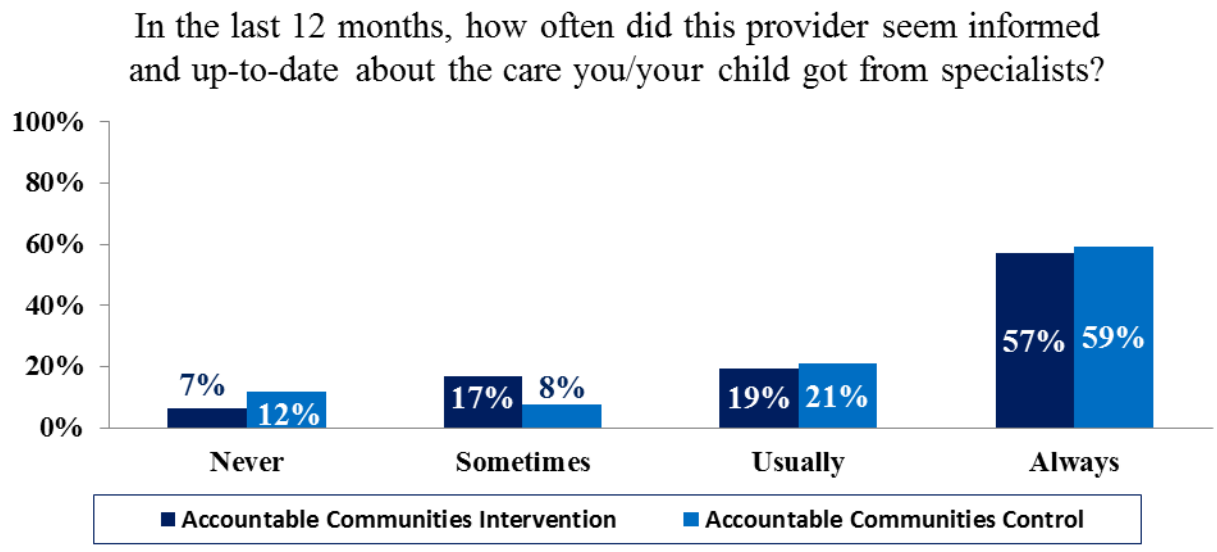
Similar percentages (Intervention: 81%/Control: 83%) of both Accountable Communities intervention group patients and control group patients report that their provider usually or always encouraged them to ask questions.



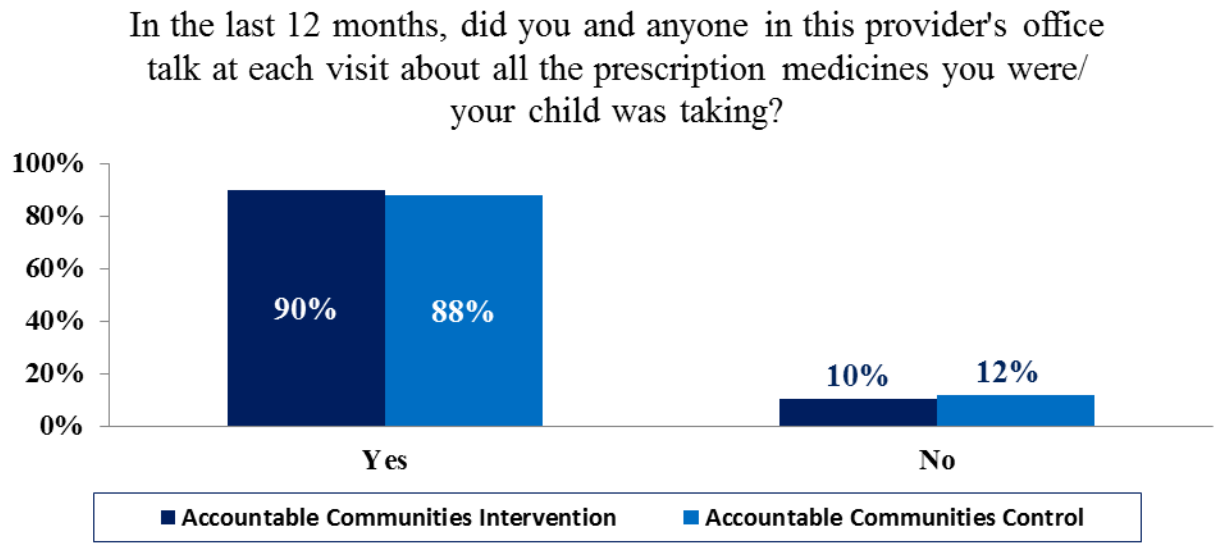
92% of Accountable Communities intervention group patients and 96% of control group patients feel that their provider usually or always clearly understands the things that really matter to them about their or their child's health care.



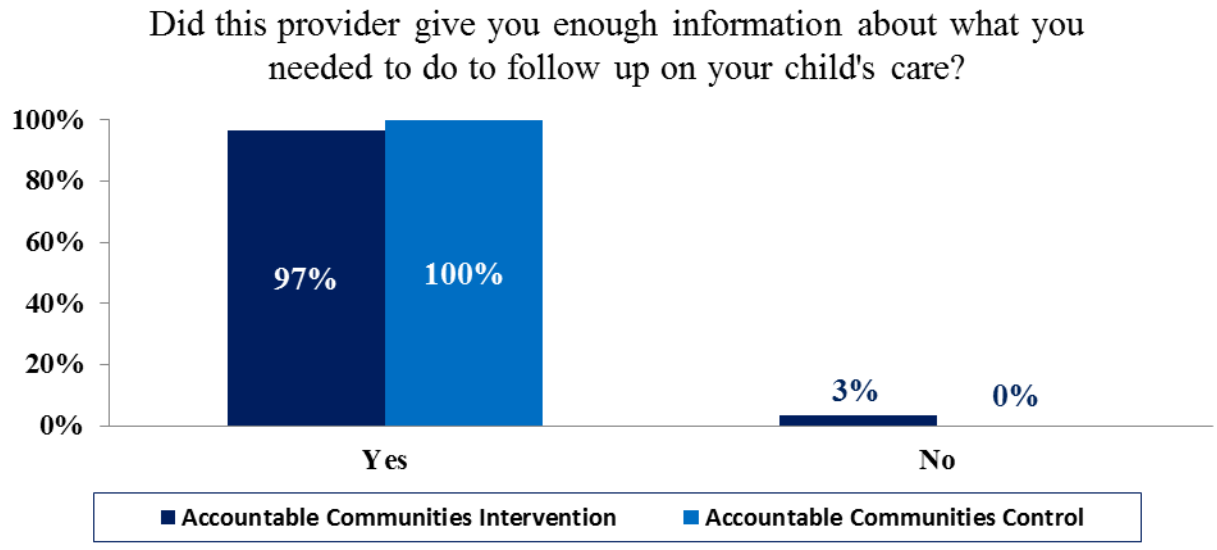
Over three-quarters (Intervention: 76%/Control: 80%) of both Accountable Communities intervention group patients and control group patients think that their provider usually or always seemed informed and up to date about the care they or their child received from specialists.



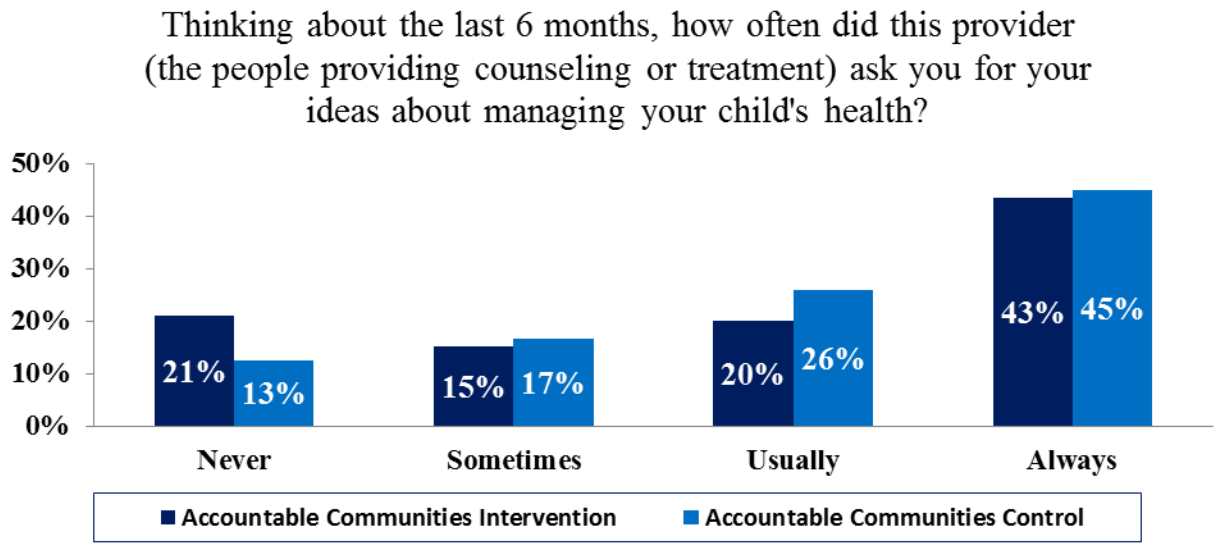
Around nine-in-ten Accountable Communities intervention group patients (90%) and control group patients (88%) say that they and someone in their provider's office talked at each visit about all the prescription medicines they or their child was taking.



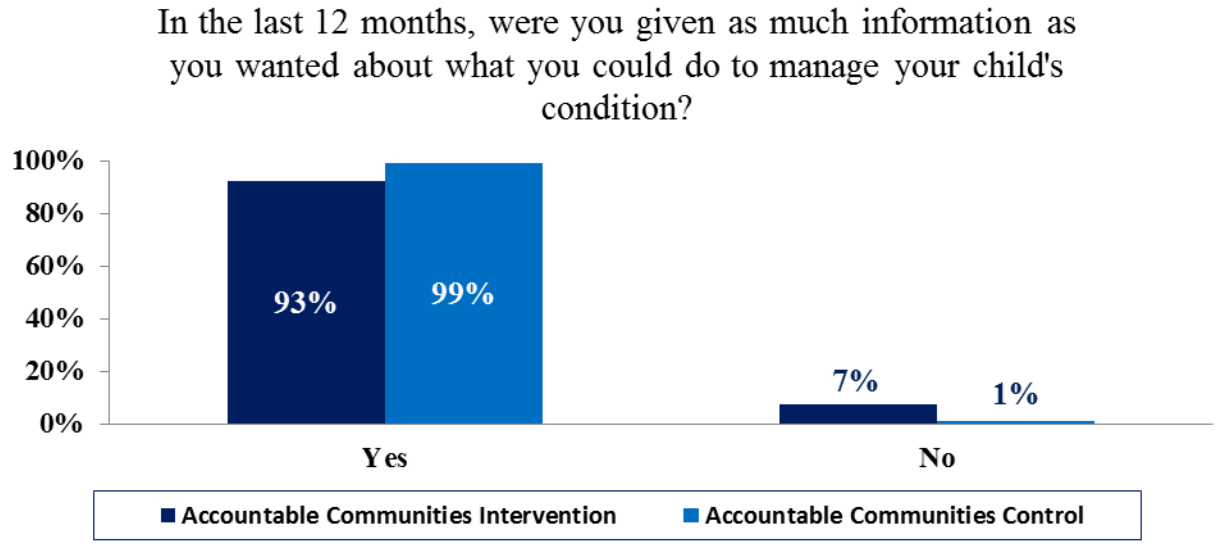
Almost all (Intervention: 97%/Control: 100%) Accountable Communities intervention group patients and control group patients feel that their provider gave them enough information about what they needed to do to follow up on their child's care.



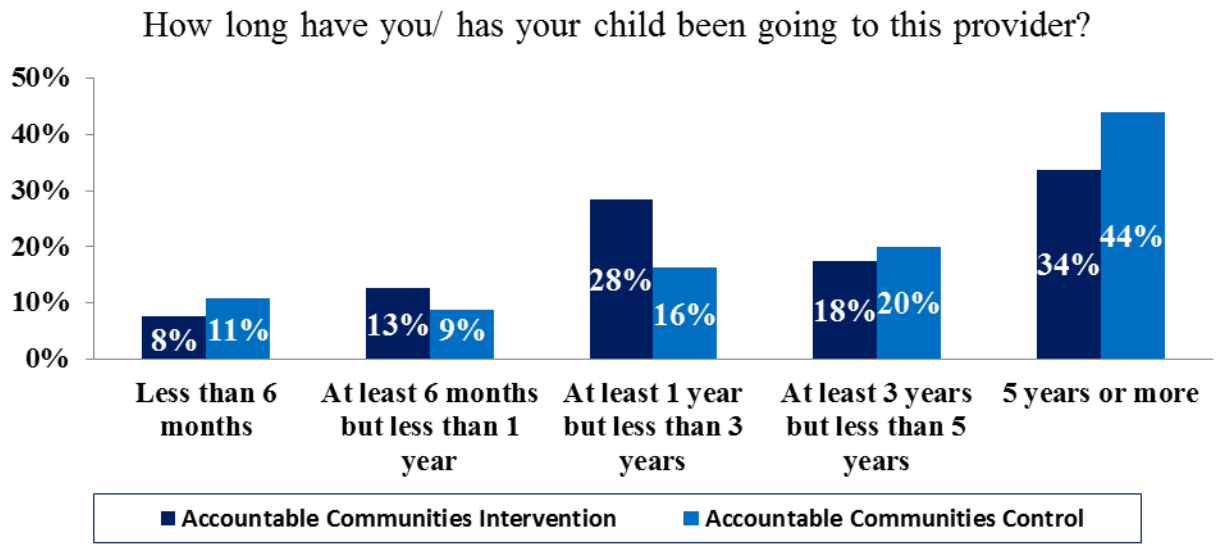
Comparable amounts (Intervention: 63%/Control: 71%) of Accountable Communities intervention group patients and control group patients report that their provider usually or always asked them for their ideas about managing their child's health.



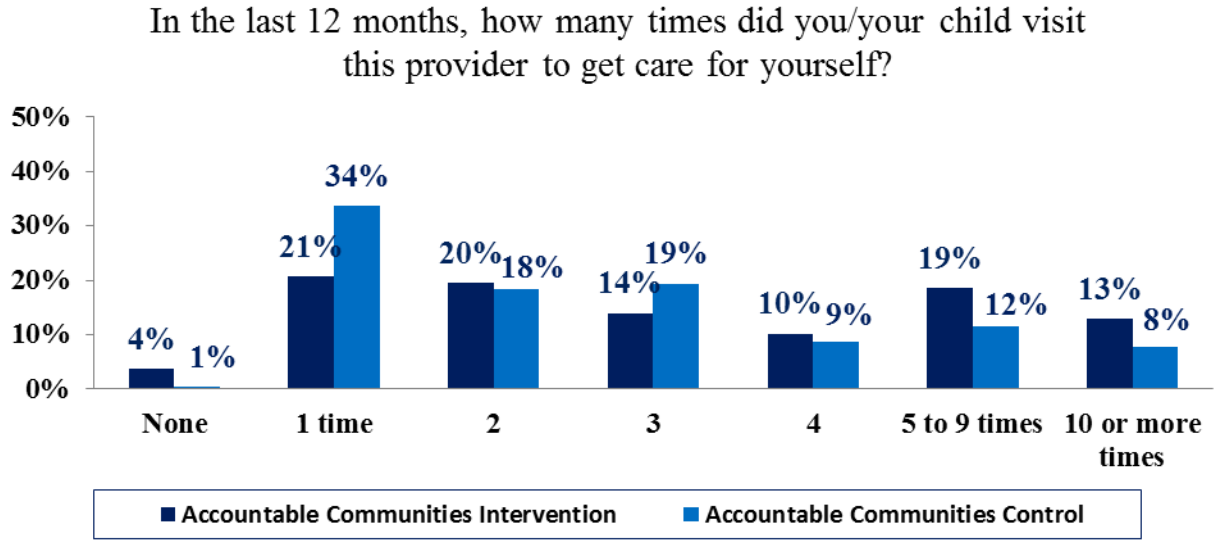
Over 9 in 10 (Intervention: 93%/Control: 99%) of Accountable Communities intervention group patients and control group patients feel they were given as much information as they wanted about what they could do to manage their child's condition.



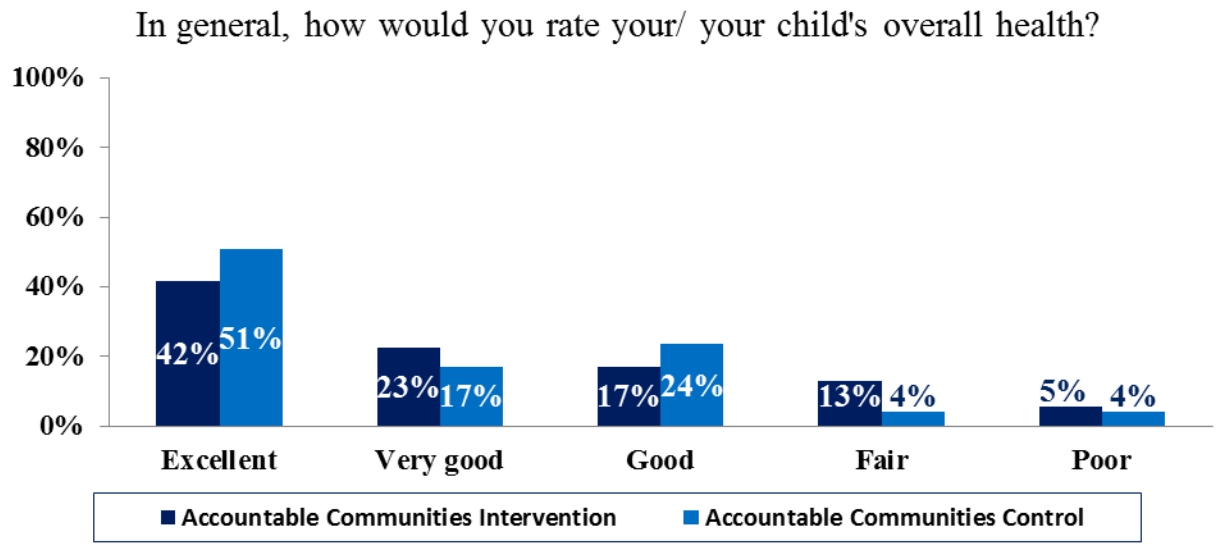
A noticeably larger percentage of control group patients (44% Control versus 34% Intervention) had been going to their provider for five years or more versus Accountable Communities intervention group patient, while a noticeably larger percentage of Accountable Communities intervention group patients (28% Intervention versus 16% Control) had been going to their provider for at least one year but less than three years, versus control group patients.



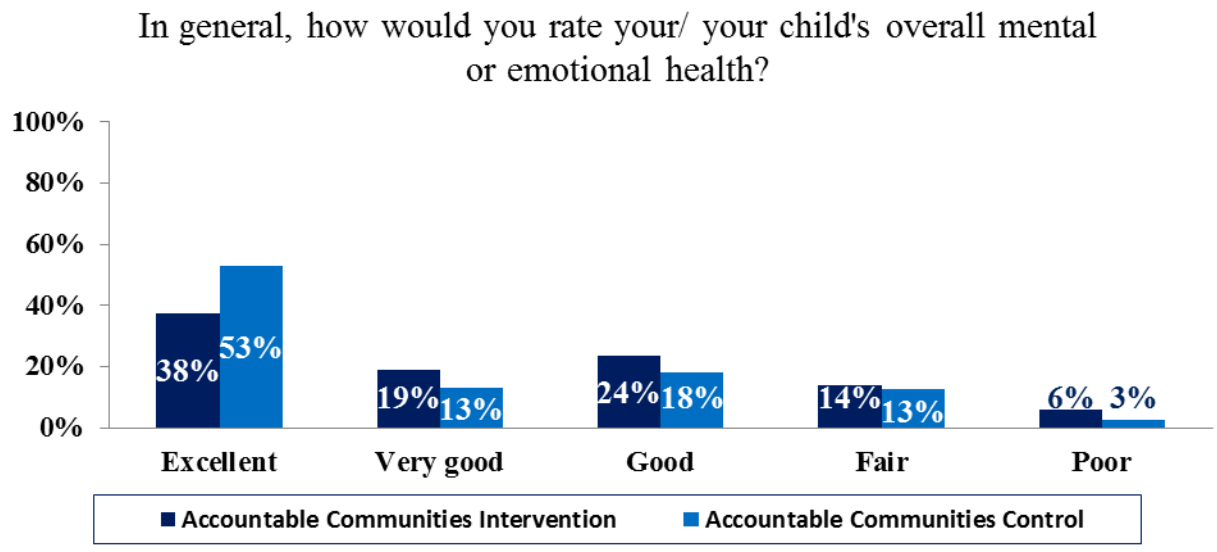
A noticeably larger percentage of control group patients (34%) visited their provider only one time in the past year, verses only 21% of Accountable Communities intervention group patients.



Slightly more (51% Control versus 42% Intervention) control group patients rate their or their child's overall health as 'Excellent' compared to Accountable Communities intervention group patients.



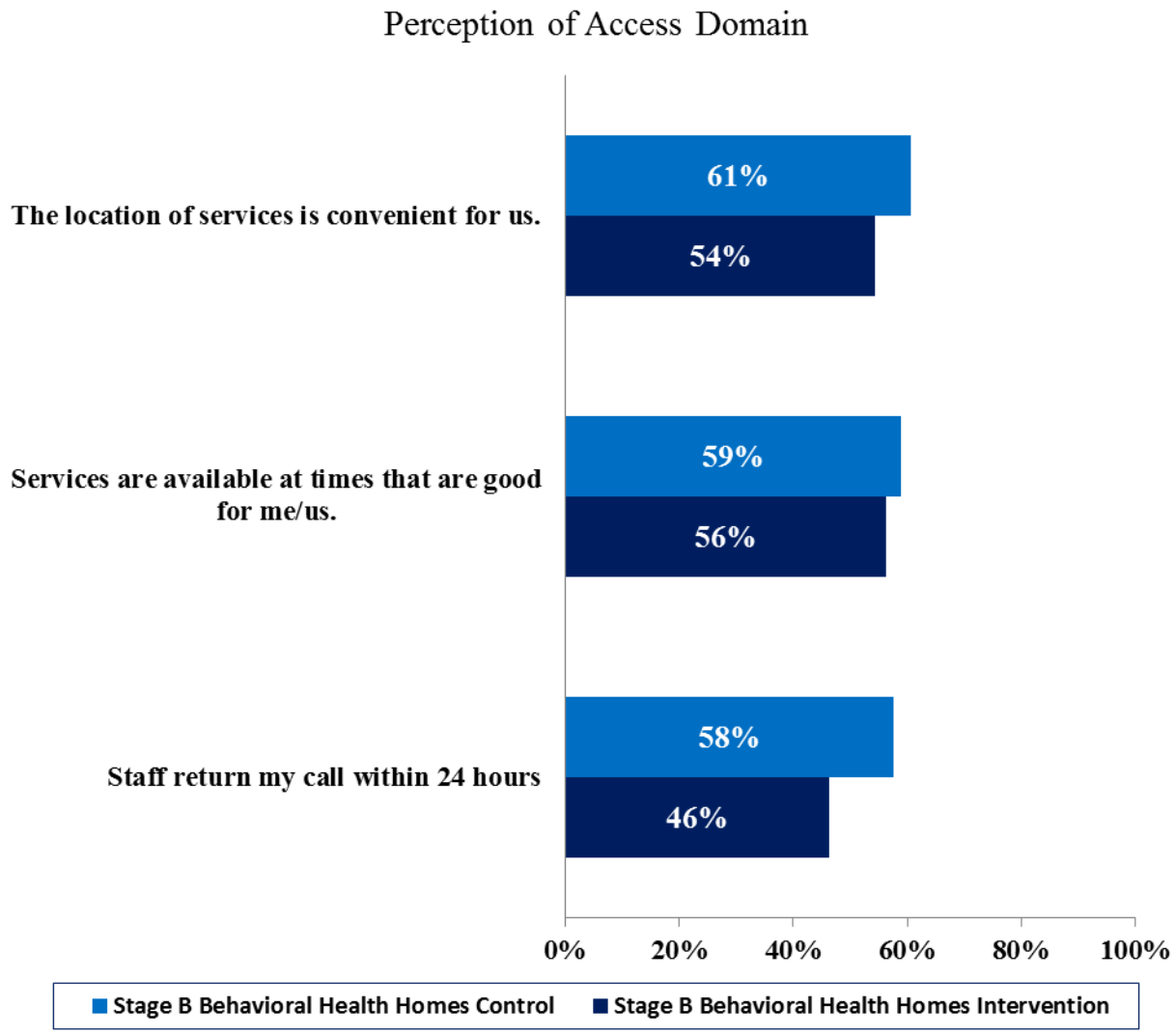
Noticeably more (53% Control versus 38% Intervention) control group patients rate their or their child's mental or emotional health as 'Excellent' than Accountable Communities intervention group patients.



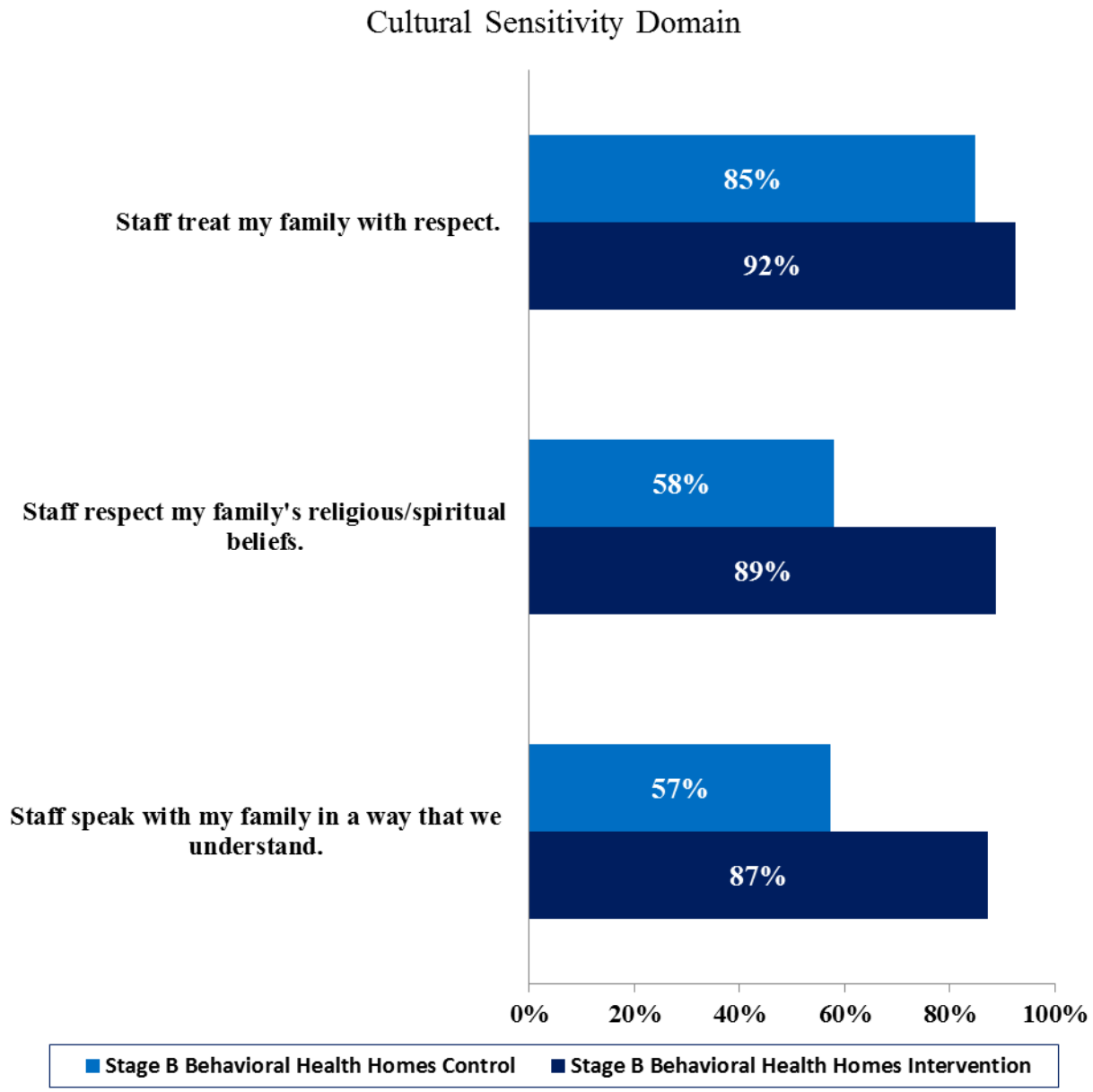
MaineCare Stage B Behavioral Health Homes Results by Survey Item

Domain Measures & Grouped Items:

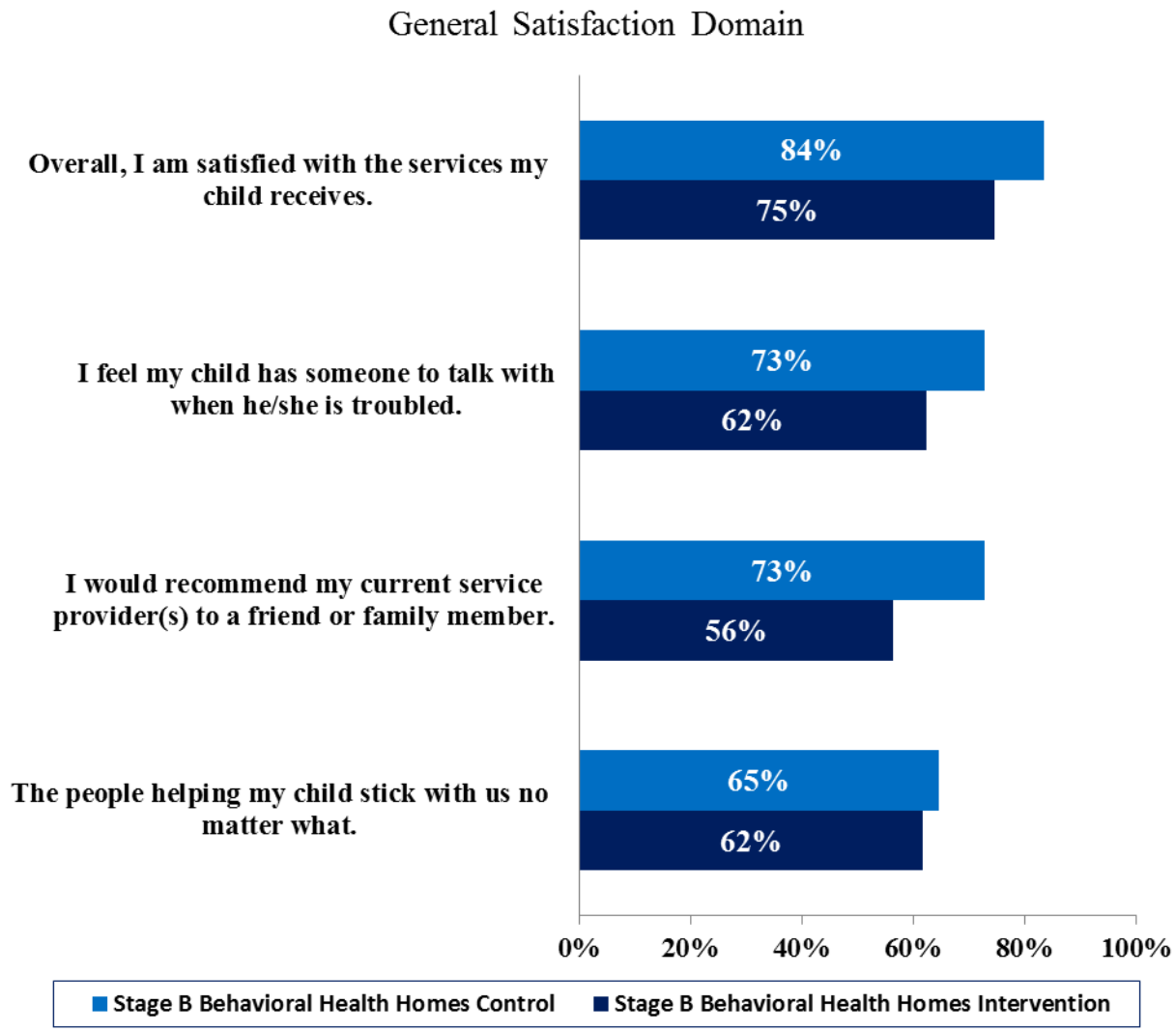
In the 'Perception of Access' control group patients are consistently more likely to use top box scores, and noticeably more likely to give top box scores for the question "Staff return my call within 24 hours" than MaineCare Stage B Behavioral Health Homes intervention group patients (Intervention 46%/Control: 58%).



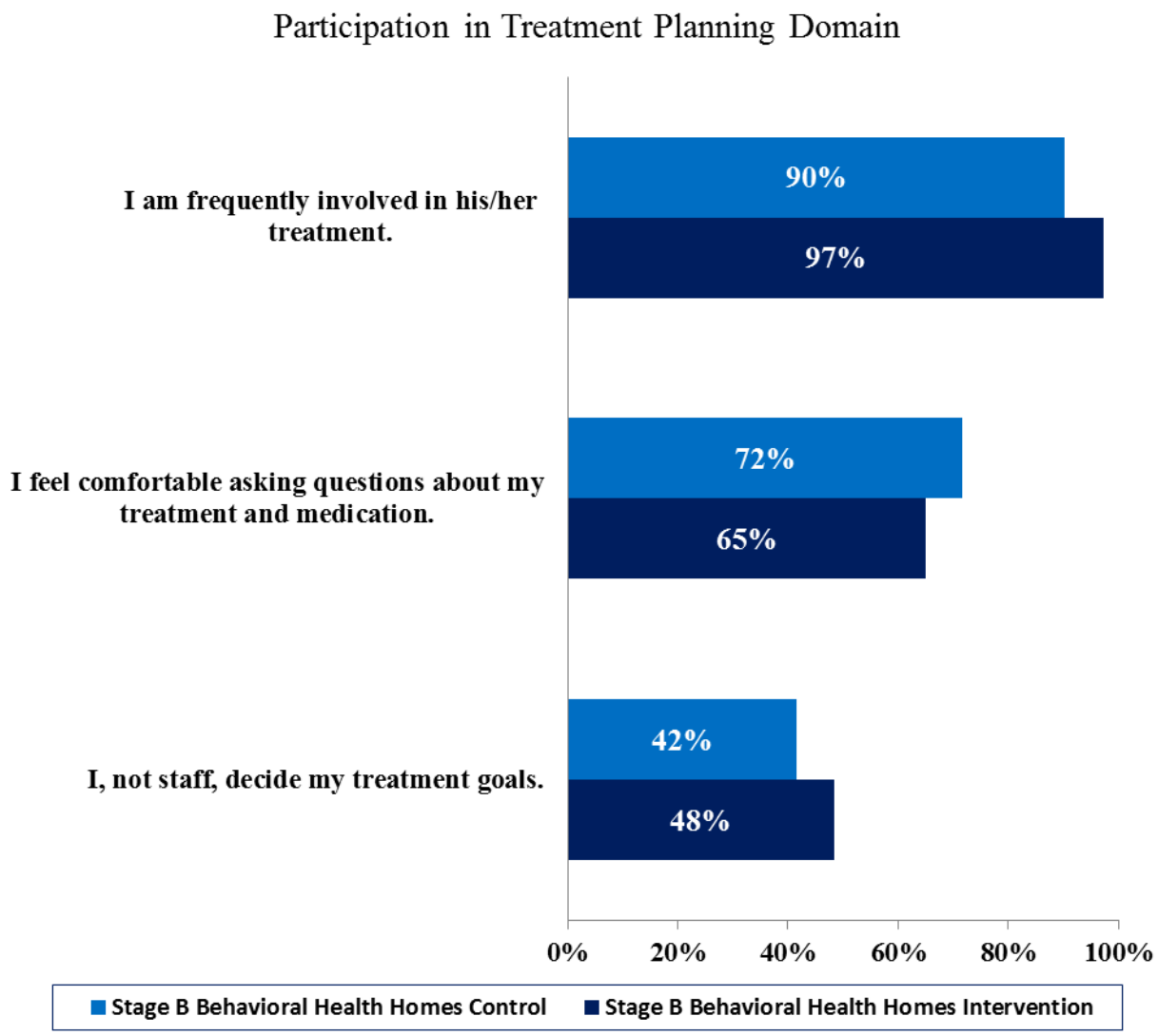
Across all three items in the 'Cultural Sensitivity' domain, Stage B Behavioral Health Homes patients use top box scores consistently more often than control group patients, with noticeably higher top box scores for the questions "Staff respect my family's religious/spiritual beliefs" (Intervention: 89%/Control: 58%) and "Staff spoke with my family in a way that we understand" (87%/57%)



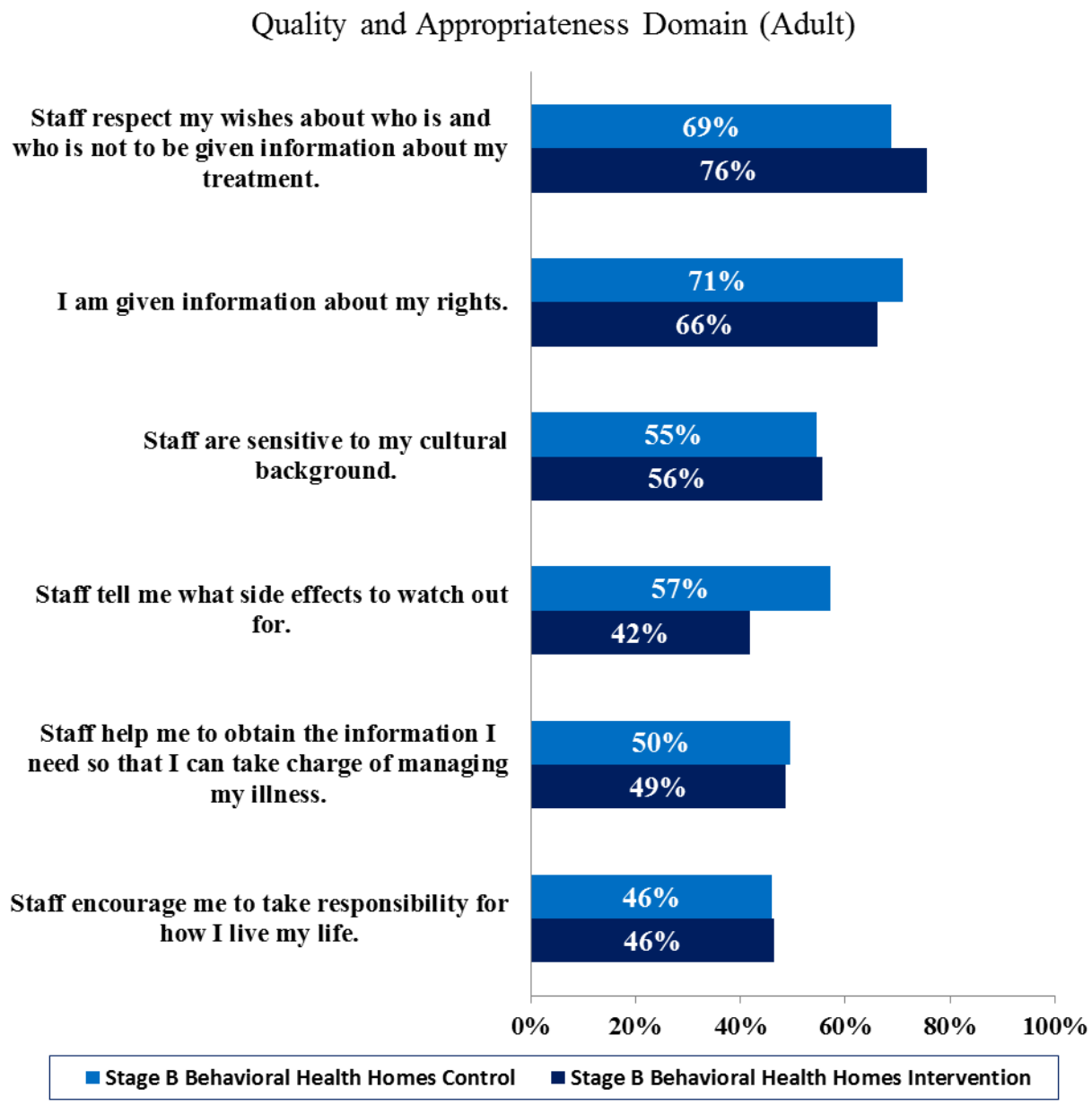
The Stage B Behavioral Health Homes intervention group is less likely to use top box scores for every item in the 'General Satisfaction' domain, with noticeably lower top box scores for the items "I feel my child has someone to talk with when he/she is troubled" (Intervention: 62%/Control 73%) and "I would recommend my current service provider(s) to a friend or family member" (56%/73%)



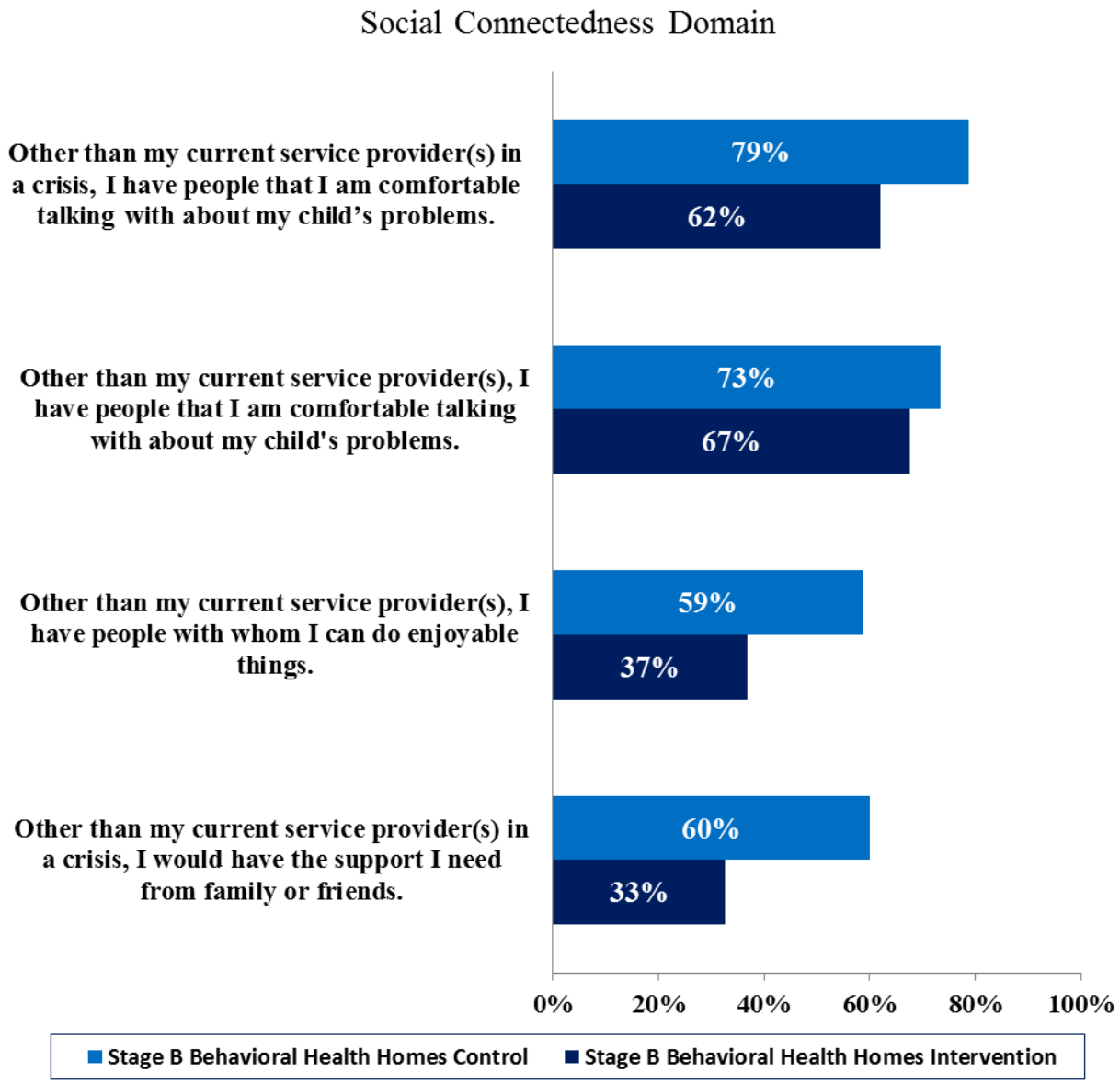
Stage B Behavioral Health Homes intervention group patients and control group patients use similar percentages of top box scores for the items in the 'Participation in Treatment Planning' domain.



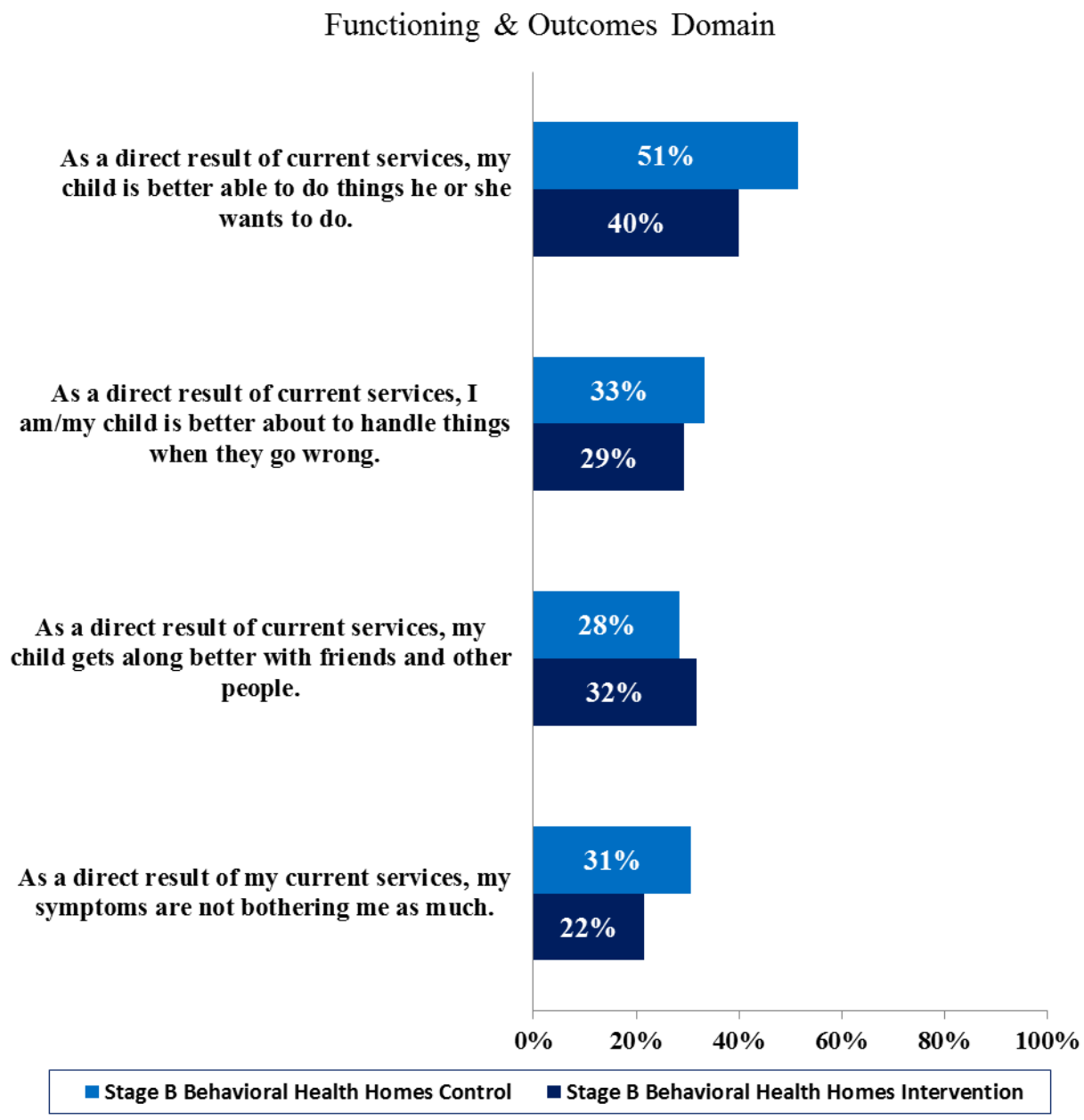
In the 'Quality and Appropriateness' domain, both Stage B Behavioral Health Homes intervention group and control group use similar percentages of top box scores with the exception of on the item "Staff tell me what side effects to watch out for" where control group patients use top box scores 57% of the time versus the 42% for intervention group patients.



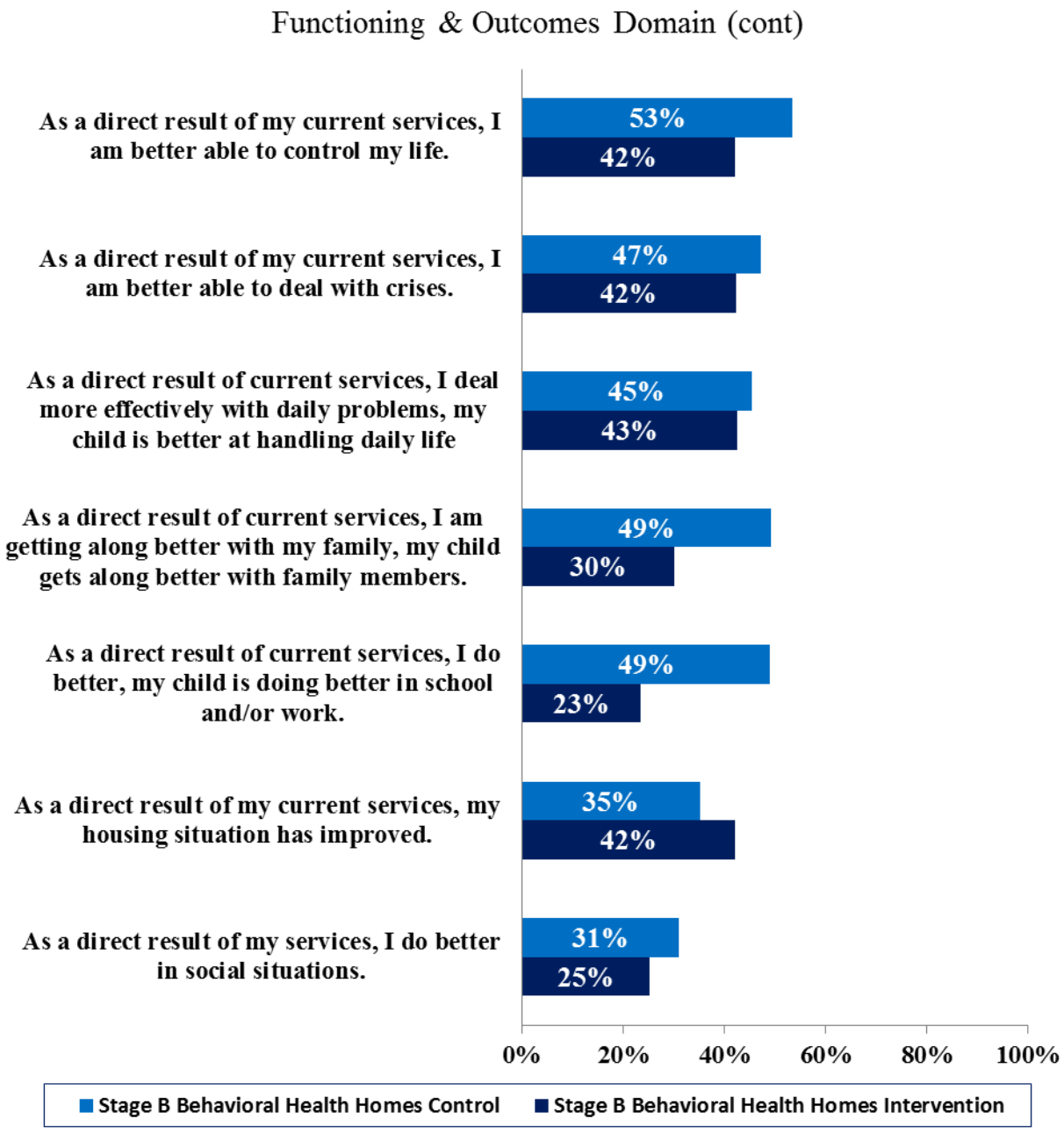
Stage B Behavioral Health Homes intervention group patients noticeably rate several items in the 'Social Connectedness' domain with a smaller percentage of top box scores than control group patients, with 79% of the control group giving top box scores on the "Other than my current service provider(s) in a crisis, I have people that I am comfortable talking with about my child's problems" versus 62% of intervention group patients, 59% of control patients on the "Other than my current service provider(s), I have people with whom I can do enjoyable things" item versus 37% of intervention group patients, and 60% of control group patients giving top box scores on the "Other than my current service provider(s) in a crisis, I would have the support I need from family or friends" item versus 33% of intervention group patients.



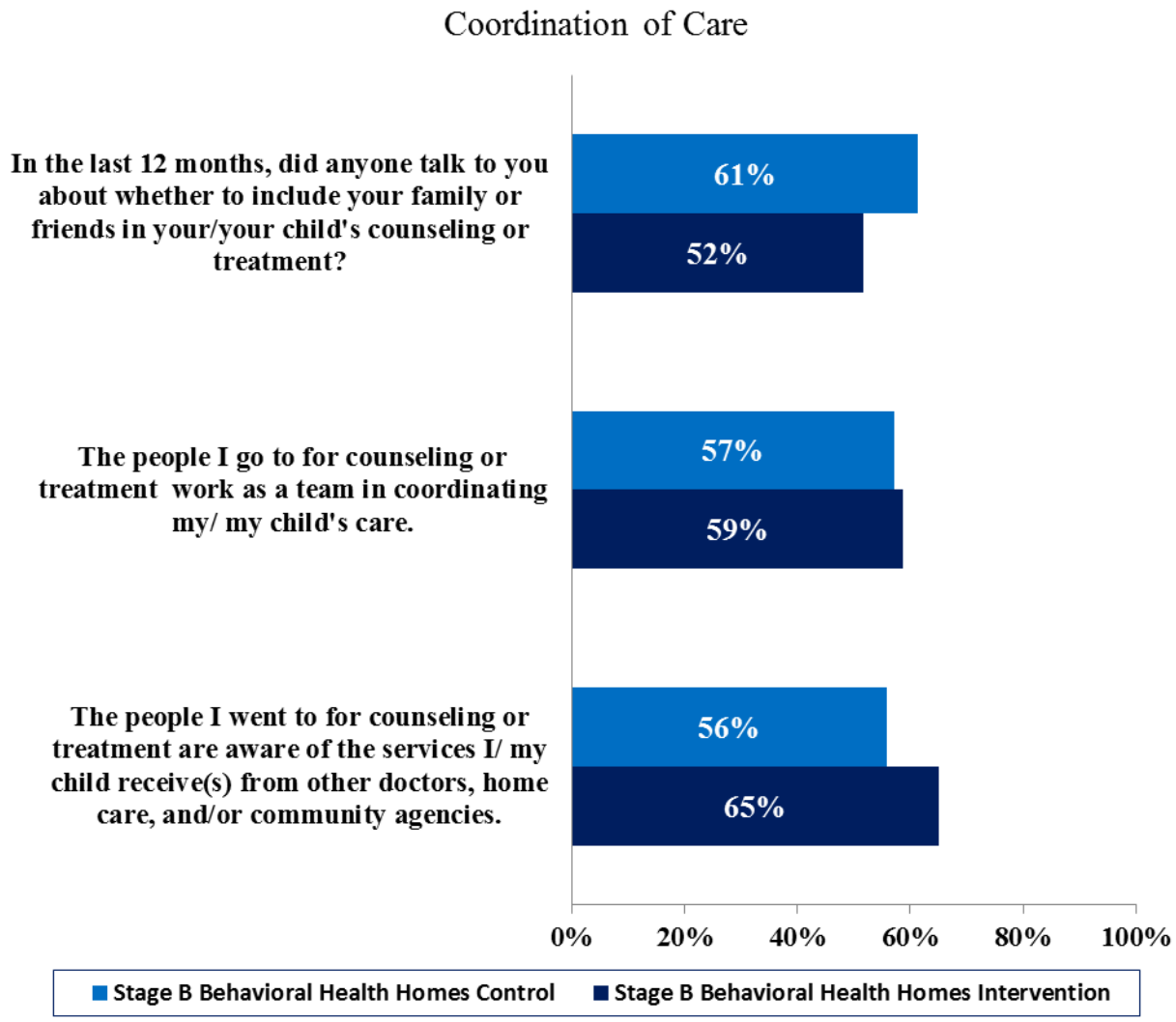
Both Stage B Behavioral Health Homes intervention group and control group patients use top box scores less than 50% of the time across almost all items in the 'Functioning & Outcomes' domain, with the sole exception of control group patients using top box scores 51% of the time for the item "As a direct result of current services, my child is better able to do things he or she wants to do" versus the noticeably lower percentage (40%) of intervention group patients who used top box scores.



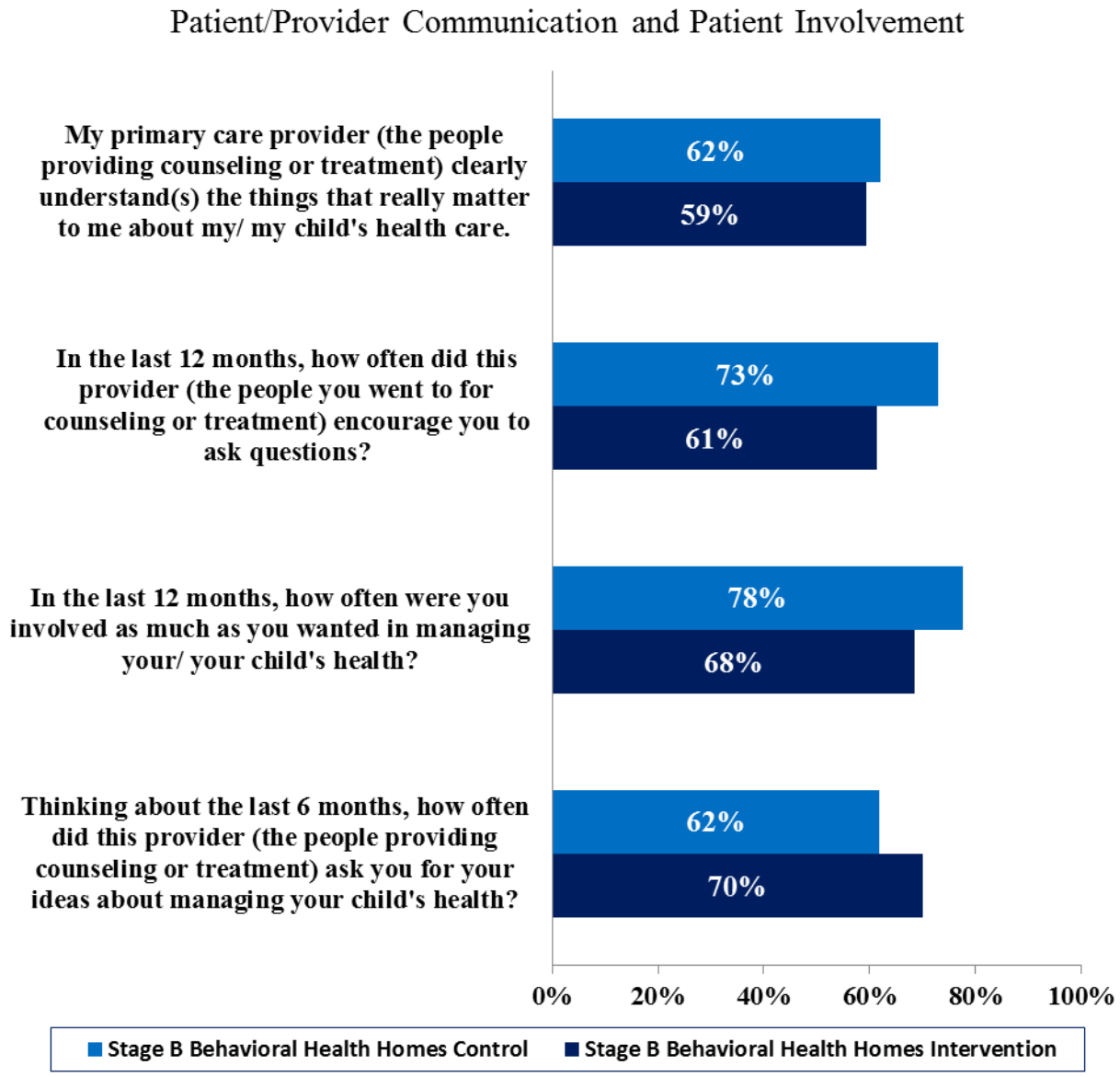
In the 'Functioning & Outcomes' domain Stage Be Behavioral Health Homes intervention group and control group top box scores differ noticeably across several items: the "As a direct result of my current services, I am better able to control my life" item (Intervention 42%/Control 53%), the "As a direct result of my current services, I am getting along better with my family, my child gets along better with family members" item (30/49%), and the "As a direct result of current services, I do better, my child is doing better in school and/or work" item (23%/49%).



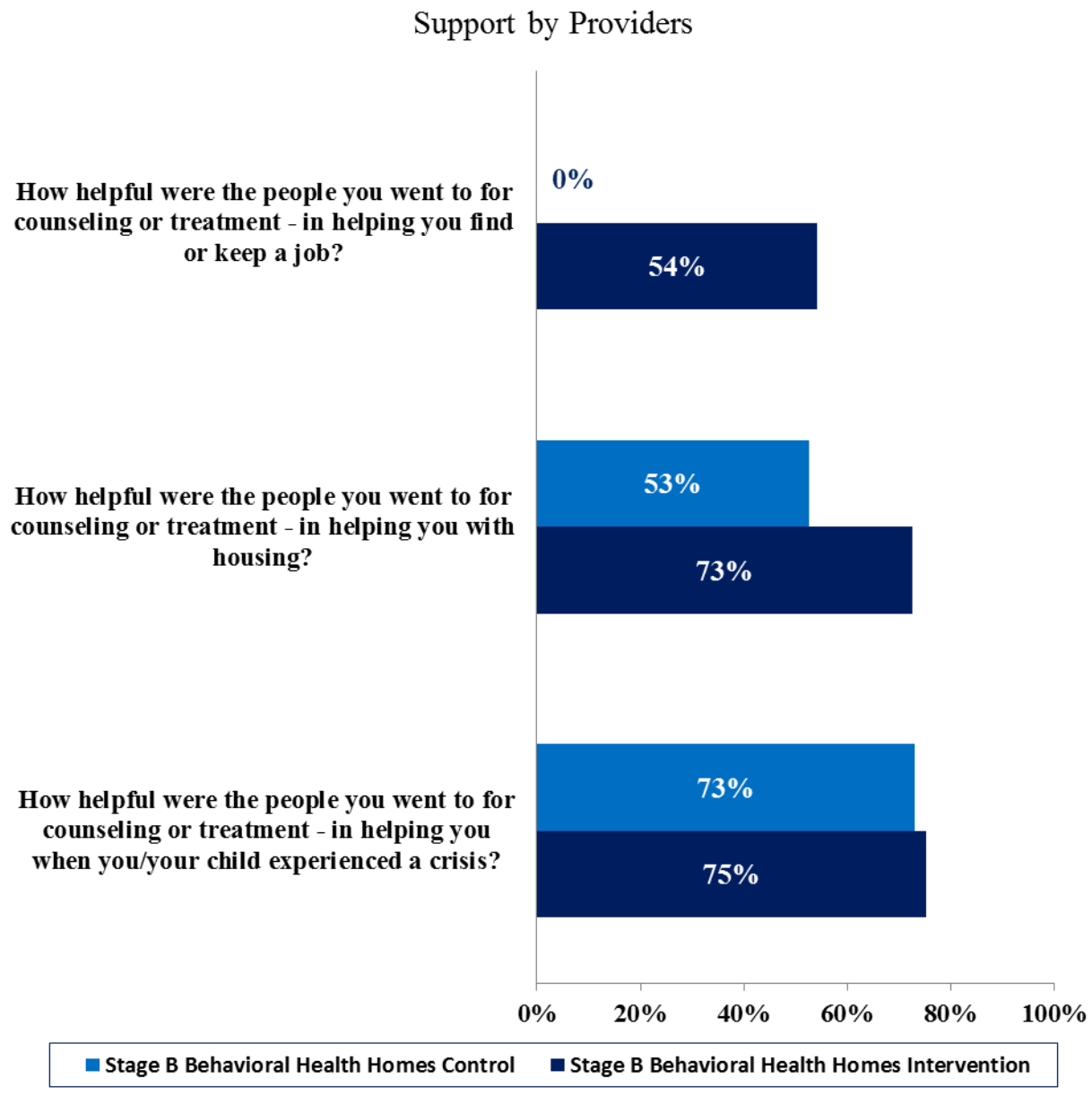
The Stage B Behavioral Health Homes intervention group and control group give similar percentages of top box scores to the items included in the 'Coordination of Care' item collection, with all items receiving greater than 50% of top box results.



Stage B Behavioral Health Homes intervention group patients give noticeably lower percentages of top box scores to two items within the 'Patient/Provider Communication and Patient Involvement' item collection versus control group patients: the "In the last 12 months, how often were you involved as much as you wanted in managing you/your child's health?" item with 68% of intervention group patients giving top box scores compared to 78% of the control group and the "In the last 12 months, how often did this provider (the people you went to for counseling or treatment) encourage you to ask question?" item, with 61% of Stage B Health Homes intervention group patients giving top box answers compared to 78% of control group patients.

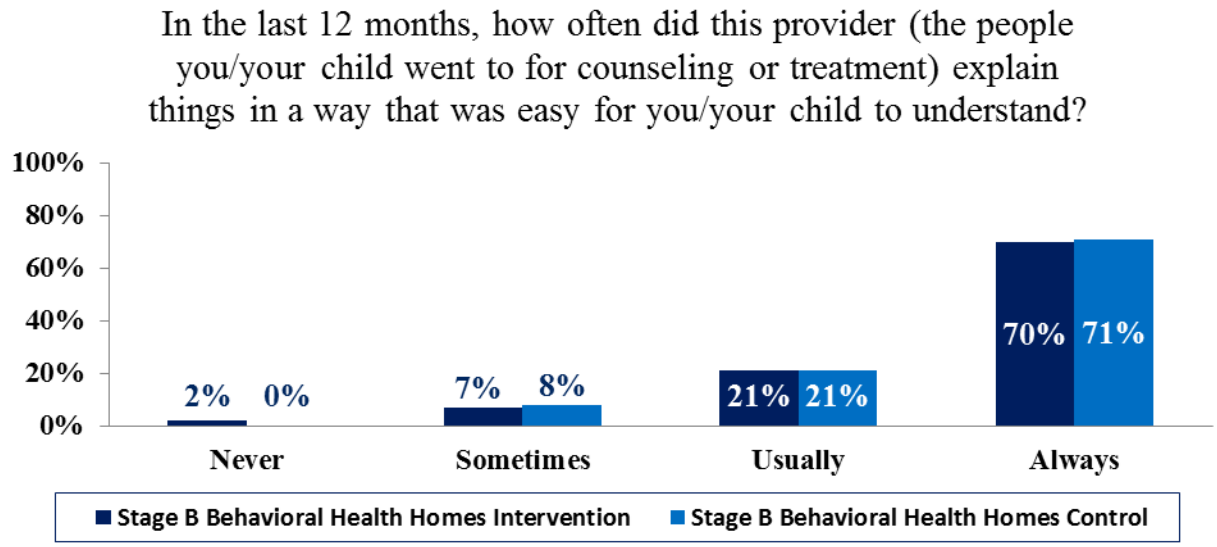


In the 'Support by Providers' item collection, Stage B Behavioral Health Homes intervention group patients used top box scores more than control group patients for all three items, with a noticeably larger percentage used in two different items: the 'How helpful were the people you went to for counseling or treatment – in helping you find or keep a job?" item (Intervention: 54%/Control 0%) and the "How helpful were the people you went to for counseling or treatment – in helping you with housing?" item (73%/53%).

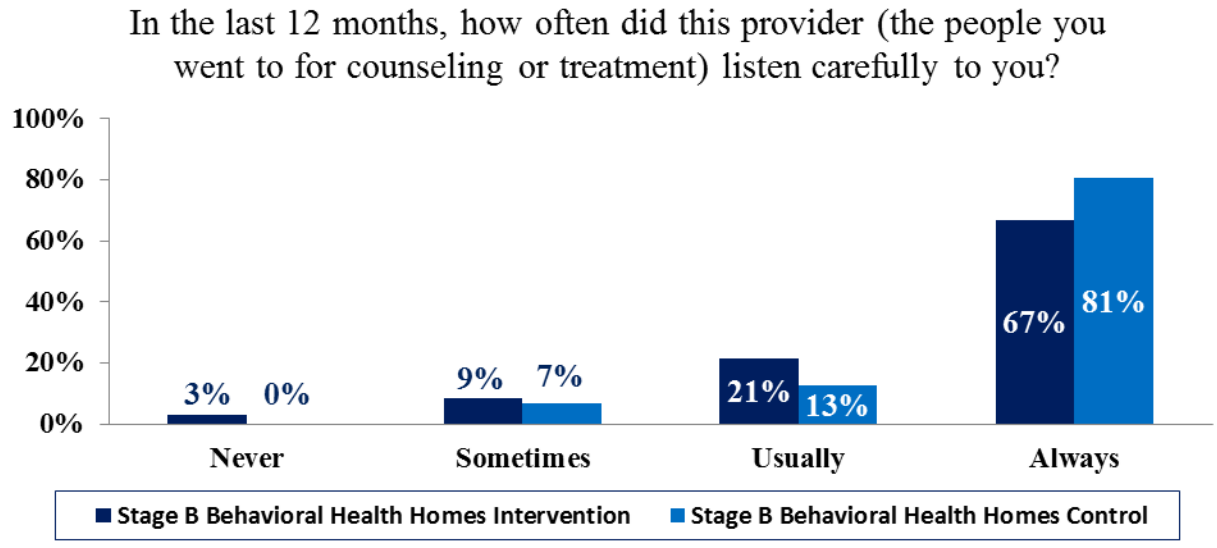


Individual Items

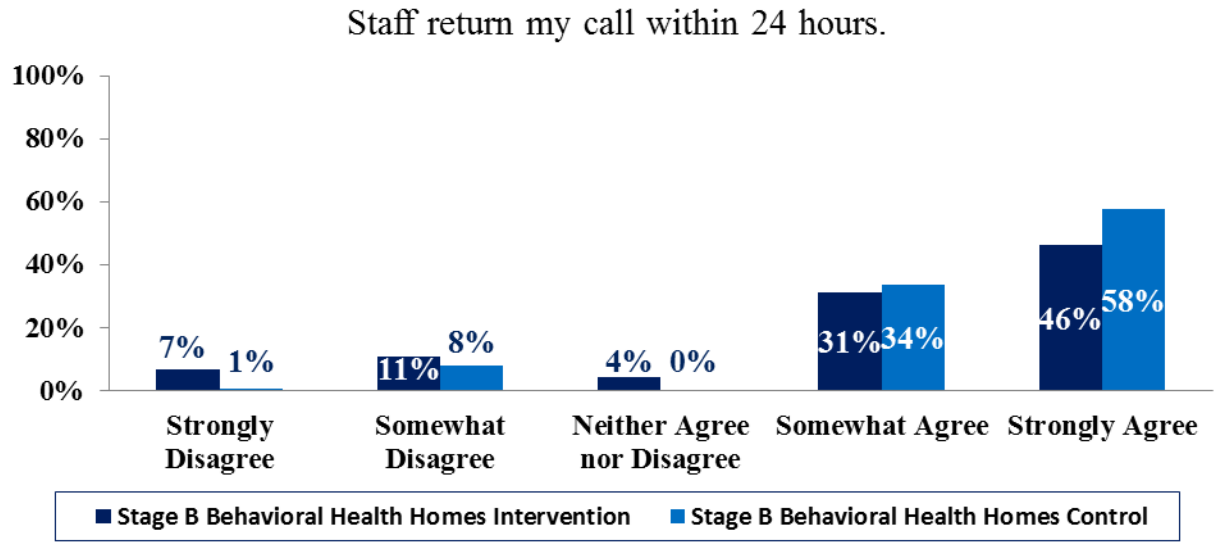
Over nine in ten Stage B Behavioral Health Homes intervention patients and control group patients feel that their provider usually or always explained things in a way that was easy for them or their child to understand.



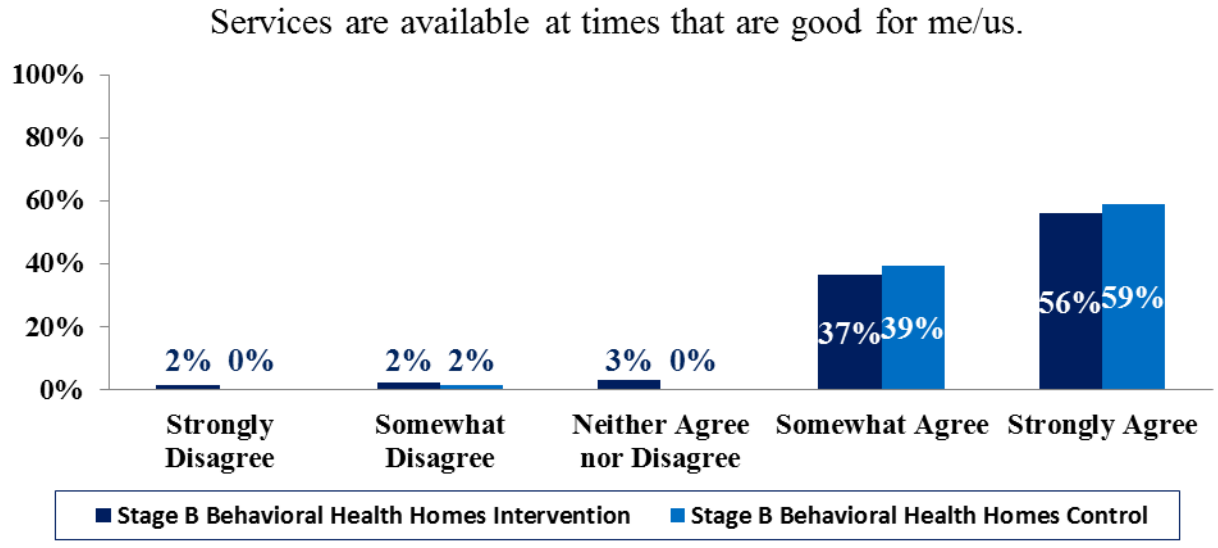
While similar amounts of Stage B Behavioral Health Homes intervention group patients and control group patients feel that their provider usually or always listened to them (Intervention: 88%/Control: 94%), within that group intervention group patients are less likely to feel their provider always listened to them (with 67%) than control group patients (81%).



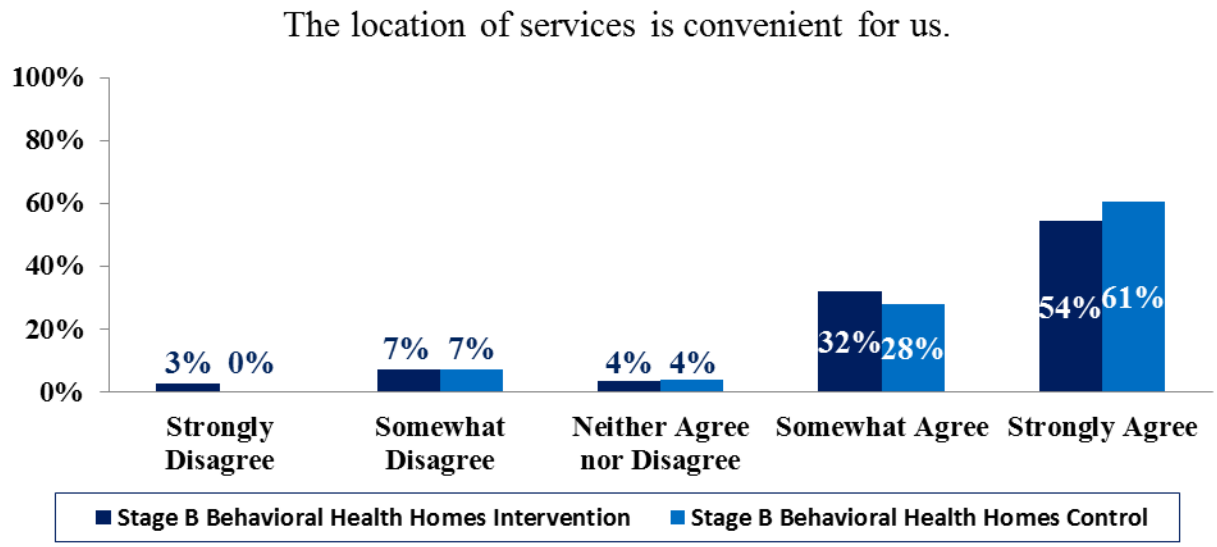
Over three-quarters (Intervention: 77%/Control: 92%) of both Stage B Behavioral Health Homes intervention group and control group patients agree that the staff returned their call within 24 hours, with a noticeably higher percentage of control group patients strongly agreeing versus the intervention group patients (46%/58%).



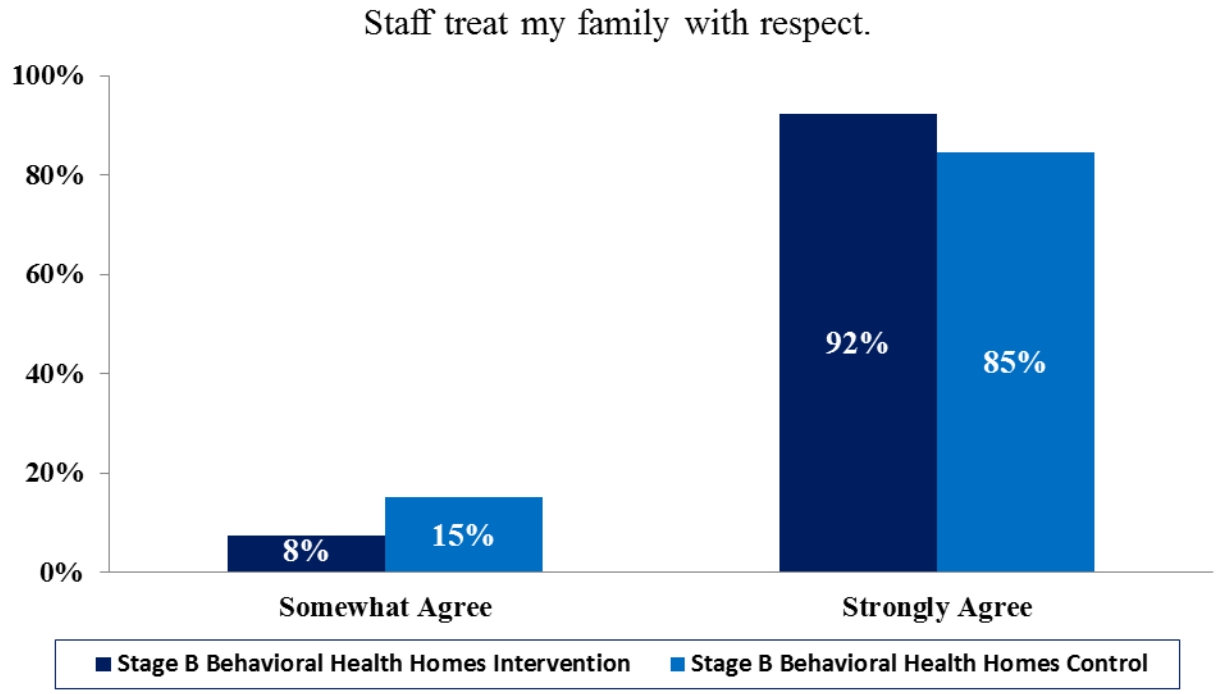
Almost all (Intervention: 95%/Control: 98%) patients surveyed agree that services were available at times that were good for them.



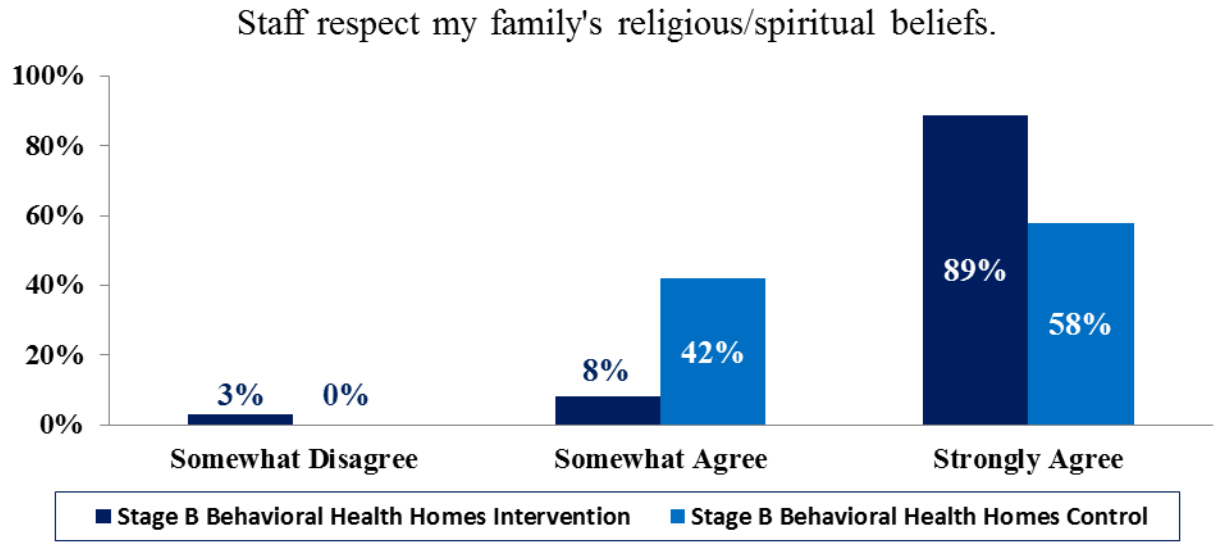
Over eight-in-ten (Intervention: 86%/Control: 89%) of both Stage B Behavioral Health Homes intervention group and control group patients agree that the location of services was convenient for them.



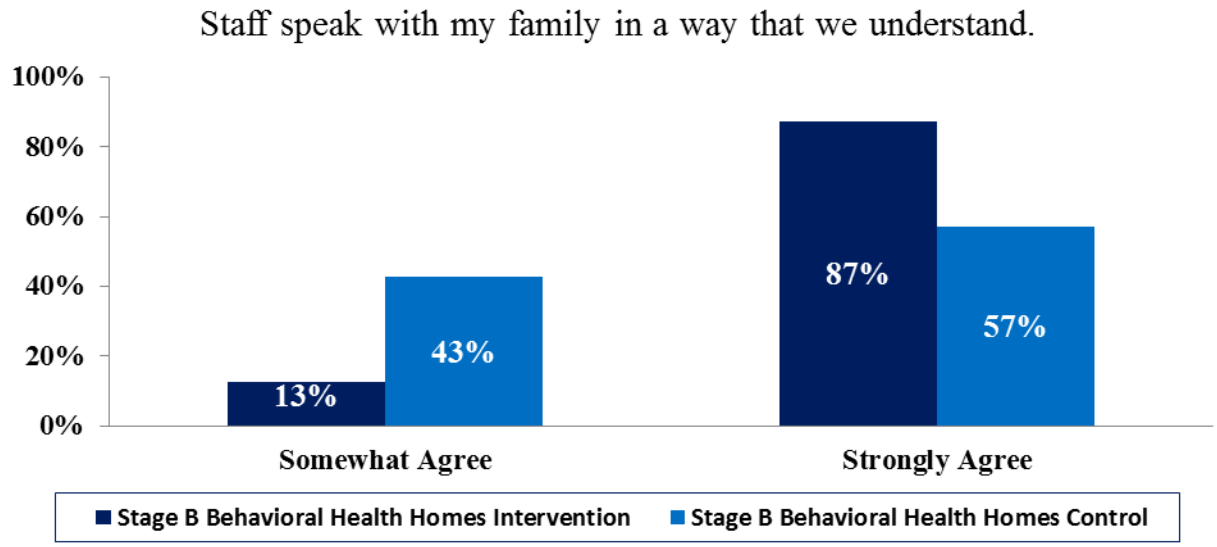
Most patients of both intervention (92%) and control (85%) groups strongly agree their provider's staff treats them with respect.



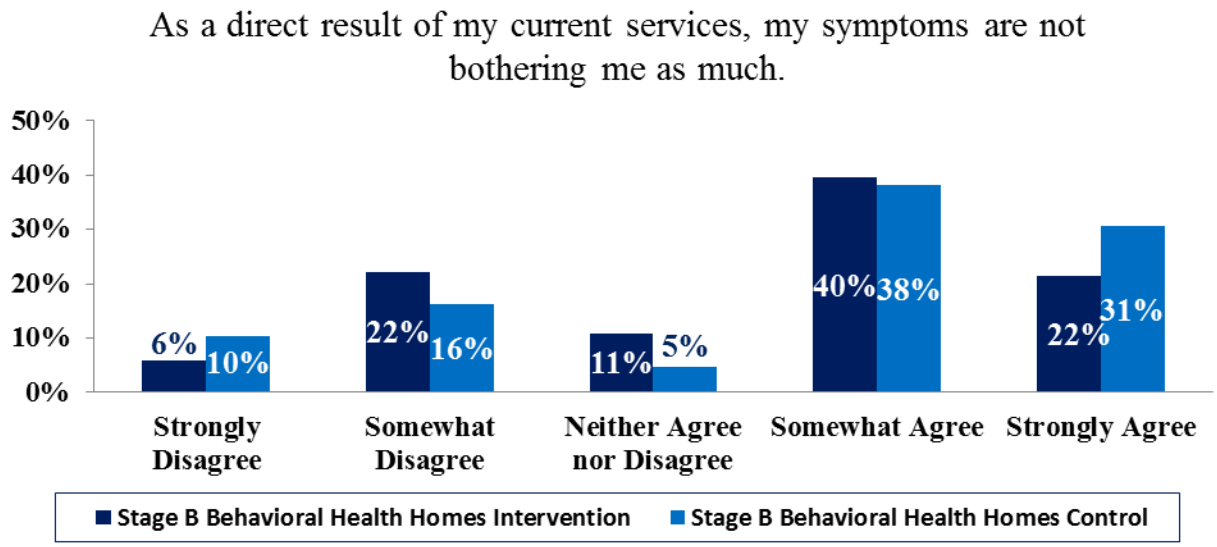
While a large majority of both Stage B Behavioral Health Homes intervention group patients and control group patients agree that the staff respect their family's religious or spiritual beliefs, intervention group patients are more likely to strongly agree (89%) versus control group patients (58%).



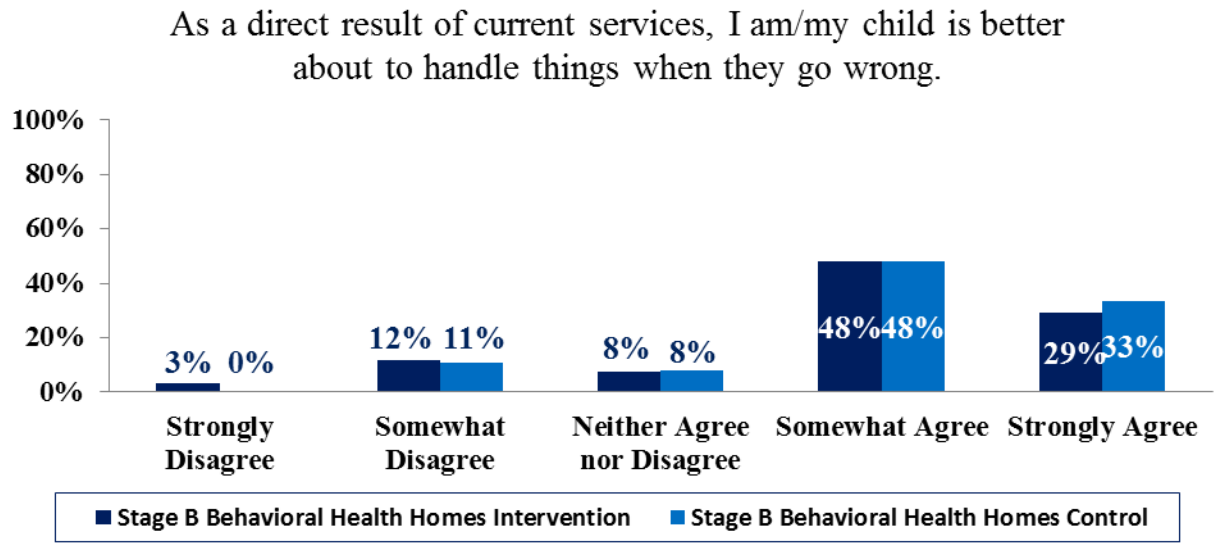
A large majority of both Stage B Behavioral Health Homes intervention group patients and control group patients also agree that the staff speak with their family in a way that they understand, intervention group patients are more likely to strongly agree (87%) versus control group patients (57%).



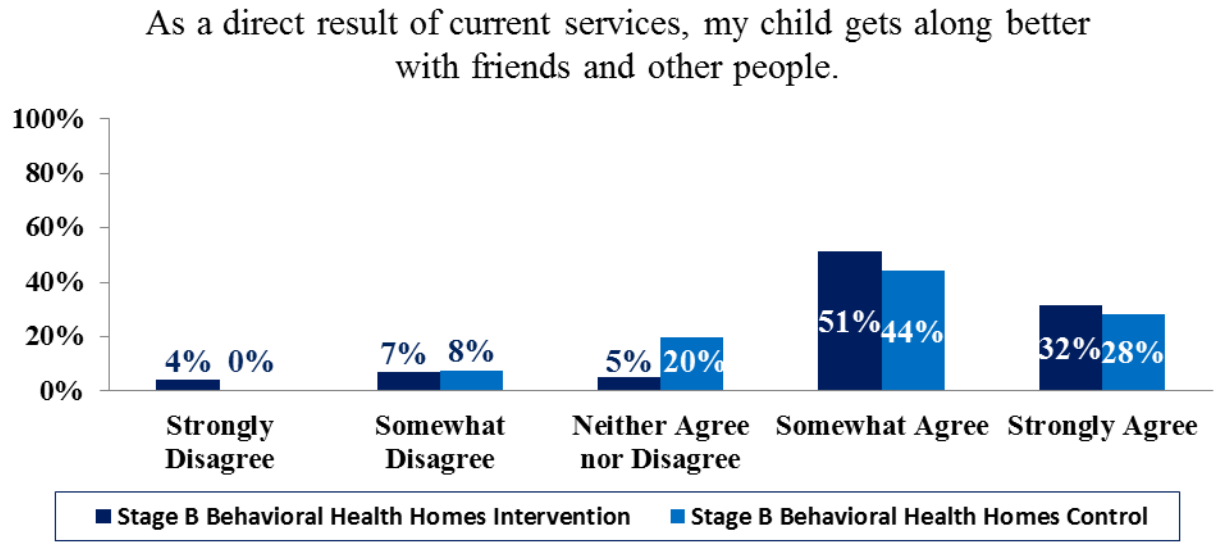
Similar majorities of both Stage B Behavioral Health Homes intervention group patients and control group patients agree that as a result of their services their symptoms were not bothering them as much (Intervention: 62%/Control: 69%).



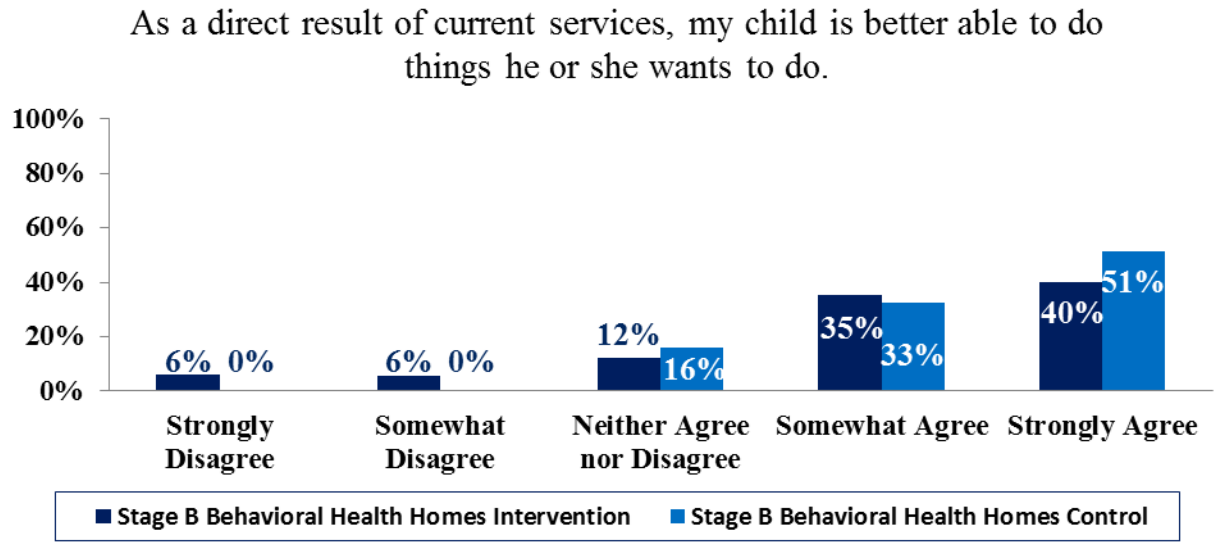
Similar majorities of both Stage B Behavioral Health Homes intervention group patients and control group patients also agree that as a result of their services they or their child was better able to handle things when they went wrongs (Intervention: 77%/Control: 81%).



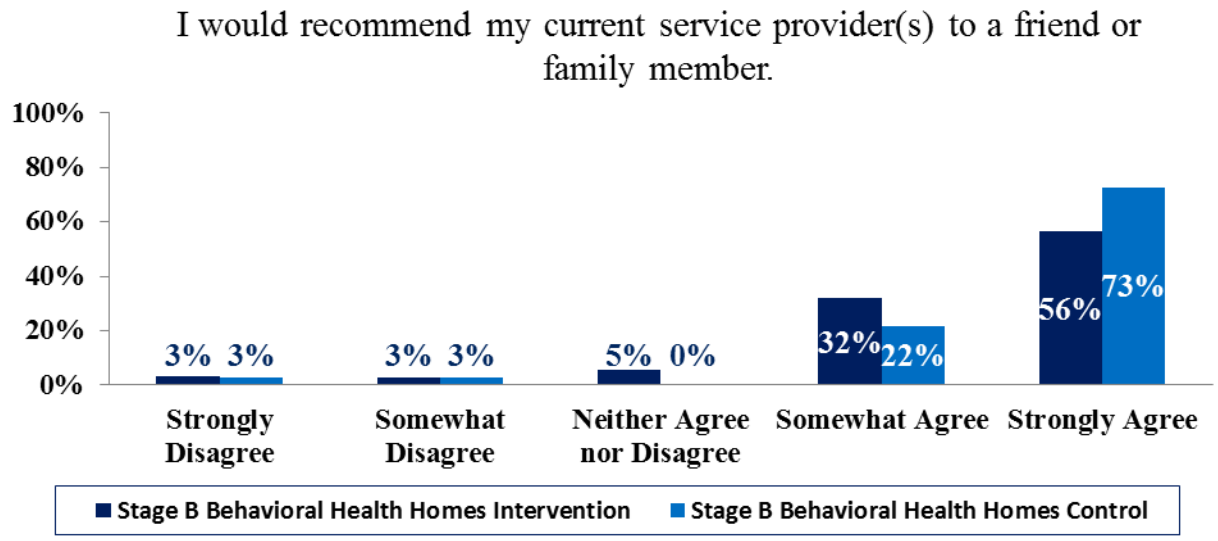
While a majority of all patients either somewhat or strongly agree, a noticeably larger number (20%) of control group patients compared to Stage B Behavioral Health Homes intervention group patients (5%) neither agree nor disagree that as a direct result of services their child gets along better with friends and other people.



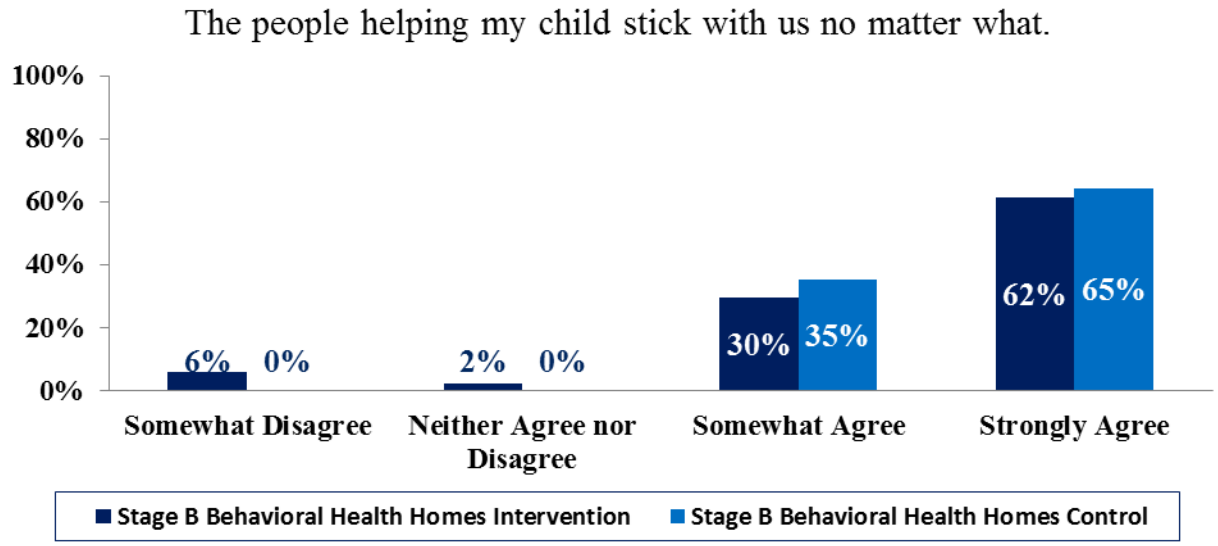
A noticeably larger amount of Stage B Behavioral Health Homes intervention group patients (12%) disagree that as a direct result of current services their child is better able to do things he or she wants to do, as opposed to no control group patients.



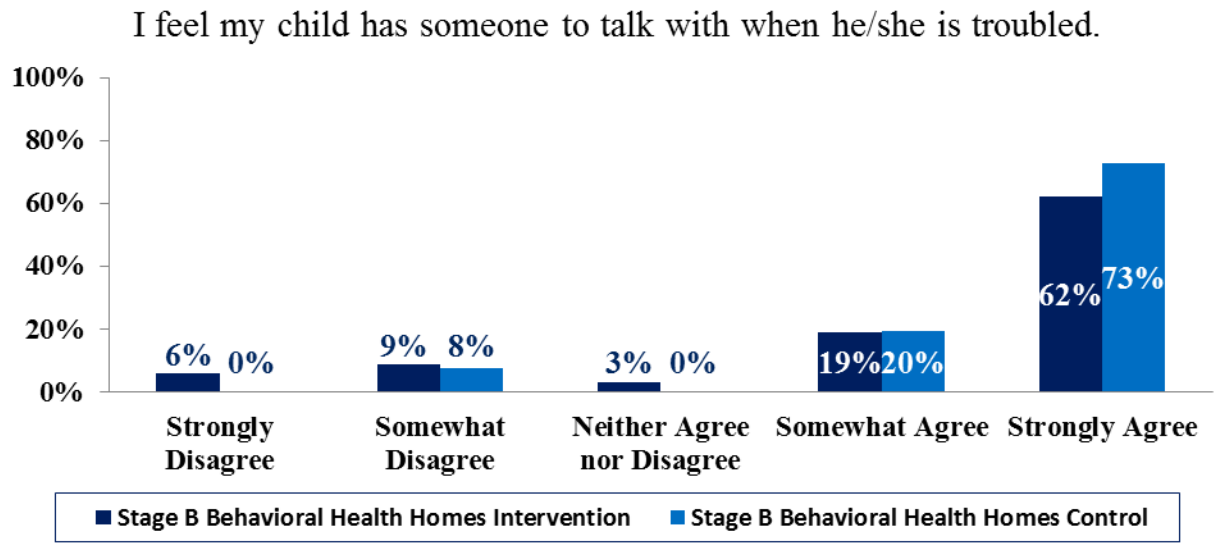
A large majority of both Stage B Behavioral Health Homes intervention group patients and control group patients agree that they would recommend their current service provider(s) to a friend or family member, however a noticeably larger amount of control group patients strongly agree (73%) versus intervention group patients (56%).



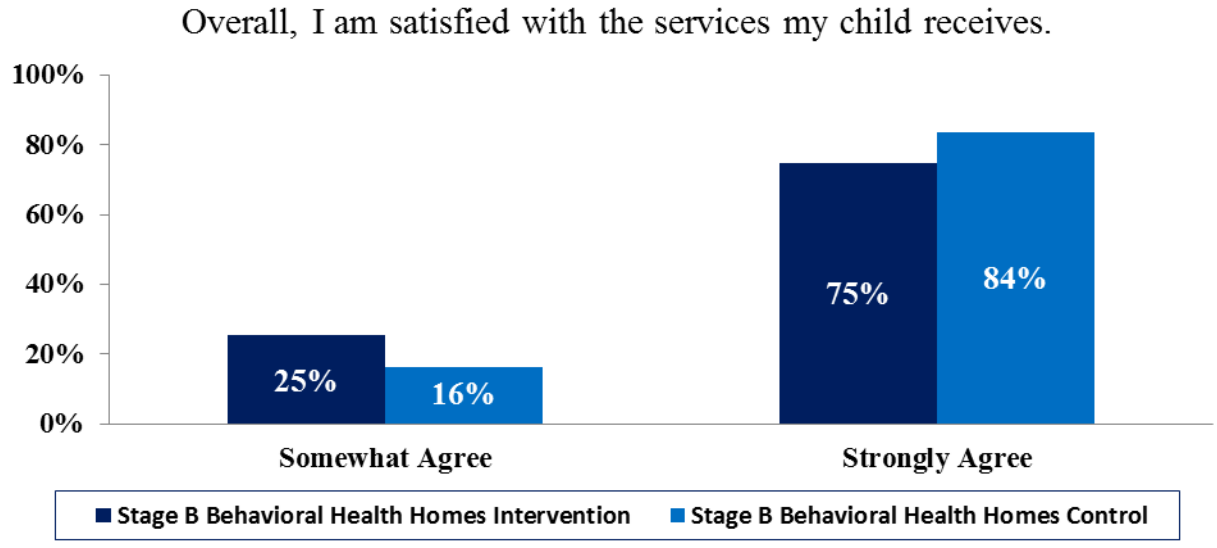
Comparable majorities of Stage B Behavioral Health Homes intervention group patients and control group patients agree that the people helping their child stuck with them no matter what (Intervention: 92%/Control: 100%).



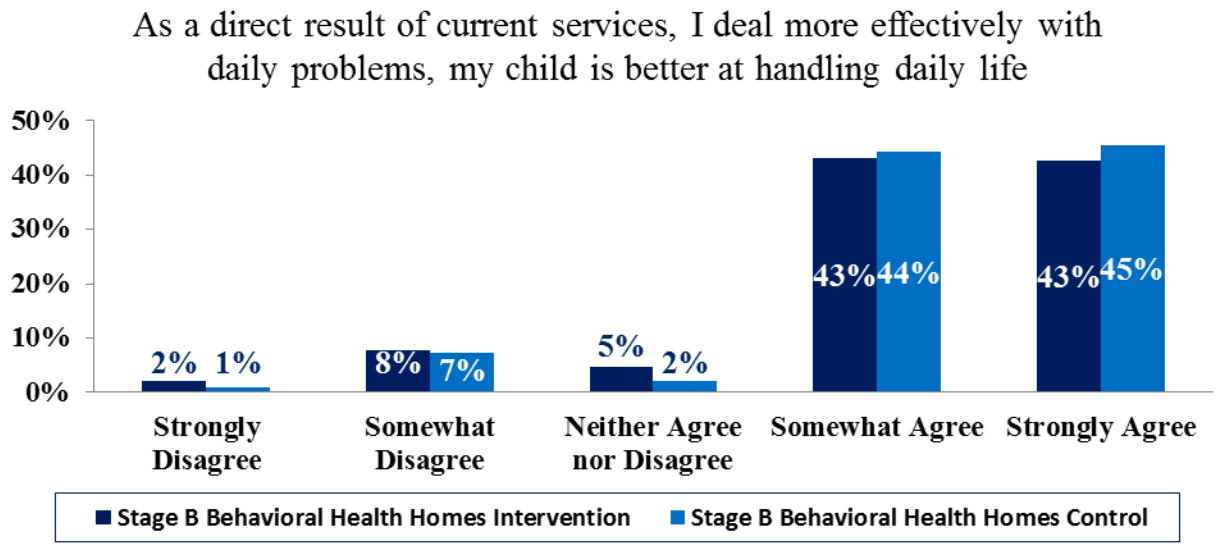
Noticeably larger numbers of control group patients (73%) compared to Stage B Behavioral Health Homes intervention patients (62%) strongly agree that they feel their child has someone to talk to when he or she is troubled.



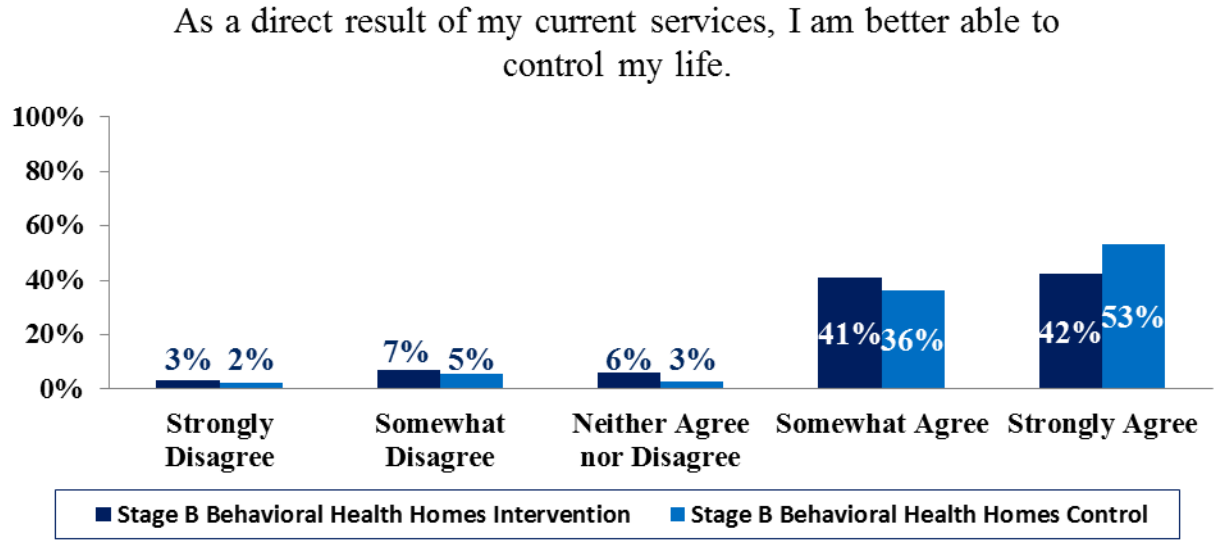
All patients surveyed, both control group and Stage B Behavioral Health Homes intervention group, agree that they are satisfied with the services their child receives, with similar proportions split between somewhat agree and strongly agree.



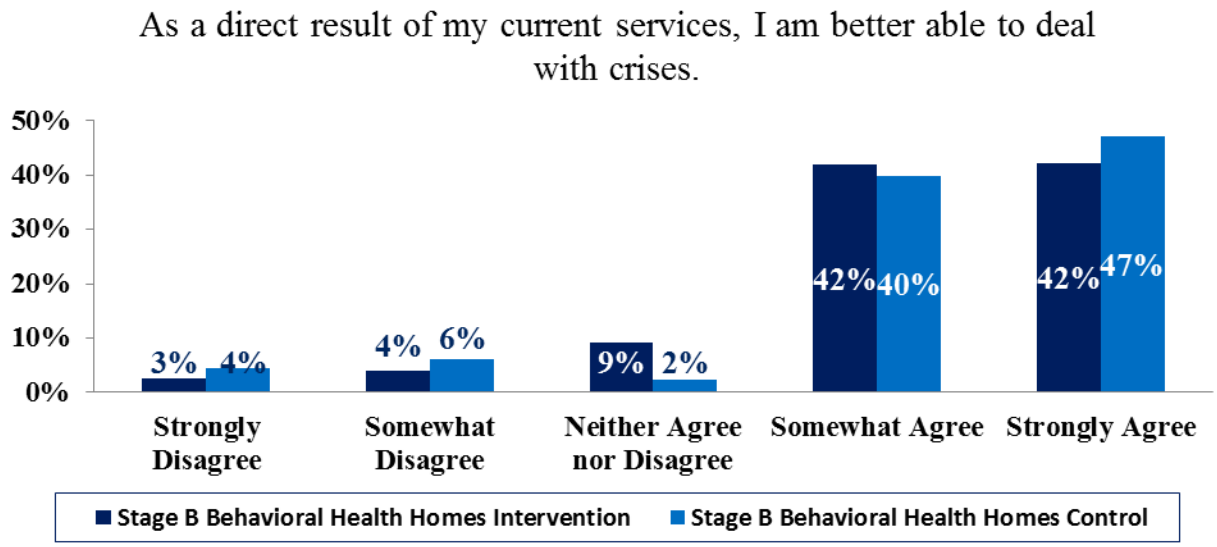
Comparable majorities of Stage B Behavioral Health Homes intervention group patients and control group patients agree as a result of services they deal more effectively with daily problems or that their child is better at handling daily life (Intervention: 83%/Control: 89%).



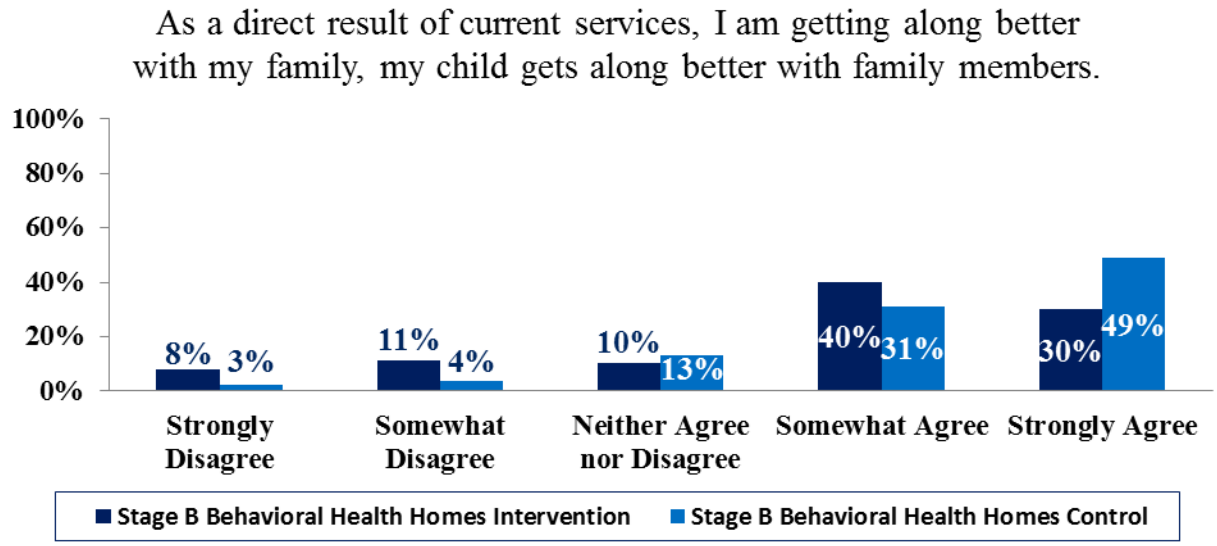
A large majority of both Stage B Behavioral Health Homes intervention group patients and control group patients agree that as a result of their current services they are better able to control their lives, however a noticeably larger amount of control group patients strongly agree (53%) versus intervention group patients (42%).



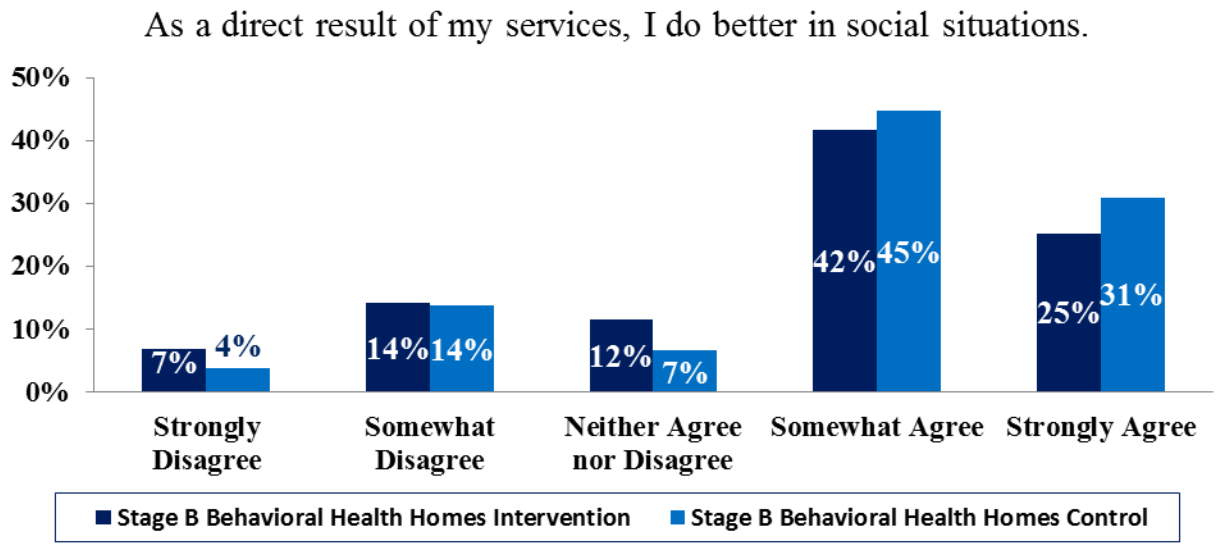
Comparable majorities of Stage B Behavioral Health Homes intervention group patients and control group patients agree that as a result of services they are better able to deal with crises (Intervention: 84%/Control: 87%).



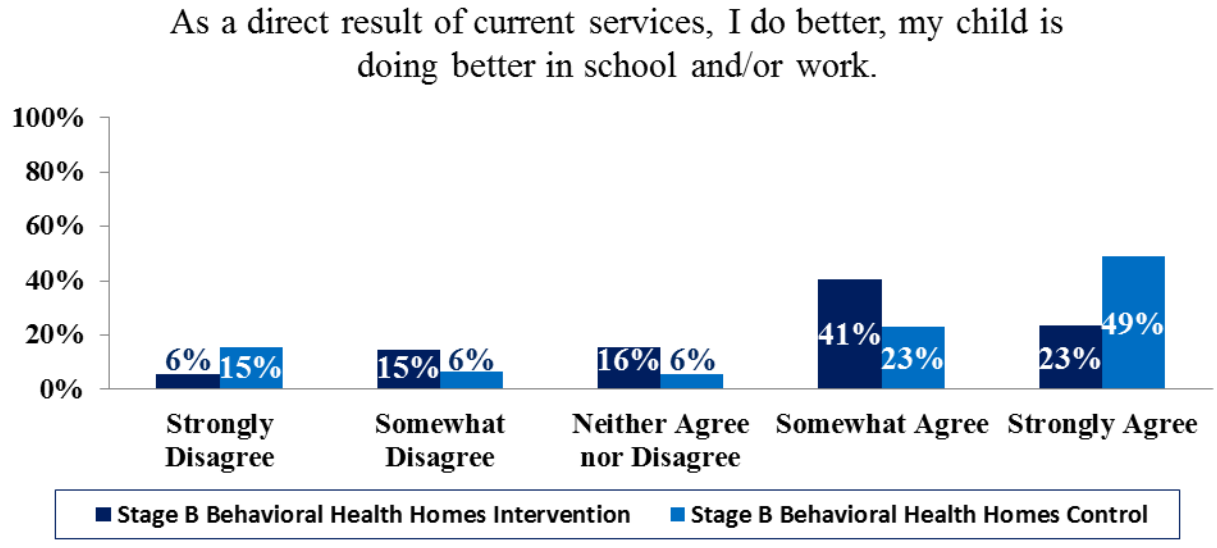
Comparable majorities of Stage B Behavioral Health Homes intervention group patients and control group patients also agree that as a result of services they are getting along better with their family or their child gets along better with family members (Intervention: 70%/Control: 80%).



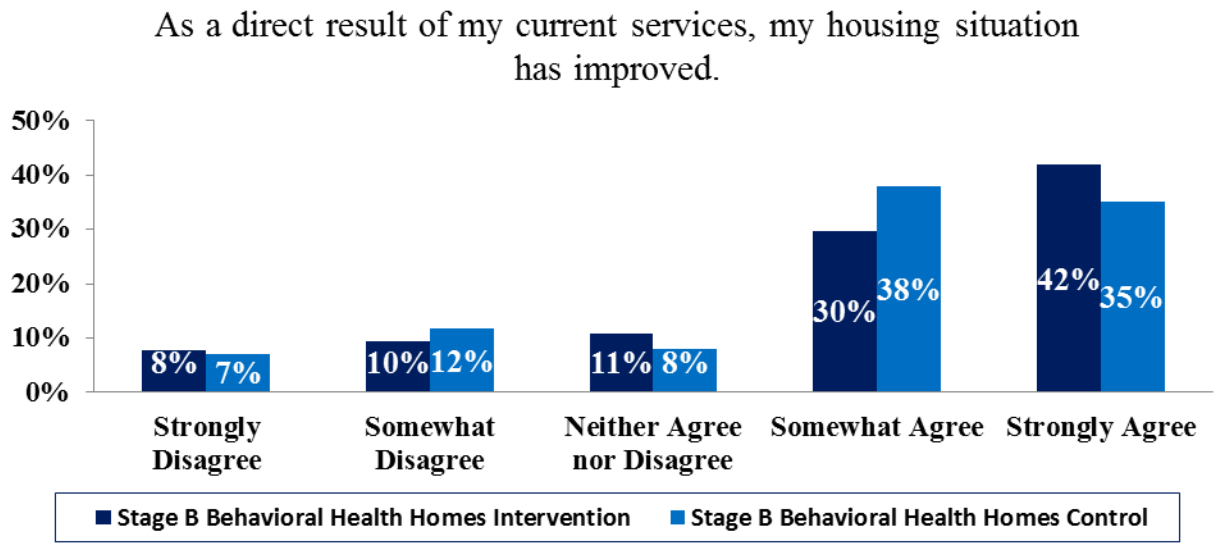
A majority of both Stage B Behavioral Health Homes intervention group patients and control group patients agree that as a direct result of their services they do better in social situations (Intervention: 67%/Control: 76%).



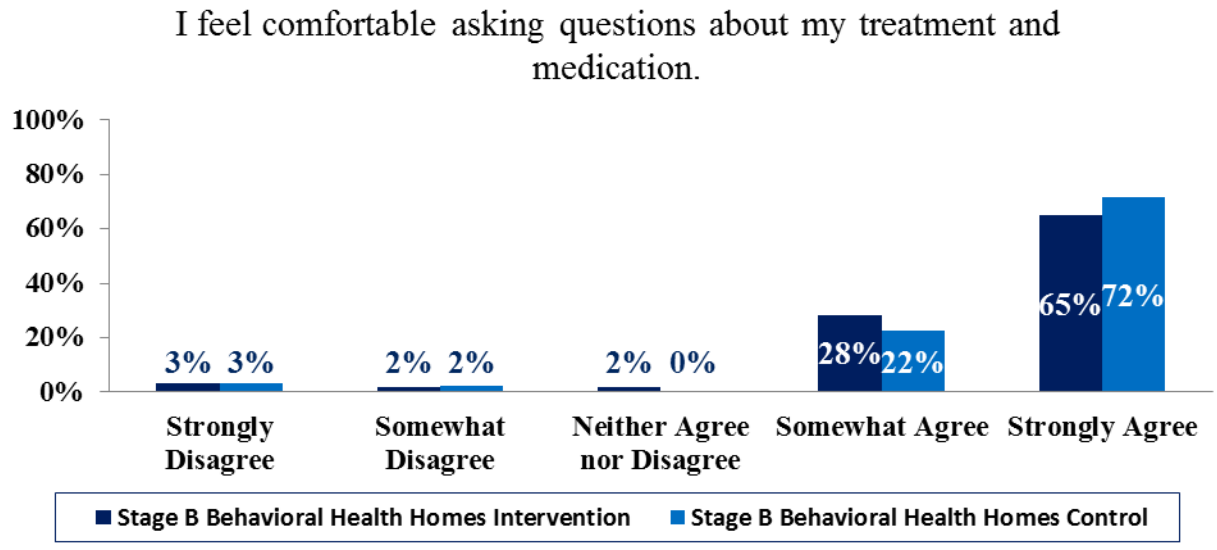
A majority (Intervention: 64%/Control: 72%) of both Stage B Behavioral Health Homes intervention group patients and control group patients agree that as a result of their current services they do better or their child is doing better in school and/or work, however a noticeably larger amount of control group patients strongly agree (49%) versus intervention group patients (23%).



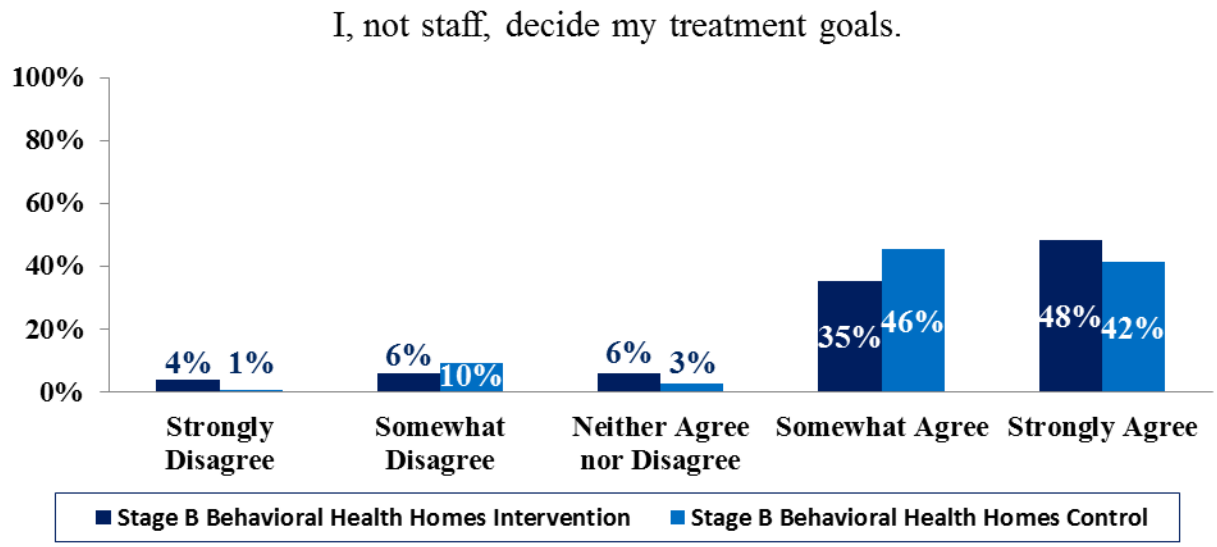
Comparable majorities of Stage B Behavioral Health Homes intervention group patients and control group patients agree that as a result of services their housing situation has improved (Intervention: 72%/Control: 73%).



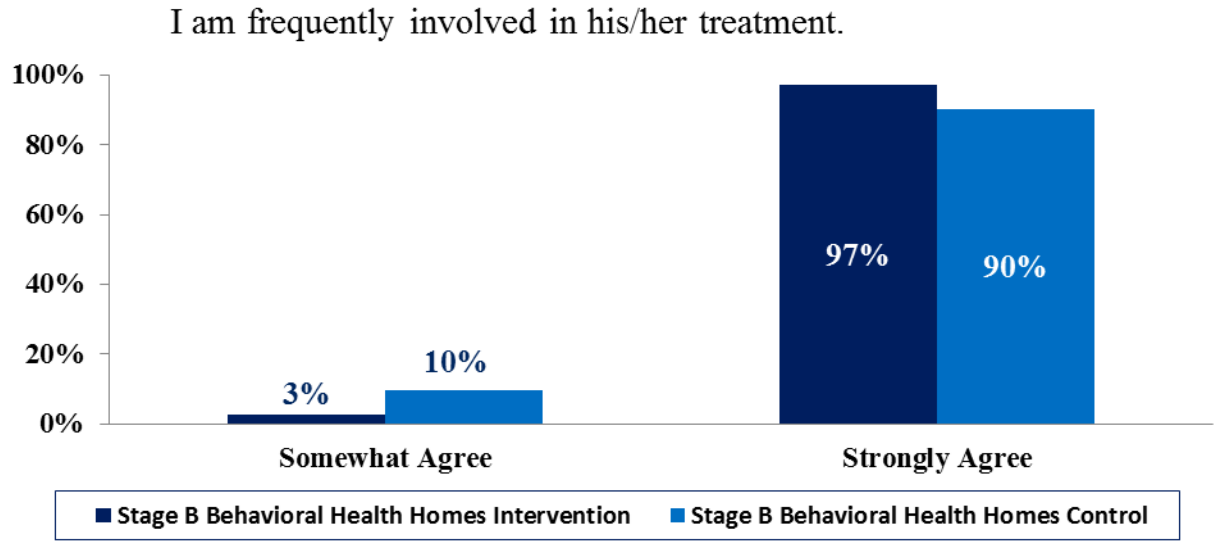
Comparable majorities of Stage B Behavioral Health Homes intervention group patients and control group patients also agree that they feel comfortable asking questions about their treatment and medication (Intervention: 93%/Control: 94%).



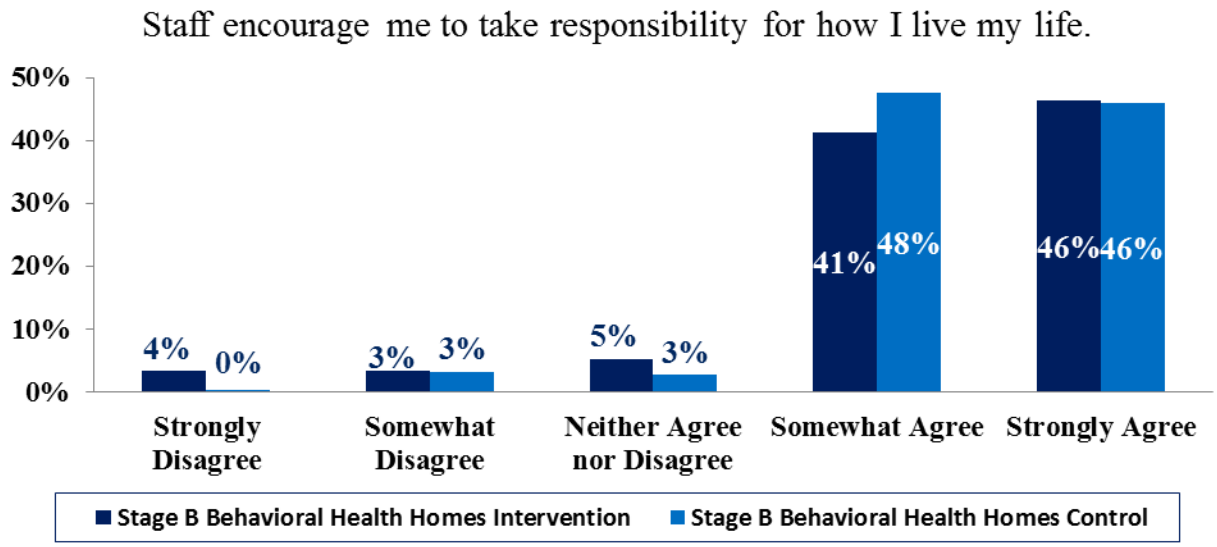
A majority of both Stage B Behavioral Health Homes intervention group patients and control group patients agree that they, not staff, decide their treatment goals (Intervention: 83%/Control: 88%).



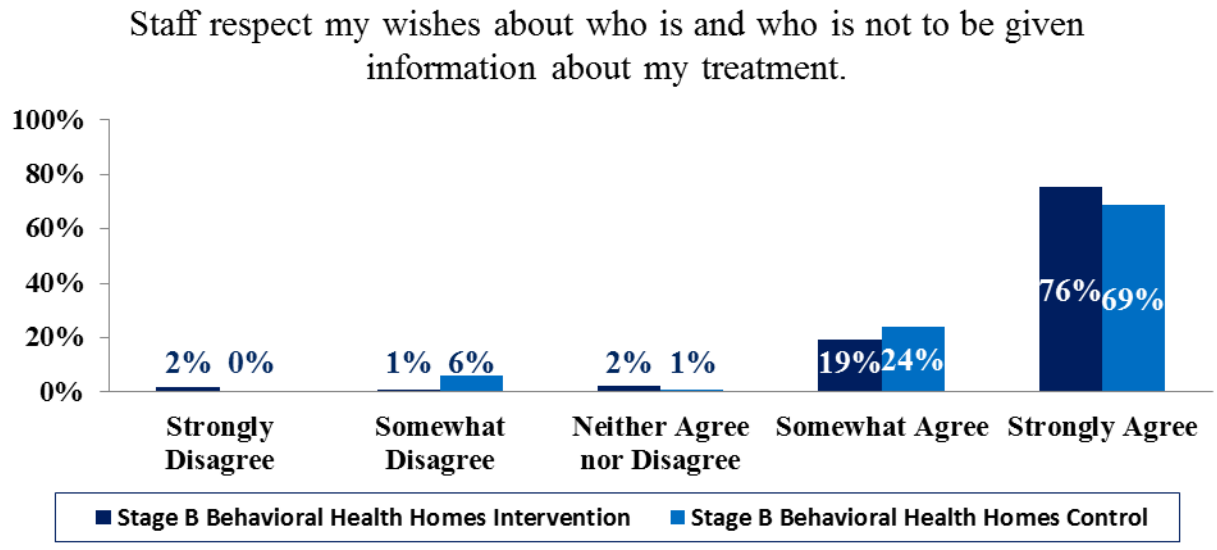
All patients surveyed, both control group and Stage B Behavioral Health Homes intervention group, agree that they agree that they are frequently involved in their child's treatment, with similar proportions split between somewhat agree and strongly agree.



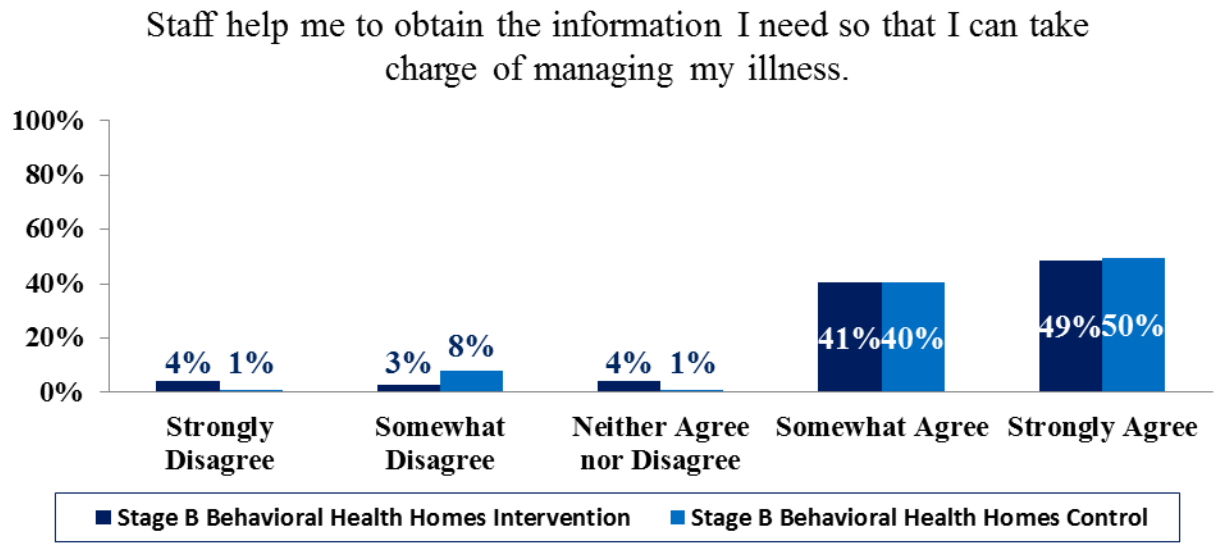
A large majority of both Stage B Behavioral Health Homes intervention group patients and control group patients agree that staff encourage them to take responsibility for how they live their lives (Intervention: 87%/Control: 94%).



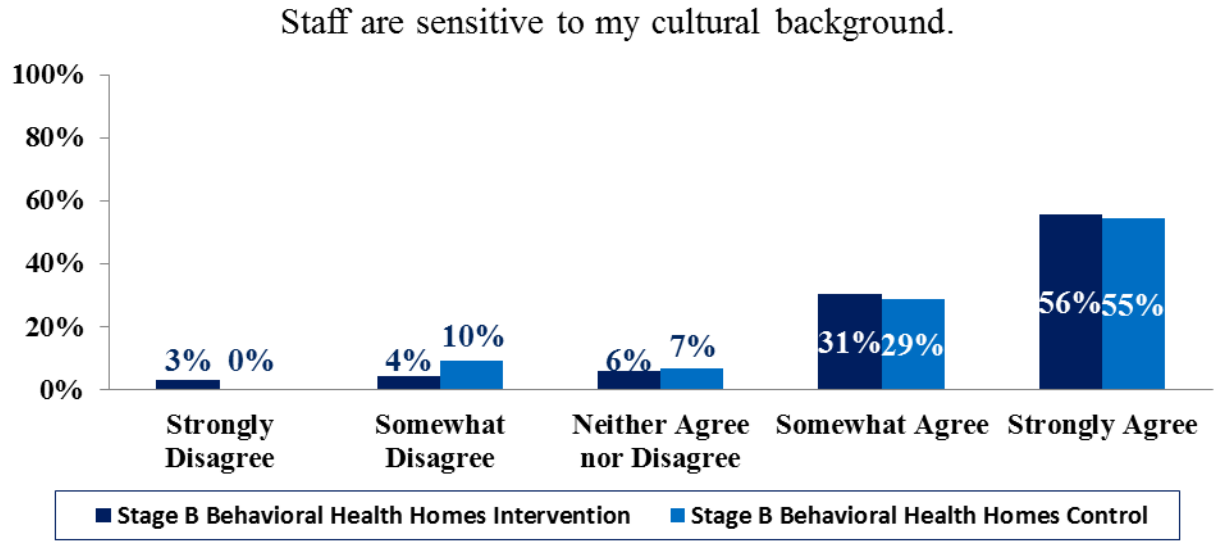
A large majority of both Stage B Behavioral Health Homes intervention group patients and control group patients also agree that staff respect their wishes about who is and who is not to be given information about their treatment (Intervention: 95%/Control: 93%).



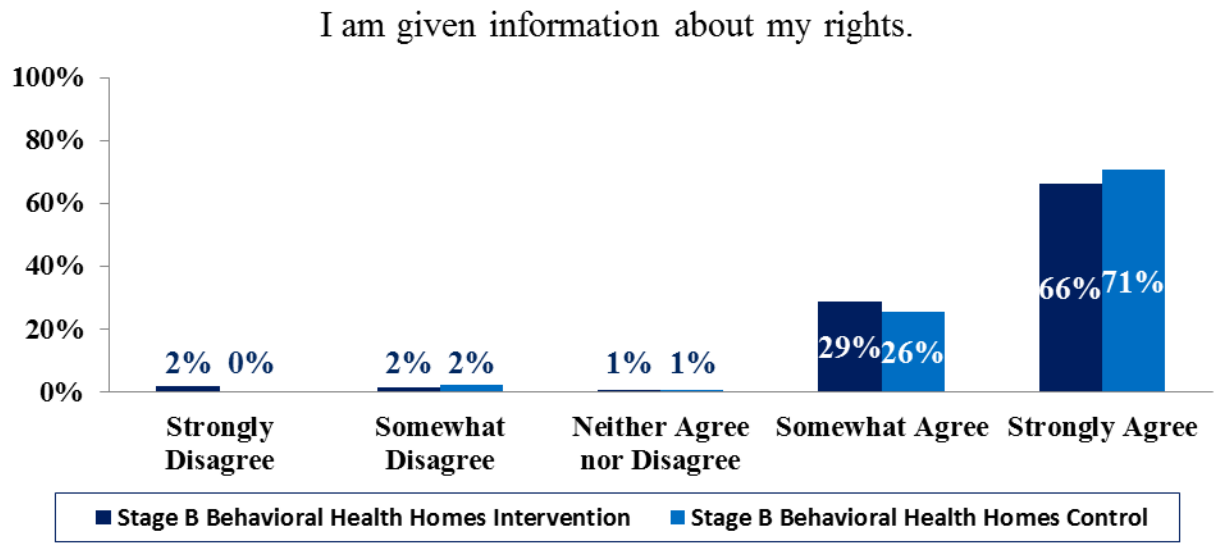
Comparable majorities of Stage B Behavioral Health Homes intervention group patients and control group patients agree that staff helps them to obtain the information they need so that they can take charge of managing their illness (Intervention: 90%/Control: 90%).



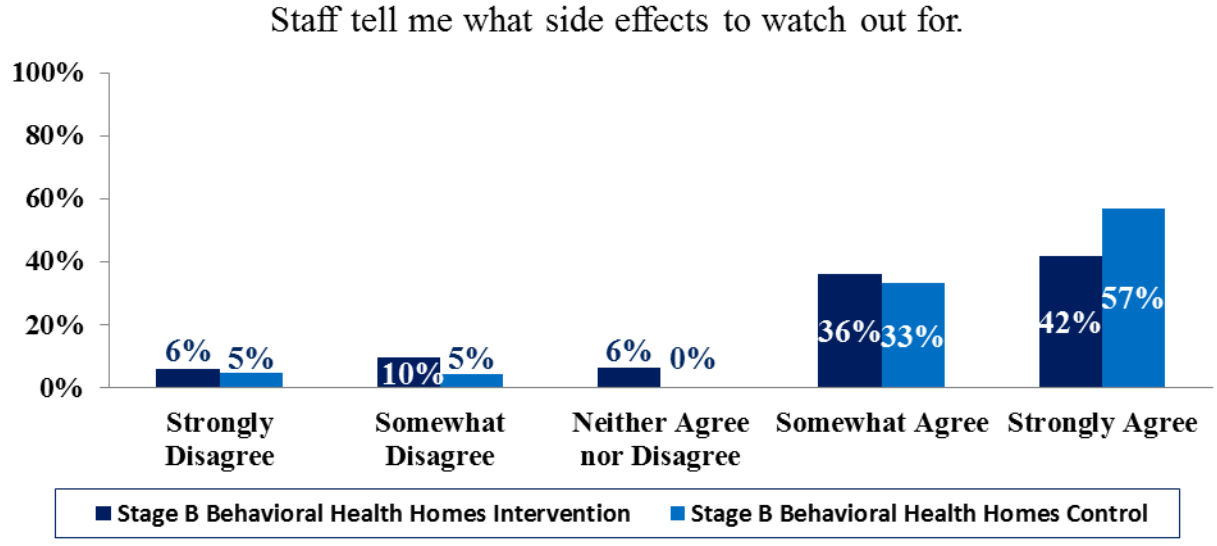
Comparable majorities of Stage B Behavioral Health Homes intervention group patients and control group patients also agree that 'staff are sensitive to my cultural background' (Intervention: 87%/Control: 84%).



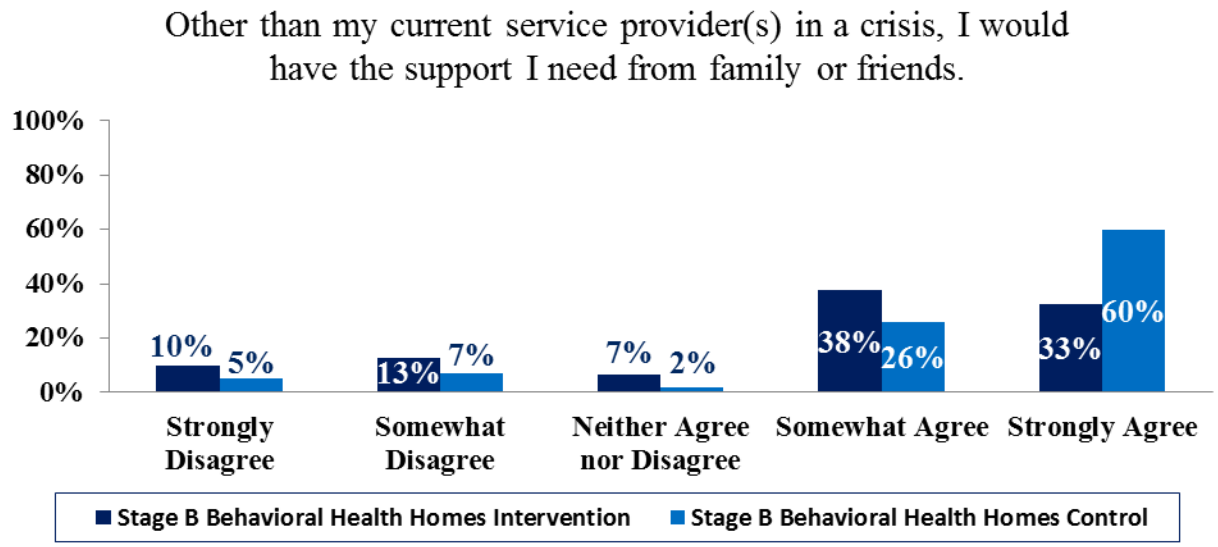
A large majority of both Stage B Behavioral Health Homes intervention group patients and control group patients agree that they are given information about their rights (Intervention: 95%/Control: 97%).



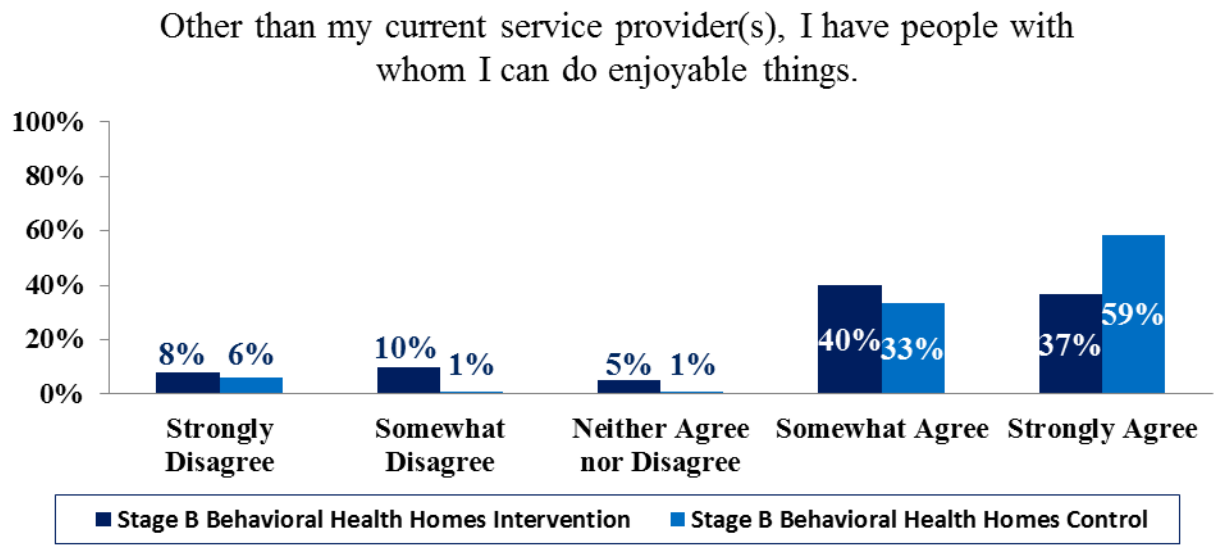
While a majority of all patients either somewhat or strongly agree, a noticeably larger number (57%) of control group patients compared to Stage B Behavioral Health Homes intervention group patients (42%) strongly agree that that staff tell them what side effects to watch out for.



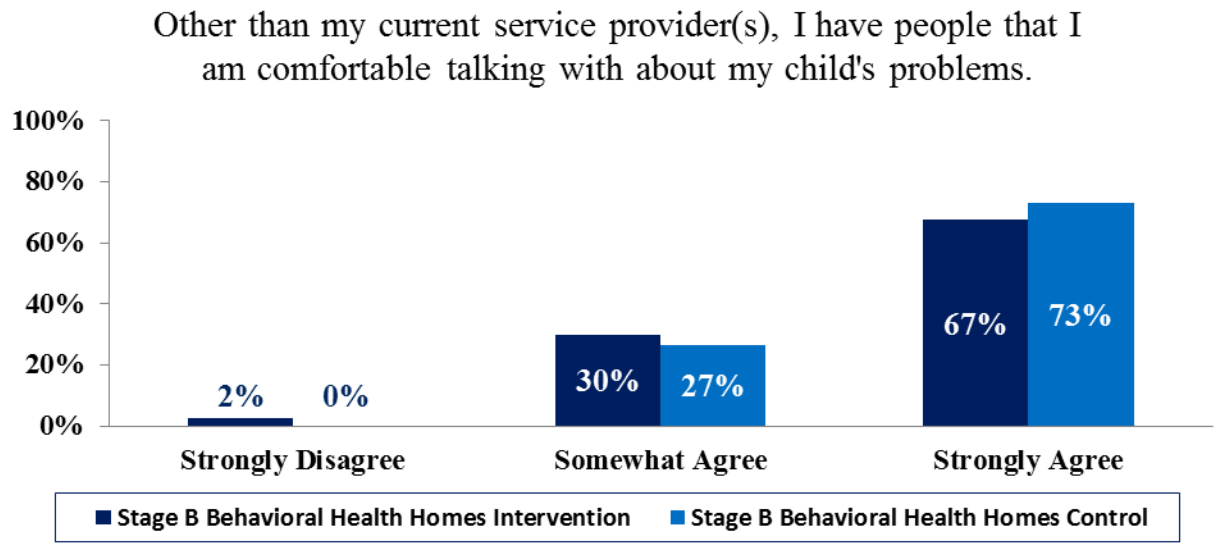
Almost twice as many control group patients (60%) versus Stage B Behavioral Health Home intervention group patients (33%) strongly agree that in a crisis they have the support they need from family or friends other than their current service provider(s).



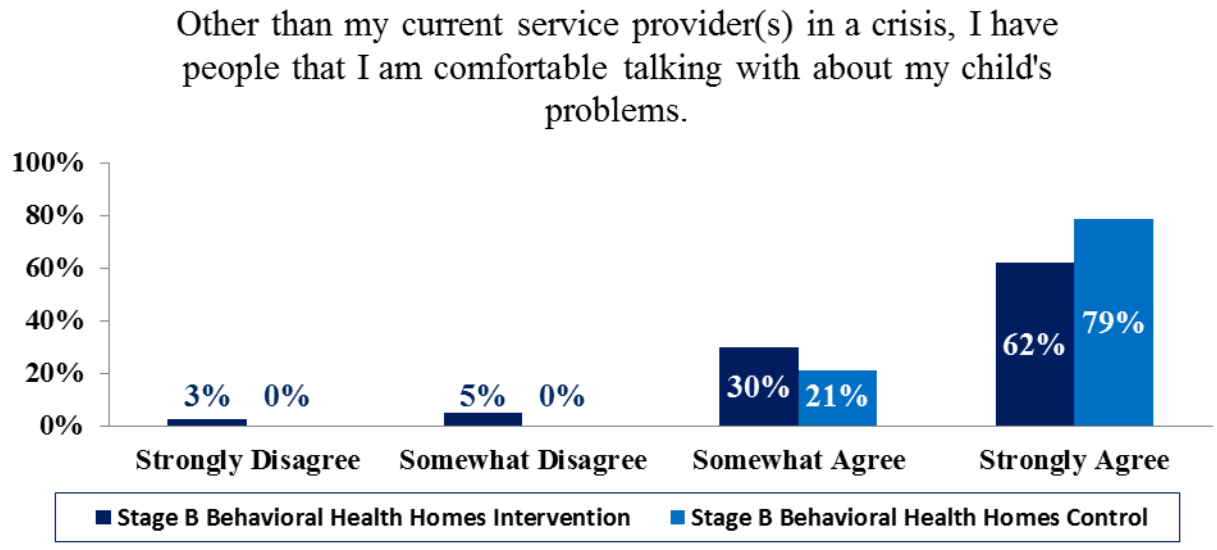
A noticeably larger percentage of control group patients (59%) versus Stage B Behavioral Health Home intervention group patients (37%) strongly agree that other than their current service provider(s) they have people with whom they can do enjoyable things.



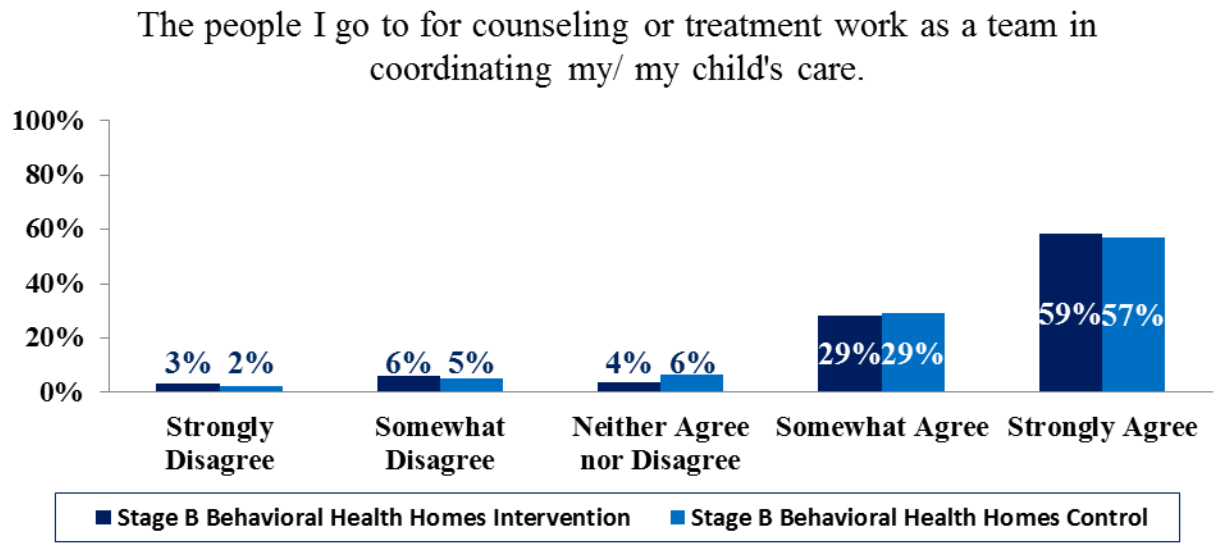
All (100%) control group patients and almost all (98%) Stage B Behavioral Health Homes intervention group patients agree that they have people that they are comfortable talking with about their child's problems aside from their current service provider(s).



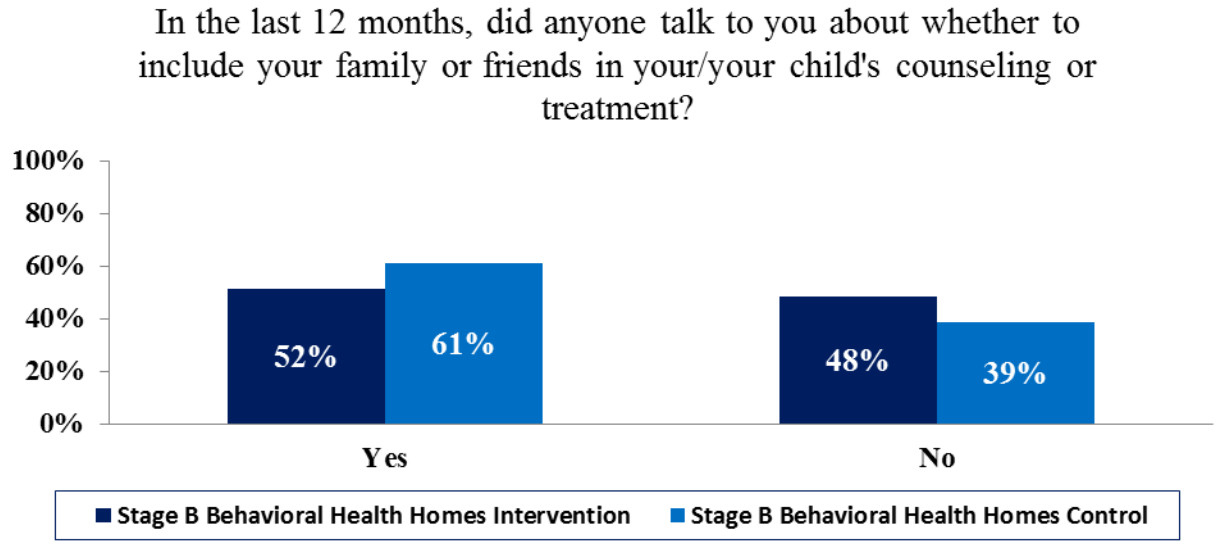
A noticeably larger percentage of control group patients (79%) versus Stage B Behavioral Health Home intervention group patients (62%) strongly agree that other than their current service provider(s) they have people they are comfortable talking with about their child's problems.



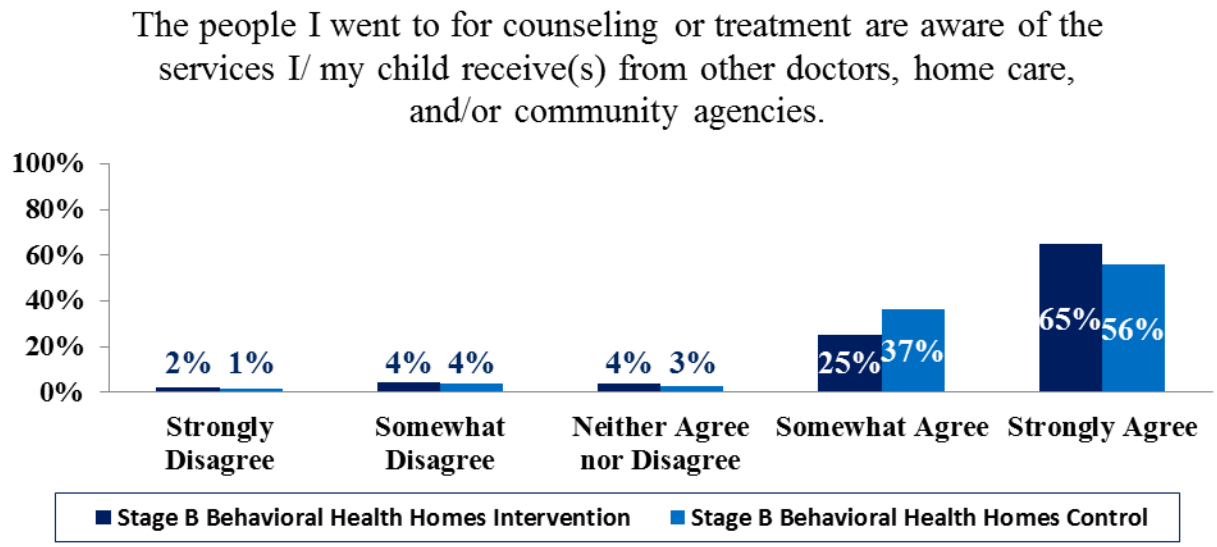
Comparable majorities of Stage B Behavioral Health Homes intervention group patients and control group patients agree that the people they go to for counseling or treatment work as a team in coordinating their or their child's care (Intervention: 88%/Control: 86%).



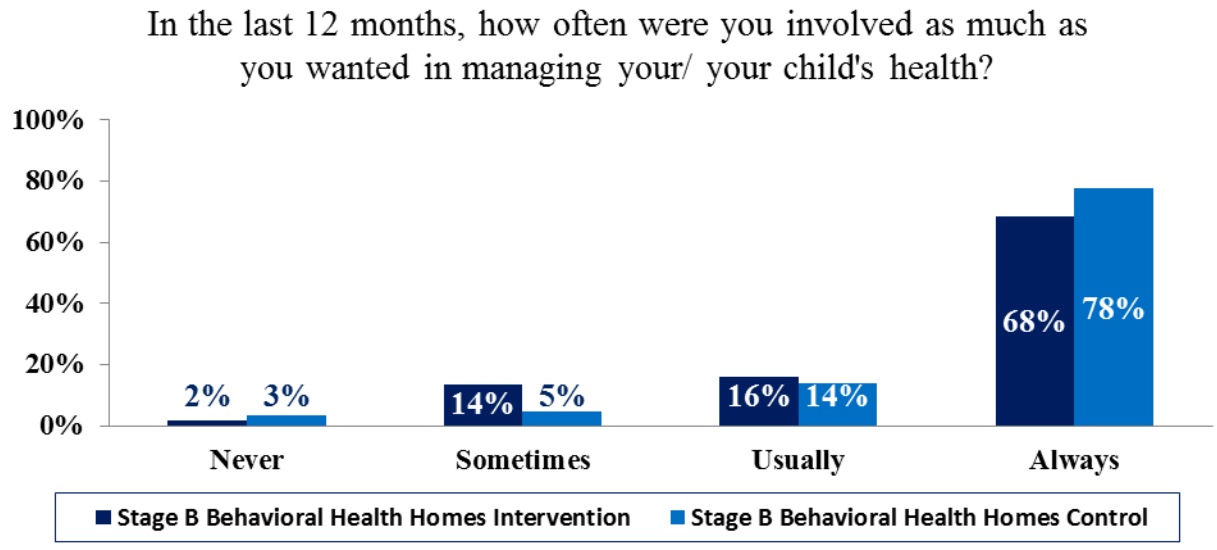
Over half (Intervention 52%/Control 61%) of both Stage B Behavioral Health Homes intervention group patients and control group patients talked with someone about whether to include their family or friends in their or their child's counseling or treatment in the last year.



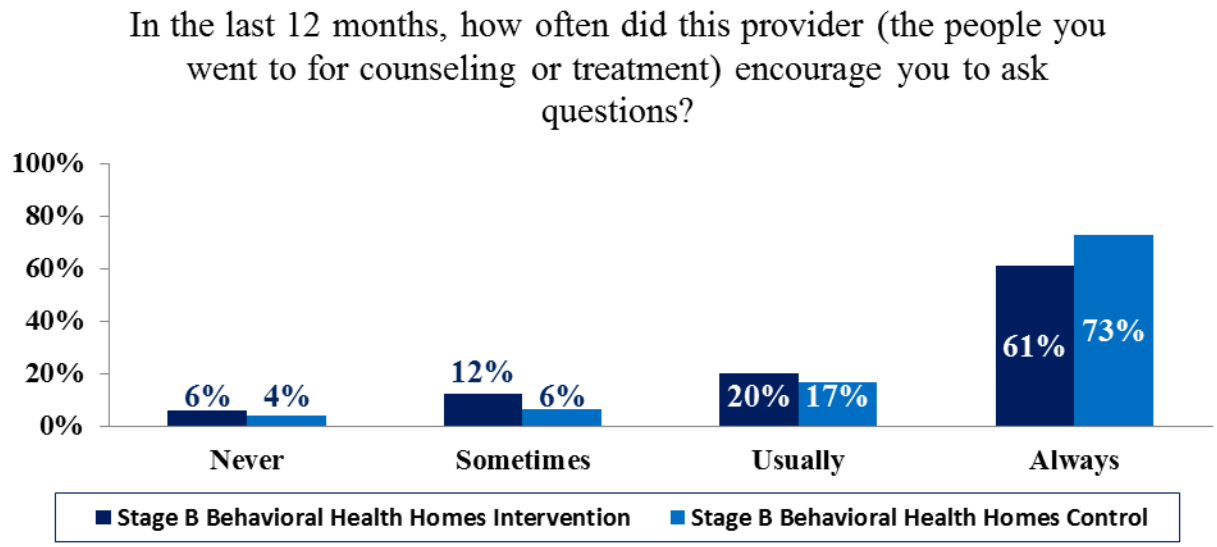
A large majority of both Stage B Behavioral Health Homes intervention group patients and control group patients agree that the people they went to for counseling or treatment are aware of the services they or their child receives from other doctors, home care, and/or community agencies (Intervention: 90%/Control: 93%).



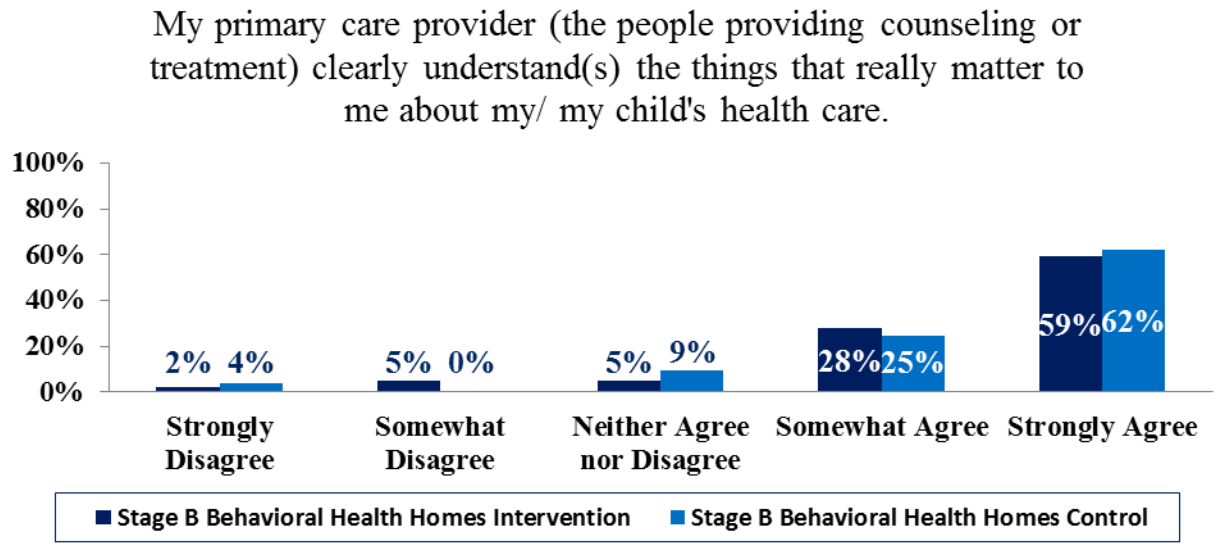
A large majority of both Stage B Behavioral Health Homes intervention group patients and control group patients also indicate that they were usually or always involved as much as they wanted in managing their or their child's health (Intervention: 84%/Control: 92%).



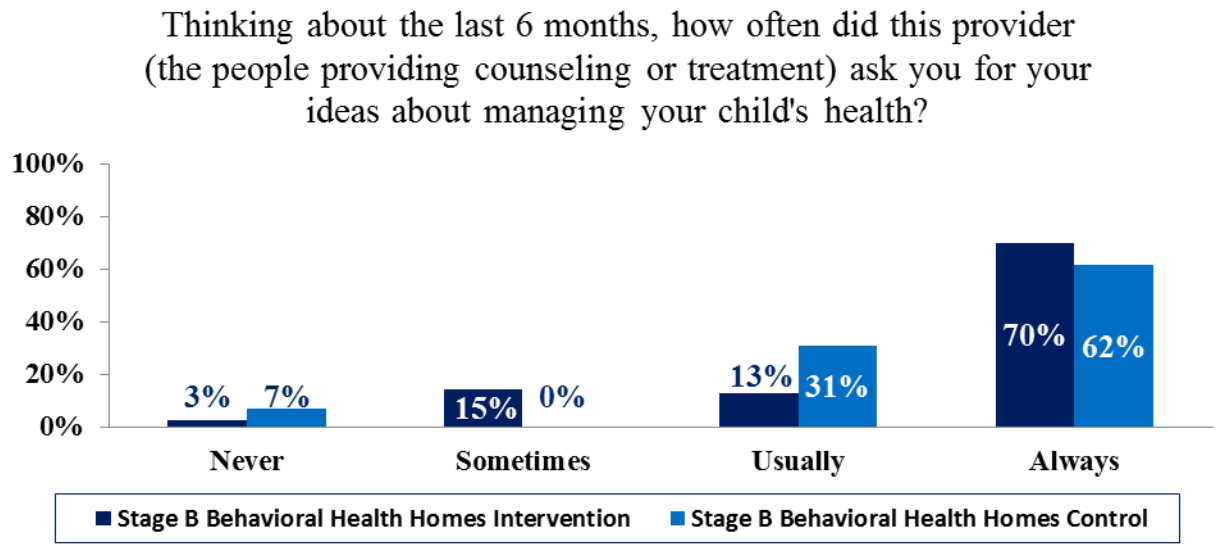
A noticeably larger number of control group patients (73%) report that their provider always encouraged them to ask questions, versus the 61% of Stage B Behavioral Health Homes intervention group patients.



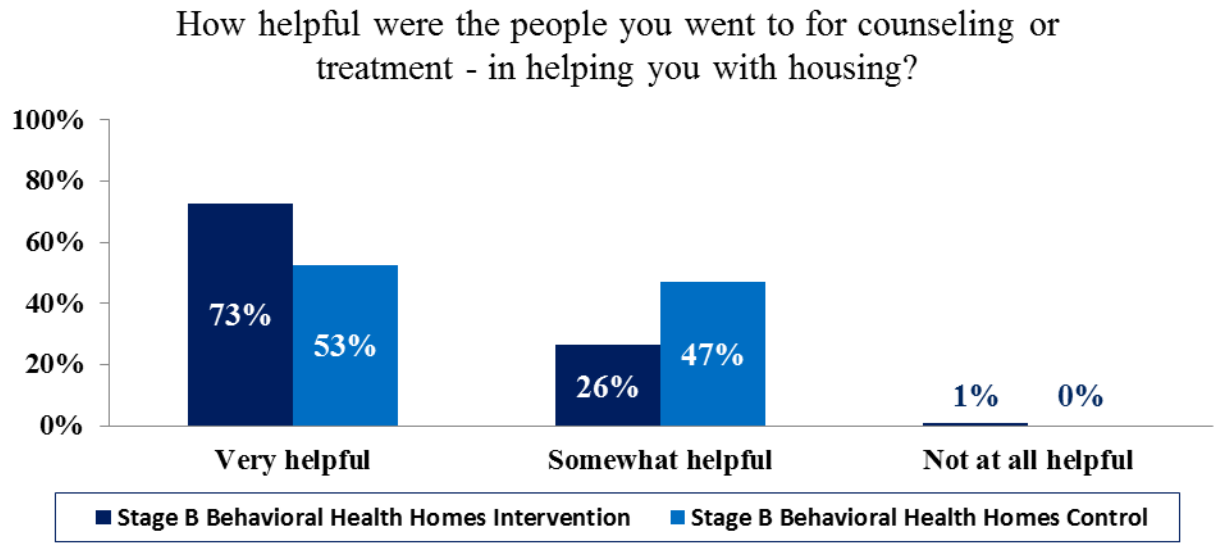
Comparable majorities of Stage B Behavioral Health Homes intervention group patients and control group patients agree that their primary care provider clearly understands the things that really matter to them about their or their child's health care (Intervention: 87%/Control: 87%).



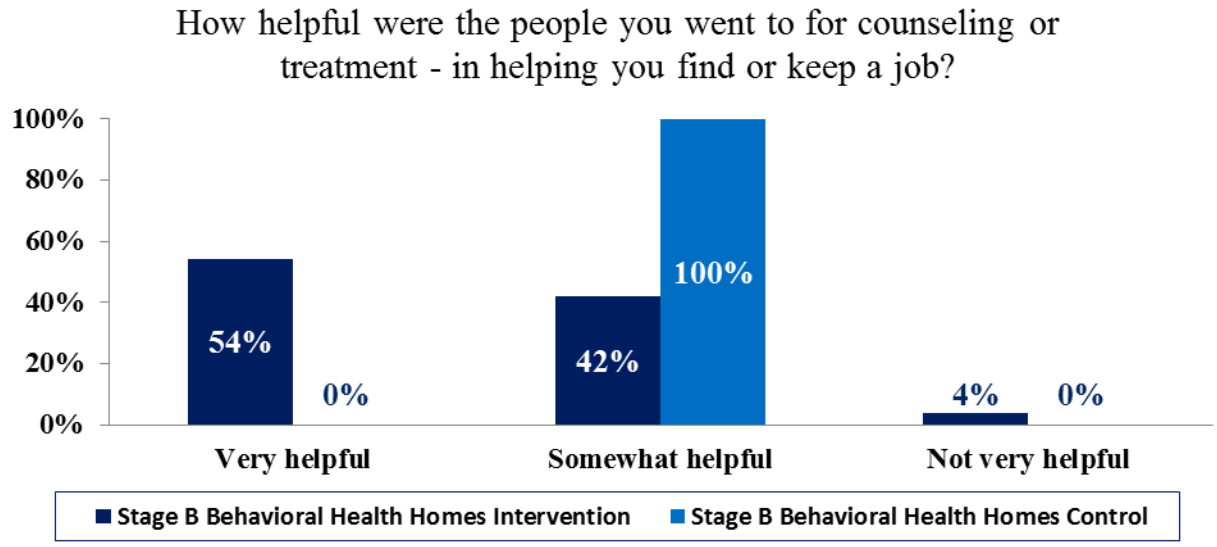
While similar percentages of Stage B Health Homes intervention group patients and control group patients report that their provider always asked for their ideas about managing their child's health (Intervention: 70%/ Control: 62%), a noticeably larger percentage of control group patients (31%) feel their provider usually asked for their ideas versus intervention group patients (13%).



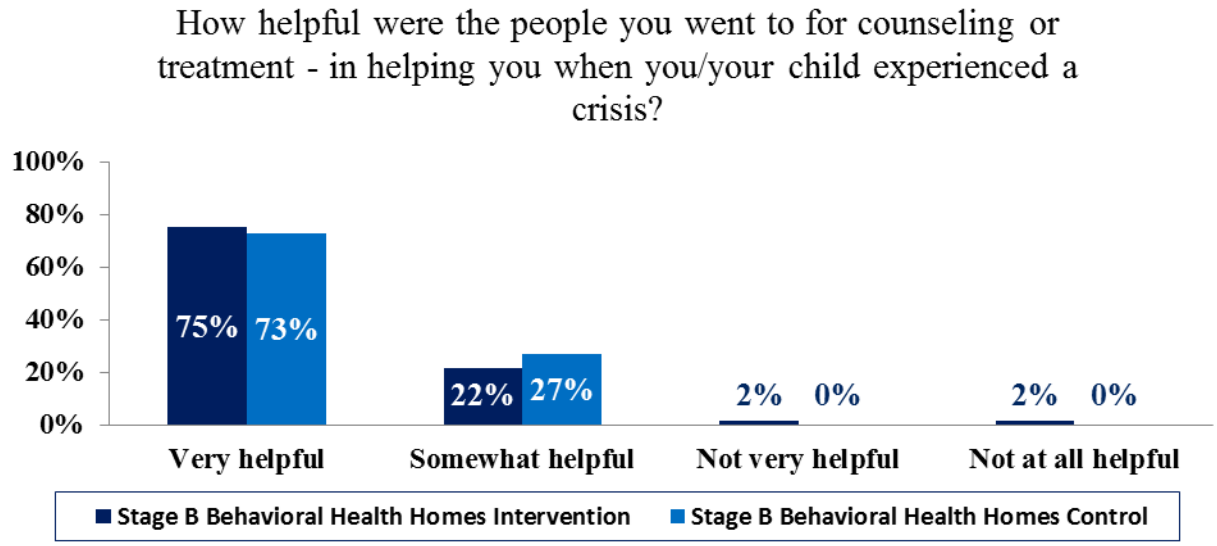
All control group patients (100%) and almost all Stage B Behavioral Health Homes intervention group patients (99%) feel that the people they went to for counseling or treatment were helpful in helping them with housing, however intervention group patients are noticeably more likely to feel they were very helpful (73%) compared to control group patients (53%).



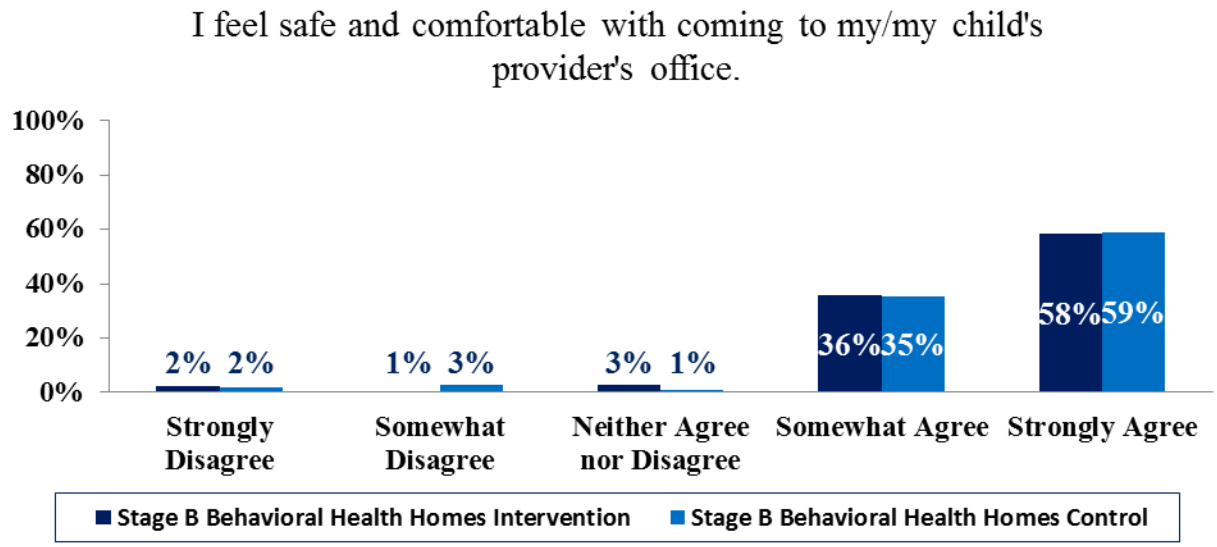
All control group patients (100%) and almost all Stage B Behavioral Health Homes intervention group patients (96%) feel that the people they went to for counseling or treatment were helpful in helping them find or keep a job, however intervention group patients are noticeably more likely to feel they were very helpful (54%) compared to control group patients (0%).



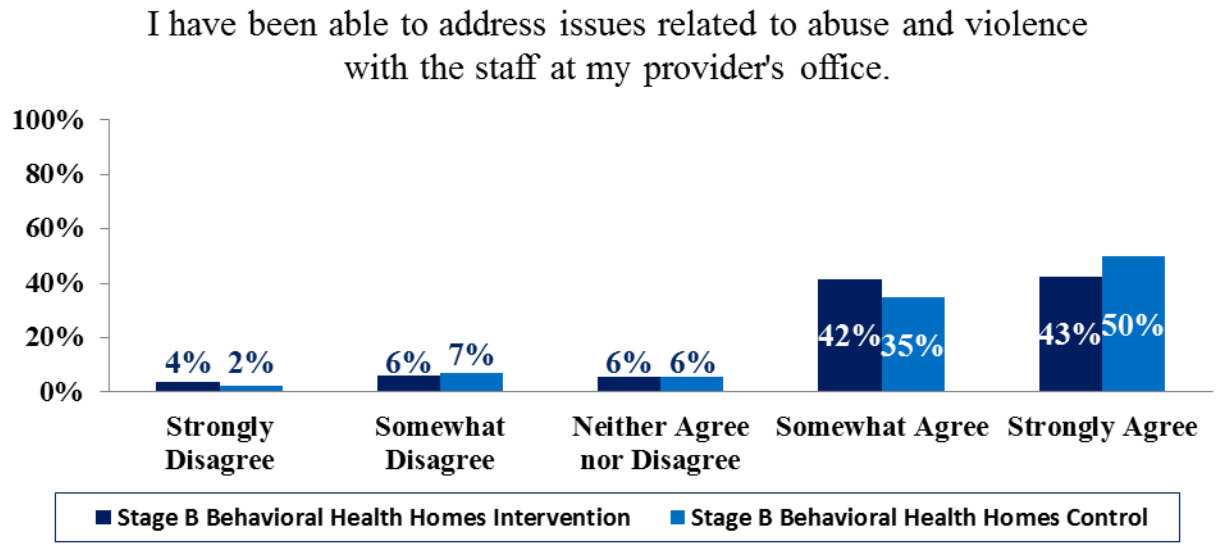
All control group patients (100%) and almost all Stage B Behavioral Health Homes intervention group patients (97%) report that the people they went to for counseling or treatment were helpful to them when they or their child experience a crisis.



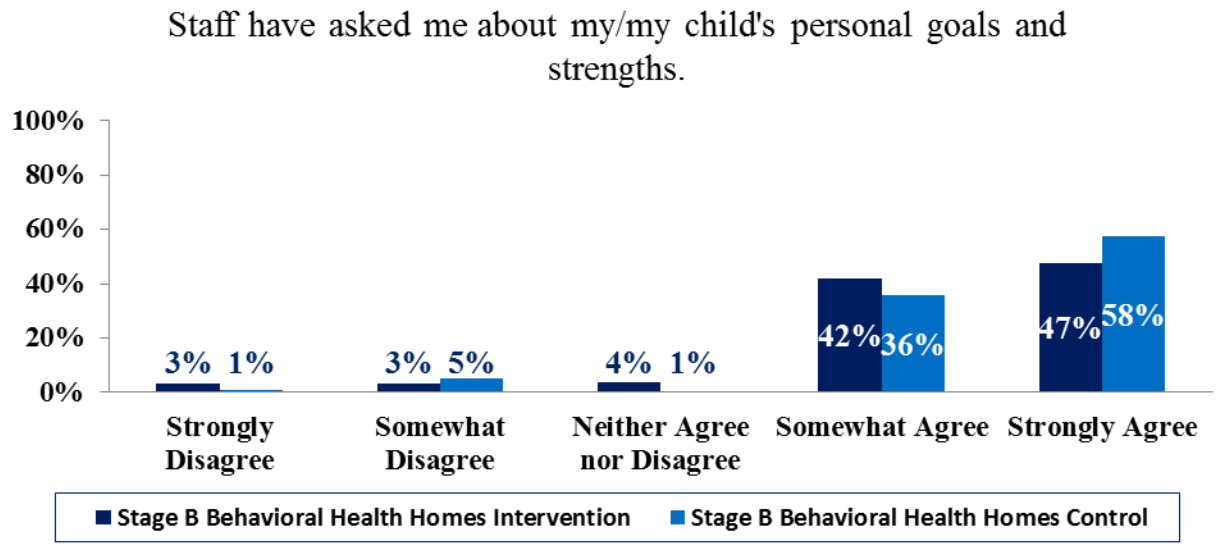
Comparable majorities of Stage B Behavioral Health Homes intervention group patients and control group patients agree that they feel safe and comfortable with coming to their or their child's provider's office (Intervention: 94%/Control: 94%).



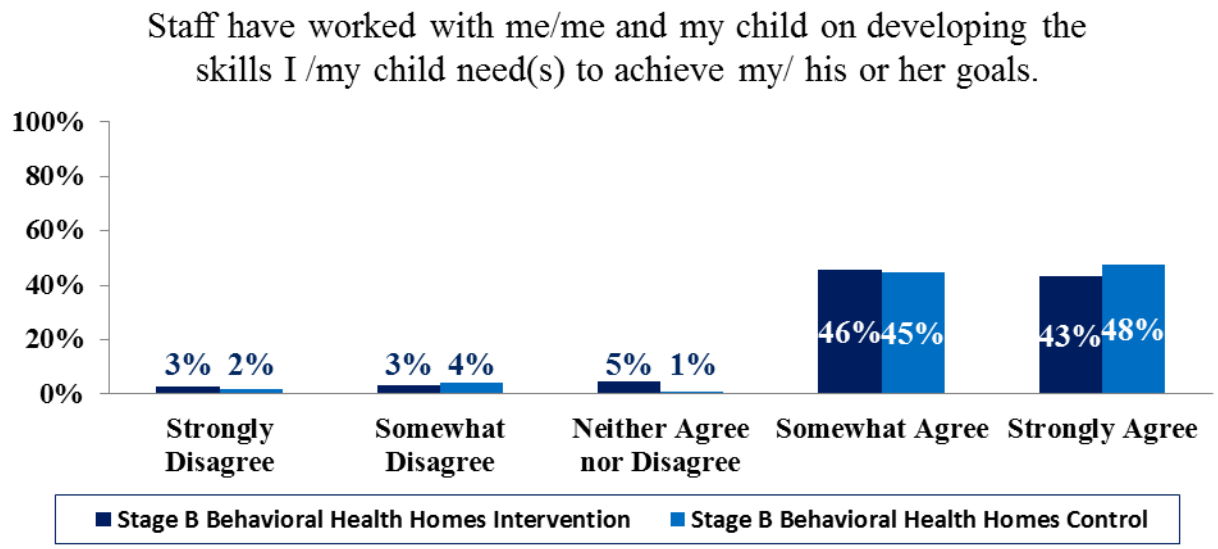
Comparable majorities of Stage B Behavioral Health Homes intervention group patients and control group patients also agree that they have been able to address issues related to abuse and violence with the staff at their provider's office (Intervention: 85%/Control: 85%).



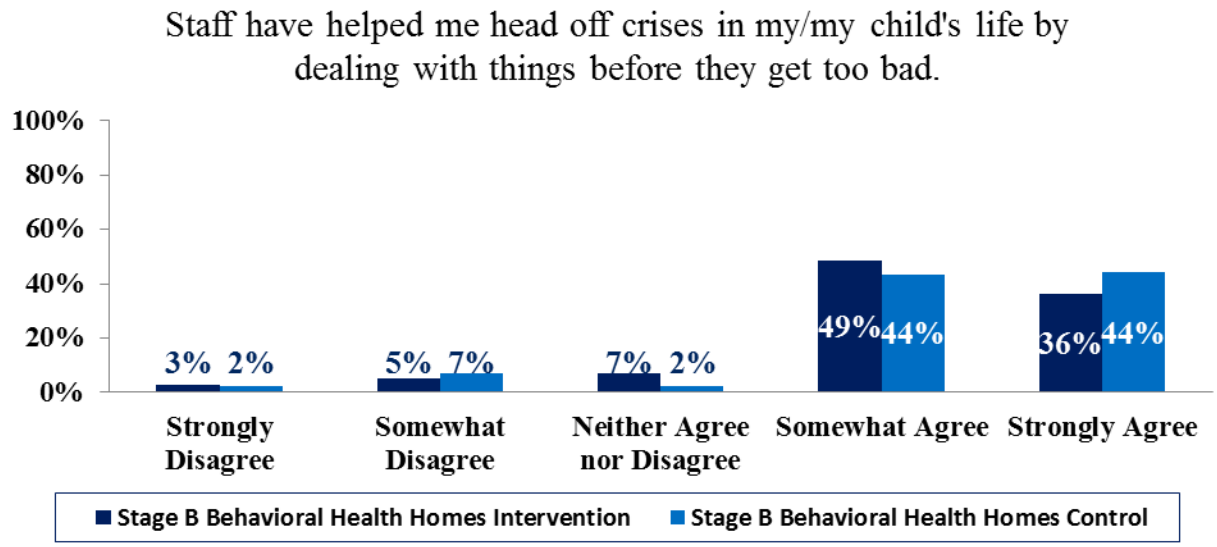
A large majority of both Stage B Behavioral Health Homes intervention group patients and control group patients agree that staff have asked them about their or their child's personal goals and strengths (Intervention: 89%/Control: 95%).



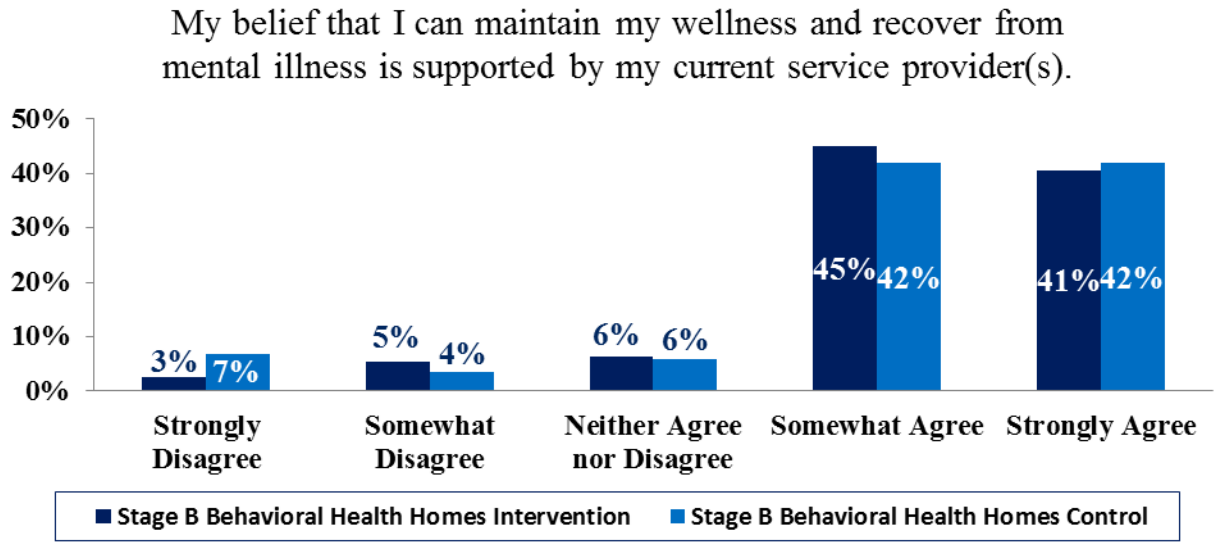
A large majority of both Stage B Behavioral Health Homes intervention group patients and control group patients also agree that staff have worked with them or their child on developing skills needed to achieve their or their child's goals (Intervention: 89%/Control: 93%).



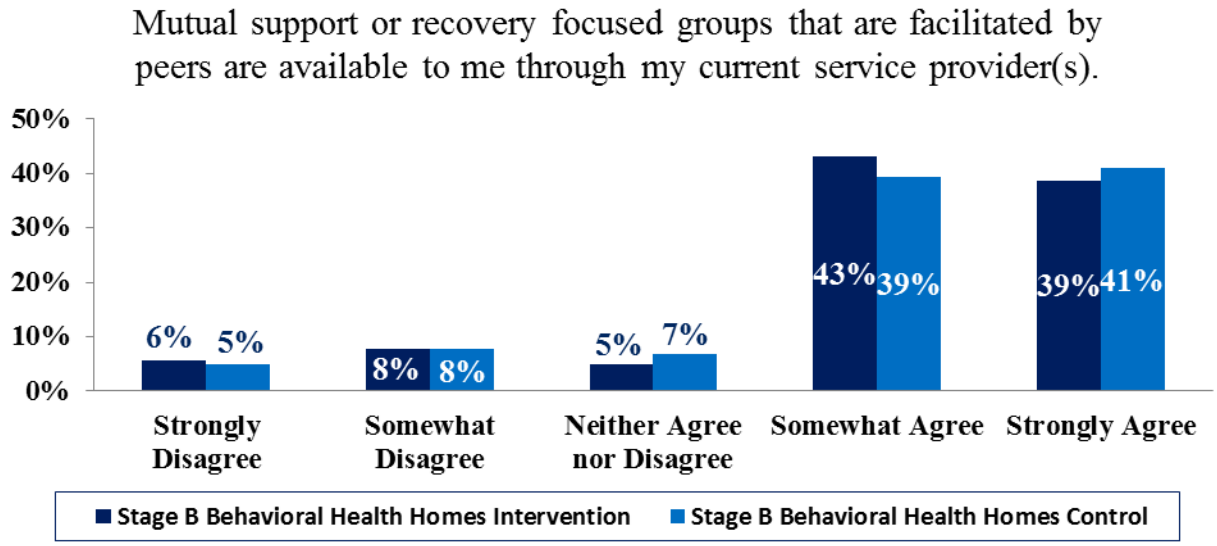
Comparable majorities of Stage B Behavioral Health Homes intervention group patients and control group patients agree that staff have helped them head off crises in their or their child's lives by dealing with things before they get too bad (Intervention: 85%/Control: 88%).



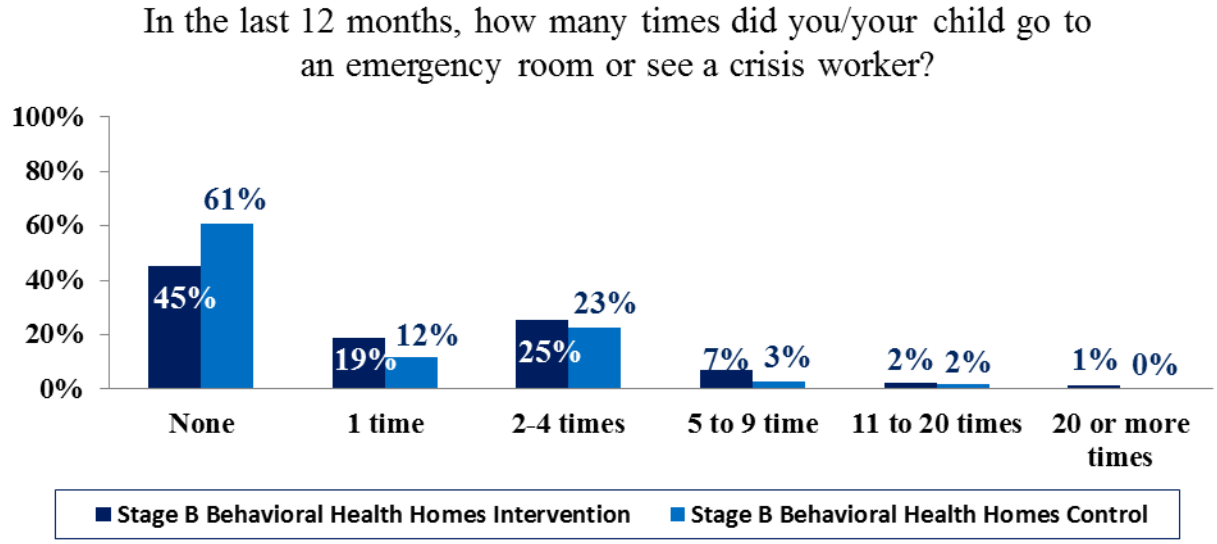
Comparable majorities of Stage B Behavioral Health Homes intervention group patients and control group patients also agree that their belief that they can maintain their wellness and recover from mental illness is supported by their current service providers (Intervention: 86%/Control: 84%).



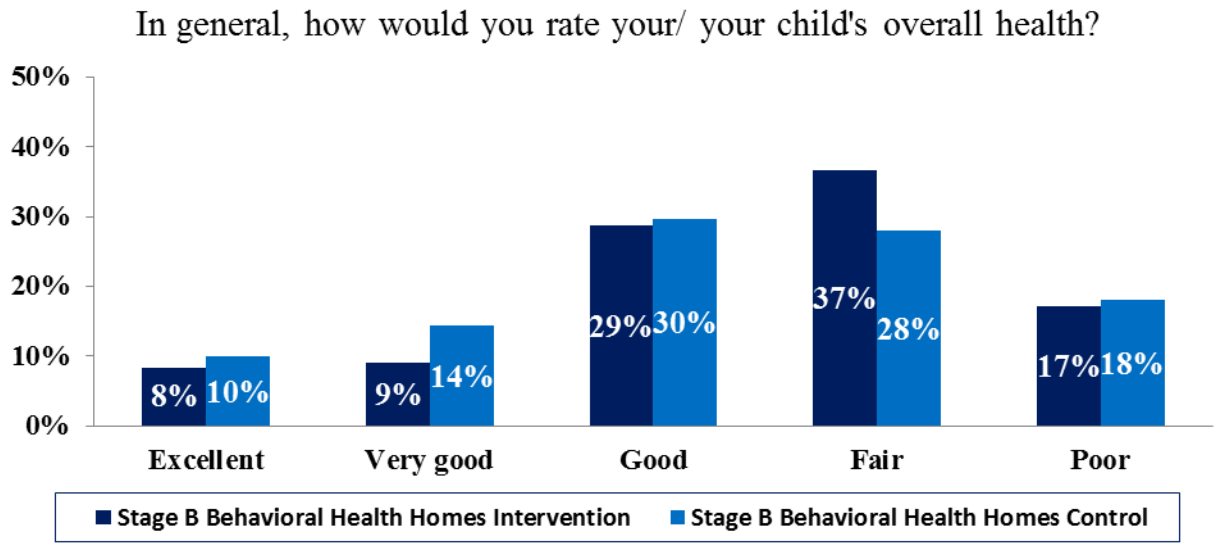
A large majority of both Stage B Behavioral Health Homes intervention group patients and control group patients agree that mutual support or recovery focused groups that are facilitated by peers are available to them through their current service providers (Intervention: 82%/Control: 80%).



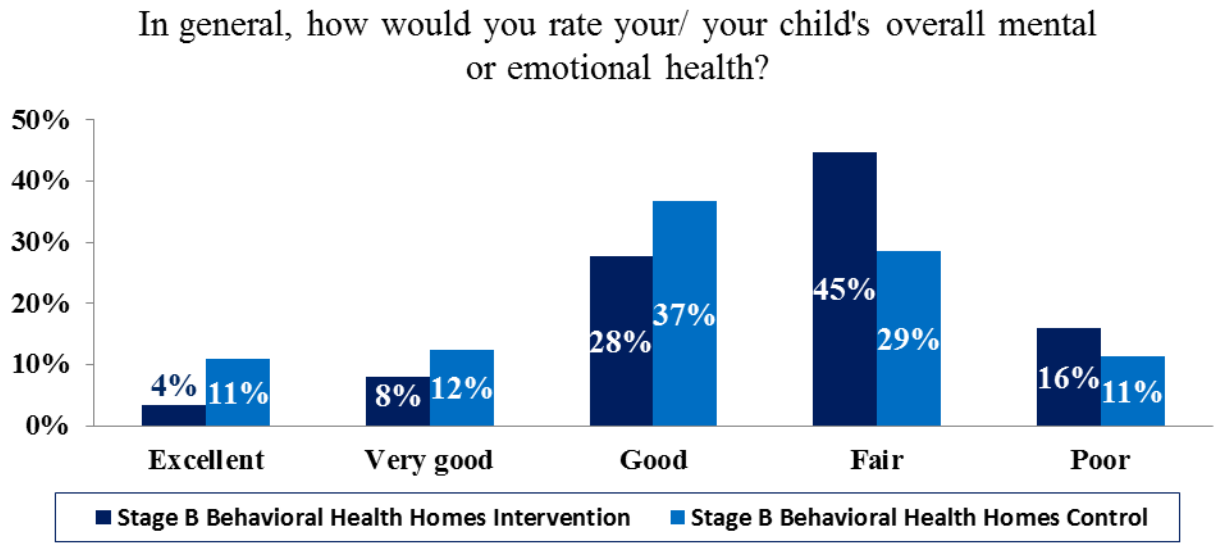
Noticeably more control patient groups (61%) report that they or their child did not go to an emergency room or see a crisis worker compared to Stage B Behavioral Health Homes intervention group patients (45%).



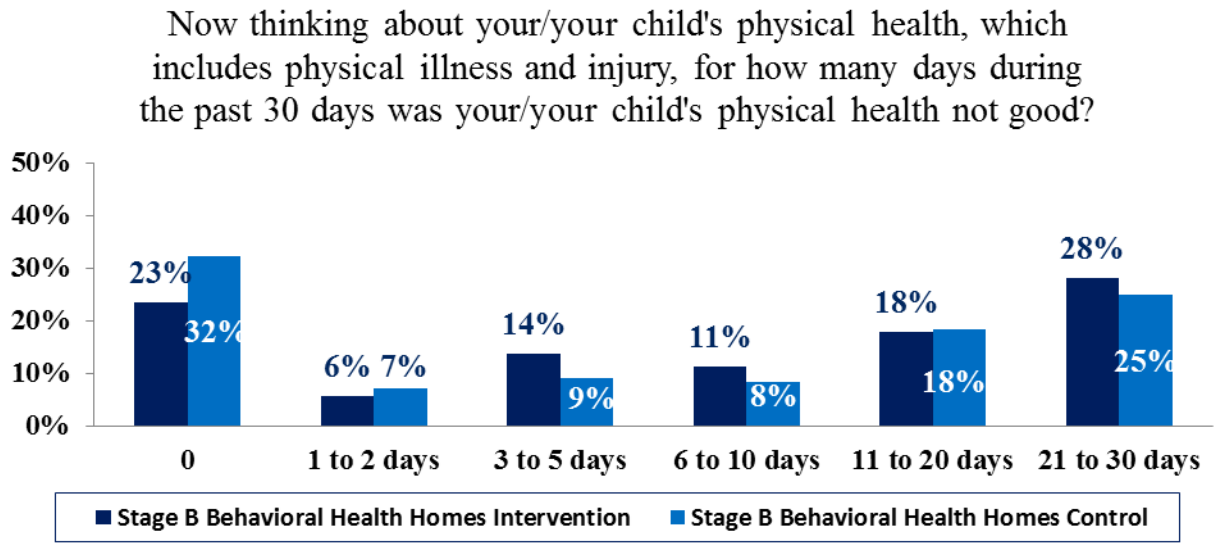
A similar distribution of Stage B Behavioral Health Homes patients and control patients report their or their child's health as excellent, very good, good, fair and poor.



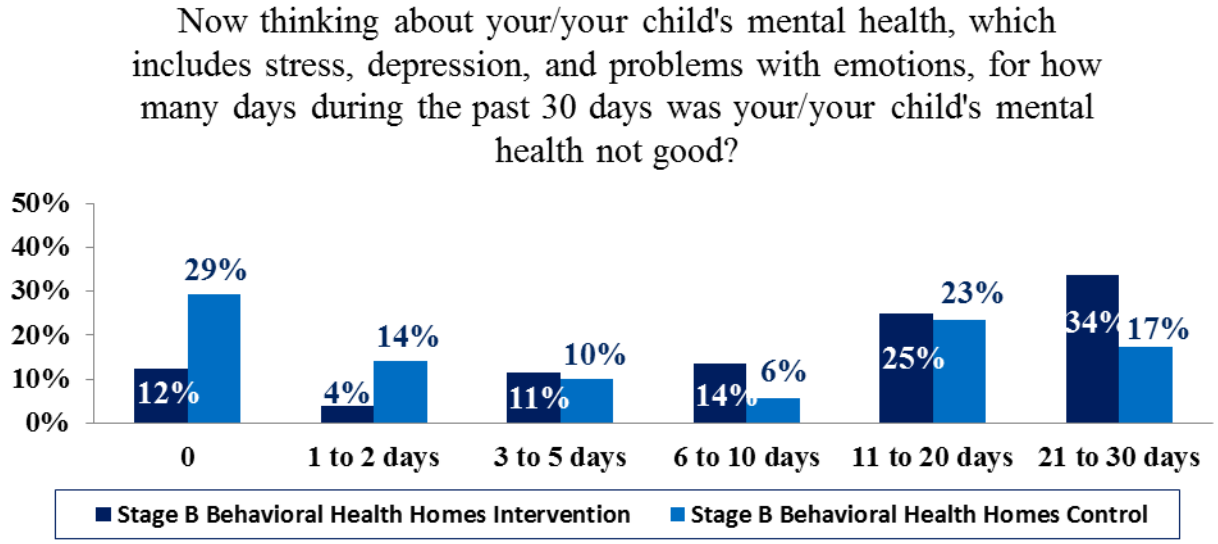
Noticeably more control group patients report that their or their child's overall mental or emotional health as good (37%) versus Stage B Behavioral Health Homes intervention group patients (28%) while a noticeably larger percentage of intervention groups patients (45%) report their mental or emotional health as fair compared to control group patients (29%).



Both Stage B Behavioral Health Homes patients and control patients report similar distributions of how many days during the past 30 days their or their child's physical health was not good.



Control group patients are noticeably more likely to report that they had no days during the past 30 days where their or their child's mental health was not good (29%) versus Stage B Behavioral Health Homes intervention group patients (12%), while intervention group patients were noticeably more likely (34%) to report they had 21 to 30 days where their health was not good compared to control group patients (17%).



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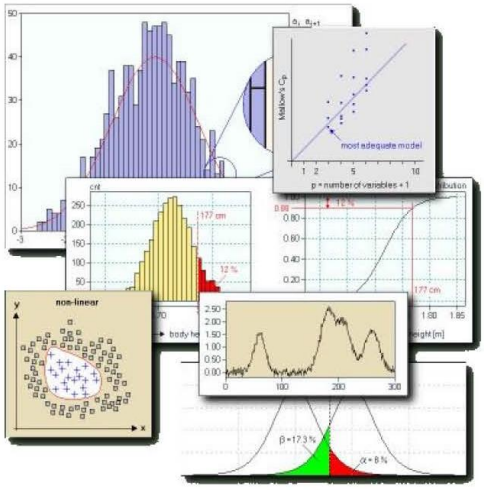


ME SIM MaineCare Patient Experience Survey Report

Technical Documentation

October 2015

Prepared by:
Brian Robertson, Ph.D. Director of Research

Table of Contents

I. Introduction

Maine is one of six states selected in 2013 for the State Innovation Models (SIM) Initiative administered by the Center for Medicare and Medicaid Innovation (CMMI). A State Health Care Innovation Plan is a proposal that describes a state's strategy to use all the levers available to transform its health care delivery system through service delivery, multi-payer payment reform and other state-led initiatives. Maine's SIM model includes twenty unique interventions or initiatives for delivery system and payment reform. While many of the initiatives are targeted at the MaineCare Medicaid population, these efforts supplement other innovation and reform efforts being implemented concurrently across all payers and populations throughout the state.

One of the key metrics in evaluating the effectiveness of the initiative is the experience of the patient. In collaboration with the primary evaluators, the Lewin Group and the Maine Department of Health and Human Services, Market Decisions Research worked to develop a survey and sampling plan to understand patient experiences within the three intervention groups as well as their controls. The survey was designed to measure the patient experience in important domains of care, including but not limited to communication with providers, access to care, coordination of care, functioning, and outcomes.

II. Sampling Methodology

Sample Methodology

Sampling for the Maine SIM MaineCare Patient Experience Survey was based on a random sample of MaineCare enrollees stratified by their current involvement in three initiatives (Health Homes, Behavioral Health Homes, and Accountable Communities) and their age (child or adult). The target population consisted of all current MaineCare enrollees including children (in the case of a child, the parent was asked to complete the survey). A control group of respondents was also created for each of the three intervention groups. The overall design included 12 total strata defined by the three interventions, whether an intervention or control group, and by the age of the patient (Table 1).

Table 1. Sample Strata for the Patient Experience Survey

Strata #	Group	Age Group	Control or Case Study
1	Accountable Communities	Child	Case
2	Accountable Communities	Adult	Case
3	Accountable Communities	Child	Control
4	Accountable Communities	Adult	Control
5	Stage A Health Homes	Child	Case
6	Stage A Health Homes	Adult	Case
7	Stage A Health Homes	Child	Control
8	Stage A Health Homes	Adult	Control
9	Stage B Behavioral Health Homes	Child	Case
10	Stage B Behavioral Health Homes	Adult	Case
11	Stage B Behavioral Health Homes	Child	Control
12	Stage B Behavioral Health Homes	Adult	Control

Number of Surveys within Group

The sampling goal for the survey was to complete a minimum of 1,500 surveys during each wave of survey administration.

The goal for the study was to complete 375 surveys among each of the three intervention groups for a total of 1,125 surveys and to complete 375 surveys among the three control groups with an initial goal of 125 completed surveys within each of the controls (Table 2). The number of adult and child surveys within each group was set based on their proportion in the population.

Table 2. Total Number of Surveys by Intervention Group and their Control

Group	Case or Control	Target Number of Completed Surveys
Accountable Communities	Case	375
Accountable Communities	Control	125
Stage A Health Homes	Case	375
Stage A Health Homes	Control	125
Stage B Behavioral Health Homes	Case	375
Stage B Behavioral Health Homes	Control	125

Sample Files

The sample for this study was provided by MaineCare to the Lewin Group. The sampling frame consisted of all MaineCare enrollees that are participating in current SIM initiatives along with enrollees that were used in the control group. The sample files were provided by MaineCare to the Lewin Group. Staff at Lewin Group randomly selected a sub-set of enrollees within each of the sampling strata and provided this information to Market Decisions Research, the project's sub-contractor for data collection. The sample file included contact information (including address and telephone number), their usual source of care (provider), their current level of program participation, and demographic characteristics. The file was transmitted by secure FTP site to Dr. Robertson, the Director of Research at Market Decisions Research, and included 30,780 records.

Prior to drawing the sample for the study, Market Decisions Research conducted an analysis of the file provided by the Lewin Group. This was done to first prepare the sample for data collection by removing ineligible or unusable records and then to make a final determination of sample size based on the remaining records within the sample.

The first stage in preparing the sample involved identifying and removing ineligible records. A record was considered ineligible in cases where the respondent resided in a care facility, the record did not contain a usable address or telephone number, and duplicate records (cases where the same person was listed more than once within a sample stratum). This removed 1,202 of the original 30,780 records from the sampling frame.

Seeking not to overly burden any single household, it was decided that one person per household would be included in the sampling frame. In cases where the files contained more than one person within a household, a random member was chosen to remain in the sample and the others were eliminated. This eliminated another 2,152 records from the sample file. The resulting sampling file included 27,426 records (Table 3).

Table 3. Total Records in Sample and Target for Completed Surveys

Strata	Group	Age Group	Control or Case Study	Sample	Target Surveys
1	Accountable Communities	Child	Case	1,794	210
2	Accountable Communities	Adult	Case	1,514	165
3	Accountable Communities	Child	Control	5,687	84
4	Accountable Communities	Adult	Control	3,011	41
5	Stage A Health Homes	Child	Case	848	97
6	Stage A Health Homes	Adult	Case	2,597	278
7	Stage A Health Homes	Child	Control	2,737	47
8	Stage A Health Homes	Adult	Control	4,828	78
9	Stage B Behavioral Health Homes	Child	Case	99	42
10	Stage B Behavioral Health Homes	Adult	Case	878	333
11	Stage B Behavioral Health Homes	Child	Control	408	15
12	Stage B Behavioral Health Homes	Adult	Control	3025	110
	Total			27,426	1,500

The sample records within the sample file were randomized and a subset of 6,078 was selected for the data collection phase. The selected records were then classified based on the type of contact information available. Those with a valid telephone number were put in a new sample file that was used during the telephone survey phase of data collection. Those without a valid telephone number were set aside in a separate file to be contacted during the mail survey phase of data collection.

III. Questionnaire Design

The survey questions were developed by the staff of Market Decisions Research, the staff of the Lewin Group, and the Maine SIM Evaluation survey development sub-committee. Given the nature of the respondents, a total of four survey versions were developed:

- An adult survey for health home enrollees and the control group
- A child survey for health home enrollees and the control group
- An adult survey for behavioral health home enrollees and the control group
- A child survey for behavioral health home enrollees and the control group

Health Home Surveys

The health home versions of the survey used questions from existing surveys that were specific to the goals of the project. These included the CG CAHPS® survey with Patient Centered Medical Home (PCMH) supplement, CAHPS® supplemental questions, the Experience of Care and Health Outcomes (ECHO®) Survey, the patient experience survey used during the Medical Liability Reform and Patient Safety Demonstration Project in Massachusetts, as well as the Experience of Care Survey that was used by RTI in their national SIM evaluation. The final questionnaire contains questions that focus on the following areas:

- Do enrollees have a primary care doctor?
- Care received during the past 12 months
- Communications with providers and their staff
- Are enrollees involved in their care?
- Do enrollees have a voice in the care they receive?
- Do providers clearly explain about any medical conditions and treatment?
- Do providers ask for and listen to enrollee input about what care they receive?
- Do enrollees receive behavioral health care and if so, do their primary care physician and behavioral health provider coordinate care?
- Health Status
- Enrollee demographics

Behavioral Health Homes Survey

The behavioral health homes versions of the survey used questions from the Maine Consumer Survey developed by the Maine Department of Health and Human Services for survey patients with severe mental illness that were receiving care. The survey also included additional items from the Experience of Care and Health Outcomes (ECHO®) Survey, the patient experience survey used during the Medical Liability Reform and Patient Safety Demonstration Project in Massachusetts, as well as the Experience of Care Survey that was used by RTI in their national SIM evaluation. Finally, the design team developed a set of questions that ask about community supports.

The final questionnaire contains questions that focus on the following areas:

- Enrollees' perception of access to care – their experience with the convenience and availability of services
- Experience with the overall quality of services received
- Are enrollees involved and participate in treatment planning decisions?
- Overall satisfaction with the services that have been received
- View of supportive social relationships and a sense of belonging in their community
- How that experience changed their life as a result of the treatment and services they are receiving
- Experience with services and how these services have improved or maintained functioning in respect to dealing with everyday situations, problems and crises
- Communications with providers and their staff
- Do enrollees have a voice in the care they receive?
- Do providers clearly explain about any medical conditions and treatment?
- Do providers ask for and listen to enrollee input about what care they receive?
- Do enrollees receive needed community support and do their providers help them get any needed services?
- Health status
- Enrollee demographics

The initial content of the survey was discussed during a meeting on December 10, 2014 with the staff of Market Decisions Research, the Lewin Group, as well as members of the Maine SIM Evaluation Sub-committee. Additional meetings and teleconferences were used to refine the survey content, to identify survey questions, and to provide these groups as well as other consumer groups the opportunity to provide feedback. An initial draft of the survey was prepared during January 2015. A revised draft was provided to the Maine SIM Evaluation Subcommittee for their February 25, 2015 meeting at which time the revised version was reviewed. Based on feedback from the subcommittee and other stakeholders, a second revision of the survey was developed on March 12, 2015. A final round of feedback on the survey questions was provided by the staff of the Lewin Group, Maine DHHS staff, and the Maine SIM Evaluation Subcommittee. The final version of survey questions was then prepared and the four survey instruments were developed on March 18, 2015.

The mail survey included a cover letter that described the purpose of the survey along with instructions for completing and returning it to Market Decisions Research. While questions were being reviewed, Market Decisions Research worked with the Lewin Group to develop cover letters for the mail versions of the survey. Draft letters were prepared on March 3, 2015 and were reviewed by staff of the Lewin Group. Based on feedback, final versions of the letter were prepared on April 14, 2015.

IRB Review

Once finalized, the survey instruments were submitted for IRB approval on March 18, 2015. The sampling methodology, data collection protocols and survey instruments were approved by the New England IRB on April 16, 2015.

A copy of the four adult and child survey versions are provided in Appendix 1. Mail survey cover letters are provided in Appendix 2.

IV. Data Collection

For the adult survey versions, MaineCare members were asked to complete the survey based upon their experiences while a parent or guardian was asked to complete the child survey versions based on the care their child received.

The data collection strategy used a dual mode data collection protocol combining a telephone survey and a mail survey. The initial contact was attempted by telephone with a mail survey sent to those which did not have a valid telephone number in their sample record, to those with a non-working or incorrect telephone number, and to those who requested a paper copy. The survey was conducted using Market Decisions Research's Computer Assisted Telephone Interviewing (CATI) software with all interviews conducted by our professional field staff. Interviews were only conducted in English.

Prior to the inception of data collection, a pre-notification letter was sent to all sampled respondents with a valid mailing address. This letter was designed to inform respondents about the study, its goals, and to notify them that they may be contacted to participate. In addition, it provided assurances that their responses were confidential and also informed them that if they chose not to participate, it would have no effect on their MaineCare benefits. Finally, it provided a toll free number that respondents could use to get more information about the survey or to verify that the survey was legitimate. The Lewin Group was responsible for printing and mailing the survey, which was mailed on April 17, 2015.

Telephone Survey

Telephone data collection was conducted from Market Decisions Research's facility in Portland, Maine using their professional interviewing staff. Data collection was begun on April 25, 2015 and was completed by July 7, 2015. Interviews for the survey were conducted during the hours from 9 AM to 9 PM local time, six days a week (Monday – Saturday). The only exceptions were specific scheduled appointments outside this range.

Market Decisions Research used the following telephone data collection protocols:

- Rotation of call attempts across all seven days at different times of the day according to industry standards for acceptability and legality in telemarketing.
- 10 call back attempts per telephone number at the screener level.
- Three attempts to convert refusals (the exception to this is when, after one or more conversions are attempted, a household makes it clear that they are not to be contacted again. We must abide by their wishes since we are ethically and legally bound not to attempt to re-contact the household).
- The use of scheduled callback appointments.
- A brief message with a toll free number delivered to answering machines to encourage participation, left at the 1st occurrences of an "answering machine."

Telephone Survey Length

Health Home Survey

On average, the adult version of the survey required 8.4 minutes to complete while the child survey required 9.7 minutes to complete.

Behavioral Health Home Survey

On average, the adult version of the survey required 10.6 minutes to complete while the child survey required 10.7 minutes to complete.

Mail Survey

The second stage of data collection consisted of a mail survey that was sent to those without a listed telephone number, to those with non-working or incorrect telephone numbers identified during telephone data collection, and to respondents requesting a paper copy of the survey.

After drawing the initial sample, all records that did not include a telephone number were separated from the phone survey sample. After all sample records with a telephone number had been contacted, the telephone sample was output and all numbers found to be incorrect or non-working during the telephone data collection phase were then added to those without a telephone number. This became the sample used during the mail survey data collection phase.

Market Decisions Research was responsible for arranging the printing and mailing of the surveys, relying on our printing vendor Mailings Unlimited. A total of 2,768 surveys were mailed. The survey booklets were mailed on June 2, 2015. All booklets received through July 7, 2015 were tracked in and their data entered.

Completed Surveys

A total of 1,510 surveys were completed by telephone or were returned by mail by respondents.

V. Survey Response Rates

Table 4 summarizes the response to the Maine SIM MaineCare Patients Experience Survey during the telephone phase of data collection. Rates are provided for the intervention and control groups by strata.

The overall telephone survey response rate was 71.3%, the overall telephone respondent cooperation rate was 84.9%, and the telephone respondent refusal rate was 10.6%. The rates reported are based on the standard formulas developed by the American Association for Public Opinion Research.

The response rate to the mail survey phase was 8.2%.

Table 4. Telephone Survey Response, Cooperation, and Refusal Rates by Strata

Strata		Survey Response Rate (AAPOR RR3)	Respondent Cooperation Rate (AAPOR COOP3)	Respondent Refusal Rate (AAPOR RR3)
1	Accountable Communities-Child-Case	74.1%	87.7%	8.0%
2	Accountable Communities-Adult-Case	63.3%	77.8%	17.9%
3	Accountable Communities-Child-Control	73.5%	93.5%	5.2%
4	Accountable Communities-Adult-Control	84.4%	96.3%	3.7%
5	Stage A Health Homes-Child-Case	78.8%	90.8%	6.1%
6	Stage A Health Homes-Adult-Case	69.2%	83.6%	9.4%
7	Stage A Health Homes-Child-Control	71.2%	86.3%	5.9%
8	Stage A Health Homes-Adult-Control	71.5%	89.2%	9.2%
9	Stage B Behavioral Health Homes-Child-Case	85.8%	95.0%	2.5%
10	Stage B Behavioral Health Homes-Adult-Case	74.6%	82.3%	13.5%
11	Stage B Behavioral Health Homes-Child-Control	63.8%	92.9%	7.1%
12	Stage B Behavioral Health Homes-Adult-Control	67.1%	81.0%	14.3%
	Total	71.3%	84.9%	10.6%

VI. Total Interviews

A total of 1,510 surveys were completed by telephone or were returned by mail to Market Decisions Research. A breakdown of survey by strata and by mode of completion is provided in Table 5.

Table 5. Maine SIM MaineCare Patient Experience Survey Completed Surveys by Strata and Intervention Group

Strata		Phone	Mail	Total
1	Accountable Communities-Child-Case	186	26	212
2	Accountable Communities-Adult-Case	157	36	193
3	Accountable Communities-Child-Control	72	13	85
4	Accountable Communities-Adult-Control	26	7	33
5	Stage A Health Homes-Child-Case	89	13	102
6	Stage A Health Homes-Adult-Case	285	40	325
7	Stage A Health Homes-Child-Control	44	6	50
8	Stage A Health Homes-Adult-Control	58	7	65
9	Stage B Behavioral Health Homes-Child-Case	38	2	40
10	Stage B Behavioral Health Homes-Adult-Case	230	50	280
11	Stage B Behavioral Health Homes-Child-Control	13	2	15
12	Stage B Behavioral Health Homes-Adult-Control	85	25	110
	Total	1283	227	1510

Group	Phone	Mail	Total
Accountable Communities Case	343	62	405
Stage A Health Homes Case	374	53	427
Stage B Behavioral Health Homes Case	268	52	320
Accountable Communities Control	98	20	118
Stage A Health Homes Control	102	13	115
Stage B Behavioral Health Homes Control	98	27	125

VII. Data Cleaning

Any survey process can result in erroneous reporting or recording of data. To ensure the accuracy of the data, Market Decisions Research conducted data consistency checks on the data files as a part of the data file preparation for analysis. The first stage of this process involved checking all data to ensure that responses were consistent, including checking that respondents were asked appropriate questions based upon their classification (as determined by sample strata and the survey design). In this case, to insure that respondents were sent the appropriate child or adult survey based on whether they received care through a health home or behavioral health home as well as their age.

The second stage of data cleaning relied on Market Decisions Research's telephone interviewing software (WinCATI). The software was pre-programmed with each of the four versions of the survey and also included appropriate checks for the value of responses as well as skip patterns in answering questions.

For the mail survey, the results were entered directly into Market Decisions Research's computer network using the same WinCATI software. This allowed Market Decisions Research to verify that the values of responses in the survey were correct and to verify if the respondent followed the appropriate skip patterns. In some cases the responses to the mail survey did not follow the proscribed skip patterns in the survey. In such cases, Market Decisions Research used the following rules for encoding the data:

1. In cases where a respondent answered questions that, based on a skip pattern, they should not have answered, responses to these follow-up questions were set as "No Answer."

2. In cases where a respondent gave an answer outside the prescribed range of values, the response was set as "No Answer."

VIII. Computing Composite and Domain Measures

CAHPS Composite Scores (Stage A HH and Accountable Communities)

The CAHPS survey allows the calculation of a series of measures known as composite measures. These measures provide a way to summarize the results of a survey using key measures that combine results for related questions. The items have been tested using psychometric analyses and are reliable and valid measures of patients' experiences. Market Decisions Research computed composite scores using the following guidelines:

Scores were calculated based on the "half-scale" rule, that is, a score is calculated for an individual when at least half of the items within the composite are answered.

> *The original algorithm requires responses for at least one half of the items in each of the eight scales. In cases where at least one half of the items are present for a scale, the values for the missing items are estimated by substituting the average of the items that are present. If one or more of the scales are less than half complete, then estimation of the scores is not possible.*
> *-CMS*

Composite scores were computed using composite averages. The average score is a calculation of the mean across all of the response categories converted to a numerical scale from 0 to 100. A score of "100" would mean that all respondents answered a question within the composite score using the top category. For example, all respondents answered a question by selecting "Always." A score of "0" would mean that all respondents answered a question within the composite score using the bottom category. For example, all respondents answered a question by selecting "Never." The greater the value on this 100 point scale, the more positive the experience from the patient's perspective. Scores were converted based on response categories using the following scales:

- Always = 100
- Usually = 66
- Sometimes = 33
- Never = 0

- A lot = 100
- Some = 66
- A little = 33
- Not at all = 0

- Yes, definitely = 100
- Yes, somewhat = 50
- No = 0

- Yes = 100
- No = 0

Calculating Composite Measures

Composite scores were calculated by adding the proportion of responses that were given for a response category and then dividing by the number of questions that are included in the composite measure.

The average score was calculated by first converting each question to the 100 point scale based on the categories used in the question and then getting the average across all questions.

For example, in a scale with four questions, this would mean assigning each question a value on the 100 point scale where "Never" is assigned a value of 0, "Sometimes" a value of 33, "Usually" a value of 66, and "Always" a value of 100 (as indicated above). The values for the four questions are then added together and divided by the number of questions (four).

The tables below provide a summary of all composites (based on the CG CAHPS with PCMH supplement) as well as a notation as to whether the question was included in the adult version of the survey, the child version, or both.

Market Decisions Research computed each of these composites and conducted analysis comparing the scores to control groups across interventions (where appropriate), as well as comparisons by demographic group.

NOTES:

Since the Stage A HH and Accountable Communities survey versions were based on the CAHPS survey, composites are calculated for these groups. However, as they were asked a different series of questions, composites cannot be calculated for those responding to the Stage B BHH survey versions.

CAHPS Composite Measures

Getting Timely Appointments, Care, and Information

Question	Adult Survey	Child Survey
In the last 12 months, when you made an appointment for a **check-up or routine care** for you/ your child with this provider, how often did you/ your child get an appointment as soon as you needed?	Yes	Yes
In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	Yes	Yes
In the last 12 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?	Yes	Yes
Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you/ your child see this provider **within 15 minutes** of your appointment time?	Yes	Yes

How Well Providers (or Doctors) Communicate with Patients

Question	Adult Survey	Child Survey
In the last 12 months, how often did this provider explain things in a way that was easy for you/ your child to understand?*	Yes	Yes
In the last 12 months, how often did this provider listen carefully to you/ your child?*	Yes	Yes
In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?	Yes	Yes
In the last 12 months, how often did this provider seem to know the important information about your/ your child's medical history?	Yes	Yes

*These questions were also included in the Stage B BHH survey versions.

Helpful, Courteous, and Respectful Office Staff

Question	Adult Survey	Child Survey
In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	Yes	Yes

Provider's (Doctor's) Attention to Your Child's Growth and Development

Question	Adult Survey	Child Survey
In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?	No	Yes
In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age?	No	Yes
In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?	No	Yes
In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?	No	Yes
In the last 12 months, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV?	No	Yes

Provider's (Doctor's) Advice on Keeping Your Child Safe and Healthy

Question	Adult Survey	Child Survey
In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured?	No	Yes
In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of food your child eats?	No	Yes
In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of exercise your child gets?	No	Yes

Providers Pay Attention to Your Mental or Emotional Health

Question	Adult Survey	Child Survey
In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?	Yes	No
In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?	Yes	No

Providers Support You in Taking Care of Your Own Health

Question	Adult Survey	Child Survey
In the last 12 months, did anyone in this provider's office talk with you about specific goals for your/ your child's health?	Yes	Yes
In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your/ your child's health?	Yes	Yes

Providers Discuss Medication Decisions

Question	Adult Survey	Child Survey
When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?	Yes	No

Individual Item: Follow-up on Test Results

Question	Adult Survey	Child Survey
In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you/ your child, how often did someone from this provider's office follow up to give you those results?	Yes	Yes

MMHCES Composite Scores (Stage B Behavioral Health Home Domains)

The Stage B BHH survey versions included questions asked in 2012 and 2013 during the Maine Mental Health Consumer Experience Survey. These questions were used in calculating seven domain scores that evaluate the patients' experiences in key areas. Similar to the CAHPS composites, these measures provide a way to summarize the results of a survey using key measures that combine results for related questions. The items have been tested using psychometric analyses and are reliable and valid measures of patients' experiences.

Domain scores were calculated and reported using a 'percent satisfied' measure. This measure was calculated by adding together the percent of respondents reporting either 'Strongly Agree,' 'Agree' or 'Somewhat Agree' to the survey items. The score was calculated using the 50% rule. A score was calculated for respondents answering at least 50% of the items used in calculating the domain. A score was classified as 'Satisfied' if the respondent answered 'Strongly Agree,' 'Agree' or 'Somewhat Agree' to more than 50% of the items used in calculating the domain score.

The domains are listed below. The tables below provide a summary of the questions used in calculating a domain score as well as a notation as to whether the question was included in the adult version of the survey, the child version, or both.

Market Decisions Research computed each of these domain scores and conducted analysis comparing the scores to control groups as well as comparisons by demographic group.

Domain Scores for Stage B BHH

Perception of Access

Question	Adult Survey	Child Survey
Staff return my call within 24 hours.	Yes	Yes
Services are available at times that are good for me/us.	Yes	Yes
The location of services is convenient for us.	Yes	Yes

Quality and Appropriateness

Question	Adult Survey	Child Survey
Staff encourage me to take responsibility for how I live my life.	Yes	No
Staff respect my wishes about who is and who is not to be given information about my treatment.	Yes	No
Staff help me to obtain the information I need so that I can take charge of managing my illness.	Yes	No
Staff are sensitive to my cultural background (*race, religion, language, etc.*)	Yes	No
I am given information about my rights.	Yes	No
Staff tell me what side effects to watch out for.	Yes	No

Participation in Treatment Planning

Question	Adult Survey	Child Survey
I feel comfortable asking questions about my treatment and medication.	Yes	No
I, not staff, decide my treatment goals.	Yes	No
I am frequently involved in his/her treatment.	No	Yes

General Satisfaction

Question	Adult Survey	Child Survey
I would recommend my current service provider(s) to a friend or family member.	Yes	No
The people helping my child stick with us no matter what.	No	Yes
I feel my child has someone to talk with when he/she is troubled.	No	Yes
Overall, I am satisfied with the services my child receives.	No	Yes

Social Connectedness

Question	Adult Survey	Child Survey
Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.	Yes	No
Other than my current service provider(s), I have people with whom I can do enjoyable things.	Yes	No
Other than my current service provider(s), I have people that I am comfortable talking with about my child's problems.	No	Yes
Other than my current service provider(s) in a crisis, I have people that I am comfortable talking with about my child's problems.	No	Yes

Functioning and Outcomes

Question	Adult Survey	Child Survey
As a direct result of current services, I/my child deal more effectively with daily problems	Yes	Yes
As a direct result of my current services, I am better able to control my life.	Yes	No
As a direct result of my current services, I am better able to deal with crises.	Yes	No
As a direct result of current services, I/my child gets along better with family members.	Yes	Yes
As a direct result of my services, I do better in social situations.	Yes	No
As a direct result of current services, I/my child does better in school and/or work	Yes	Yes
As a direct result of my current services, my housing situation has improved	Yes	No
As a direct result of current services, I/my child is better about to handle things when they go wrong.	Yes	Yes
As a direct result of current services, my child gets along better with friends and other people.	No	Yes
As a direct result of current services, my child is better able to do things he or she wants to do.	No	Yes

Cultural Sensitivity

Question	Adult Survey	Child Survey
Staff treat my family with respect.	No	Yes
Staff respect my family's religious/spiritual beliefs.	No	Yes
Staff speak with my family in a way that we understand.	No	Yes

Separate Individual Items for Analysis

Each survey version also included individual questions that were not used in calculating either a composite or domain measures. These individual questions assessed other aspects of the patient experience and were grouped into topic areas (presented in the tables below). The tables note whether the items were included in the Stage A HH or the Stage B BHH versions of the survey and also notes whether the question was included in the adult version, child version, or both.

Coordination of Care

Question	Stage A HH and AC Survey	Stage B BHH Survey
In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your/ your child's care among these different specialists and services?	Both	
The people I go to for counseling or treatment work as a team in coordinating my/ my child's care.		Both
In the last 12 months, did anyone talk to you about whether to include your family or friends in your/your child's counseling or treatment?		Both
The people I went to for counseling or treatment are aware of the services I/ my child receive from other doctors, home care, and/or community agencies.		Both

Coordination of Care - Mental Health Counseling or Treatment

Question	Stage A HH and AC Survey	Stage B BHH Survey
In the last 12 months, were you given information about different kinds of counseling or treatment that are available?	Both	
In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your/ your child's care with the people you went to for counseling or treatment?	Both	
In the last 12 months, how often did your provider seem informed and up-to-date about your counseling or treatment?	Adult	

Facility and Environment

Question	Stage A HH and AC Survey	Stage B BHH Survey
The waiting room was clean and welcoming.	Both	
Does your/your child's office accommodate those with disabilities?	Both	

Office Communications and Appointments

Question	Stage A HH and AC Survey	Stage B BHH Survey
In the last 12 months, how many days did you usually have to wait for an appointment when you/ your child needed care right away?	Both	
Did this provider's office give you information about what to do if you/ your child needed care during evenings, weekends, or holidays?	Both	
In the last 12 months, how often were you able to get the care you/ your child needed from this provider's office during evenings, weekends, or holidays?	Both	
Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders (about your child's care) from this provider's office between visits?	Both	

Patient - Provider Communication and Patient Involvement

Question	Stage A HH and AC Survey	Stage B BHH Survey
In the last 12 months, how often were you involved as much as you wanted in managing your/ your child's health?	Both	
In the last 12 months, how often did this provider (the people you went to for counseling or treatment) encourage you to ask questions?	Adult	Both
My primary care provider (the people providing counseling or treatment) clearly understand(s) the things that really matter to me about my/ my child's health care.	Both	Both
In the last 12 months, how often did the provider seem informed and up-to-date about the care you/ your child got from specialists?	Both	
In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you/ your child were taking?	Both	
Did this provider give you enough information about what you needed to do to follow up on your child's care?	Child	
Thinking about the last 6 months, how often did this provider (the people providing counseling or treatment) ask you for *your* ideas about managing your child's health?	Child	Child
In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?	Child	

Support by Providers

Question	Stage A HH and AC Survey	Stage B BHH Survey
How helpful were the people you went to for counseling or treatment in helping you with housing?		Both
How helpful were the people you went to for counseling or treatment in helping you find or keep a job?		Adult
How helpful were the people you went to for counseling or treatment in helping you when you/ your child experienced a crisis?		Both

Additional Individual Stage B Behavioral Health Home Items

Question	Stage A HH and AC Survey	Stage B BHH Survey
I feel safe and comfortable with coming to my/my child's provider's office.		Both
I have been able to address issues related to abuse and violence with the staff at my provider's office.		Both
Staff have asked me about my/my child's personal goals and strengths.		Both
Staff have worked with me/me and my child on developing the skills I need to achieve my goals.		Both
Staff have helped me head off crises in my/my child's life by dealing with things before they get too bad.		Both
My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).		Adult
Mutual support or recovery focused groups that are facilitated by peers are available to me through my current service provider(s).		Adult

Separate Individual Items for Respondent Characteristic Analysis

The data was analyzed to provide a summary of respondent characteristics. These included:

Use of Health Care Services

Question	Stage A HH and AC Survey	Stage B BHH Survey
How long have you/ your child been going to this provider?	Both	
In the last 12 months, how many times did you/your child visit this provider to get care for yourself?	Both	
In the last 12 months, how many times did you/your child go to an emergency room or see a crisis worker		Both

Health Status Measures

Question	Stage A HH and AC Survey	Stage B BHH Survey
In general, how would you rate your/your child's overall health?	Both	Both
In general, how would you rate your/ your child's overall mental or emotional health?	Both	Both
Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your/your child's physical health not good?		Both
Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your/your child's mental health not good?		Both

Demographics

Question	Stage A HH and AC Survey	Stage B BHH Survey
What is your/your child's age?	Both	Both
Are you/Is your child male or female?	Both	Both
What is the highest grade or level of school that you have completed?	Adult	Adult
Are you/ is your child of Hispanic or Latino origin or descent?	Both	Both
What is your/ your child's race?	Both	Both
What is your age?	Adult	Adult
Are you male or female?	Adult	Adult
Where are you currently living?		Both
Have you lived in any of the following places in the last 12 months?		Both
Are you currently employed?		Adult
What is the highest grade or level of school that you have completed?	Child	Child
How are you related to the child?	Child	Child

IX. Data Weighting

Data Weighting

The data were weighted to reflect the sampling design and to normalize data to the target populations and their corresponding control groups. This involved the use of design weights and raking. Design weights were calculated for each record in the sample file used during data collection. The design weight for each sample record that resulted in a completed survey was then merged into the dataset. Raking adjustments were made within the survey dataset to arrive at the final analytical weights that will be used during analysis.

Design Weights

The design weights were based on the sampling strategy and adjust for the probability of selection within each of the sampling strata, as well as patterns of non-response. The sampling strata were defined in the ME SIM MaineCare Enrollee Patient Experience Survey Sampling Plan and included 12 sampling strata defined by intervention, the age of the enrollee as well as corresponding control groups (Table 6).

Table 6. Strata Used During Weighting

Strata	Age Group	Case/ Control	Group Label
1	Child	Case	Accountable Communities-Child-Case
2	Adult	Case	Accountable Communities-Adult-Case
3	Child	Control	Accountable Communities-Child-Control
4	Adult	Control	Accountable Communities-Adult-Control
5	Child	Case	Stage A Health Homes-Child-Case
6	Adult	Case	Stage A Health Homes-Adult-Case
7	Child	Control	Stage A Health Homes-Child-Control
8	Adult	Control	Stage A Health Homes-Adult-Control
9	Child	Case	Stage B Behavioral Health Homes-Child-Case
10	Adult	Case	Stage B Behavioral Health Homes-Adult-Case
11	Child	Control	Stage B Behavioral Health Homes-Child-Control
12	Adult	Control	Stage B Behavioral Health Homes-Adult-Control

Each record within the 12 sampling strata was assigned an initial weight and then adjusted for non-response to calculate the design weight. To allow raking adjustments to the design weights, data were obtained from ME DHHS and the Lewin Group that provided population counts broken out by demographic group.

Survey Design Weights

The design weight is the initial base weight multiplied by survey non-response adjustments. The base weight is simply the total number of sample records within each strata divided by the total number of sample records that were used during data collection within each strata:

$$BW_{samp}(ci) = \frac{N(c)}{n(c)}$$

where $N(c)$ is the total number of sample records and $n(c)$ is the total number sample records used during data collection (including both the telephone and mail survey) within each stratum.

Each sample record used during the data collection was assigned a base weight including those that eventually result in completed surveys, as well as those that did not result in completed surveys.

The design weight is the base weight adjusted for survey non-response. The first stage of survey non-response is defined as the percentage of all records in the sampling frame that were eligible, that is, were MainCare enrollees within the population sampled. There were cases that, when they received the survey or were contacted by telephone, they indicated they were not a MaineCare enrollee. In such cases, their design weight was set to zero.

The second non-response adjustment accounts for cases where it was not possible to reach a respondent. This includes cases where the respondent did not have a working telephone, the telephone number was not correct, and/or did not have a valid address (the survey was returned as undeliverable). All cases where it was possible to reach a respondent (they had either a valid address or telephone number) or there was no indication that the address and/or phone number were not valid would be considered eligible cases in this adjustment. This non-response adjustment is equal to:

$$ADJ_{res}(ci) = \frac{\sum_{i=1}^{n_c} BW_{samp}(ci)}{\sum_{i=1}^{n_c} \delta_{eligible}(ci) BW_{samp}(ci)}$$

where $BW_{samp}(ci)$ is the sampling base weight for record i in strata c, n_c is the number of records in sample c, $\delta_{eligible}(ci)$ is equal to 1 for all eligible cases and 0 otherwise.

The non-response adjusted weight $W_1(c)$ is then calculated as the product of the initial sampling base weight and the residential non-response adjustment factor as follows:

$$W_1(ci) = BW_{samp}(ci) \times ADJ_{res}(ci)$$

The third stage non-response adjustment is the survey completion adjustment. The survey completion non-response adjustment adjusts the non-response adjusted weights to account for those actually completing the survey, removing non-responders from the weights.

For the telephone component of data collection, this would include those who were contacted but

did not complete the survey (respondents that agreed to complete the survey but did not do so on subsequent follow-ups), those returning blank or incomplete mail surveys, and cases where we did not receive a mail survey from the respondent. This would include cases where multiple attempts were made to reach a respondent but did not respond (such as multiple no answers and multiple calls that reached a voicemail or answering machine without speaking to a person).

For the mail survey component, non-responders would include those that returned surveys to Market Decisions Research either blank or incomplete and those that refused to complete the survey.

The survey completion non-response adjustment is then defined as follows:

$$ADJ_{quest}(ci) = \frac{\sum_{i=1}^{n_c} W_1(ci)}{\sum_{i=1}^{n_c} \delta_{questresp}(ci) W_1(ci)}$$

where $W1(ci)$ is the initial non-response adjusted weight for record i in sample c, $\delta_{questresp}(ci)$ is equal to 1 for cases where a resident completed the survey and 0 otherwise.

- For records where a resident did not complete the survey, the survey completion non-response adjustment $ADJ_{quest}(ci)$ is defined as:

$$ADJ_{quest}(ci) = 0.$$

The final sample design weight, DesignWT(ci), is then calculated as the product of the initial non-response adjusted weight $W_1(c)$ and the survey completion non-response adjustment factor as follows:

$$DesignWT(ci) = W_1(ci) \times ADJ_{quest}(ci)$$

At this stage all completed surveys will have positive design weights while all other sample records will now have design weights of zero. The design weights for records that are completed cases were then merged with the dataset or survey responses for the second stage of weighting (raking).

Raking Weighting Adjustments

The purpose of raking is to standardize the weights so they sum to the actual population of MaineCare enrollees within each of the three interventions as well as their corresponding control groups.

We relied on the following raking adjustments:

- Intervention groups and corresponding control groups
- Age by gender
- Area of residence

The final weights were developed based on these demographic characteristics and the final population counts that will be reflected in the dataset were be based on the enrollment data provided by ME DHHS and the Lewin Group.

An adjustment factor was calculated for each in sequence, and the adjustment applied to the weight. The adjustment for each will be:

$$Adj(AS) = AS(actual)/AS(survey)$$

Where:

- Adj(AS) is the weighting adjustment
- AS (actual) is the value (count) for the actual population
- AS (survey) is the weighted survey count

The initial adjustment by strata was made to the design weight, resulting in a new weight. This weight will now accurately match the population counts based on the sampling strata.

This new weight was then applied to the data prior to the next stage of adjustment (age by gender). Then, a new adjustment was applied to the weight resulting in a weight that matched the age and gender profile of the population. The process was then repeated based on the area of residence. Since the application of any weighting adjustment to a weight can cause the profile of one characteristic to vary (for example, weighting by area may now lead to weights which do not accurately reflect the population based on age and gender), a process called raking was used to correct these variations. The raking process alternates weighting adjustments by variables for which there are only marginal counts (for example, weighting by age/gender and then by area) by making alternating adjustments. Once all of these adjustments are made, the process will be repeated, beginning with the initial adjustment for strata. The raking process was continued until the weighting adjustments converge and the weighted counts match the demographic profile by strata and demographic characteristics.

Population Size Reflected in the Final Dataset

The weighted dataset provides data that can be generalized to the entire population for each of the sampled populations based upon the dataset of MaineCare enrollees provided by ME DHHS and the Lewin Group.

The population will reflect the actual population based on intervention (Stage A HH, Accountable Communities, Stage B BHH), their corresponding control groups, and the demographic characteristics of the enrollee. Table 7 summarizes the population counts by group.

Table 1. Sample Strata for the Patient Experience Survey

Group	Control or Case Study	Population
Accountable Communities	Case	18,053
Stage A Health Homes	Case	31,459
Stage B Behavioral Health Homes	Case	1,167
Accountable Communities	Control	10,308
Stage A Health Homes	Control	8,174
Stage B Behavioral Health Homes	Control	3,918

X. Precision

Data was gathered using a complex stratified sampling design with 12 sampling strata. The sampling approach introduces design effects into the survey process that must be taken into account when calculating the final sampling errors for the study. The design effect can be thought of as the impact of the sample design in terms of the departure from what would be expected from a simple random sample of the same size. The design of the sample introduces a design effect because the probabilities of selection are not the same in the sample strata.

In order to accurately report sampling error, it is important to incorporate the overall design effect into sampling error calculations. The standard formula for calculating sampling error is derived by assigning a confidence level to the standard error (for a proportion), typically 95%. At 95%, the sampling error is considered to be the standard error multiplied by 1.96:

$$\textbf{Sampling Error (95\% confidence)} = \pm 1.96 * \sqrt{((p*(1-p))/n)}$$

Where p is the observed proportion in the sample and n is the number of completed surveys. In calculating sampling error, p is always set to 50%, which results in the most conservative measure of sampling error. In the case of the ME SIM MaineCare Patient Experience Survey, the sampling error calculations were adjusted by the design effect:

$$\textbf{Sampling Error (95\% confidence)} = \pm 1.96 * \sqrt{[((p*(1-p))/n)*deff]}$$

where deff is the product of the design effect due to stratification, the design effect due to intracluster correlation.

Table 8 provides a summary of the sampling errors for the project overall, by intervention group, and by control group.

Table 8. Precision for the ME SIM MaineCare Patient Experience Survey

	Intervention	Control
Accountable Communities	4.8%	9.0%
Stage A Health Homes	4.7%	9.1%
Stage B Behavioral Health Homes	4.7%	8.6%

Appendices

Appendix 1. Survey Instruments

I. Stage A Health Homes, Accountable Communities, and Control Group Survey Version

a. Adult Survey

LEAD IN STATEMENT

ASK FOR LISTED CONTACT PERSON

Hello, my name is ____ and I am calling for MaineCare. Today we are doing an important survey with adults enrolled in MaineCare about their experiences with their health care provider. Could you answer a few questions for me?

11 YES
13 NO
15 NOT NOW, CALL BACK [Wait - Schedule Time]
17 OTHER
19 CONTACT ONLY
21 BUSINESS
23 LANGUAGE
25 INFIRM
27 GROUP QUARTERS, INSTITUTION (DORMS)
29 WRONG NUMBER
31 HANG UP
33 RESPONDENT NOT AVAILABLE DURING DATA COLLECTION PERIOD
88 HOUSEHOLD REFUSAL
99 NEED MORE INFORMATION - OR TO PROVIDE MORE INFORMATION
44 CALL AT A DIFFERENT NUMBER (LAND LINE)

PHONE1
Did I reach you on a cell phone?

PROMPT: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1 YES
2 NO

8 DK
9 REF

PHONE2
Your safety is important to me. Are you driving in a car, walking down the street, in a public place or other location where talking on the phone might distract you or jeopardize your safety and/or confidentiality?

IF YES: I will arrange to call you at another time. Is there a better time I can reach you?

INTS: IF RESPONDENT INDICATES THERE IS A BETTER NUMBER TO REACH THEM, SELECT OPTION 4

Thank you and goodbye.

1 NO - RESPONDENT IS OK TO DO SURVEY NOW
2 YES - (R GIVES SPECIFIC TIME)
3 YES - (R DOES NOT GIVE SPECIFIC TIME)
4 CALL BACK AT A DIFFERENT NUMBER

8 DK
9 REF

PHONE4
What is the new number I should try?

IF NO NEW NUMBER <ESC> BACK TO PRIOR SCREEN AND ENTER APPROPRIATE RESPONSE

ENTER TELEPHONE NUMBER INCLUDING AREA CODE:

INTS: IF YOU GET A NAME ENTER THIS IN THE MESSAGE FIELD IF YOU SCHEDULE A CALL BACK

PH2
Could you answer some questions for me now?

1 YES
5 NO, NOT A GOOD TIME - SCHEDULE CALLBACK
7 WANT MORE INFORMATION ABOUT STUDY

9 REF

INTO
Thank you. I want to assure you that this study is confidential and the results of this study will be reported in combined form only.

If there are questions you do not wish to answer, let me know and we will skip them.

My supervisor may listen in on calls to evaluate my performance if that is all right with you.

1 PROCEED WITH STUDY
5 NOT A GOOD TIME, CALL BACK
9 REFUSED

INFORMATION AND PERSUADER SCREEN

INFOQ

Your participation in this survey is very important and we want to make sure you get the best health care possible.

What is the purpose of this survey? The purpose of the survey is to help MaineCare improve the health care services patients receive. This survey will help MaineCare know what you think about the care you received.

How long will the survey take? The survey will take about 10 to 12 minutes, depending on your answers.

Do I have to take the survey? You do not have to take the survey, but doing so will help MaineCare provide you with better care. If you do not take the survey it will not affect your MaineCare benefits.

Will my answers be kept private? All your answers to this survey will be kept private. Your name and answers will not be given to your health care provider or health plan.

Who is doing this survey? A research firm called Market Decisions is doing the survey. Market Decisions is working with MaineCare to survey members and collect the results.

How was I picked to fill out the survey? Your name was picked by random from a list of adults enrolled in MaineCare. Your interview will count for a lot because you represent many others in your community.

If you have any other questions, please call Brian Robertson at 1-800-293-1538 x102. All calls to this number are free.

Thank you for helping us provide the best care possible.

ANSWERING MACHINE MESSAGE

Hello, my name is ____ and I am calling for MaineCare.

We are doing an important survey with adults enrolled in MaineCare about their experiences with their health care provider.

Another interviewer will be contacting your household in the next few days.

If you have any other questions, please call Brian Robertson at 1-800-293-1538 x102. All calls to this number are free.

Thank you and goodbye.

PROVIDER

Q01:
Our records show that you got care from the provider named below in the last 12 months.

[FILL PROVIDER NAME]

Is that right?

1 Yes
2 No → IF NO, GO TO #66

8 DK
9 REF

Q02:
The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

1 Yes
2 No

8 DK
9 REF

Q03:
How long have you been going to this provider?
(READ RESPONSES)

1 Less than 6 months
2 At least 6 months but less than 1 year
3 At least 1 year but less than 3 years
4 At least 3 years but less than 5 years
5 5 years or more

8 DK
9 REF

YOUR CARE FROM THIS PROVIDER IN THE LAST 12 MONTHS

Q04:
These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

In the last 12 months, how many times did you visit this provider to get care for yourself?

1 NONE → IF NONE, GO TO #66
2 1 TIME
3 2
4 3
5 4
6 5 TO 9
7 10 OR MORE TIMES

8 DK
9 REF

Q07:
In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away?
(READ RESPONSES)

1 Same day
2 1 day
3 2 to 3 days
4 4 to 7 days
5 More than 7 days

8 DK
9 REF

Q09:
In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q10:
Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?

1 Yes
2 No

8 DK
9 REF

Q11:
In the last 12 months, did you need care for yourself during evenings, weekends, or holidays?

1 Yes
2 No → IF NO, GO TO #13

8 DK
9 REF

Q12:
In the last 12 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?

(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q13:
In the last 12 months, did you phone this provider's office with a medical question during regular office hours?

1 Yes
2 No → IF NO, GO TO #15

8 DK
9 REF

Q14:
In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q15:
In the last 12 months, did you phone this provider's office with a medical question after regular office hours?

1 Yes
2 No → IF NO, GO TO #17

8 DK
9 REF

Q16:
In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q17:
Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider's office between visits?

1 Yes
2 No

8 DK
9 REF

Q18:
Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider within 15 minutes of your appointment time?

(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q19:
In the last 12 months, how often did this provider explain things in a way that was easy to understand?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q20:
In the last 12 months, how often did this provider listen carefully to you?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q21:
In the last 12 months, did you talk with this provider about any health questions or concerns?

1 Yes
2 No → IF NO, GO TO #23

8 DK
9 REF

Q22:
In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q23:
In the last 12 months, how often did this provider seem to know the important information about your medical history?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q25:
In the last 12 months, how often were you involved as much as you wanted in managing your health?

(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q28:
In the last 12 months, how often did this provider encourage you to ask questions?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q30:
Please let me know how strongly you agree or disagree with this statement. My primary care provider clearly understands the things that really matter to me about my health care.
(READ RESPONSES)

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

8 DK
9 REF

Q32:
In the last 12 months, did this provider order a blood test, x-ray, or other test for you?

1 Yes
2 No → IF NO, GO TO #34

8 DK
9 REF

Q33:
In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q34:
In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine?

1 Yes
2 No → IF NO, GO TO #38

8 DK
9 REF

Q37:
When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?

1 Yes
2 No

Q39:
Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you see a specialist for a particular health problem?

1 Yes
2 No → IF NO, GO TO #43

8 DK
9 REF

Q40:
In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q41:
In the last 12 months, did you need help from anyone in your primary care provider's office to coordinate your care among different specialists and services?

1 Yes
2 No

8 DK
9 REF

Q42:
In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your care among these different specialists and services? (READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

BEHAVIORAL HEALTH SERVICES

Q43:
These next questions are about any counseling or treatment you may have received during the past 12 months. People can get counseling, treatment or medicine for many different reasons, such as:

For feeling depressed, anxious, or "stressed out"
Personal problems (like when a loved one dies or when there are problems at work)
Family problems (like marriage problems or when parents and children have trouble getting along)
Needing help with drug or alcohol use
For mental or emotional illness

In the last 12 months, did you get counseling, treatment or medicine for any of these reasons?

1 Yes
2 No → IF NO, GO TO #54

8 DK
9 REF

ASK QUESTIONS 48 - 53 IF PERSON RECEIVED BH COUNSELING:

Q48:
In the last 12 months, were you given information about different kinds of counseling or treatment that are available?

1 Yes
2 No

8 DK
9 REF

COORDINATION OF CARE BETWEEN PRIMARY CARE PHYSICIAN AND COUNSELOR:

Q50:
In the last 12 months, did you need help from anyone in your primary care provider's office to coordinate your care with the people you went to for counseling or treatment?

1 Yes
2 No

8 DK
9 REF

Q51:
In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your care with the people you went to for counseling or treatment?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q53:
In the last 12 months, how often did FILL PROVIDER seem informed and up-to-date about your counseling or treatment?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q54:
In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?

1 Yes
2 No

8 DK
9 REF

Q55:
In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?

1 Yes
2 No

8 DK
9 REF

Q57:
In the last 12 months, did you take any prescription medicine?

1 Yes
2 No → IF NO, GO TO #59

8 DK
9 REF

Q58:
In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you were taking?

1 Yes
2 No

8 DK
9 REF

Q59:

In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

1 Yes
2 No

8 DK
9 REF

Q61:
In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

1 Yes
2 No

8 DK
9 REF

CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE

Q63:
In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q64:
The waiting room was clean and welcoming.
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q65:
Does FILL PROVIDER's office accommodate those with disabilities?

1 Yes
2 No

8 DK
9 REF

ABOUT RESPONDENT

Q66:
In general, how would you rate your overall health?
(READ RESPONSES)

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

8 DK
9 REF

Q67:
In general, how would you rate your overall mental or emotional health?
(READ RESPONSES AS NEEDED)

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

8 DK
9 REF

Q68:
What is your age?
(READ RESPONSES)

1 18 to 24
2 25 to 34
3 35 to 44
4 45 to 54
5 55 to 64
6 65 to 74
7 75 or older

8 DK
9 REF

Q69:

Are you male or female?

1 Male
2 Female

8 DK
9 REF

Q70:
What is the highest grade or level of school that you have completed?
(READ RESPONSES)

1 8th grade or less
2 Some high school, but did not graduate
3 High school graduate or GED
4 Some college or 2-year degree
5 4-year college graduate
6 More than 4-year college degree

8 DK
9 REF

Q71:
Are you of Hispanic or Latino origin or descent?

1 Yes, Hispanic or Latino
2 No, not Hispanic or Latino

8 DK
9 REF

Q72:
What is your race?

(READ AND SELECT ALL MENTIONED).

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian or Alaskan Native
6 Other

8 DK
9 REF

Q73:
Did someone help you complete this survey?

1 Yes
2 No → Go to THNX.

8 DK
9 REF

Q74:
How did that person help you?
(READ AND SELECT ALL MENTIONED).

1 Read the questions to me
2 Wrote down the answers I gave
3 Answered the questions for me
4 Translated the questions into my language
5 Helped in some other way (SPECIFY)

8 DK
9 REF

b. Child Survey

LEAD

ASK FOR LISTED CONTACT PERSON

Hello, my name is ____ and I am calling for MaineCare. Today we are doing an important survey with the parents or guardians of children enrolled in MaineCare about experiences with their health care provider. Could you answer a few questions for me?

11 YES
13 NO
15 NOT NOW, CALL BACK [Wait - Schedule Time]
17 OTHER
19 CONTACT ONLY
21 BUSINESS
23 LANGUAGE
25 INFIRM
27 GROUP QUARTERS, INSTITUTION (DORMS)
29 WRONG NUMBER
31 HANG UP
33 RESPONDENT NOT AVAILABLE DURING DATA COLLECTION PERIOD
88 HOUSEHOLD REFUSAL
99 NEED MORE INFORMATION - OR TO PROVIDE MORE INFORMATION
44 CALL AT A DIFFERENT NUMBER (LAND LINE)

PHONE1
Did I reach you on a cell phone?

PROMPT: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1 YES
2 NO

8 DK
9 REF

PHONE2
Your safety is important to me. Are you driving in a car, walking down the street, in a public place or other location where talking on the phone might distract you or jeopardize your safety and/or confidentiality?

IF YES: I will arrange to call you at another time. Is there a better time I can reach you?

INTS: IF RESPONDENT INDICATES THERE IS A BETTER NUMBER TO REACH THEM, SELECT OPTION 4

Thank you and goodbye.

1 NO - RESPONDENT IS OK TO DO SURVEY NOW
2 YES - (R GIVES SPECIFIC TIME)
3 YES - (R DOES NOT GIVE SPECIFIC TIME)
4 CALL BACK AT A DIFFERENT NUMBER

8 DK
9 REF

PHONE4
What is the new number I should try?

IF NO NEW NUMBER <ESC> BACK TO PRIOR SCREEN AND ENTER APPROPRIATE RESPONSE

ENTER TELEPHONE NUMBER INCLUDING AREA CODE:

INTS: IF YOU GET A NAME ENTER THIS IN THE MESSAGE FIELD IF YOU SCHEDULE A CALL BACK

PH2
Could you answer some questions for me now?

1 YES
5 NO, NOT A GOOD TIME - SCHEDULE CALLBACK
7 WANT MORE INFORMATION ABOUT STUDY

9 REF

INTO
Thank you. I want to assure you that this study is confidential and the results of this study will be reported in combined form only.

If there are questions you do not wish to answer, let me know and we will skip them.

My supervisor may listen in on calls to evaluate my performance if that is all right with you.

1 PROCEED WITH STUDY
5 NOT A GOOD TIME, CALL BACK
9 REFUSED

INFORMATION AND PERSUADER SCREEN

INFOQ

Your participation in this survey is very important and we want to make sure your child gets the best health care possible.

What is the purpose of this survey? The purpose of the survey is to help MaineCare improve the health care services patients receive. This survey will help MaineCare know what you think about the care your child received.

How long will the survey take? The survey will take about 10 to 12 minutes, depending on your answers.

Do I have to take the survey? You do not have to take the survey. If you do not take the survey it will not affect your child's MaineCare benefits.

Will my answers be kept private? All your answers to this survey will be kept private. Your name and answers will not be given to your health care provider or health plan.

Who is doing this survey? A research firm called Market Decisions is doing the survey. Market Decisions is working with MaineCare to survey parents of members and collect the results.

How was my child picked to fill out the survey? Your child's name was picked by random from a list of children enrolled in MaineCare. Your interview will count for a lot because your child represents many others in your community.

If you have any other questions, please call Brian Robertson at 1-800-293-1538 x102. All calls to this number are free.

Thank you for helping us provide the best care possible.

ANSWERING MACHINE MESSAGE

Hello, my name is ____ and I am calling for MaineCare.

We are doing an important survey with the parents and guardians of children enrolled in MaineCare about experiences with their health care provider.

Another interviewer will be contacting your household in the next few days.

If you have any other questions, please call Brian Robertson at 1-800-293-1538 x102. All calls to this number are free.

Thank you and goodbye.

YOUR CHILD'S PROVIDER

Q01:
Please answer the questions for the child indicated previously. Please do not answer for any other children.

Our records show that your child got care from the provider named below in the last 12 months.

[FILL PROVIDER NAME]

Is that right?

1 Yes
2 No → IF NO, GO TO #77

8 DK
9 REF

Q02:
The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

Is this the provider you usually see if your child needs a check-up or gets sick or hurt?

1 Yes
2 No

8 DK
9 REF

Q03:
How long has your child been going to this provider?
(READ RESPONSES)

1 Less than 6 months
2 At least 6 months but less than 1 year
3 At least 1 year but less than 3 years
4 At least 3 years but less than 5 years
5 5 years or more

8 DK
9 REF

YOUR CHILD'S CARE FROM THIS PROVIDER IN THE LAST 12 MONTHS

Q04:
These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

In the last 12 months, how many times did your child visit this provider for care?

1 NONE → If None, go to #77
2 1 TIME
3 2
4 3
5 4
6 5 TO 9
7 10 OR MORE TIMES

8 DK
9 REF

Q07:
Is your child able to talk with providers about his or her health care?

1 Yes
2 No → IF NO, GO TO #10

8 DK
9 REF

Q08:
In the last 12 months, how often did this provider explain things in a way that was easy for your child to understand?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q09:

In the last 12 months, how often did this provider listen carefully to your child?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q10:
Did this provider tell you that you needed to do anything to follow up on the care your child got during the visit?

1 Yes
2 No → IF NO, GO TO #12

8 DK
9 REF

Q11:
Did this provider give you enough information about what you needed to do to follow up on your child's care?

1 Yes
2 No

8 DK
9 REF

Q12:
In the last 12 months, did you phone this provider's office to get an appointment for your child for an illness, injury, or condition that needed care right away?

1 Yes
2 No → IF NO, GO TO #15

8 DK
9 REF

Q14:
In the last 12 months, how many days did you usually have to wait for an appointment when your child needed care right away?

(READ RESPONSES)

0 Same day
1 1 day
2 2 to 3 days
3 4 to 7 days
4 More than 7 days

8 DK
9 REF

Q15:
In the last 12 months, did you make any appointments for a check-up or routine care for your child with this provider?

1 Yes
2 No → IF NO, GO TO #17

8 DK
9 REF

Q16:
In the last 12 months, when you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed? (READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q17:
Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?

1 Yes
2 No

8 DK
9 REF

Q18:
In the last 12 months, did your child need care during evenings, weekends, or holidays?

1 Yes
2 No → IF NO, GO TO #20

8 DK
9 REF

Q19:
In the last 12 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q20:
In the last 12 months, did you phone this provider's office with a medical question about your child during regular office hours?

1 Yes
2 No → IF NO, GO TO #22

8 DK
9 REF

Q21:
In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q22:
In the last 12 months, did you phone this provider's office with a medical question about your child after regular office hours?

1 Yes
2 No → IF NO, GO TO #24

8 DK
9 REF

Q23:
In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q24:
Some offices remind patients between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders about your child's care from this provider's office between visits?

1 Yes
2 No

8 DK
9 REF

Q25:
Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this provider within 15 minutes of his or her appointment time? (READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q27:
In the last 12 months, how often did this provider listen carefully to you? (READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q28:
In the last 12 months, did you and this provider talk about any questions or concerns you had about your child's health?

1 Yes
2 No → IF NO, GO TO #30

8 DK
9 REF

Q29:
In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q30:
In the last 12 months, how often did this provider seem to know the important information about your child's medical history?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q32:
In the last 12 months, how often were you involved as much as you wanted in managing your child's health?

(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q33:
Thinking about the last 6 months, how often did this provider ask you for *your* ideas about managing your child's health?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q36:
In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?

1 Yes
2 No

8 DK
9 REF

Q37:
Please let me know how strongly you agree or disagree with this statement. My primary care provider clearly understands the things that really matter to me about my child's health care.

(READ RESPONSES)

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

8 DK
9 REF

Q39:
In the last 12 months, did this provider order a blood test, x-ray, or other test for your child?

1 Yes
2 No → IF NO, GO TO #42

8 DK
9 REF

Q40:
In the last 12 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you those results?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q42:
Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did your child see a specialist for a particular health problem?

1 Yes
2 No → IF NO, GO TO #46

8 DK
9 REF

Q43:
In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care your child got from specialists?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q44:
In the last 12 months, did you need help from anyone in your primary care provider's office to coordinate your child's care among different specialists and services?

1 Yes
2 No

8 DK
9 REF

Q45:
In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your child's care among these different specialists and services?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

BEHAVIORAL HEALTH SERVICES

Q46:
These next questions are about any counseling or treatment your child may have received during the past 12 months. People can get counseling, treatment or medicine for many different reasons, such as:

For feeling depressed, anxious, or "stressed out"
Personal problems (like when a loved one dies or when there are problems at work)
Family problems (like when parents and children have trouble getting along)
Needing help with drug or alcohol use
For mental or emotional illness

In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons?

1 Yes
2 No → IF NO, GO TO #57

8 DK
9 REF

IF CHILD RECEIVED BH COUNSELING, ASK 51 - 54

Q51:
In the last 12 months, were you given information about different kinds of counseling or treatment that are available?

1 Yes
2 No

8 DK
9 REF

COORDINATION OF CARE BETWEEN PRIMARY CARE PHYSICIAN AND COUNSELOR:

Q53:
In the last 12 months, did you need help from anyone in your primary care provider's office to coordinate your child's care with the people you went to for counseling or treatment?

1 Yes
2 No

8 DK
9 REF

Q54:
In the last 12 months, how often did you get the help you thought you needed from your primary care provider's office to coordinate your child's care with the people you went to for counseling or treatment?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q57:
In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?

1 Yes
2 No

8 DK
9 REF

Q58:
In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age?

1 Yes
2 No

8 DK
9 REF

Q59:
In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?

1 Yes
2 No

8 DK
9 REF

Q60:
In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?

1 Yes
2 No

8 DK
9 REF

Q61:
In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured?

1 Yes
2 No

8 DK
9 REF

Q63:
In the last 12 months, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV?

1 Yes
2 No

8 DK
9 REF

Q64:
In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of food your child eats?

1 Yes
2 No

8 DK
9 REF

Q65:
In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of exercise your child gets?

1 Yes
2 No

8 DK
9 REF

Q68:
In the last 12 months, did anyone in this provider's office talk with you about specific goals for your child's health?

1 Yes
2 No

8 DK
9 REF

Q69:
In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?

1 Yes
2 No

8 DK
9 REF

Q71:
In the last 12 months, did your child take any prescription medicine?

1 Yes
2 No → IF NO, GO TO #74

8 DK
9 REF

Q72:
In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines your child was taking?

1 Yes
2 No

8 DK
9 REF

CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE

Q74:
In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q75:
The waiting room was clean and welcoming.
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q76:
Does FILL PROVIDER's office accommodate those with disabilities?

1 Yes
2 No

8 DK
9 REF

ABOUT YOUR CHILD AND YOU

Q77:
In general, how would you rate your child's overall health?
(READ RESPONSES)

1 Excellent
2 Very Good
3 Good
4 Fair
5 Poor

8 DK
9 REF

Q78:
In general, how would you rate your child's overall mental or emotional health?
(READ RESPONSES AS NEEDED)

1 Excellent
2 Very Good
3 Good
4 Fair
5 Poor

8 DK
9 REF

Q79:
What is your child's age?

0 LESS THAN 1 YEAR OLD

__ YEARS OLD

98 DK
99 REF

Q80:
Is your child male or female?

1 Male
2 Female

8 DK
9 REF

Q81:
Is your child of Hispanic or Latino origin or descent?

1 Yes, Hispanic or Latino
2 No, not Hispanic or Latino

8 DK
9 REF

Q82:
What is your child's race? Choose one or more.
(READ RESPONSES)

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian or Alaska Native
6 Other

8 DK
9 REF

Q83:
What is your age?

0 Under 18
1 18 to 24
2 25 to 34
3 35 to 44
4 45 to 54
5 55 to 64
6 65 to 74
7 75 or older

8 DK
9 REF

Q84:
Are you male or female?

1 Male
2 Female

8 DK
9 REF

Q85:
What is the highest grade or level of school that you have completed?
(READ RESPONSES)

1 8th grade or less
2 Some high school, but did not graduate
3 High school graduate or GED
4 Some college or 2-year degree
5 4-year college graduate
6 More than 4-year college degree

8 DK
9 REF

Q86:
How are you related to the child?

(READ RESPONSES)

1 Mother or father
2 Grandparent
3 Aunt or uncle
4 Older brother or sister
5 Other relative
6 Legal guardian
7 Someone else (SPECIFY)

8 DK
9 REF

Q87:
Did someone help you complete this survey?

1 Yes
2 No → GO TO THNX.

8 DK
9 REF

Q88:
How did that person help you? Choose one or more.
(READ RESPONSES)

1 Read the questions to me
2 Wrote down the answers I gave
3 Answered the questions for me
4 Translated the questions into my language
5 Helped in some other way (SPECIFY)

8 DK
9 REF

II. Stage B Behavioral Health Homes Survey Version

a. Adult Survey

LEAD

ASK FOR LISTED CONTACT PERSON

Hello, my name is ____ and I am calling for MaineCare. Today we are doing an important survey with adults enrolled in MaineCare about their experiences with their health care provider. Could you answer a few questions for me?

11 YES
13 NO
15 NOT NOW, CALL BACK [Wait - Schedule Time]
17 OTHER
19 CONTACT ONLY
21 BUSINESS
23 LANGUAGE
25 INFIRM
27 GROUP QUARTERS, INSTITUTION (DORMS)
29 WRONG NUMBER
31 HANG UP
33 RESPONDENT NOT AVAILABLE DURING DATA COLLECTION PERIOD
88 HOUSEHOLD REFUSAL
99 NEED MORE INFORMATION - OR TO PROVIDE MORE INFORMATION
44 CALL AT A DIFFERENT NUMBER (LAND LINE)

PHONE1
Did I reach you on a cell phone?

PROMPT: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1 YES
2 NO

8 DK
9 REF

PHONE2
Your safety is important to me. Are you driving in a car, walking down the street, in a public place or other location where talking on the phone might distract you or jeopardize your safety and/or confidentiality?

IF YES: I will arrange to call you at another time. Is there a better time I can reach you?

INTS: IF RESPONDENT INDICATES THERE IS A BETTER NUMBER TO REACH THEM, SELECT OPTION 4

Thank you and goodbye.

1 NO - RESPONDENT IS OK TO DO SURVEY NOW
2 YES - (R GIVES SPECIFIC TIME)
3 YES - (R DOES NOT GIVE SPECIFIC TIME)
4 CALL BACK AT A DIFFERENT NUMBER

8 DK
9 REF

PHONE4
What is the new number I should try?

IF NO NEW NUMBER <ESC> BACK TO PRIOR SCREEN AND ENTER APPROPRIATE RESPONSE

ENTER TELEPHONE NUMBER INCLUDING AREA CODE:

INTS: IF YOU GET A NAME ENTER THIS IN THE MESSAGE FIELD IF YOU SCHEDULE A CALL BACK

PH2
Could you answer some questions for me now?

1 YES
5 NO, NOT A GOOD TIME - SCHEDULE CALLBACK
7 WANT MORE INFORMATION ABOUT STUDY

9 REF

INTO
Thank you. I want to assure you that this study is confidential and the results of this study will be reported in combined form only.

If there are questions you do not wish to answer, let me know and we will skip them.

My supervisor may listen in on calls to evaluate my performance if that is all right with you.

1 PROCEED WITH STUDY
5 NOT A GOOD TIME, CALL BACK
9 REFUSED

INFORMATION AND PERSUADER SCREEN

INFOQ

Your participation in this survey is very important and we want to make sure you get the best health care possible.

What is the purpose of this survey? The purpose of the survey is to help MaineCare improve the health care services patients receive. This survey will help MaineCare know what you think about the care you received.

How long will the survey take? The survey will take about 10 to 12 minutes, depending on your answers.

Do I have to take the survey? You do not have to take the survey, but doing so will help MaineCare provide you with better care. If you do not take the survey it will not affect your MaineCare benefits.

Will my answers be kept private? All your answers to this survey will be kept private. Your name and answers will not be given to your health care provider or health plan.

Who is doing this survey? A research firm called Market Decisions is doing the survey. Market Decisions is working with MaineCare to survey members and collect the results.

How was I picked to fill out the survey? Your name was picked by random from a list of adults enrolled in MaineCare. Your interview will count for a lot because you represent many others in your community.

If you have any other questions, please call Brian Robertson at 1-800-293-1538 x102. All calls to this number are free.

Thank you for helping us provide the best care possible.

ANSWERING MACHINE MESSAGE

Hello, my name is ____ and I am calling for MaineCare.

We are doing an important survey with adults enrolled in MaineCare about their experiences with their health care provider.

Another interviewer will be contacting your household in the next few days.

If you have any other questions, please call Brian Robertson at 1-800-293-1538 x102. All calls to this number are free.

Thank you and goodbye.

Q01:
Our records show that you got care from FILL PROVIDER in the last 12 months.
Is that right?

1 Yes
2 No → IF NO, GO TO #69

8 DK
9 REF

Q04:
In the last 12 months, how many times did you go to an emergency room or see a crisis worker

PROMPT: You could see a crisis worker at the ER, in your home, or at some other location.

(READ RESPONSES AS NEEDED)

1 None
2 1 time
3 2-4 times
4 5 to 9 time
5 11 to 20 times
6 20 or more times

8 DK
9 REF

Q05:
Next, I would like to know about the services you received during the past 12 months, the people providing these services, and the results. I am going to read a list of statements, For each, please let me know if you STRONGLY DISagree, DISagree, neither agree NOR disagree, agree, or STRONGLY agree. You can also let me know if the question does not apply to you or your care.

I feel safe and comfortable with coming to my provider's office
(READ RESPONSES)

1 Strongly Disagree
2 Disagree
3 Neither Agree nor Disagree
4 Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q06:
As a direct result of my current services, I deal more effectively with daily problems.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q07:
As a direct result of my current services, I am better able to control my life.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q08:
As a direct result of my current services, I am better able to deal with crises.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q09:
As a direct result of my services, I am getting along better with my family.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q10:
As a direct result of my services, I do better in social situations.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q11:
As a direct result of my current services, I do better in school and/or work.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q12:
As a direct result of my current services, my housing situation has improved
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q13:
As a direct result of my current services, my symptoms are not bothering me as much.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q16:
As a direct result of my current services, I am better able to handle things when they go wrong.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q19:
Staff encourage me to take responsibility for how I live my life.
(READ RESPONSES AS NEEDED
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q20:
I have been able to address issues related to abuse and violence with the staff at my provider's office.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Disagree
3 Neither Agree nor Disagree
4 Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q21:
Staff have asked me about my personal goals and strengths.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Disagree
3 Neither Agree nor Disagree
4 Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q22:
Staff have worked with me on developing the skills I need to achieve my goals
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Disagree
3 Neither Agree nor Disagree
4 Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q23:
Staff have helped me head off crises in my life by dealing with things before they get too bad.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Disagree
3 Neither Agree nor Disagree
4 Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q24:
My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q26:
Mutual support or recovery focused groups that are facilitated by peers are available to me through my current service provider(s).
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q27:
Staff respect my wishes about who is and who is not to be given information about my treatment.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q28:
Staff help me to obtain the information I need so that I can take charge of managing my illness.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q29:
Staff are sensitive to my cultural background (*race, religion, language, etc.*)
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q31:
I am given information about my rights.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q32:
I feel comfortable asking questions about my treatment and medication.

(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q33:
Staff tell me what side effects to watch out for.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q34:
I, not staff, decide my treatment goals.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF
Q36:
Staff return my call within 24 hours.
(READ RESPONSES AS NEEDED)

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q37:
Services are available at times that are good for me.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q38:
The location of services is convenient (*public transportation, distance, parking, etc.*)
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q43:
I would recommend my current service provider(s) to a friend or family member.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

8 DK
9 REF

Q45:
Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

8 DK
9 REF

Q47:
Other than my current service provider(s), I have people with whom I can do enjoyable things.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

8 DK
9 REF

Q49:
Next, I would like you to think about your involvement in your care. For each please let me know if this never, sometimes, usually, or always happens

In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?
(READ RESPONSES)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q52:
In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q53:
In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q54:
In the last 12 months, how often did the people you went to for counseling or treatment encourage you to ask questions?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q56:
Please let me know how strongly you agree or disagree with the following statement(s).
The people I went to for counseling or treatment clearly understand the things that really matter to me about my health care.
(READ RESPONSES)

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

8 DK
9 REF

Q57:
The people I go to for counseling or treatment work as a team in coordinating my care.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

8 DK
9 REF

Q58:
In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment?

1 Yes
2 No

8 DK
9 REF

Q59:
Next, I would like you to think about how the people you go to for counseling or treatment work with those that provide you other services. Please let me know how strongly you agree or disagree with the following:

The people I went to for counseling or treatment are aware of the services I receive from other doctors, home care, and/or community agencies.
(READ RESPONSES)

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

8 DK
9 REF

Q60:
These next questions are about other services you may have received.
In the past 12 months did you need help with housing?

1 Yes
2 No→ IF NO, GO TO #63

8 DK
9 REF

Q61:
Did you receive help from the people you went to for counseling or treatment?
PROMPT: In helping you with housing?

1 Yes
2 No→ IF NO, GO TO #63

8 DK
9 REF

Q62:
How helpful were the people you went to for counseling or treatment?
(READ RESPONSES)
PROMPT: In helping you with housing?

1 Very helpful
2 Somewhat helpful
3 Not very helpful
4 Not at all helpful

8 DK
9 REF

Q63:
In the past 12 months did you need help with finding or keeping a job?

1 Yes
2 No → IF NO GO TO #66

8 DK
9 REF

Q64:
Did you receive help from the people you went to for counseling or treatment?
PROMPT: In helping you find or keep a job?

1 Yes
2 No → IF NO GO TO #66

8 DK
9 REF

Q65:
How helpful were the people you went to for counseling or treatment?

(READ RESPONSES)

PROMPT: In helping you find or keep a job?

1 Very helpful
2 Somewhat helpful
3 Not very helpful
4 Not at all helpful

8 DK
9 REF

Q66:
In the past 12 months did you have a crisis in your life?

1 Yes
2 No→ IF NO GO TO #69

8 DK
9 REF

Q67:
Did you receive help from the people you went to for counseling or treatment?
PROMPT: In helping you when you experienced a crisis?

1 Yes
2 No → IF NO GO TO #69

8 DK
9 REF

Q68:
How helpful were the people you went to for counseling or treatment?
(READ RESPONSES)
PROMPT: In helping you when you experienced a crisis?

1 Very helpful
2 Somewhat helpful
3 Not very helpful
4 Not at all helpful

8 DK
9 REF

Q69:
Where are you currently living? (Choose One)
(READ RESPONSES)

1 Owned or Rented Home or Apartment
2 Someone Else's Home or Apartment
3 Crisis Residence
4 Homeless or Homeless Shelter
5 Jail or Correctional Facility
6 Medical Hospitalization
7 Substance Abuse Treatment Hospitalization
8 Skilled Nursing Facility or
9 Somewhere Else (SPECIFY)

98 DK
99 REF

Q70:
Have you lived in any of the following places in the last 12 months? (Choose Any)
(READ RESPONSES)

1 Owned or Rented Home or Apartment
2 Someone Else's Home or Apartment
3 Crisis Residence
4 Homeless or Homeless Shelter
5 Jail or Correctional Facility
6 Medical Hospitalization
7 Substance Abuse Treatment Hospitalization
8 Skilled Nursing Facility or
9 Somewhere Else (SPECIFY)

98 DK
99 REF

Q71:
Are you currently employed? (Choose One)

1 COMPETITIVELY EMPLOYED FULL-TIME (35+ HOURS)
2 COMPETITIVELY EMPLOYED PART-TIME (17-34 HOURS)
3 IRREGULAR EMPLOYMENT (<17 HOURS)
4 SUPPORTED EMPLOYMENT
5 UNEMPLOYED, HAS SOUGHT WORK
6 UNEMPLOYED, HAS NOT SOUGHT WORK
7 NOT IN LABOR FORCE (RETIRED, SHELTERED EMPLOYMENT, SHELTERED WORKSHOPS, OTHER (*HOMEMAKER, STUDENT, VOLUNTEER, DISABLED, ETC.*)
8 FULL-TIME VOLUNTEER
9 PART-TIME VOLUNTEER

98 DK
99 REF

Q72:
Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

0 LESS THAN 1 DAY

__ DAYS

98 DK
99 REF
Q73:

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

0 LESS THAN 1 DAY

__ DAYS

98 DK
99 REF

Q74:
In general, how would you rate your overall health?
(READ RESPONSES)

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

8 DK
9 REF

Q75:
In general, how would you rate your overall mental or emotional health?
(READ RESPONSES)

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

8 DK
9 REF

Q76:
What is your age?

1 18 to 24
2 25 to 34
3 35 to 44
4 45 to 54
5 55 to 64
6 65 to 74
7 75 or older

8 DK
9 REF

Q77:
Are you male or female?

1 Male
2 Female

8 DK
9 REF

Q78:
What is the highest grade or level of school that you have completed?
(READ RESPONSES)

1 8th grade or less
2 Some high school, but did not graduate
3 High school graduate or GED
4 Some college or 2-year degree
5 4-year college graduate
6 More than 4-year college degree

8 DK
9 REF

Q79:
Are you of Hispanic or Latino origin or descent?

1 Yes, Hispanic or Latino
2 No, not Hispanic or Latino

8 DK
9 REF

Q80:
What is your race? Choose one or more.

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian or Alaskan Native
6 Other

8 DK
9 REF

Q81:
Did someone help you complete this survey?

1 Yes
2 No → GO TO THNX

8 DK
9 REF

Q82:
How did that person help you? Choose one or more.
(READ RESPONSES)

1 Read the questions to me
2 Wrote down the answers I gave
3 Answered the questions for me
4 Translated the questions into my language
5 Helped in some other way (SPECIFY)

8 DK
9 REF

b. Child Survey

LEAD

ASK FOR LISTED CONTACT PERSON

Hello, my name is ____ and I am calling for MaineCare. Today we are doing an important survey with the parents or guardians of children enrolled in MaineCare about experiences with their health care provider. Could you answer a few questions for me?

11 YES
13 NO
15 NOT NOW, CALL BACK [Wait - Schedule Time]
17 OTHER
19 CONTACT ONLY
21 BUSINESS
23 LANGUAGE
25 INFIRM
27 GROUP QUARTERS, INSTITUTION (DORMS)
29 WRONG NUMBER
31 HANG UP
33 RESPONDENT NOT AVAILABLE DURING DATA COLLECTION PERIOD
88 HOUSEHOLD REFUSAL
99 NEED MORE INFORMATION - OR TO PROVIDE MORE INFORMATION
44 CALL AT A DIFFERENT NUMBER (LAND LINE)

PHONE1
Did I reach you on a cell phone?

PROMPT: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1 YES
2 NO

8 DK
9 REF

PHONE2
Your safety is important to me. Are you driving in a car, walking down the street, in a public place or other location where talking on the phone might distract you or jeopardize your safety and/or confidentiality?

IF YES: I will arrange to call you at another time. Is there a better time I can reach you?

INTS: IF RESPONDENT INDICATES THERE IS A BETTER NUMBER TO REACH THEM, SELECT OPTION 4

Thank you and goodbye.

1 NO - RESPONDENT IS OK TO DO SURVEY NOW
2 YES - (R GIVES SPECIFIC TIME)
3 YES - (R DOES NOT GIVE SPECIFIC TIME)
4 CALL BACK AT A DIFFERENT NUMBER

8 DK
9 REF

PHONE4
What is the new number I should try?

IF NO NEW NUMBER <ESC> BACK TO PRIOR SCREEN AND ENTER APPROPRIATE RESPONSE

ENTER TELEPHONE NUMBER INCLUDING AREA CODE:

INTS: IF YOU GET A NAME ENTER THIS IN THE MESSAGE FIELD IF YOU SCHEDULE A CALL BACK

PH2
Could you answer some questions for me now?

1 YES
5 NO, NOT A GOOD TIME - SCHEDULE CALLBACK
7 WANT MORE INFORMATION ABOUT STUDY

9 REF

INTO
Thank you. I want to assure you that this study is confidential and the results of this study will be reported in combined form only.

If there are questions you do not wish to answer, let me know and we will skip them.

My supervisor may listen in on calls to evaluate my performance if that is all right with you.

1 PROCEED WITH STUDY
5 NOT A GOOD TIME, CALL BACK
9 REFUSED

INFORMATION AND PERSUADER SCREEN

INFOQ

Your participation in this survey is very important and we want to make sure your child gets the best health care possible.

What is the purpose of this survey? The purpose of the survey is to help MaineCare improve the health care services patients receive. This survey will help MaineCare know what you think about the care your child received.

How long will the survey take? The survey will take about 10 to 12 minutes, depending on your answers.

Do I have to take the survey? You do not have to take the survey. If you do not take the survey it will not affect your child's MaineCare benefits.

Will my answers be kept private? All your answers to this survey will be kept private. Your name and answers will not be given to your health care provider or health plan.

Who is doing this survey? A research firm called Market Decisions is doing the survey. Market Decisions is working with MaineCare to survey parents of members and collect the results.

How was my child picked to fill out the survey? Your child's name was picked by random from a list of children enrolled in MaineCare. Your interview will count for a lot because your child represents many others in your community.

If you have any other questions, please call Brian Robertson at 1-800-293-1538 x102. All calls to this number are free.

Thank you for helping us provide the best care possible.

ANSWERING MACHINE MESSAGE

Hello, my name is ____ and I am calling for MaineCare.

We are doing an important survey with the parents or guardians of children enrolled in MaineCare about experiences with their health care provider.

Another interviewer will be contacting your household in the next few days.

If you have any other questions, please call Brian Robertson at 1-800-293-1538 x102. All calls to this number are free.

Thank you and goodbye.

Q01:
Our records show that your child got care from FILL PROVIDER in the last 12 months.
Is that right?

1 Yes
2 No → GO TO #56

8 DK
9 REF

Q04:
In the last 12 months, how many times did your child go to an emergency room or see a crisis worker

PROMPT: You could see a crisis worker at the ER, in your home, or at some other location.

1 None
2 1 time
3 2-4 times
4 5 to 9 time
5 11 to 20 times
6 20 or more times

8 DK
9 REF

Q05:
Next, I would like to know about the services your child received during the past 12 months, the people providing these services, and the results. I am going to read a list of statements, For each, please let me know if you STONGLY DISagree, DISagree, neither agree NOR disagree, agree, or STRONLGY agree. You can also let me know if the question does not apply to your child or your child's care.

I feel safe and comfortable with coming to my child's provider's office.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Disagree
3 Neither Agree nor Disagree
4 Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q06:
As a direct result of current services, my child is better at handling daily life.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q07:
As a direct result of current services, my child gets along better with family members.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q08:
As a direct result of current services, my child gets along better with friends and other people.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q09:
As a direct result of services, my child is doing better in school and/or work.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q10:
As a direct result of services, my child is better able to cope when things go wrong.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q12:
As a direct result of current services, my child is better able to do things he or she wants to do.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q13:
Staff treat my family with respect.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q14:
Staff respect my family's religious/spiritual beliefs.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q15:
Staff speak with my family in a way that we understand.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement?

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q17:
I have been able to address issues related to abuse and violence with the staff at my provider's office
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement

1 Strongly Disagree
2 Disagree
3 Neither Agree nor Disagree
4 Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q18:
Staff have asked me about my child's personal goals and strengths
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement

1 Strongly Disagree
2 Disagree
3 Neither Agree nor Disagree
4 Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q19:
Staff have worked with me and my child on developing the skills my child needs to achieve his or her goals
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement

1 Strongly Disagree
2 Disagree
3 Neither Agree nor Disagree
4 Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q20:
Staff have helped me head off crises in my child's life by dealing with things before they get too bad.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement

1 Strongly Disagree
2 Disagree
3 Neither Agree nor Disagree
4 Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q21:
Services are available at times that are convenient for us.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q22:
The people helping my child stick with us no matter what.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q23:
I feel my child has someone to talk with when he/she is troubled.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q26:
I am frequently involved in his/her treatment.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q27:
The location of services is convenient for us.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q31:
Overall, I am satisfied with the services my child receives.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q32:
Other than my current service provider(s), I have people that I am comfortable talking with about my child's problems.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q33:
Other than my current service provider(s) in a crisis, I have people that I am comfortable talking with about my child's problems.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

7 N/A TO ME OR MY CARE
8 DK
9 REF

Q36:
Next, I would like you to think about your involvement in your child's care. For each please let me know if this never, sometimes, usually, or always happens

In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q38:
Thinking about the last 6 months, how often did the people you went to for counseling or treatment ask you for *your* ideas about managing your child's health?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q39:
In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q41:
In the last 12 months, how often did the people you went to for counseling or treatment encourage you to ask questions?
(READ RESPONSES AS NEEDED)

1 Never
2 Sometimes
3 Usually
4 Always

8 DK
9 REF

Q43:
Please let me know how strongly you agree or disagree with the following statement(s).
The people I went to for counseling or treatment clearly understand the things that really matter to me about my child's health care.
(READ RESPONSES)

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

8 DK
9 REF

Q44:
The people I go to for counseling or treatment work as a team in coordinating my child's care.
(READ RESPONSES AS NEEDED)
PROMPT: How strongly do you agree or disagree with this statement

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

8 DK
9 REF

Q45:
In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment?

1 Yes
2 No

8 DK
9 REF

Q46:
Next, I would like you to think about how the people your child goes to for counseling or treatment work with those that provide your child other services. Please let me know how strongly you agree or disagree with the following:

The people I went to for counseling or treatment are aware of the services my child receives from other doctors, home care, and/or community agencies.
(READ RESPONSES)

1 Strongly Disagree
2 Somewhat Disagree
3 Neither Agree nor Disagree
4 Somewhat Agree
5 Strongly Agree

8 DK
9 REF

Q47:
These next questions are about other services you and your child may have received.
In the past 12 months did you or your child need help with housing?

1 Yes
2 No→ IF NO GO TO #53

8 DK
9 REF

Q48:
Did you receive help from the people you went to for counseling or treatment?
PROMPT: In helping you with housing?

1 Yes
2 No→ IF NO GO TO #53

8 DK
9 REF

Q49:
How helpful were the people you went to for counseling or treatment?
(READ RESPONSES)
PROMPT: In helping you with housing?

1 Very helpful
2 Somewhat helpful
3 Not very helpful
4 Not at all helpful

8 DK
9 REF

Q53:
In the past 12 months did your child have a crisis in his or her life?

1 Yes
2 No → IF NO GO TO #56

8 DK
9 REF

Q55:
How helpful were the people you went to for counseling or treatment?
(READ RESPONSES)
PROMPT: In helping you when you experienced a crisis?

1 Very helpful
2 Somewhat helpful
3 Not very helpful
4 Not at all helpful

7 N/A DID NOT GET HELP FROM PEOPLE I GO TO FOR COUNSELING
8 DK
9 REF

Q56:
Where are you currently living? (Choose One)
(READ RESPONSES)

1 Owned or Rented Home or Apartment
2 Someone Else's Home or Apartment
3 Crisis Residence
4 Homeless or Homeless Shelter
5 Jail or Correctional Facility
6 Medical Hospitalization
7 Substance Abuse Treatment Hospitalization
8 Skilled Nursing Facility or
9 Somewhere Else (SPECIFY)

98 DK
99 REF

Q57:
Have you lived in any of the following places in the last 12 months? (Choose Any)
(READ RESPONSES)

1 Owned or Rented Home or Apartment
2 Someone Else's Home or Apartment
3 Crisis Residence
4 Homeless or Homeless Shelter
5 Jail or Correctional Facility
6 Medical Hospitalization
7 Substance Abuse Treatment Hospitalization
8 Skilled Nursing Facility or
9 Somewhere Else (SPECIFY)

98 DK
99 REF

Q58:
Now thinking about your child's physical health, which includes physical illness and injury, for how many days during the past 30 days was your child's physical health not good?

0 LESS THAN 1 DAY

__ DAYS

98 DK
99 REF

Q59:
Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your child's mental health not good?

0 LESS THAN 1 DAY

__ DAYS

98 DK
99 REF

Q60:
In general, how would you rate your child's overall health?
(READ RESPONSES)

1 Excellent
2 Very Good
3 Good
4 Fair
5 Poor

8 DK
9 REF

Q61:
In general, how would you rate your child's overall mental or emotional health?

1 Excellent
2 Very Good
3 Good
4 Fair
5 Poor

8 DK
9 REF

Q62:
What is your child's age?

0 Less than 1 year old

__ YEARS OLD

98 DK
99 REF

Q63:
Is your child male or female?

1 Male
2 Female

8 DK
9 REF

Q64:
Is your child of Hispanic or Latino origin or descent?

1 Yes, Hispanic or Latino
2 No, not Hispanic or Latino

8 DK
9 REF

Q65:
What is your child's race? Choose one or more.

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian or Alaska Native
6 Other

8 DK
9 REF

Q66:
What is your age?

0 Under 18
1 18 to 24
2 25 to 34
3 35 to 44
4 45 to 54
5 55 to 64
6 65 to 74
7 75 or older

8 DK
9 REF

Q67:
Are you male or female?

1 Male
2 Female

8 DK
9 REF

Q68:
What is the highest grade or level of school that you have completed?

1 8th grade or less
2 Some high school, but did not graduate
3 High school graduate or GED
4 Some college or 2-year degree
5 4-year college graduate
6 More than 4-year college degree

8 DK
9 REF

Q69:
How are you related to the child?

1 Mother or father
2 Grandparent
3 Aunt or uncle
4 Older brother or sister
5 Other relative
6 Legal guardian
7 Someone else (SPECIFY)

8 DK
9 REF

Q70:
Did someone help you complete this survey?

1 Yes
2 No → GO TO THNX

8 DK
9 REF

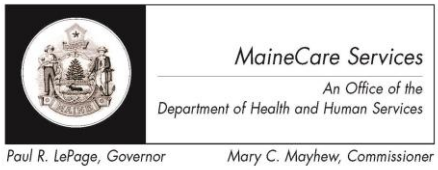
Q71:
How did that person help you? Mark one or more.

1 Read the questions to me
2 Wrote down the answers I gave
3 Answered the questions for me
4 Translated the questions into my language
5 Helped in some other way (SPECIFY)

8 DK
9 REF

Appendix 2. Survey Cover Letters

Adult Survey



Member Experience Survey 2015

<MemFirst> <MemLast>

<MemAddress1>

<MemAddress2>

Dear <NAME>

MaineCare is doing a study to learn more about the health care services you are getting. You can help by answering a few questions. The questions are about your visits to **FILL PROVIDER** in the past year.

What can I do to help?

- **Please take a few minutes to answer the survey questions**.
- **Then mail it back to us.** You do not need a stamp. Please use the envelope that came with the survey and return it by **INSERT DATE.** Here is a bit more information about the survey.

Do I have to fill out the survey? No, but filling it out will help MaineCare give you better care. If you don't fill it out, it won't affect your MaineCare benefits.

Will my answers be kept private? Yes, all your answers will be kept private. Your name and answers won't be given to your health care provider or health plan.

Who is doing this survey? A company called Market Decisions is doing the survey. They help MaineCare by sending the survey to you and collecting the results.

How was I picked to fill out the survey? Your name was picked by random from a list of MaineCare members. If you don't want your name on the list, just send us the blank survey in the enclosed envelope.

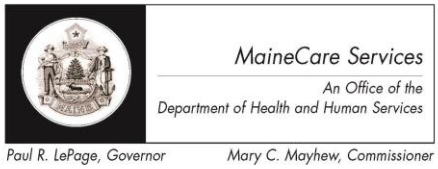
What do you think? We hope you'll share your thoughts on your health care in Maine. If you have any questions, please call 1-800-293-1538 Ext. 322. All calls to this number are free. Thank you for helping us provide the best care possible.

Thank you for your time.

Sincerely,

Stefanie Nadeau, Director
Office of MaineCare Services

Child Survey



Member Experience Survey 2015

<MemFirst> <MemLast>

<MemAddress1>

<MemAddress2>

To the Parent or Guardian of <NAME>

MaineCare is doing a study to learn more about the health care services your child is getting. You can help by answering a few questions. The questions are about your child's visits to **FILL PROVIDER** in the past year.

What can I do to help?

- **Please take a few minutes to answer the survey questions**.
- **Then mail it back to us.** You do not need a stamp. Please use the envelope that came with the survey and return it by **INSERT DATE.** Here is a bit more information about the survey.

Do I have to fill out the survey? No, but filling it out will help MaineCare give your child better care. If you don't fill it out, it won't affect your child's MaineCare benefits.

Will my answers be kept private? Yes, all your answers will be kept private. Your name, your child's name and answers won't be given to your health care provider or health plan.

Who is doing this survey? A company called Market Decisions is doing the survey. They help MaineCare by sending the survey to you and collecting the results.

How was my child picked to fill out the survey? Your child was picked by random from a list of MaineCare members. If you don't want your child's name on the list, just send us the blank survey in the enclosed envelope.

What do you think? We hope you'll share your thoughts on your child's health care in Maine. If you have any questions, please call 1-800-293-1538 Ext. 322. All calls to this number are free. Thank you for helping us provide the best care possible.

Thank you for your time.

Sincerely,

Stefanie Nadeau, Director
Office of MaineCare Services

SIM Evaluation Provider & Stakeholder Research Summary

October 2015

crescendo
CONSULTING GROUP, LLC

Contents

Research Questions and Hypotheses

Gathering input from the physician and stakeholder audiences is a critical component of Maine's self-evaluation of the SIM Initiative. Questions for this evaluation were specifically developed by key Maine SIM stakeholders from provider organizations and the Maine SIM Evaluation Subcommittee members.

The State of Maine will use the data collected from these baseline surveys to do the following:

- Better understand Maine SIM process/implementation considerations and the impact of the SIM Initiative
- Inform Rapid Cycle Improvement strategies and activities

To best achieve these goals, a qualitative research methodology was used, with the intent of providing directional feedback that would inform the development of interim strategies.

The interview questions addressed topics such as approach to communicating with patients, integrating patient care, monitoring quality or cost data, and engaging in payment reform.

Methodology

In order to achieve the goals noted above, Crescendo implemented the following qualitative methodology:

- Developed a database of leaders – MaineCare Health Homes (including Stage A Health Homes and Patient Centered Medical Homes), MaineCare Stage B Behavioral Health Homes, CCTs, and key stakeholders.
- Developed an approved interview guide.
- Scheduled interviews with survey targets.
- Conducted the interviews and catalogued responses into a searchable database.
- Analyzed the data using text analysis software (Discover Text®), advanced filtering tools and key word analysis, and iterative discussions with project leaders.
- Drafted the summary.

One-on-one qualitative interviews were conducted with 102 practice leaders, providers, and key stakeholders (who had been referred by the Evaluation Subcommittee leadership and others) between April and June 2015. Separate, but similar, survey instruments were developed for providers vs. stakeholders/key informants and can be found in the Appendix.

Respondents by Type

	# of Completed Interviews
MaineCare Health Homes (Stage A / PCMHs)	59
MaineCare Stage B Behavioral Health Homes	18
Community Care Teams	7
Stakeholders /Key Informants	18
Total	102

The stakeholder group included a variety of key informants and subject matter experts such as health system leaders, funders, leadership at health insurers, key personnel from Maine SIM partners (Maine HealthInfoNet,

Quality Counts, Maine Health Management Coalition, MaineCare), and behavioral health leaders. Where appropriate throughout the report, stakeholder responses are notated separately from the Health Home (HH), Behavioral Health Home (BHH), and Community Care Team (CCT) respondents.

Each interview lasted an average of about 30 minutes. Most interview targets (approximately 97% of people successfully contacted) agreed to an interview. Responses were included in the analysis if they clarified perceptions regarding SIM activities and provided insight into awareness, perception, impact, or opportunities for improvement for SIM-related activities. For discussion topics in which respondents had particularly in-depth knowledge, interviews explored ideas and comments helpful even if they were beyond the formal interview guide. Similarly, not all respondents were asked all questions if they were not pertinent to the respondent or constrained by time.

Individual quotations, recommendations, and other comments (i.e., annotations) were collected as a way to help illuminate actionable strategies. Annotations were stored in a searchable database, analyzed using text analysis software, and coded in order to quantitatively evaluate key themes and specific queries.

Unique Characteristics of Study Design

Due to the nature of the research methodology and survey design, results from this research are largely presented to demonstrate thematic perceptions with supporting quotes from participants. Although the research design was qualitative, there were instances in which it was possible and appropriate to quantify responses to provide a greater sense of the "order of magnitude" of various perceptions. It is important to note, however, that due to the qualitative nature of the survey, the coding of responses necessarily includes an element of subjectivity. The unique skip pattern built into the survey also presented some challenges with quantification, so the numerator, denominator (or *n*), and percentage are often included with relevant statements to ensure clarity.

The representative comments featured within this report have been included based on a variety of criteria. The primary criterion was frequency – if a comment was made by multiple respondents it was more heavily weighted. However, given the qualitative nature of the research methodology and the small sample size of many of the subgroups, other factors were considered, such as the expertise of the respondent, whether the respondent had a unique point of view that could potentially be applicable to a larger group (e.g., independent physician practice vs. practice owned by large health system), or comments that were especially well aligned with key SIM initiatives.

Structure of Report

The summary report presents findings by SIM Pillar and subtopic, to mirror the approved survey instruments. The pillars and sub-topics are as follows:

Pillar 1: Strengthen Primary Care

Subtopic 1.1 – MaineCare Stage A Health Homes (HH)
Subtopic 1.2 – MaineCare Provider Portal
Subtopic 1.3 – Maine HealthInfoNet (HIN)
Subtopic 1.4 – Community Care Teams (CCT)

Pillar 2: Integrate Primary Care & Behavioral Health

Subtopic 2.1 – MaineCare Stage B Behavioral Health Homes (BHH)
Subtopic 2.2 – Quality Counts Learning Collaboratives*

Pillar 3: Develop New Workforce Models

Pillar 4: Develop New Payment Models

Pillar 5: Centralize Data & Analytics

Subtopic 5.1 MHMC Practice Reports

Pillar 6: Engage People & Communities

**The Quality Counts Learning Collaboratives include commentary from both BHH and HH, but is included in Pillar 2 for the purposes of evaluation.*

There is an additional section on "strategic and structural insight" that provides relevant commentary on topics in which respondents had particularly in-depth knowledge that were not explicitly queried on the survey instrument. These comments can be found in the appendix.

Pillar 1: Strengthening Primary Care

Survey questions for Pillar1 focused on a variety of areas including awareness of SIM-related activities; perceptions about functionality, impact, and challenges; and, strategies/recommendations for change. Questions were asked regarding Health Homes, MaineCare Provider Portal, Maine HealthInfo Net (HIN) & the health information exchange (HIE), and Community Care Teams (CCTs).

From an overarching standpoint, respondents feel there is movement toward achieving the Triple Aim goals, which is a primary objective of the SIM. In total, 70 of 84 respondents from BHHs, HHs, and CCTs provided comments regarding the support they received from the various entities leading SIM-related efforts. Of respondents providing comments about the support they received, approximately 94% (n=66) shared positive comments about the overall direction of the SIM and the level of support. Representative comments include:

- "The initiative has brought a group of us together to work on common goals. Prior to this, we all sort of did our own thing and everyone was reinventing the wheel. The unified direction has been helpful."
- "Individual folks behind the programs have been very supportive."
- "Support is robust. Very unified approach. All very different [initiatives], but there are a lot of the same people and communication is good. Work is not fragmented. They all try very hard to keep communication open."
- "Some turnover on the SIM side has been a challenge. But we know we're being heard and good people are listening."
- "I've appreciated that there has always been an opportunity to have a voice in the policy setting and discuss challenge."
- "QC has done a remarkable job… right on top of things."

Specific, tangible outcomes were difficult to identify for most respondents, but the overarching sentiment was that the initiative was on a positive trajectory. Process outcomes were easier to identify than clinical outcomes, though there is anecdotal support in some areas. Sample comments include:

- "Effective, yes! We are seeing lower service utilization and lower costs. Especially among those people truly ready for change."

Although there were a great deal of positive comments, respondents also volunteered a number of suggestions for improvement. Of CCT, HH, and BHH participants who responded to relevant questions (n=78), 68 or 87% offered suggestions or commented about opportunities for improvement. Representative comments include:

- "I think some of the initiatives are well intentioned, but it felt like they were saying 'you need to do all this and we're too overwhelmed to help you, but maybe we can talk at the next meeting.' Felt like they didn't have enough resources to support some of the initiatives. We're working hard to change, but Rome wasn't built in a day."
- "Management style is that they insist they know best practices. It's their way or the highway."
- "We were caught off guard about how payments were done and it took us about a year to recover from that. Some high-level assumptions were made. We were asked to do things, but [they weren't] viable. Being a little more nimble in a pilot setting would be helpful."

- "[We're] not there yet with electronically discussing things with patients. . . Improvement in this area needs to go faster and it needs to be managed better."
- "We are currently receiving multiple things from multiple people [and it] would be great if there were an air traffic controller who could filter down what we really need. It's kind of like things are siloed now. I know they're trying, but it still feels siloed."
- "Sometimes [QC is] good at sending out FYI e-mails, [but] it would be nice if things were more step-by-step, here's how you do it. Sometimes we just happen to be at a conference and ask the right person. [Although I] understand that part of it is because they like face-to-face contact."

Stakeholders had highly diverse awareness and perceptions about issues related to strengthening primary care. Several of them (approximately 10) had in-depth knowledge of the SIM program, how it began, its current status, or some administrative details of its operation. Regarding general impressions of Pillar 1 activities, some representative comments include:

- "There has been lots of value added to the first…practices. With more practices coming on board as it [has grown exponentially, it may not be going as well in individual practices [now] because in the first 25 it was possible to sit down with the leadership of every one [of them]. That's not possible now."
- "My impression is that they are very effective at managing care and reducing cost. So far there is very little data to support that impression."
- "It's [the HH model] simply beginning to change the understanding of what PCPs should be doing: establish culture of team, educate people on the team, revise the role of the physicians."
- "Providers should drive the SIM structure in [closer] collaboration with MaineCare, and a neutral convener should be the one managing the process."
- "It's moving in the right direction. Kudos for MaineCare. The execution is slow because it's complicated."

Subtopic 1.1 MaineCare Stage A Health Homes

The 59 HH respondents cited many positive changes that they have made at their practices as a result of being a health home, including adding staff or redefining staff responsibilities, adding behavioral health providers on care teams, coordinating patient care with CCTs, extending hours of service, increasing the frequency of care team meetings, and other initiatives focused on improving the quality and patient-centeredness of care. See table on the next page.

Changes HHs Made to Become a Health Home

	Number of Health Homes
Added staff or redefined staff responsibilities	28
Included behavioral health providers on care teams	24
Coordinated patient care with CCTs	32
Extended of service or otherwise changed scheduling procedures to allow for same day hours access	20
Increased the frequency of care team meetings	20
Added other services (specify)	13

Respondents generally had a difficult time articulating how being part of the health home initiative has improved patient engagement, but 34 of 59 health homes said that HH program participation has led to somewhat (n=20, 48%) or much more (n=14, 33%) patient engagement. Representative comments include:

- "We've made baby steps. We don't have a patient advisory committee yet, but it has increased awareness."
- "I think so. We made some internal changes. We started making sure that patients have preferred providers. We're collaborating on that."
- "That's tough….. For a long time we've had a patient and chronic disease registry and we're continuing that. We're beginning to have everyone document their conversations with patients and how they're going to approach things, but I don't think the health homes have helped with this. Being part of PCMH and NCQA are the factors."

Among the 40 Health Home respondents who identified specific ways in which the model improved patient care, access to patient data / improving care was the most frequently mentioned item.

Changes Having the Biggest Impact on Improving Care in Health Homes

	Number of Health Homes
Access to patient data / better care	16
Integrated care	9
Quality measures / risk management	8
Internal communications / teamwork / education	6
Other	1

Additionally, 18 respondents said that the HH model impacted some groups of patients differently than others. High need or chronic disease (n=8, 44%), rural (n=3, 17%), and low income (n=2, 11%) patients were the most common subgroups mentioned as gaining particular benefit from the health home initiative.

Nine stakeholders (9) made positive comments about HHs and eight (8) made negative comments – reflecting perceptions about the ability of the HH model to benefit patients but expressing some concerns about operational issues and patient outcomes. Representative comments include:

- "The concept is a no-brainer – the PCP and patient are at the center. [Providers] need to manage the whole care – including the social impacts. They need to understand everything in the patient's lives, and collaborate. Providers need to be at risk for achieving that. If not, the health of the individual won't improve."
- "I think it's [the HH model] an exciting, really energizing pilot."
- "HH performance is yet to be fully understood [now after] two years. [We are] paying for impact in admissions, readmissions and on ED. The Annual Report slides showed some positive impact on the ED; the others' [impact is less clear]. We need to see impact on outcomes –translating to better outcomes."

Subtopic 1.2 MaineCare Provider Portal

Respondents were asked a short series of questions to provide feedback and insight into the MaineCare provider portal. Respondents were also asked one question regarding what changes had been made at their practice due to the Health Home Enrollment System (HHES) portal. Some respondents did not appear to be able to clearly distinguish the difference in functionality among the various portals and other online systems that they use. In a similar vein, twenty-seven (27) provider respondents stated that the administrative requirements, numerous portals, and other related tasks are burdensome and creates confusion about the purpose, capabilities, and operations of each. Representative comments include:

- "I think it's a challenge that we have to have multiple [portal] systems. This is the 4th – these should have been merged."
- "There are too many portals - MaineCare, RTI, HIN, practice EHR, [our internal system], and others!"
- "Streamline the portal and integrate it with other portals! There are too many portals; we need to have ONE that gives us what we need."

Other comments related to areas of improvement include:

- "Very difficult to use. It's not easy to make a referral because you can't find the providers [because] you can't look up name and town. When it works it's OK, but it ought to be simpler. People you call about the portal are very nice. But we're not going to spend all this time so someone else can get paid."
- "Datasets have been informative, but it would be better to have real-time data."

In total, 69 BHH, HH, and CCT respondents provided comments to the series of questions related to the MaineCare Provider Portal. Of the 69, 64 or 93% state that they use the portal to some degree. Users of the portal reported that it is used primarily as a tool to ensure reimbursement (through attestation), identify higher risk patients, and is a potentially helpful data source despite some operational challenges.

Slightly more than half of the respondents (54% or 35 of 63) indicated that they are "somewhat satisfied" with the portal's usefulness and ease of operation. Ten respondents stated that they were "very satisfied." Many (16) respondents said that ease of use has improved since implementation and provided positive feedback. Representative comments are as follows:

- "We were one of the first to use it. Now that it's giving more information, it's really cool. We're using the information as a guide to see what [patients] need and don't need."
- "Utilization reports – can't say enough good things about that."
- "My supervisor uses it to look for indicators…for high utilizers, then we have case consultation on particular clients, usually [regarding] ED use."

Sixty-one (61) respondents also offered insight into the helpfulness of the portal in targeting patients who need additional support. More than half (47) indicated that the portal was very or somewhat helpful. See the table on the next page for the full number of responses regarding the helpfulness of the MaineCare Portal in targeting patients who need additional support.

Degree to which the MaineCare Portal Has Been Helpful in Targeting Patients Who Need Additional Support

	Number of Respondents
Very helpful	22
Somewhat helpful	25
Slightly helpful	7
Not helpful	7

Some respondents specifically mentioned that the attestation process is a challenge (32 of 79 HH, BHH, and CCT respondents, or 40%). Suggestions were made to align attestation dates with claims dates to reduce reimbursement denials and to evaluate the possibility of streamlining attestation by having patients identified on the portal by using APS authorization. Representative comments on the attestation process include:

- "Because of attestation cycle of BHH everything has to happen at certain point of the month. We could have had more [clients] coming in if we'd had more resources or fluidity with the dates."
- "The attestation time requirement is okay but not great, as it takes four to six hours to attest to our roughly 100 MaineCare patients."
- "Payment, attestation – administrative burdens are a huge challenge. It's time consuming for administrators and providers [and it's] taking away from patient time."

Additionally, two stakeholders directly mentioned the portal(s) and expressed some concerns about the time needed for the attestation process.

- "One health system [has] an analyst to do the MaineCare portal and attest for the patients. It is time consuming… made it one person's job."
- "They [the HH] go in [to the portal] and attest once a month - they're not happy about that part of it."

Among practices that have made changes based on use of the HHES Portal, the majority (18 of 30) indicated that it helps them manage high-utilizers of healthcare services and others that are at-risk.

Changes Made as a Result of Using the HHES Portal

	Respondents
Manage high-utilizers and others at-risk	18
Patient data use and analysis	5
Improve patient engagement	3
Coordinate care	2
Modify operations to improve care	2

Subtopic 1.3 Maine HealthInfoNet & the Health Information Exchange

Maine HealthInfoNet (HIN) operates the Health Information Exchange (HIE) that enables patient records to be electronically shared throughout various providers in Maine if the provider is "signed up" or connected to the HIE system. In total, 54 BHH, HH, and CCT respondents provided commentary about HIN or the HIE. Just over half (28 of 54, 52%) indicated that the use of the HIE has impacted the way that they care for patients: 20 of 28 (71%) shared positive things about the HIE such as enhanced ability to track patient status and identify when the services of other providers have been used (N=10) or facilitating a more in-depth review of data (N=6). Others mentioned using the HIE to receive notifications when patients are in the ED or admitted as an inpatient, querying patient information efficiently and quickly, tracking appointments, and identifying patients who see other providers.

Twenty-eight (28) of 54 (38%) of respondents provided one or more comments related to challenges associated with the HIE or opportunities for improvement. In total there were 10 comments related to better system integration, five (4HH, 1 BHH) comments pertained to a need for improved functionality (such as bi-directional data capabilities) or system integration, and five comments suggested that the HIE is too expensive and/or had a low value proposition. Five of 28 respondents (1 HH, 4 BHH) said that interconnectivity between the HIE and their EMR was a challenge but an important part of being able to using the HIE. Representative comments include:

- "We are very lucky to have this as a state. HealthInfoNet is the thing that's making the biggest most positive change."
- "Biggest issue is that it doesn't have behavioral health and substance abuse [data]. Minimally…to be able to have the psych hospitalizations would be helpful."

Eleven (11) stakeholders responded to questions about the HIE. They all commented on the challenges facing the implementation of the HIE or (in one case) simply stated support for the initiative. Stakeholders indicated that the biggest challenges to successful use of the HIE include system integration with the EMR (N=7), system modifications required to address behavioral health privacy laws and other operational aspects (N=5), and education / training regarding system capabilities and operations (N=4). None of the stakeholders indicated that the HIE was without value. Representative comments include:

- "It all comes down to data sharing—it's a tangled web of lawyers out there. The capabilities are really exciting when looking at disease states, MaineCare claims data, and prescriptions. CFR 42 makes it difficult to use data."
- "Electronic Health records for medicine is hard enough. It is harder still for the behavioral Health Homes."

- "This is a HUGE challenge on the behavioral health side the rights and the laws are more strict. It's not an opt in"

The survey instrument did not explicitly elicit feedback regarding the real-time notifications from the HIE. However, approximately six HHs, BHHs, and stakeholders provided comments on this functionality. Most comments simply acknowledged the use of the feature. Some had positive comments; others did not appear to be aware of the functionality. Representative comments include:

- "The HIN 'first alert' capability is great when patients enter the ED or [get admitted as] an in-patient. Sometimes we can get there quickly enough to avoid escalation and all of the costs, negative health, and other aspects that accompany it."
- "Push alerts for hospital ED use will be great to have."

Subtopic 1.4 Community Care Teams (CCTs)

In total, 50 HH and CCT respondents shared insights regarding the Community Care Team initiative. Of the 50, 29 (or 58%) shared positive comments about the program, mostly regarding the overall ability of the CCTs to positively impact patient care and/or integration with the HH. Representative comments include:

- "If I could have more of the CCT's nurse time I think we could have a bigger impact in helping reduce ER usage and re-hospitalization. She helps refer patients to our behavioral department, to our dental department, [and other] community resources. I wish we had more access to her time wise."
- "I wish that the [CCT] piece could be expanded out."
- "CCT people are absolutely wonderful. I can't say enough good about them. . .I have very difficult patients. They [the CCTs] understand that patients don't do well because of a variety of social issues [in this area]."

Representative comments from CCTs include:

- Regarding integrating with the HH: "We co-locate staff members, (2) conduct regularly scheduled meetings at each practice that we serve, (3) jointly review the dashboard and identify high utilizers for the CCT, and, (4) use full access to the EMR and jointly conduct chart review."
- "This program doesn't fit any normal model. [CCTs] need to be entrepreneurial."

Eight respondents provided one or more comments regarding areas for improvement. Five of the eight respondents made comments relating to operational aspects of the program, including a perceived need to standardize the services of the program. Respondents stated that there is a wide variation in how CCTs operate, which was perceived a positive thing to some extent, as it indicated the CCTs' responsiveness and flexibility. However, there were also suggestions that more consistency would be beneficial. Specific examples include: embedding or co-locating CCT staff with the HHs, standardizing patient ratios, and making provider credentialing requirements more uniform.

Five respondents (including one stakeholder) stated that the CCT program faces unique challenges in more rural parts of the state. Additionally, three respondents stated that enrollment criteria are somewhat challenging,

particularly program duration (i.e., CCT program is a short-term program and many clients have ongoing needs). Representative comments include:

- "We need more in-home services, like community paramedics who can check in on people. Low-level follow up is a good idea."
- "The CCT is not working well for our rural location. . . The CCT person meets once per month with the team and then patient involvement dithers."

Eight stakeholders had positive comments about CCTs – generally supporting the integrated care aspect of the model while offering some insight about concerns. About the same number (9) expressed some concerns on mentions opportunities for improvement. Representative comments include:

- "Our CCT has gone through a rapid evolution. We know that we have positively impacted ED usage, in-patient utilization."
- "There's a cost associated with having CCTs. Practices that are using them successfully may be less likely to deploy them to others. It's not a competitive issue, it's just that it's hard to deploy people. It takes a sophisticated practice to take advantage of all of this."

The CCT respondents had particular insight about the capabilities, impact, and needs of the CCT program. In order to become a CCT, respondents said that they added staff (2), realigned services in order to better integrate services (3), and better use data (3). In operating as a CCT, all respondents indicated that they provide a mix of integrated services designed to achieve goals such as making "Triple Aim"-related progress (i.e., improved health, lower costs of care, and enhanced patient satisfaction), managing high-utilizers of services, and/or enhancing patient engagement.

The majority of CCTs included in the research indicated that the CCT model has effectively led to service-related changes. Specifically, the multidisciplinary approach to managing high-risk patients was mentioned by two organizations as being a key benefit of the program. In the category of areas for improvement, two CCTs also indicated that administrative burdens were heavy and may adversely impact care. Some noted that financial issues do, or may soon, constrain the ability of the CCT to meet patients' needs.

When asked about services that the CCT team provides and how they integrate with the Health Home practice, there was a great deal of diversity in response. Two CCTs said that they offer a broad range of services including: home health (including home visits), coordinated / integrated medical and behavioral care services, and other services customized to individual patient needs.

Since program initiation in the summer of 2013, the following comments were made about organizational changes: two stated that there had not been any changes in the way that patients received care, two mentioned that care was more integrated with Health Homes or other providers, and one said that CCT staff turnover had adversely impacted patient care since – according to them – staff consistency is required to build trust among the patients.

Pillar 2: Integrating Primary Care and Behavioral Health

Survey questions for Pillar 2 focused on a variety of areas including awareness of SIM-related activities; perceptions about functionality, impact, and challenges; and, strategies/recommendations for change. Questions were asked pertaining to MaineCare Stage B Behavioral Health Homes and the Learning Collaboratives.

Respondents were generally supportive of efforts to integrate primary care and behavioral health and, although efforts are in nascent stages, feel that patients are being positively impacted by these efforts.
On the specific topic of integrating primary care and behavioral health, 15 BHHs provided responses, 11 of which (73%) shared positive comments that indicated that integration is improving. Specific examples of integration respondents shared include data sharing, problem solving, embedding behavioral health providers in primary care practices, and other learning opportunities. Representative comments include:

- "The biggest piece is how we think about the work and how we approach it. We were already doing pieces of integrated care but this has expanded [both] our work internally and with primary care."
- "[We have] better coordination of behavioral and physical health, however that is the biggest challenge. My organization is sitting down at the table with primary care practices and talking about ways to do it, which we'd never done before. We're talking about how to share plans, but it's still challenging to put it into practice. Our systems are all so different. Creative discussions are happening, but it continues to need problem solving."

In addition, 37 HH and BHH respondents identified ways that SIM-related initiatives have made the biggest impact in improving care. The most frequent response (n=17) was the integration of care.

Ten respondents stated that there have also been challenges in sharing data between behavioral and medical health homes. In many cases, the challenge appears to be rooted in a dissimilar general philosophy regarding data sharing. Representative comments include:

- "We are still at the tip of the iceberg with systemically how we share information with primary care. There are still lots of questions."

Eleven (11) stakeholders provided insight about their perceptions of the BHH model. Eight of them stated that they think that the initiative is improving care or otherwise being successful. However, six expressed caution that staffing or funding levels / reimbursement structures may be problematic in order to achieve long-term viability.

Subtopic 2.1 MaineCare Stage B Behavioral Health Homes

As noted earlier in this document, 18 BHHs participated in the evaluation, with 15 providing opinions regarding the overall effectiveness of the BHH model. Of this group, 13 (or 87%) made positive comments about impacts of the initiative: 11 regarding integrated care or patient care coordination, four about improved use of data, and four about improved operations or patient outcomes. Respondents also generally felt that more time would be needed to fully demonstrate results. Representative comments include:

- "Patient outcomes have improved. We're still at a place where our tracking is not the best. The outcomes are not just about behavioral health symptoms; we're able to work with them on their overall health more. No quantitative data yet, but we're hoping to get there."
- "In terms of looking at BHH outcomes… there needs to be some patience with it. I think care coordinators and CCTs are working on it more than ever, but making inroads it takes time. I hope that's taken into account when evaluating the program. A year seems like a long time, but it's not."

Regarding areas of improvement, the majority (16 of 18 or 89%) provided comments expressing concern about the PMPM or case rate. Thirteen stated that the current rate was not sustainable. Representative comments include:

- "If we want to make SIM successful, there's a disconnect that needs to be addressed. I think I can speak for all providers when I say that these things come up frequently and from the provider side we know it's in our best interest to participate. We are generally inclined to want to participate, but the policy folks seem to be out of sync with what we need to do to manage day-to-day issues and run our agencies."
- "Payment structure is woefully low."
- "We have some concerns about the rate. Up to this point it hasn't been a big problem, but we're a little concerned that it could be. Mainly because we're still serving same target population and there's no way around the fact that they're just going to need more [services]."
- "I feel very committed to this program and I think it's the best thing for clients and for case managers/community mental health workers. I hope it's sustainable, which would likely require a rate increase… I hope that the department or whoever is looking at it can [help the program] continue."

Respondents also feel that administrative burdens are heavy and approaching a critical point for some practices. This is negatively impacting short-term patient needs and longer term effectiveness/efficiency. Representative comments include:

- "Administrative burdens are heavy: billing through diverse systems using non-standard terms is difficult; reporting on similar but slightly different metrics to disparate reporting agencies takes time; managing MOUs take time, too."
- "Reduce administrative burdens by trying to get on a simpler reimbursement system; we pay incentives to PCPs who have MOUs with us, and this leads to a lot of admin time."
- "Reduce the administrative burden. We report similar—but not identical—data on four or more disparate systems."
- "Here's a recommendation: To reduce administrative burdens (1) standardize reporting forms so that I don't need to enter the same information multiple times on various forms from the same organization, (2) maximize the use of data and auto-reporting to generate required reports."

Seven respondents (including stakeholders) also noted that the BHH process would benefit from additional direction from State-level leaders: four stated a need to establish best practices and provide practices with more detailed care coordination strategies and two stated that staff turnover at the state level has been problematic for some (sample quote: "Leadership is lost again.").

Four respondents (two BHHs, one HH, one stakeholder) who were particularly well-informed about pediatric behavioral health issues perceive that the current BHH structure is less than ideal for children. Representative comments include:

- **"**Nationally there's no research or literature on children in BHHs. All anyone ever says is that it has been a struggle. Children represent 10% of total enrolled. I suggested a separate meeting for pediatric providers and it didn't happen. We need more attention to kids [because they're] getting lost.**"**

All stakeholders (18) provided some sort of commentary regarding Pillar 2 activities, but there were varying levels of knowledge and direct experience with specific topics. Approximately seven (39%) made positive comments about some aspect of BHH efforts. Representative comments include:

- "One of the most important impacts has been changing the way community mental health providers see their patients' overall health. It is a huge step forward for them to see not only the mental health condition, but problems related to tobacco usage, diabetes, and congestive heart failure."
- "The challenge is finding human resources. We do not have enough psychiatrists."
- "This is an area that has very significant potential for a strong health outcomes for a select subset of MaineCare members- and a strong budgetary impact."
- "This a probably one of the brighter spots. They haven't been at it as long as primary care, give them time."
- "[BHHs] are a success story – we are far advanced in terms of the percentage of population and providers who are participating."

Of the 12 BHHs who indicated whether or not they received a Maine HealthInfoNet (HIN), Behavioral Health IT grant, eight stated that they have received the grant. Among the eight, most were using the funds to better manage patient care including monitor alerts (6), identify and monitor high-utilizers of services (4), and/or linking the HIE to their EMR (3). Seven of the eight grantees stated that funds are being used to improve service delivery.

Subtopic 2.2- Learning Collaboratives

Regarding attendance at Quality Counts Learning Collaborative sessions, 42 HHs, 15 BHHs, and 3 CCTs respondents provided comments about Learning Collaboratives. Overall, there were few remarkable differences in perceptions of the Learning Collaboratives across the subgroups. In total, 54 (37 HHs, 14, BHHs, and 3 CCTs) indicated that they had attended all or most of the required Learning Collaborative sessions. Respondents generally had positive things to say about the Learning Collaborative, with 38 HHs, six BHHs, and three CCTs providing supportive comments about the program. Representative quotes from HHs include:

- "Networking opportunities are helpful. I love the fishbowls!"
- "We were struggling with developing a patient advisory committee and this most recent one had a great workshop on it. Gave us ideas we had just never thought about."
- "The Learning Collaborative sessions are rejuvenating!"

Representative quotes from BHHs on this topic include:

- "I get a lot out of it. Ideas are helpful and its good practical information. Helped me to connect with colleagues in other agencies. Great model."
- "The best ones were enhancing quality of care processes and learning from national and local experts – beyond extraordinary!"

Many respondents (40 HHs and 5 BHHs) also said that information learned during Learning Collaborative sessions had impacted patient care. Specifically, networking and peer interaction (15 HHs and 5 BHHs), integration of care (13 HHs and 2 BHHs), and work flow/operational improvement (13 HHs and 2 BHHs) were the most common impacts identified by respondents. Those who could not identify specific impacts or changes they had made at their practices stated that they have been effective in confirming that practices are "on the right track." Stated barriers (by both HHs and BHHs) to implementing changes at practices, were often fundamental in nature, similar to the quote from a HH below:

- "I get inspired, but it doesn't always apply. For example, someone talked about how they achieved a high level of integration at their practice, but I couldn't do it the way they did because I'd have to demolish the building. We couldn't accomplish it due to physical space limitations alone."

In addition, 36 HHs and 1 CCT respondents provided information on the SIM-related initiatives that have made the biggest impact in improving care. Of these respondents, seven HHs identified the Learning Collaborative as the initiative providing the greatest impact.

Many respondents (45 HHs, 8 BHHs, and 5 CCTs) provided suggestions to improve the helpfulness of the Learning Collaboratives. Approximately one-third of the total (18 – 13 HHs, 3 BHHs, and 2 CCTs) stated that they would benefit from more advanced topics and 22 – 16 HHs, 3 BHHs, and 3 CCTs) indicated they would derive additional value from the sessions with a stronger focus on learning from peers. Four comments were made that suggested a greater need for on-demand learning modules. Representative quotes from HH respondents are included below:

- "Content is fine, but pulling together people is most helpful."
- "We're in a place where they have new practices and some of us have been in five or six years. I think they're trying to meet the needs of all those tiers. Would be better to have other people learn from those who have been there longer."
- "I think sometimes it's really tough because they bring in so many different practices at so many different levels that everything gets homogenized. For entry level it's great."
- "Everyone is in a little different place. Some of the stuff we hear is repetitive. We want more cutting-edge."
- "Such a large group. Would be helpful to break that down."
- "I would suggest they start recognizing the growth. People are all over the spectrum and they need to stay mindful of that. There's enough support in the room for the people who have just entered, so it's better for the newer people to see where we're trying to go than to force everyone [into the basics.]"
- "I think it would be good to have different levels of learning sessions. The [practices] at a certain point could be offered something more than basic."

Representative quotes from BHH (and one CCT) respondents are included below:

- "Make all LC sessions and other QC information available online; many staff members who could benefits from the information do not have time to physically go to sessions."
- "Develop more opportunities for BHH peer networking."
- "If there were a CCT track or care management track around high utilizers that would be helpful."

Twelve (12) stakeholders felt knowledgeable enough to provide comments regarding the Quality Counts Learning Collaboratives. Sample comments include:

- "We have been involved in both the day long sessions and the webinar series. I'm incredibly impressed by all of it."
- "In general QC has been a real work horse in getting things done."
- "They are very helpful. From a provider-centric point of view they accelerate the changing dynamic in the practice, generate more understanding, and help foster better acceptance of their new role."

Pillar 3: Developing New Workforce Models

Survey questions for Pillar 3 focused on awareness, use, and perceived value of the Community Health Worker (CHW) program.

The CHW program is relatively new and only had four pilot sites at the time this survey evaluation was conducted. Accordingly, overall awareness of the program was relatively low. In total, five of 61 respondents (9%) said that they currently use CHWs (SIM-related or otherwise). Of the five, four of them provided positive comments and indicated that they use the CHWs for a variety of services including: translation, culturally appropriate education, diabetes management services, and other services. Two respondents (including one stakeholder) provided comments to suggest that the CHW program be folded into the CCT program.

Five stakeholders stated that they were either "very" or "somewhat" familiar with the CHW program and had varying opinions on the effectiveness of the program. Representative comments include:

- "Like the CCTs, we need to figure out how to pay for community health workers."
- "Personally I would have liked the CHW built into the CCTs – Take the framework in place and use it."
- "We have huge questions about this. I haven't seen the case made for this initiative that's different from our practices."
- "We had families with 21 case managers. We don't need to duplicate this."

Pillar 4: Supporting the Development of New Payment Models

Survey questions for Pillar 4 focused on the use, perceived effectiveness, and challenges associated with new payment models (i.e., non-FFS models). Challenges and strategies with respect to non-FFS payment models

Respondents had varying levels of knowledge and engagement about payment reform initiatives. Many (77) HH, BHH, CCT respondents made comments regarding payment reform but only 50 stated that they were involved with some type of payment reform initiative (31 HHs, 16 BHHs, and 3 CCTs). Eleven respondents specifically mentioned being part of a pay-for-performance (P4P) initiative with one or more payers. Eight HH and BHH respondents said that new payment models are highly important, but there are divergent opinions on the best approach. Representative comments include:

- "It's all moving in a positive direction."
- "The payment reform move is pushing us toward a true population health model which is where we need to go."
- "A true PMPM gives us more time to care for patients and engage them in various things that get, or keep, them healthy. The current MaineCare "PMPM" and the fact that the portal and claims are not in sync is a problem."
- "The PMPM set up has actually discouraged… patient engagement."
- "PMPM is more difficult to make work financially among high acuity patients."
- "The BHH "PMPM" is not a pure PMPM, it is a case rate. Must see the patients for one hour per month - each month - minimum top get paid. If we see them for only 45 minutes, we do not get paid. The MaineCare Health Homes get a more pure PMPM but not the BHHs."
- "If the department wants to be more innovative, there needs to be more honest dialog about costs are."

Three respondents specifically mentioned that the programs that they felt were the most helpful in improving patient care were programs that provided detailed reporting that clearly identified areas for improvement. Representative comments include:

- "[Commercial Payer] Practice reports clearly show what we COULD have earned if certain services or procedures are done. They identify lost revenue. This makes a big impact with providers!"
- "I think payment models that give you direct access to why you receive check [are best]. One commercial payer will send check and then send detail as to why we got check (such as physicals or flu vaccines). The MaineCare Model also excellent. The PMPM from Quality Counts is not quite as clear."
- "The one that is most rewarding the [Commercial Payer] model. It's the same [as others] in that it looks at outcome and costs of care, but what works well with them is the way they present it. We meet quarterly, they bring data and an executive summary of things that we might work on. They've learned things from us and they've helped us guide the choices that providers might make in helping [deliver] better care."

Twenty-two (22) HH and BHH respondents commented about negative aspects of payment reform. Six HH and BHH respondents stated that demands imposed by integrating multiple payment models negatively impact

provider-patient interaction due to the varying requirements of each program. Representative comments include:

- "It would be good if all payers could agree on the same set of measures, definitions of metrics, and guidelines."
- "The BHH PMPM is challenging because it requires too much admin time-the portal system, APS healthcare, patient review. Process is cumbersome."

Many respondents feel that payment reform will ultimately improve patient care by incentivizing coordinated care, preventive care, and more thorough interventions; however, administrative burdens threaten timely integration and adoption.

- "Payment, attestation, and administrative burdens are a HUGE challenge - time consuming for administrators and providers. It's taking away patient time."
- "Payment reform is a good thing and it is good for patients but a huge challenges administratively."

Twelve stakeholders provided a variety of comments regarding payment reform initiatives. There were multiple comments (12) regarding limitations to the overall structure of how payment reform is being executed. Representative comments include:

- "I think the old models are deeply entrenched, we have a bunch of models. Until it reaches a tipping point there won't be change."
- "You are superimposing a different system—a new payment system—onto a system based on FFS. If we had a universal payment system, it would be easy—all the same codes, payment models, structures. The best practices are understood."
- "We're in the 'two canoes' situation – still in the middle of the shift from FFS."
- "FFS models in primary care practices require high productivity and we have pushed this on PCPs to the breaking point. We need to shift to the new payment to take pressure of the physician. It will start to crumble."
- "Payment reform works well when payer and provider work well together to improve care. There's a tremendous amount of collaboration that goes on in Maine, but it doesn't filter down to payment reform."

Stakeholders provided five comments stating that payment reform efforts are either making positive changes in care or have the potential to do so. Representative comments include:

- "The new payment reform models haven't changed the way we practice, but they will. There has not been enough movement away from fee-for service. Everything should be piloted at first and this takes time."
- "Getting to the new payment models is essential. Getting providers to practice differently is possible. If they have the time to think about it and the resources to do it, they will embrace the change."

Four stakeholders' comments were made that suggested that there needs to be more energy behind payment reform efforts in Maine. Representative comments include:

- "[The efforts] have lost their energy and it ends up being the esoteric discussion: 'What would this look like? Or what would that look like?' I don't have time to talk about esoteric things.
- "It's not going very fast."

Two stakeholders made multiple comments regarding the impacts of building risk into payment reform models.

- "There's a lot of resistance to payment reform in Maine. The major [effort] is moving to some level of risk. In other parts of our business they have moved to complete capitation, which will reduce costs, make sure patients show up, and manage complicated patients."
- "The more contracts we have that put us at risk is a good thing – we're living with less in this environment already – so it's a good thing to be able to work toward shared savings. Providers are okay with owning the risk. Unfortunately the SIM feels like it's the providers against the rest of the world."

Other stakeholder comments made related to the following: a need for more national influence, either from CMS or payers at a national level (2), the need for patient engagement (2), administrative burdens and/or need for synchronicity across efforts (2), a need for good data to inform decisions (1), and multiple other general comments.

Pillar 5: Centralizing Data Analysis

Survey questions for Pillar 5 focused on the utilization of cost and quality data and the awareness and use of various efforts. Questions specifically pertained to the new cost and quality measures for Get Better Maine, the Cost of Care workgroup, and the MHMC Practice Reports.

Subtopic 5.1 – Get Better Maine Cost & Quality Measures

Respondents from about half of the HHs and BHHs (37 of 77 or 48%) who responded to the question are familiar with the Maine Health Management Coalition's Get Better Maine website, but to varying degrees. Four respondents made positive comments about the website, three made negative comments, and no one identified it as an integral part of their work. Six respondents stated that they desired additional information about the initiative. Others indicated their awareness but offered no perceptions or opinions about it. Representative quotes include:

- "I found out about it last summer. I wasn't aware until then. Now I'm checking it every other week."
- "Yes, the website is useful for providing subjective information, but the data is not always fully accurate so we take it with a 'grain of salt.'"
- "We struggle with the Get Better Maine website and data. There are too many gaps. These gaps hurt us because large employers use this data to assay whether or not we'll be included on their health plan."
- "Improve Get Better Maine site by citing sources and identifying suggested improvements."
-

Respondents also were asked to identify the names of the organizations to which they report cost and quality data. NCQA and CMS were the most often mentioned agencies, but also nearly one in three (30%) stated that they report cost and quality measures to Bridges to Excellence (BTE) or MHMC.

Agencies to which Respondents Currently Report Cost/Quality Data

Reporting Agency	Percent of Responding HHs and BHHs (N=53)
NCQA	45%
CMS	40%
BTE	30%
MHMC	30%
ACO	13%
MaineCare	9%
Quality Counts	8%
CAHPS	6%
Comm Payers	4%
Other	15%

The measures that respondents most frequently use to evaluate quality of care relate to chronic disease (60% of respondents) and healthcare utilization rates (47% of respondents). See the table below.

Measures Used to Evaluate Quality of Care

	Percent of Responding HHs and BHHs Who Provided Details (N=30)
Chronic disease incidence (diabetes, hypertension, others)	60%
Healthcare service utilization	47%
Vaccination rates	13%
Meaningful use measures	7%
Behavioral health-related measures	3%
Other	27%

Subtopic 5.2 – Practice Reports

Respondents from 33 of 40 HHs (83%) who responded to questions about the MHMC Practice Reports stated that they received them. Nine of 40 (23%) HH participants stated that they have made patient care changes based on the MHMC Practice Reports. Five of them mentioned specific, positive changes, primarily related to the ability to drill down to the patient level for data, review utilization data, and to see how well the practice compares on various measures. The four others did not provide specific comments. Representative comments include:

- "It's one extra way of letting us know if there are gaps in care. Helps us coordinate care."
- "Some of it told us stuff we already know, but good to see our imaging costs and things like that. It keeps moving it forward."
- "Lot of information there. Easier to focus on a couple of different sections of it. It's all good information – it's just a lot."

Twenty-five (25) HHs respondents provided specific comments about the strengths and weaknesses of the practice reports, with 16 (64%) stating that the utility of the reports is very limited because the data is not current. Representative quotes include:

- "The closer they get to getting real-time data the more effective it will be."
- "They are interesting, but data is two years old so it's really hard to show them to providers and encourage change. What can I do about this now?"

Some respondents (four) also suggested that methodology could be improved on the practice reports. Representative quotes include:

- "I get their reports and look at them to see where we're at….They're mostly accurate but some [methodology] may be flawed. [We] use them, but don't make huge changes."
- "Some of the assumptions are flawed. For example, asthma is a tricky thing. These reports are based on claims data. A patient may not be on meds because they don't need them in the summer, but you get 'dinged' since it's a 12-month evaluation. Asthma changes throughout the year. Can be intermittent in one part of the year and persistent other times of the year. We don't want to overdo meds."

Stakeholders had limited knowledge of the Practice Reports. Seven stated that they had some familiarity with them, but in most could not comment on their effectiveness and/or felt it was "too early to tell." One provided positive comments about the reports despite the data being "old."

Subtopic 5.2 – Cost of Care Workgroup

Only seven provider respondents were familiar with the Cost of Care workgroup and several requested more communication and education on the group's efforts.

Subtopic 5.3 – Value Based Insurance Design (VBID)

Stakeholders[22]s were asked about their familiarity with the MHMC's Value Based Insurance Design (VBID) initiative, eight of whom felt they had enough familiarity to provide feedback. Representative comments include:

- "It has tremendous potential, as much as providers and hospitals are challenged by the idea now, they could have doctor specific incentives."
- "Patient engagement needs the biggest work…Very dangerous to rely on the EMR [and the provider] to translate it to consumers. For preference sensitive services [to be] covered [it] relies on understanding and good shared decisions making is assumed."
- "My most cynical side, asks who are you doing this for – employers or insurers? I get it, but I'm less than convinced we have identified the indicators that are most important to patients."
- "As a VBID proponent, I'm convinced it has a lot of power. Shining a light and educating purchasers is well worth it, but trying to shove everyone in the same channel is unrealistic."
- "The project seems to be focused on driving a one size fits all view of VBID. It needs to be reflective of the dynamics of the market, allowing for varied approaches to demonstrate value."

[22] Provider respondents were not specifically queried about VBID as the topic would likely have not been pertinent to the majority of respondents.

Pillar 6: Engaging People and Communities

Questions for this pillar focused on the awareness, use, and perceived value of the National Diabetes Prevention Program (NDPP).

A little more than half of the HH respondents (27 of 46, or 59%) stated that they were “somewhat” or “very familiar” with the program, 24 of whom provided comments on how it had impacted their practice. Positive impact was reported by 16 of 24 (67%) respondents. Thirteen (54%) said that NDPP program has improved patient engagement and three indicated that education had been enhanced.

A stated challenge is that there are several competing programs designed to impact people with diabetes or at risk for it such as "5-2-1-0 Let's Go!" or other similarly targeted programs. Respondents also stated that the program is very long (16 weeks), and the duration discourages some people from joining and makes completion difficult for others who enter the program.

Appendix 1: Strategic and Structural Insight

Many (approximately 70%) of the BHH, HH, CCT, and stakeholder respondents provided insightful commentary on topics not directly associated with any of the six pillars.

Most stakeholders (13 of 17) confirmed they are "very familiar" with the SIM and identified the primary objective to achieve the Triple Aim goals of improving population health, lowering costs, and improving patient experience of care.

Many (12) stakeholders emphasized the opportunity the SIM brings to make transformational change at the state level. Representative comments include:

-
- "It's such a transformative change, that at this point the change may be better represented in qualitative data, rather than quantitative data, such as what physicians are hearing about this from their patients."
- "To be totally candid, this opportunity [the overall SIM initiative] has not been maximized to its potential. Committee meetings are reporting but not making use of the leaders on the committee. They are not testing ideas in their areas of expertise. [This is] extremely complex work [and we need to] distill it into the details people can understand. I'm not sure how much buy-in there is at the state administrative leadership levels."

There were comments from eight stakeholders pertaining to the governance of the program:

- "I struggle with the governance. A lot of people worry about whether money has been eaten up by process and paper. Maybe there are three or four things out of a three hour meeting that are worth taking away."
- "Let's stop and assess where we are and come to consensus on where we need to go. There are a lot of meetings I sit in where it's the providers against staff. Staff is using SIM to promote a rationale [and] that's not helpful. Things have been shoved down our throats - let's compromise and get a win."
- "I [a practice leader] am aware of all or most initiatives. There needs to be more focus on tactical, patient-centered, data-driven activities. Now there is broad information, but its helpfulness is lacking."

The need for transparency and additional data sharing was also identified by respondents:

- "Competing [health] systems (e.g., ACOs) are not inspired to share [data and processes] with their competition."

Hypothesis: Maine's State Innovation Model initiative strengthened and expanded health care transformation efforts currently underway in the state by providing an overarching framework to align payment and delivery systems statewide.

Questions and Audiences	**HH**	**BHH**	**CCT**
Domain 1: Strengthening primary care			
Provider Portal Use and Evaluation			
1. How do you use the MaineCare Provider Portal to guide your work? [Prompts: How often do you access the portal? Would you say that you use it as an integral part of your work, or more for specific information needs? To what degree are the reports helpful in guiding your work?	X	X	X
2. If so, overall, how satisfied are you with the system? a. Very satisfied b. Somewhat satisfied c. Somewhat dissatisfied d. Very dissatisfied e. Other (specify)	X	X	X
3. To what degree is the portal helpful in targeting patients who may need additional support? a. Very helpful b. Somewhat helpful c. Slightly helpful d. Not helpful	X	X	X
4. Do you have any suggestions that may improve the access to, and operation of, Provider Portal?	X	X	X

Questions and Audiences	HH	BHH	CCT
Health Homes			
5. Is your organization part of the MaineCare Health Home initiative? [Interviewer will know this prior to the interview, but will ask in order to evaluate awareness] a. Yes b. No [skip to …] c. Not sure [skip to …]	X		
6. Is your organization also part of the Patient Centered Medical Home Pilot? [Interviewer will know this prior to the interview, but will ask in order to evaluate awareness] a. Yes b. No [skip to …] c. Not sure [skip to …]	X		
7. Thinking about SIM-related assistance such as MHMC Practice Reports, use of data from the HealthInfoNet, or other support from the State of Maine / MaineCare, what assistance was helpful and why? Which services could be improved and how so? (open ended)	X		
8. Through your participation in the MaineCare HHs initiative, what changes have you made in order to be a Health Home? [Read list and check all that apply] a. Added staff or redefined staff responsibilities b. Included behavioral health providers on care teams c. Coordinated patient care with CCTs d. Extended hours of service or otherwise changed scheduling procedures to allow for same day access e. Increased the frequency of care team meetings f. Added other services (specify) 9. Other (specify)			
10. What was the most helpful assistance provided to you? How could assistance be improved? (Open ended)	X		
11. Through working with Maine Quality Counts, what changes have you made as a result of the Learning Collaboratives (open ended)	X		

Questions and Audiences	HH	BHH	CCT
12. Through working with Maine Health Management Coalition, what changes have you made as a result of the Practice Reports? (open ended)	X		
13. Through working with MaineCare, what changes have you made as a result of the Health Home Enrollment System Portal? (open ended)	X		
14. What changes have you made as a result of using the Maine HealthInfoNet? (open ended)	X		
15. To what degree has participating in the MaineCare Health Homes program changed the way that you engage members and their families – communicate with them and involve them in care and/or support ? a. Much more engaged b. Somewhat more engaged c. Only slightly more engaged d. Not any more engaged	X		
16. What changes have made the biggest impact on improving care? (Open ended)	X		
17. What were the major challenges you encountered as you made these changes to how you delivered care? [Prompts: How did you deal with the challenges? What has worked well? Did you address the challenges on your own or with assistance? If with assistance, what organization helped you? Are there any particular benefits or challenges when working with high risk populations?](Open ended)	X		
18. What changes can you recommend to improve coordination and quality of care under the Health Homes?	X		
19. In what areas has being a Health Home had the biggest impact? [Prompts: Access to care; Use of services; Cost of care; Quality outcomes] (Open ended)	X		
20. Are there differences in impact for demographic or other subgroups of individuals? a. Yes (specify) b. No	X		
21. How do you coordinate care with your CCT? How is the CCT integrated into the HH care team and communication processes? Is the process working well? (Open ended)	X		
22. How do you determine which members require additional services within the HH and which ones to refer to the CCT?	X		

Questions and Audiences	HH	BHH	CCT
23. Did you have experience working with the CCT prior to becoming a HH? a. Yes b. No	X		
24. If so, has your experience changed since becoming a HH? a. Yes, (specify how) b. No	X		
Community Care Teams			
25. Are you part of a CCT? When did you become a CCT? (Open ended)]			X
26. From your perspective, what are the goals of the CCT? (Open ended)			X
27. What services does your CCT team provide and how are they integrated with the Health Home practice? (open ended)			X
28. What changes have you made in order to be a CCT? [Prompts: Added staff or redefined staff responsibilities; Included behavioral health providers on care teams; Coordinated patient care with Health Homes; Extended hours of service or otherwise changed scheduling procedures to allow for same day access; Increased the frequency of care team meetings; Added other services (specify)] (Open ended)			X
29. What were the major challenges you encountered as you implemented care for Health Home members? [Prompts: How did you deal with the challenges? What has worked well? Did you address the challenges on your own or with assistance? If with assistance, what SIM grantee organization helped you? Are there differences for demographic or other subgroups of individuals?] (Open ended)			X
30. What changes can you recommend to improve coordination and quality of care under the CCT?			X
31. How did processes of care change for CCT members during the SIM period since the summer of 2013? (Open ended)			X
32. How effective have the CCT team service-related changes been? (Open ended)			X
33. What changes have made the biggest impact in improving care? What could be done differently or better? (Open ended)			X

Questions and Audiences	HH	BHH	CCT
Domain 2: Integrating primary care and behavioral health **Behavioral Health Homes**			
34. How has being a Behavioral Health Home changed the way you care for patients? [Prompts: Better coordination of care between BH and physical health providers; More effective use of EMR and access to data through the Maine HIE; Improved care management services for people with chronic diseases; More emphasis on preventive care] Have patient outcomes improved? [Prompts: Fewer inpatient admissions; Less non-emergent use of the Emergency Department; better adherence to the care plan] (Open ended)		X	
35. What were the major challenges you encountered as you implemented care for Behavioral Health Home members? [Prompts: How did you deal with the challenges? What has worked well? Did you address the challenges on your own or with assistance? If with assistance, what SIM grantee organization (e.g., Quality Counts, the HIN) helped you? Are there differences for demographic or other subgroups of individuals?] (Open ended)		X	
36. Do you know whom to contact on the (medical/behavioral health) side of the care team to coordinate care? Under the BHH, do you receive timely information about the medical and BH aspects of care?		X	
37. What changes can you recommend to improve coordination and quality of care under the BHH?		X	
Maine HealthInfoNet (HIN), Behavioral Health IT Grant			
38. Have you received a Maine HealthInfoNet (HIN), Behavioral Health IT grant? a. Yes b. No [skip to …] c. Not sure [skip to …]		X	
39. How far along are you in the implementation process? [Prompts: Fully or mostly operational (Received Milestone #3 funding); Technology and training is in place that enable active clinical data interface with HIN's HIE but not operational (Received Milestone #2); Technology and training is being developed (Milestone #2 funding not yet fully received but Milestone #1 funding received); Demonstrating EHR capabilities (Milestone #1 funding partially received); Not at all] (Open ended)		X	
40. How are you using the grant project funds to improve care? Are there any		X	

Questions and Audiences	HH	BHH	CCT
particular benefits or challenges when working with high risk populations? Have you been able to link client level information from HIN to your EHR? (Open ended)			
41. Is the information from the Health Information Exchange / HIN to which you have access helping you guide service delivery? If so, how? In what ways could it be improved? (Open ended)		X	
42. What are the challenges in implementing your behavioral health I.T. project? (Open ended)		X	
43. What could be, or could have been done, differently to improve the Behavioral Health IT Grant project? (Open ended)		X	
Learning Collaboratives			
44. Are you individually, or is your practice, part of one of the following learning collaboratives? Check all that apply. See Appendix for list of participating organizations. [Interviewer will know this prior to the interview, but will ask in order to evaluate awareness] a. MaineCare Health Homes/-PCMH Learning Collaborative b. Behavioral Health Homes (BHH) Learning Collaborative c. Neither [skip to …]	X	X	X
45. In the past year, how many learning sessions have you participated? [Prompt: confirm which type of collaborative sessions] (Open ended)	X	X	X
46. How successfully have you been able to make changes in your practice, or otherwise implement things that you have learned at learning collaboratives? a. Very successfully b. Somewhat successfully c. Not successfully	X	X	X
47. If "very successfully," ask: what have been some of the keys to your effectiveness? If "somewhat" or "not successfully," ask: what have been the biggest challenges? (Open ended)	X	X	X
48. What is needed to more fully implement the types of changes that you've learned about at HH Learning Sessions? (Open ended)	X	X	X

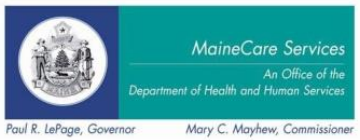
Questions and Audiences	HH	BHH	CCT
49. The PCMH/HH and BHH learning collaboratives provide many opportunities to share insights and learn. In what ways have you benefitted most? [Prompt: Improving the integration of behavioral health and physical health services; Enhancing coordination of care; Bringing about improvements and efficiencies that decrease the cost of care; Learning from peers; Enhancing patient engagement and involvement in their health care plan; Enhancing quality of care processes; Learning from national and local experts; Exchanging insights with peer organizations] (Open ended)	X	X	X
50. Were you able to implement changes based on what you learned in the educational sessions? How or why not? (Open ended)	X	X	X
Domain 3: Developing new workforce models			
Community Health Workers [survey design to include a targeted sample of providers using Community Health Workers]			
51. In the past two years have you worked with Community Health Workers newly funded from the ME SIM initiative?? a. No [skip to …] b. Yes [skip to …]	X	X	X
52. If so, in what capacity? What are the CHW's primary tasks? (Open ended)	X	X	X
53. In what ways has working with Community Health Workers impacted the ways that care is provided? [Prompts: Providing culturally appropriate health education and outreach; Better engaging patients in their care plans; linking individuals, communities, providers, and social services; assuring that people can access the services they need]	X	X	X
54. In what ways could the program be improved? (open ended)	X	X	X
Domain 4: Supporting the development of new payment models			
Payment Reform Models (to be asked to key stakeholders, healthcare organizations, and practice leaders – as opposed to individual physicians unless the physician is a solo practitioner)			
Over the past few years, many organizations have participated in various payment reform initiatives aside from the conventional fee-for -service. Some of these include PCCM payments (monthly case management fees paid to HHs), pay for performance (P4P),			

Questions and Audiences	HH	BHH	CCT
shared savings, capitation or per member per month PMPM payments, bundled payments, and risk withholds/gainsharing.			
55. Are you aware of any payment model changes at your practice in the past two years? a. No [skip to …] b. Yes – If so, please describe. (open ended)	X	X	X
56. Do you have both MaineCare and commercial payer initiatives? What models are associated with MaineCare and which with commercial payers? (open ended)	X	X	X
57. How has participating in the new payment model(s) changed the way that you care for patients? [Prompts: focus on wellness, time with patients, coordination of care, integration of care – medical / BH or primary care / specialized care, patient satisfaction and treatment plan compliance, others] NOTE: differentiate between MaineCare and commercial pay initiatives, where possible (Open ended, if multiple payment models are used at the practice, interviewer will tease apart)	X	X	X
58. Thinking about the aspects of payment reform in which you are involved, what aspects work well? What are the challenges and how do you overcome them? (Open ended)	X	X	X
Domain 5: Centralizing data and analysis			
New Quality and Cost Measures – Physical & Behavioral Health Quality Measures			
59. As part of the SIM grant, new quality and cost measures are being collected and made available on the Get Better Maine / Maine Health Management Coalition website. Are you aware of this initiative? a. Yes b. No [skip to …] c. Not sure [skip to …]	X	X	
60. To what agencies do you report quality and cost data? [Prompt: MHMC, BTE, NCQA, CMS, others] What types of data do you report? (open ended) a. Yes	X	X	

Questions and Audiences	HH	BHH	CCT
b. No c. Not sure			
61. All primary care providers in Maine receive reports that include data on key cost and quality measures. Do you receive the Practice Reports? a. Yes b. No [skip to …] Not sure [skip to …]	X		
62. In what way are the reports most helpful? What new things have you done or modifications have you made based on what you read in the Practice Reports? (Open ended)	X		
63. Have the Practice Reports impacted your practice's use of quality measures? If so, "In what way?" (Open ended)	X		
64. In what way could the reports be changed in order to make them more useful to you? (Open ended)	X	X	
65. What measures do you use to evaluate quality of care? Are these measures kept internally or do you report them out to any organization? If so, to whom? What types of outcomes reports or indicators do you receive? From whom? Are they helpful? If so, in what way, and how might they be improved? (open ended)			X
Cost of Care Work Group			
66. The Cost of Care Work Group is a multi-stakeholder group analyzing healthcare cost data and trying to identify actionable strategies. Are you aware of the Group? a. Yes, I'm part of it b. Yes, but I'm not part of it c. No, have not heard of it d. Not sure	X	X	X
67. What cost of care measures do you currently track? (Open ended)	X	X	X
68. Are there two or three measures that you watch more closely than others? If so, what are they and why? (Open ended)	X	X	X

Questions and Audiences	HH	BHH	CCT
Domain 6: Engaging people and communities			
National Diabetes Prevention Program (NDPP) [survey design to include a targeted sample of providers using NDPP]			
69. How familiar are you with the National Diabetes Prevention Program (NDPP)? [Check the closest response] a. Very familiar [identify participation status; skip to …] b. Somewhat familiar [identify participation status; skip to …] c. Slightly familiar [identify participation status; skip to …] d. Aware of it but no familiarity [skip to conclusion] e. Not aware / have not heard of it [skip to conclusion] f. Not sure [skip to conclusion]	X	X	X
70. The National Diabetes Prevention Program (NDPP) is an evidence-based lifestyle change program designed to help people at higher-risk for diabetes. The Maine CDC and the SIM grantees are working with payers to test the impact of the program when applied to Value-based Insurance Design (VBID), PCMHs, and others. What is your opinion about the usefulness of the program? (Open ended)	X	X	X
71. Is it changing the way you engage patients? If so, in what way? In what way is it most effective? What are the biggest challenges? (Open ended)	X	X	X
72. What are your strategies/approaches for engaging patients in their care? What strategies work best and why? (open ended)	X	X	X
73. What are your strategies/approaches for connecting patients to other community organizations that can support them? What strategies work best and why? (open ended)	X	X	X

Behavioral Health Homes Contact Information				
Organization Name	**Contact Name**	**Phone Number**	**Email**	**Address**
Acadia HealthCare	Doug Townsend	(207) 973-6137	rdtownsend@emhs.org	268 Stillwater Ave Bangor, Maine 04402
Alternative Wellness	Amber Elliott	(207) 653-7641	amberelliott@awsmaine.com	227 Congress St., Suite 3 Portland, Maine 04101
Assistance Plus	Portia Berry	(207) 453-4708 Ext.409	pberry@assistanceplus.com	1604 Benton Avenue Benton, Maine 04901
Behavioral Health Solutions for ME	Linda M. Orlando	(207) 989-7468	lorlando@bhsforme.com	153 State Street, Unit 6 Brewer, Maine 04412
Catholic Charities of Maine	Kate Welch	(207) 620-3224	kwelch@ccmaine.org	66 State Street Portland, Maine 04101
Charlotte White Center	Margaret Callaway	(207) 947-1410 Ext. 139	mcallaway@charlottewhite.org	572 Bangor Road Dover-Foxcroft ,04426
Community Health and Counseling Services	Dale Hamilton	(207) 922-4701	DHamilton@chcs-me.org	42 Cedar Street Bangor, Maine 04402
Cornerstone Behavioral Health Care	Sharon Tomah	207-992-0411 x 5683	stomah@wabanakihw.org	157 Park Street, Suite 5 Bangor, Maine 04401
Crisis and Counseling Centers, Inc.	Lynn Duby	(207) 626-3448 Ext. 1128	lduby@crisisandcounseling.org	10 Caldwell Road Augusta, Maine 04330
Kennebec Behavioral Health	Cheryl Davis	(207) 873-2136	cdavis@kbhmaine.org	66 Stone Street Augusta, Maine 04330
Maine Behavioral Health Organization	Jason White	(207) 542-4301	jwhite@mainebehavioralhealth.org	49 Oak Street Augusta, Maine 04330
Maine Behavioral Healthcare	Sara Schmalz	(207) 294-7139	Sara.schmalz@csimaine.com	165 Lancaster Street So. Portland, Maine 04106
Medical Care Development	Darcy Dumont	(207) 622-7566 Ext. 299	ddumont@mcd.org	245 Main St. Suite 1 Norway, Maine 04268
NFI North	Jill Allen	(603) 746-7550	jillallen@nafi.com	98 Russell Street, Lewiston, ME 04240
Northeast Occupational Exchange, Inc.	Sharon Greenleaf	(207) 907-7212	sgreenleaf@noemaine.org	29 Franklin Street Bangor, Maine 04401
OHI	Margaret Longsworth	(207) 605-1209	mlongsworth@ohimaine.org	238 State Street Brewer, Maine 04412
Penobscot Community Health Center	Angela Fileccia	(207) 992-2636 Ext. 1564	afileccia@pchcbangor.org	34 Summer St. Suite 2B Bangor, Maine 04401
Providence Human Services	Erin Newcomb	(207) 798-3922 Ext. 320	enewcomb@provcorp.com	14 Maine St., Suite 202 Brunswick, Maine 04011
Saco River Health Services	Elizabeth Sjulander	(207) 247-9000 Ext. 103	esjulander@sacoriverhealth.com	802 Main Street Waterboro, Maine 04087
The Opportunity Alliance	Pat McKenzie	(207) 651-2738	pat.mckenzie@opportunityalliance.org	510 Cumberland Avenue Portland, Maine 04101
Tri-County Mental Health Services	Catherine R. Ryder	(207) 783-9141 Ext. 124	cryder@tcmhs.org	230 Bartlett St Lewiston, Maine 04240
United Cerebral Palsy of Maine	Sadel Davis, LCPC	(207) 941-2952 Ext. 236	sadel.davis@ucpofmaine.org	700 Mount Hope Ave. Suite 320 Bangor, Maine 04401
Volunteers of America Northern New England, Inc.	Nancy Ives	(207)415-5014	nancy.ives@voanne.org	255 Beach Street Saco, Maine 04072
Wings for Children and Families	Trish Niedorowski	(207) 941-2988	trish@wingsinc.org	900 Hammond Street Suite 915, Bangor, Maine 04401



The following list represents successful Accountable Community applicants with which the Department intends to contract:

Accountable Community (AC) Applicant Name	AC Service Area*	AC Lead Entity Applicant Information			Lead Entity Contact Information (If shared)			
		Organization	Address	City	Name	Title	Contact Email	Phone
Beacon Health	Bangor HSA	Beacon Health, LLC	797 Wilson Street	Brewer	Carrie Arsenault	Dir. of Operations, ACO Activities	carsenault@emhs.org	207-973-4090
Kennebec Region Health Alliance Accountable Community	Augusta HSA Waterville HSA	Kennebec Region Health Alliance	35 Medical Center Parkway	Augusta	Barbara Crowley, MD	President	Barbara.Crowley@maineg eneral.org	207-626-1063
MaineHealth Accountable Care Organization (MHACO)	Lewiston HSA Portland HSA	MaineHealth	110 Free Street	Portland	Katie Fullam Harris	SVP, Governme nt & Employer Relations	harrik2@mainehealth.org	207-661-7559
Penobscot Community Health Care	Bangor HSA Belfast HSA Dover-Foxcroft HSA Greenville HSA	Community Care Partnership of Maine, LLC	103 Maine Avenue	Bangor	Noah Nesin, MD	Chief Quality Officer	nnesin@pchc.com	207-992-9200
York Partners For Care	York HSA	York Hospital	15 Hospital Drive	York	Deborah Erickson-Irons	Lead for Community Health	derickson-irons@yorkhospital.com	207-351-2659

*Defined as Hospital Service Areas (HSAs) where participating primary care practices are located

MaineCare Services
An Office of the Department of Health and Human Services
Paul R. LePage, Governor — Mary C. Mayhew, Commissioner

MaineCare Health Homes by County and City

Listing as of August 2014

Please call provider to be sure the location is still taking new members.

Androscoggin

Auburn Medical Associates
15 Gracelawn Road, Suite 103
Auburn, ME 04210
(207)330-3950

Family Health Care Associates- Auburn
190 Stetson Road
Auburn, ME 04210
(207)784-7388

Lewiston-Auburn Internal Medicine
3 Willow Run
Auburn, ME 04210
(207)795-6800

Minot Avenue Family Medicine
789 Minot Avenue
Auburn, ME 04210
(207) 795-8475

DFD Russell Medical Center- Leeds
180 Church Hill Road
Leeds, ME 04263
(207)524-3501

B Street Health Center
57 Birch Street
Lewiston, ME 04240
(207)513-3850

CCS Family Health Care
100 Campus Avenue
Lewiston, ME 04240
(207)755-3445

Central Maine Family Practice
12 High Street, Suite 301
Lewiston, ME 04240
(207)795-5750

Central Maine Internal Medicine
12 High Street, Suite 400
Lewiston, ME 04240
(207)795-5700

Central Maine Pediatrics
12 HIgh Street, Suite 301
Lewiston, ME 04240
(207)795-5730

CMMC Family Medicine Residency Program
76 High Street
Lewiston, ME 04240
(207)795-2800

High Street Family Practice
12 High Street, Suite 302
Lewiston, ME 04240
(207) 753-7655

Dr. Kappelmann
100 Campus Avenue, Suite 203
Lewiston, ME 04240
(207)777-4100

Lewiston Medical Associates
106 Campus Avenue
Lewiston, ME 04240
(207)755-3383

Androscoggin

Pediatric Associates of Lewiston
33 Mollison Way
Lewiston, ME 04240
(207)784-5782

St. Mary's Center for Family Medicine at Mollison Way
15 Mollison Way
Lewiston, ME 04240
(207)777-4440

St. Mary's Medical Associates
99 Campus Ave, Suite 201
Lewiston, ME 04402
(207)777-8810

Lisbon Falls Family Health Center
582 Lisbon Road
Lisbon Falls, ME 04251
(207)353-8830

Lisbon Family Practice
2 Bisbee Street
Lisbon Falls, ME 04252
(207)353-6721

Franklin Health Family Practice-Livermore Falls
21 Main Street
Livermore Falls, ME 04254
(207)897-6601

Poland Community Health Center
364 Maine Street
Poland, ME 04274
(207) 998-2100

St. Mary's Poland Family Practice
1230 Maine Street
Poland, ME 04274
(207)998-4483

DFD Russell Medical Center - Turner
7 So. Main Street
Turner, ME 04282
(207)524-3501

Aroostook

Caribou Health Center-Aroostook Medical Center
118 Bennett Drive, Suite 130
Caribou, ME 04736
(207)498-3476

Pines Health Services-Caribou
74 Access Highway
Caribou, ME 04736
(207)498-2356

Pines Health Services-Women's & Children's
163 Van Buren Road, Suite 4
Caribou, ME 04736
(207)498-2350

Fish River Rural Health- Eagle Lake
10 Carter Street
Eagle Lake, ME 04739
(207)444-5973

Fort Fairfield Health Center-Aroostook Medical Center
23 High Street
Fort Fairfield, ME 04742
(207)768-4753

Aroostook

Fish River Rural Health- Fort Kent
3 Mountain View Drive
Fort Kent, ME 04743
(207)834-3971

Katahdin Valley Health Center- Houlton
59 Bangor Street
Houlton, ME 04730
(207)528-2285

Katahdin Valley Health Center-Island Falls
1300 Crystal Road
Island Falls, ME 04747
(207)528-2285

Regional Medical Center at Lubec
43 South Lubec Road
Lubec, ME 04652
(207)733-1090

Mars Hill Health Center-Aroostook Medical Center
106 Main Street
Mars Hill, ME 04758
(207)429-8333

Family Practice & Internal Medicine-Aroostook Medical Center
23 North Street, Suite 4
Presque Isle, ME 04769
(207)764-3412

Pines Health Services-Presque Isle
66 Spruce Street, Suite 4
Presque Isle, ME 04769
(207)769-2025

Pines Health Services-St John Valley
4 Main Street
Van Buren, ME 04785
(207)868-2796

Cumberland

Bridgton Internal Medicine
25 Hospital Drive
Bridgton, ME 04009
(207)647-2311

Bridgton Pediatrics
25 Hospital Drive
Bridgton, ME 04009
(207)647-4232

Pondicherry Family Practice
15 Hospital Drive
Bridgton, ME 04009
(207) 647-3421

Brunswick Family Medicine
33 Bath Road
Brunswick, ME 04011
(207) 721-9323

Martin's Point Health Care- Brunswick Farley Road
6 Farley Road
Brunswick, ME 04011
(207)725-8079

MidCoast Medical Group Brunswick
22 Station Avenue, Suite 101
Brunswick, ME 04011
(207)373-6848

Portland Community Health Center
180 Park Avenue
Portland, ME 04102
(207)874-2141

Cumberland

MMP Family Medicine - Falmouth
5 Bucknam Road, Suite 2C
Falmouth, ME 04105
(207)781-1507

Mercy West Falmouth Family Practice
75 Gray Road
Falmouth, ME 04105
(207)535-1340

Gorham Crossing Primary Care
19 South Gorham Crossing
Gorham, ME 04038
(207)535-1400

Gray Family Health Center
126 Shaker Road
Gray, ME 04039
(207) 657-3308

North Bridgton Family Practice
14 Wyonegonic Road
N Bridgton, ME 04057
(207)647-9021

Naples Family Practice
410 Roosevelt Trail
Naples, ME 04055
(207)693-6106

Fore River Family Practice, MHSM
195 Fore River Parkway, Suite 160
Portland, ME 04102
(207)553-6700

Martin's Point Health Care- Portland Health Care Center
331 Veranda Street
Portland, ME 04104
(207)828-2402

MMP Family Medicine - Portland
272 Congress Street
Portland, ME 04102
(207)874-2466

Maine Medical Partners - Outpatient Clinics
22 Bramhall Street
Portland, ME 04102
(207) 662-0111

Portland Internal Medicine
43 Baxter Boulevard
Portland, ME 04101
(207)771-1717

Standish Family Practice
111 Ossipee Trail East, Suite 1142
Standish, ME 04084
(207)642-4434

MMP - Westbrook Internal Medicine
1 Hamois Avenue
Westbrook, ME 04092
(207)662-1340

MMP - Westbrook Peds
1 Hamois Avenue
Westbrook, ME 04092
(207)662-1360

MMP - Westbrook Family Medicine
1 Hamois Avenue
Westbrook, ME 04092
(207)661-3400

Please call provider to be sure the location is still taking new members.

Cumberland

Mercy- Windham Family Practice
409 Roosevelt Trail
Windham, ME 04062
(207)400-8600

MMP - Lakes Region Primary Care
584 Roosevelt Trail
Windham, ME 04062
(207)892-3233

Yarmouth Primary Care
385 Route One
Yarmouth, ME 04096
(207)535-1200

Franklin

Franklin Health Family Practice-Farmington
181 Franklin Health Commons
Farmington, ME 04938
(207)778-3326

Jean Antonucci MD
115 Mt Blue Circle, Suite 2
Farmington, ME 04938
(207)778-3313

Franklin Health Internal Medicine
131 Franklin Health Commons
Farmington, ME 04938
(207)778-4922

Franklin Health Pediatrics
181 Franklin Health Commons
Farmington, ME 04938
(207)778-0482

Wilson Stream Family Practice – Jeffrey Fuson
672 Wilton Road
Farmington, ME 04938
(207)778-9531

Wilson Stream Family Practice – Stephen Bien
672 Wilton Road
Farmington, ME 04938
(207)778-9531

Hancock

Cadillac Family Practice
322 Main Street
Bar Harbor, ME 04609
(207)288-5119

Cooper Gilmore Center
17 Hancock Street
Bar Harbor, ME 04609
(207)288-5024

Blue Hill Family Medicine
65 Water Street
Blue Hill, ME 04614
(207)374-3401

Bucksport Regional Health Center
110 Broadway
Bucksport, ME 04416
(207)469-7371

Castine Community Health Services
102 Court Street
Castine, ME 04421
(207)326-4348

Ellsworth Family Practice
32 Resort Way
Ellsworth, ME 04605
(207)664-5382

Hancock

Ellsworth Internal Medicine
32 Resort Way
Ellsworth, ME 04605
(207)664-5480

Maine Coast Pediatrics
32 Resort Way
Ellsworth, ME 04605
(207)664-5680

Eleanor Widener Dixon Memorial Clinic
37 Clinic Road
Gouldsboro, ME 04607
(207)963-4066

Community Health Center
16 Community Lane
Southwest Harbor, ME 04679
(207)244-5630

Southwest Harbor Medical Center
45 Herrick Road
Southwest Harbor, ME 04679
(207)244-5513

Island Family Medicine
354 Airport Road
Stonington, ME 04681
(207)367-2311

Trenton Health Center
394 Bar Harbor Road
Trenton, ME 04605
(207)667-5899

Kennebec

Lovejoy Health Center
7 School Street, Suite 1
Albion, ME 04910
(207)437-9388

Augusta Family Medicine
15 Enterprise Drive, Suite 200
Augusta, ME 04330
(207)621-8800

Family Medicine Institute
15 East Chestnut Street
Augusta, ME 04330
(207)626-1561

Kennebec Pediatrics
263 Water Street, Suite 300
Augusta, ME 04330
(207)623-2977

Belgrade Regional Health Center
4 Clement Way
Belgrade, ME 04917
(207)495-3323

Sebasticook Regional Family Care - Clinton
1309 Main Street
Clinton, ME 04927
(207)426-0976

Gardiner Family Medicine
152 Dresden Avenue
Gardiner, ME 04345
(207)582-6608

DFD Russell Medical Center- Monmouth
11 Academy Road
Monmouth, ME 04263
(207)524-3501

Please call provider to be sure the location is still taking new members.

Kennebec

Inland Family Care- Oakland
74 Water Street
Oakland, ME 04963
(207)465-7342

Oakland Family Medicine
9 Pleasant Street
Oakland, ME 04963
(207) 465-2181

Elmwood Primary Care
211 Main Street
Waterville, ME 04901
(207)872-6869

Inland Family Care- Concourse St, Waterville
16 Concourse West
Waterville, ME 04901
(207)873-1036

Inland Family Care - Washington St, Wateville
10 Washington Street
Waterville, ME 04901
(207)877-7100

Inland Medical Associates
174 Kennedy Memorial Drive
Waterville, ME 04901
(207)861-7180

Waterville Family Practice
13 Railroad Square
Waterville, ME 04901
(207)873-1181

Waterville Pediatrics
159 Silver Street
Waterville, ME 04901
(207)873-5437

Winthrop Family Medicine
149 Main Street
Winthrop, ME 04364
(207)624-3800

Winthrop Pediatrics
149 Main Street, Suite 1A
Winthrop, ME 04364
(207)377-2114

Lincoln

Lincoln Medical Partners Family Care Center - Boothbay Harbor
19 St. Andrews Lane
Boothbay Harbor, ME 04538
(207)633-7820

Full Circle Family Medicine
68 Chapman Street
Damariscotta, ME 04543
(207) 563-6623

Lincoln Medical Partners - Internal Medicine
5 Miles Center Way
Damariscotta, ME 04543
(207)563-4146

Lincoln Medical Partners Family Medicine - Damariscotta
79 Schooner Street
Damariscotta, ME 04543
(207)563-4146

Lincoln Medical Partners Pediatrics
79 Schooner Street
Damariscotta, ME 40543
(207)563-4146

Lincoln

Lincoln Medical Partners Family Medicine- Waldoboro
592 W. Main Street
Waldoboro, ME 04572
(207)563-4511

Medomak Family Medicine
34 Jefferson Street
Waldoboro, ME 04572
(207) 832-5813

Lincoln Medical Partners Family Medicine- Wiscasset
49 Hooper Street
Wiscasset, ME 04578
(207)882-7911

Wiscasset Family Medicine
66 Water Street
Wiscasset, ME 04578
(207)882-6008

Oxford

Elsemore Dixfield Family Medicine
148 Weld Street
Dixfield, ME 04224
(207) 562-4226

Fryeburg Family Medicine
253 Bridgton Road
Fryeburg, ME 04037
(207)935-3383

Oxford Hills Family Practice
34 Winter Street
Norway, ME 04268
(207)743-8031

Sacopee Valley Health Center
70 Main Street
Porter, ME 04068
(207)625-8126

River Valley Internal Medicine
431 Franklin Street
Rumford, ME 04276
(207) 364-7831

Swift River Health Care
430 Franklin Street, Suite A
Rumford, ME 04276
(207)369-0146

Penobscot

Capeheart Community Health Center
86 Davis Road
Bangor, ME 04402
(207)945-5247

EMMC Center for Family Medicine
895 Union Street, Suite 12
Bangor, ME 04401
(207)973-7979

EMMC Husson Family Medicine
302 Husson Avenue, Suite 2
Bangor, ME 04401
(207)941-2373

EMMC Husson Internal Medicine
302 Husson Avenue, Suite 1
Bangor, ME 04401
(207)947-6141

EMMC Husson Peds
302 Husson Avenue, Suite 3
Bangor, ME 04401
(207)941-1155

Please call provider to be sure the location is still taking new members.

Penobscot

Hope House Health Center
179 Indiana Avenue
Bangor, ME 04401
(207) 945-5247

Martin's Point Health Care - Bangor
700 Mount Hope Avenue
Bangor, ME 04401
(207)945-5048

Penobscot Community Health Center
1012 Union Street
Bangor, ME 04401
(207)945-5247

Penobscot Pediatrics
1068 Union Street
Bangor, ME 04401
(207)945-5247

St Joseph Family Medicine
700 Mt. Hope Avenue, Suite 210
Bangor, ME 04401
(207)907-3030

St Joseph Family Medicine - 900 Broadway
900 Broadway, Building 2
Bangor, ME 04401
(207)907-3777

St. Joseph Internal Medicine
900 Broadway
Bangor, ME 04402
(207)907-3300

Summer Street Health Center
34 Summer Street
Bangor, ME 04402
(207)945-5247

Brewer Health Center PA
401 So. Main Street
Brewer, ME 04412
(207)989-5588

Brewer Medical Center
735 Wilson Street
Brewer, ME 04412
(207)945-5427

EMMC Family Medicine of Brewer
234 State Street
Brewer, ME 04412
(207)989-0550

Corinth Medical Associates
492 Main Street
Corinth, ME 04427
(207)285-3312

Dexter Family Practice
51 High Street
Dexter, ME 04930
(207)924-7349

Sebasticook Family Doctors - Dexter
29 Church Street
Dexter, ME 04930
(207)924-5200

Appleton Medical Center
658 Main Road North
Hampden, ME 04444
(207) 992-0410

Penobscot

Katahdin Valley Health Center- Millinocket
50 Summer Street
Millinocket, ME 04462
(207)528-2285

Newport Family Practice
26 Main Street, Suite 2
Newport, ME 04962
(207)368-5747

Sebasticook Family Doctors - Newport
118 Moosehead Trail, Suite 5
Newport, ME 04953
(207)368-5189

Sebasticook Regional Family Care - Newport
8 Main Street
Newport, ME 04953
(207)368-4292

Helen Hunt Health Center
242 Brunswick Street
Old Town, ME 04468
(207)945-5427

EMMC Orono Family Medicine
84 Kelley Road
Orono, ME 04473
(207)866-4399

Katahdin Valley Health Center - Patten
30 Houlton Street
Patten, ME 04765
(207)528-2285

Piscataquis

Sebasticook Family Doctors - Dover Foxcroft
1008 Main Street
Dover Foxcroft, ME 04426
(207)564-8710

Dover-Foxcroft Family Medicine
891 West Main Street, Suite 200A
Dover-Foxcroft, ME 04426
(207)564-4464

Northwoods Healthcare
364 Pritham Avenue
Greenville, ME 04441
(207)695-5220

Milo Family Practice
135 Park Street
Milo, ME 04463
(207)943-7752

Sagadahoc

MidCoast Medical Group - Bath
1356A Washington Avenue
Bath, ME 04530
(207)442-0048

Mid Coast Medical Group - Topsham
1 Bowdoin Mill
Topsham, ME 04086
(207)729-1689

Topsham Family Medicine
4 Horton Place, Suite 101
Topsham, ME 04086
(207)798-6200

Please call provider to be sure the location is still taking new members.

Somerset

Sebasticook Family Doctors - Canaan
333 Main Street
Canaan, ME 04924
(207)474-6990

Four Seasons Family Practice
4 Sheridan Drive
Fairfield, ME 04937
(207)861-5559

Inland Family Care - Fairfield
121 Main Street
Fairfield, ME 04937
(207)453-9211

Maine Dartmouth Family Practice
4 Sheridan Drive
Fairfield, ME 04937
(207)861-5000

Jackman Regional Health Center
376 Main Street
Jackman, ME 04945
(207) 945-5247

New Horizons Health Care - Madison
344 Lakewood Road
Madison, ME 04950
(207)474-2994

New Horizons Health Care - North Anson
167 Main Street
North Anson, ME 04958
(207)635-2330

Sebasticook Family Doctors - Pittsfield
140 Chandler Street
Pittsfield, ME 04967
(207)487-9244

Sebasticook Regional Family Care - Pittsfield
470 Somerset Avenue
Pittsfield, ME 04967
(207)487-5154

Waldo

Belfast Family Planning & Primary Care
147 Waldo Avenue
Belfast, ME 04915
(207) 338-3736

Seaport Community Health Center
41 Wight Street
Belfast, ME 04915
(207)338-6900

Inland Family Care- Unity
80 Main Street
Unity, ME 04988
(207)948-2100

Winterport Community Health Center
44 Main Street
Winterport, ME 04496
(207) 223-0965

Washington

Eastport Health Care - Eastport
30 Boynton Street
Eastport, ME 04631
(207)853-6001

Washington

Machias Family Practice
53 Fremont Street
Machias, ME 04654
(207)255-8290

Harrington Family Health Center
50 E. Main Street
Harrington, ME 04643
(207)483-4502

York

Kittery Family Practice
35 Walker Street
Kittery, ME 03904
(207) 439-4430

Webhannet Internal Medicine - Moody
277 Post Road
Moody, ME 04054
(207) 646-8387

Webhannet Internal Medicine - N. Berwick
23 Wells Street
North Berwick, ME 03906
(207) 676-1280

Great Works Family Practice
57 Portland Street
South Berwick, ME 03908
(207) 384-9212

Nasson Health Care
15 Oak Street
Springvale, ME 04083
(207)490-6900

Webhannet Internal Medicine - York
2 Hospital Drive
York, ME 03909
(207) 351-3530

Please call provider to be sure the location is still taking new members.

Community Care Teams (CCTs) in Maine (From Maine Quality Counts' website)

- Androscoggin Home Care & Hospice
- AMHC
- Community Health and Nursing Service (CHANS)
- Coastal Care
- DFD Russell Medical Centers
- Eastern Maine Home Care
- Kennebec Valley CCT
- MaineHealth
- Community Health Partners
- Penobscot Community Health Care

Health Home / CCT Crosswalk

Health Home Practice Site	City/ Town	Community Care Team (CCT)
Auburn Medical Associates	Auburn	Androscoggin Home Care & Hospice
Family Health Care Associates- Auburn	Auburn	Androscoggin Home Care & Hospice
Lewiston-Auburn Internal Medicine	Auburn	Androscoggin Home Care & Hospice
Bridgton Internal Medicine	Bridgton	Androscoggin Home Care & Hospice
Bridgton Pediatrics	Bridgton	Androscoggin Home Care & Hospice
North Bridgton family Practice	Bridgton	Androscoggin Home Care & Hospice
Franklin Health Family Practice-Farmington	Farmington	Androscoggin Home Care & Hospice
Franklin Health Internal Medicine	Farmington	Androscoggin Home Care & Hospice
Franklin Health Pediatrics	Farmington	Androscoggin Home Care & Hospice
Jean Antonucci MD	Farmington	Androscoggin Home Care & Hospice
Wilson Stream Family Practice	Farmington	Androscoggin Home Care & Hospice
Fryeburg Family Medicine	Fryeburg	Androscoggin Home Care & Hospice
Gorham Crossing Primary Care	Gorham	Androscoggin Home Care & Hospice
B Street Health Center	Lewiston	Androscoggin Home Care & Hospice
CCS Family Health Care	Lewiston	Androscoggin Home Care & Hospice
Central Maine Family Practice	Lewiston	Androscoggin Home Care & Hospice
Central Maine Internal Medicine	Lewiston	Androscoggin Home Care & Hospice
Central Maine Pediatrics	Lewiston	Androscoggin Home Care & Hospice
CMMC Family Medicine Residency Program	Lewiston	Androscoggin Home Care & Hospice
Dr. Kappelmann	Lewiston	Androscoggin Home Care & Hospice
Lewiston Medical Associates	Lewiston	Androscoggin Home Care & Hospice
Pediatric Associates of Lewiston	Lewiston	Androscoggin Home Care & Hospice
St. Mary's Center for Family Medicine at Mollison Way	Lewiston	Androscoggin Home Care & Hospice
St. Mary's Medical Associates	Lewiston	Androscoggin Home Care & Hospice
Lisbon Falls Family Health Center	Lisbon Falls	Androscoggin Home Care & Hospice
Lisbon Family Practice	Lisbon Falls	Androscoggin Home Care & Hospice
Franklin Health Family Practice-Livermore Falls	Livermore Falls	Androscoggin Home Care & Hospice
Naples Family Practice	Naples	Androscoggin Home Care & Hospice
St. Mary's Poland Family Practice	Poland	Androscoggin Home Care & Hospice
Fore River Family Practice, MHSM	Portland	Androscoggin Home Care & Hospice
Portland Community Health Center	Portland	Androscoggin Home Care & Hospice
Portland Internal Medicine	Portland	Androscoggin Home Care & Hospice
Swift River Health Care	Rumford	Androscoggin Home Care & Hospice
Standish Family Practice	Standish	Androscoggin Home Care & Hospice
Central Maine Family Practice- Topsham Family Medicine	Topsham	Androscoggin Home Care & Hospice
Mercy West Falmouth Family Practice	West	Androscoggin Home Care & Hospice

Health Home / CCT Crosswalk

Health Home Practice Site	City/ Town	Community Care Team (CCT)
	Falmouth	
Mercy Primary Care -Westbrook	Westbrook	Androscoggin Home Care & Hospice
Mercy Windham Family Practice	Windham	Androscoggin Home Care & Hospice
Yarmouth Primary Care	Yarmouth	Androscoggin Home Care & Hospice
York Hospital-DBA York Family Practice	York	Androscoggin Home Care & Hospice
Pines Health Services-Caribou	Caribou	Aroostook Mental Health Services
Pines Health Services-Women's & Children's	Caribou	Aroostook Mental Health Services
Fish River Rural Health- Eagle Lake	Eagle Lake	Aroostook Mental Health Services
Eastport Health Care, Inc.- Eastport	Eastport	Aroostook Mental Health Services
Fish River Rural Health- Fort Kent	Fort Kent	Aroostook Mental Health Services
Harrington Family Health Center	Harrington	Aroostook Mental Health Services
Regional Medical Center at Lubec	Lubec	Aroostook Mental Health Services
Eastport Health Care, Inc.- Machias	Machias	Aroostook Mental Health Services
Pines Health Services-Presque Isle	Presque Isle	Aroostook Mental Health Services
Pines Health Services-St John Valley	Van Buren	Aroostook Mental Health Services
Whiting Bay Family Medicine	Whiting	Aroostook Mental Health Services
Cadillac Family Practice	Bar Harbor	Coastal Care Team
Cooper Gilmore Center	Bar Harbor	Coastal Care Team
Seaport Family Practice	Belfast	Coastal Care Team
Blue Hill Family Medicine	Blue Hill	Coastal Care Team
Bucksport Family Medicine	Bucksport	Coastal Care Team
Bucksport Regional Health Center	Bucksport	Coastal Care Team
Castine Community Health Services	Castine	Coastal Care Team
Ellsworth Family Practice	Ellsworth	Coastal Care Team
Ellsworth Internal Medicine	Ellsworth	Coastal Care Team
Maine Coast Pediatrics	Ellsworth	Coastal Care Team
Eleanor Widener Dixon Memorial Clinic	Gouldsboro	Coastal Care Team
Community Health Center	Southwest Harbor	Coastal Care Team
Southwest Harbor Medical Center	Southwest Harbor	Coastal Care Team
Island Family Medicine	Stonington	Coastal Care Team
Trenton Health Center	Trenton	Coastal Care Team
MidCoast Medical Group Bath	Bath	Community Health and Nursing Service
Martin's Point Health Care- Brunswick Farley Road	Brunswick	Community Health and Nursing Service
MidCoast Medical Group Brunswick	Brunswick	Community Health and Nursing Service
Mid Coast Medical Group - Topsham	Topsham	Community Health and Nursing Service
Wiscasset Family Medicine	Wiscasset	Community Health and Nursing

Health Home / CCT Crosswalk

Health Home Practice Site	City/ Town	Community Care Team (CCT) Service
Dexter Family Practice	Dexter	Community Health Partners
Newport Family Practice	Newport	Community Health Partners
DFD Russell Medical Center- Leeds	Leeds	DFD Russell
DFD Russell Medical Center- Monmouth	Monmouth	DFD Russell
York County Community Health Care	Sanford	DFD Russell
DFD Russell Medical Center - Turner	Turner	DFD Russell
EMMC Center for Family Medicine	Bangor	Eastern Maine Home Care
EMMC Husson Family Medicine	Bangor	Eastern Maine Home Care
EMMC Husson Internal Medicine	Bangor	Eastern Maine Home Care
EMMC Husson Peds	Bangor	Eastern Maine Home Care
Martin's Point Health care- Bangor	Bangor	Eastern Maine Home Care
Brewer Health Center PA	Brewer	Eastern Maine Home Care
EMMC Family Medicine of Brewer	Brewer	Eastern Maine Home Care
Caribou Health Center- TAMC	Caribou	Eastern Maine Home Care
SVH Family Care- Clinton	Clinton	Eastern Maine Home Care
Inland Family Care- Fairfield	Fairfield	Eastern Maine Home Care
Fort Fairfield Health Center - TAMC	Fort Fairfield	Eastern Maine Home Care
Northwoods Healthcare	Greenville	Eastern Maine Home Care
Katahdin Valley Health Center- Houlton	Houlton	Eastern Maine Home Care
Katahdin Valley Health Center-Island Falls	Island Falls	Eastern Maine Home Care
New Horizons Health Care-Skowhegan	Madison	Eastern Maine Home Care
Katahdin Valley Health Center- Millinocket	Millinocket	Eastern Maine Home Care
SVH Family Care- Newport	Newport	Eastern Maine Home Care
New Horizons Health Care-North Anson	North Anson	Eastern Maine Home Care
Inland Family Care- Oakland	Oakland	Eastern Maine Home Care
EMMC Orono Family Medicine	Orono	Eastern Maine Home Care
Katahdin Valley Health Center-Patten	Patten	Eastern Maine Home Care
SVH Family Care- Pittsfield	Pittsfield	Eastern Maine Home Care
Family Practice and Internal Medicine - TAMC	Presque Isle	Eastern Maine Home Care
Mars Hill Health Center - TAMC	Presque Isle	Eastern Maine Home Care
Inland Family Care- Unity	Unity	Eastern Maine Home Care
Inland Family Care- Concourse St, Waterville	Waterville	Eastern Maine Home Care
Inland Family Care- Washington St, Wateville	Waterville	Eastern Maine Home Care
Inland Medical Associates	Waterville	Eastern Maine Home Care
Three Rivers Family Practice- Waterville	Waterville	Eastern Maine Home Care
Lovejoy Health Center	Albion	Kennebec Valley Community Care Team
Augusta Family Medicine	Augusta	Kennebec Valley Community Care Team

Health Home / CCT Crosswalk

Health Home Practice Site	City/ Town	Community Care Team (CCT)
Family Medicine Institute	Augusta	Kennebec Valley Community Care Team
Kennebec Pediatrics	Augusta	Kennebec Valley Community Care Team
Belgrade Regional Health Center	Belgrade	Kennebec Valley Community Care Team
Four Seasons Family Practice	Fairfield	Kennebec Valley Community Care Team
Maine Dartmouth Family Practice	Fairfield	Kennebec Valley Community Care Team
Gardiner Family Medicine	Gardiner	Kennebec Valley Community Care Team
The Missing Peace	Manchester	Kennebec Valley Community Care Team
Elmwood Primary Care	Waterville	Kennebec Valley Community Care Team
Waterville Family Practice	Waterville	Kennebec Valley Community Care Team
Waterville Pediatrics	Waterville	Kennebec Valley Community Care Team
Winthrop Family Medicine	Winthrop	Kennebec Valley Community Care Team
Winthrop Pediatrics	Winthrop	Kennebec Valley Community Care Team
Lincoln Medical Partners Family Care Center - Boothbay Harbor	Boothbay Harbor	Maine Medical Center
Maine Centers for Healthcare - Buxton	Buxton	Maine Medical Center
Lincoln Medical Partners - Internal Medicine	Damariscotta	Maine Medical Center
Lincoln Medical Partners Family Medicine - Damariscotta	Damariscotta	Maine Medical Center
Lincoln Medical Partners Pediatrics	Damariscotta	Maine Medical Center
MMP Family Medicine - Falmouth	Falmouth	Maine Medical Center
Lifespan Family Healthcare, LLC	Newcastle	Maine Medical Center
Oxford Hills Family Practice	Norway	Maine Medical Center
Sacopee Valley Health Center	Porter	Maine Medical Center
Martin's Point Health Care- Portland Health Care Center	Portland	Maine Medical Center
MMP Family Medicine - Portland	Portland	Maine Medical Center
Maine Centers for Healthcare - Scarborough	Scarborough	Maine Medical Center
Lincoln Medical Partners Family Medicine Waldoboro	Waldoboro	Maine Medical Center
Medomak Family Medicine	Waldoboro	Maine Medical Center
Maine Centers for Healthcare - Westbrook	Westbrook	Maine Medical Center
MMP - Westbrook Internal Medicine	Westbrook	Maine Medical Center
MMP - Westbrook Peds	Westbrook	Maine Medical Center
Westbrook Family Medicine/Gorham Family	Westbrook	Maine Medical Center

Health Home / CCT Crosswalk

Health Home Practice Site	City/ Town	Community Care Team (CCT)
Medicine - MMP		
MMP - Lakes Region Primary Care	Windham	Maine Medical Center
Lincoln Medical Partners Family Medicine Wiscasset	Wiscasset	Maine Medical Center
Capeheart Community Health Center	Bangor	Penobscot Community Health Care
PCHC Penobscot Community Health Center	Bangor	Penobscot Community Health Care
PCHC Penobscot Peds	Bangor	Penobscot Community Health Care
St Joseph Family Medicine	Bangor	Penobscot Community Health Care
St Joseph Family Medicine - 900 Broadway	Bangor	Penobscot Community Health Care
St. Joseph Internal Medicine	Bangor	Penobscot Community Health Care
Summer Street Health Center	Bangor	Penobscot Community Health Care
Brewer Medical Center	Brewer	Penobscot Community Health Care
Sebasticook Family Doctors - Canaan	Canaan	Penobscot Community Health Care
Corinth Medical Associates	Corinth	Penobscot Community Health Care
Sebasticook Family Doctors - Dexter	Dexter	Penobscot Community Health Care
Sebasticook Family Doctors-Dover Foxcroft	Dover Foxcroft	Penobscot Community Health Care
Dover-Foxcroft Family Medicine	Dover-Foxcroft	Penobscot Community Health Care
Milo Family Practice	Milo	Penobscot Community Health Care
Sebasticook Family Doctors - Newport	Newport	Penobscot Community Health Care
PCHC Helen Hunt Health Center	Old Town	Penobscot Community Health Care
Sebasticook Family Doctors - Pittsfield	Pittsfield	Penobscot Community Health Care

In-person and Telephone Interviews – Initial Survey Content

Hypothesis: Maine's State Innovation Model initiative strengthened and expanded health care transformation efforts currently underway in the state by providing an overarching framework to align payment and delivery systems statewide.

Introduction

We are working to help evaluate the State Innovation Model (SIM). In 2013, Maine received a $33M, three-year grant from CMS to test whether new payment and service models will produce superior results and lower costs. The state of Maine was one of six states to receive this award. Crescendo is one of the evaluators of the project. We have a few questions regarding your awareness and perception of SIM activities. Your responses will help evaluate the impact of the SIM and provide timely feedback to project leaders that can help improve the effectiveness of the various initiatives the SIM supports. All information provided will be anonymous.

Overall Awareness and Perception – all responders

74. Which of the following would describe your familiarity with the State Innovation Model initiative?
    a. I am very familiar with it
    b. Somewhat familiar
    c. Not very familiar
    d. Not at all familiar

75. Based on what you have heard about the SIM project, what do you understand to be the primary goals of the initiative? [Do not read, check closest response]]
    a. Strengthen primary care
    b. Improve patient satisfaction
    c. Reduce total cost of care
    d. Integrate primary care and behavioral health
    e. Centralize data and analysis
    f. Demonstrate the use of quality metrics in informing practice decisions
    g. Support the development of new provider payment models, for example models that risk-share or gain-share
    h. Develop new workforce or staffing models
    i. Evaluate use of non-physician providers (e.g., Nurse practitioners, Physician Assistants)

j. Enhance engage of people and communities in improving healthcare

k. I don't know

[Provide respondent with information on actual goals]

76. Thus far, on a four point scale, how well do you feel the goals of the initiative been met?

a. Very well

b. Somewhat well

c. Slightly

d. Not met at all

e. Do not know

77. Why or why not? (open ended)

78. What is your overall impression of the SIM initiative? [PROMPTS: Are the efforts well targeted? What is being done well? Where could be done things differently?]

Maine's State Innovation Model is designed to strengthen efforts already underway by aligning MaineCare, Medicare and commercial insurer payments and systems to achieve and sustain lower health care costs across the State. The grant will support a number of existing initiatives, such as MaineCare Accountable Communities, Health Homes, Community Care Teams, behavioral health homes, technology infrastructure through MHIN, Quality Counts Learning Collaboratives, CHWs, and payment reform models. I'd like to get your perceptions on the initiatives with which you have familiarity.

MaineCare Accountable Community

Through Accountable Communities, MaineCare will engage in shared savings arrangements with provider organizations that, as a group, coordinate and/or deliver care to a specified patient population. Accountable Communities that demonstrate cost savings, as well as the achievement of quality of care standards, share in savings generated under the model. This initiative will be offered statewide as a Medicaid State Plan option.

79. Which of the following would describe your familiarity with the AC initiative?

a. I am very familiar with it

b. Somewhat familiar

c. Not very familiar (Skip to …)

80. To what degree have you or your organization worked with them? (open ended)

81. What are your overall impressions about the AC initiative?

82. What are the major challenges for AC? [Prompts: Changing processes and protocols, internal training and communications, integrated (BH/MH) care, patient communications, patient compliance, funding, others – specify] (Open ended)

83. What aspects of ACs make the biggest impact on improving care? (Open ended)
MaineCare Health Homes Initiative The MaineCare Health Home initiative is a program that promotes a partnership between an enhanced Health Home primary care practice (an HHP) and one of ten Community Care Teams (CCTs) around the state. HH practices receive a per member, per month (PMPM) payment for Health Home services provided to MaineCare members who have two chronic conditions or one chronic condition and at risk for another. Health Home services include care coordination, case management, individual and family support, and health promotion/education.
84. Which of the following would describe your familiarity with the Health Homes initiative? a. I am very familiar with it b. Somewhat familiar c. Not very familiar (Skip to …)
85. To what degree have you or your organization worked with HH practices? (open ended)
86. What are your overall impressions about the Health Homes initiative?
87. What are the major challenges for Health Homes? [Prompts: Changing processes and protocols, internal training and communications, integrated (BH/MH) care, patient communications, patient compliance, funding, others – specify] (Open ended)
88. What aspects of Health Homes make the biggest impact on improving care? (Open ended)
Community Care Teams Community Care Teams (CCTs) are multi-disciplinary, community-based, practice-integrated care management teams that will work closely with the Patient Centered Medical Home (PCMH) Pilot practices to provide enhanced services for the most complex, most high-needs patients in the practice.
89. Which of the following would describe your familiarity with the CCT initiative? a. I am very familiar with it b. Somewhat familiar c. Not very familiar (Skip to …)
90. To what degree have you or your organization worked with CCTs? (open ended)
91. What are your overall impressions about the CCT initiative?
92. What are the major challenges for CCT? [Prompts: Changing processes and protocols, internal training and communications, integrated (BH/MH) care, patient communications, patient compliance, funding, others – specify] (Open ended)
93. What aspects of CCT make the biggest impact on improving care? (Open ended)

Behavioral Health Homes

The MaineCare Behavioral Health Homes program is an initiative that promotes-a partnership between a licensed community mental health provider (the "Behavioral Health Home Organization" or BHHO) and one or more primary care practices to manage the physical and behavioral health needs of eligible adults and children. Both organizations receive a per member, per month (PMPM) payment for Health Home services provided to enrolled members. Behavioral Health Homes build on the existing care coordination and behavioral health expertise of community mental health providers.

94. Which of the following would describe your familiarity with the BHH initiative?

    a. I am very familiar with it

    b. Somewhat familiar

    c. Not very familiar (Skip to …)

95. To what degree have you or your organization worked with BHHs? (open ended)

96. What are your overall impressions about the BHH initiative?

97. What are the major challenges for BHH? [Prompts: Changing processes and protocols, internal training and communications, integrated (BH/MH) care, patient communications, patient compliance, funding, others – specify] (Open ended)

98. What changes can you recommend to improve coordination and quality of care under the BHH?

99. What aspects of BHH make the biggest impact on improving care? (Open ended)

Maine HealthInfoNet (HIN), Behavioral Health IT Grant

Some BHHs received I.T. grants to help expand HIE access and integration for behavioral health providers with primary care, hospital, and other specialties.

100. Which of the following describes your level of familiarity with the Behavioral Health IT grant?

    a. I am very familiar with it

    b. Somewhat familiar

    c. Not very familiar (Skip to …)

101. What are the biggest challenges facing integrated care that I.T. solutions can be applied? To what degree do you feel that the Behavioral Health I.T. grants being used to address these issues? (Open ended)

102. What could be, or could have been done, differently to improve the Behavioral Health IT Grant project? (Open ended)

Learning Collaboratives

The PCMH/HH and BHHs learning collaboratives provide many opportunities to share insights on and learn about topics such as improving the integration of behavioral health and

physical health services; enhancing coordination of care; bringing about improvements and efficiencies that decrease the cost of care; learning from peers; enhancing patient engagement and involvement in their health care plan; enhancing quality of care processes; learning from national and local experts; exchanging insights with peer organizations.
103. Which of the following would describe your familiarity with the PCMH/HH and/or BHHs learning collaboratives? a. I am very familiar with it b. Somewhat familiar c. Not very familiar (Skip to …)
104. What are your overall impressions about the PCMH/HH and/or BHHs learning collaboratives? [Prompt: To what degree have they been effectively implemented within the SIM program?]
105. What aspects of Learning Collaboratives make the biggest impact on improving care? (Open ended). [Prompts: What do you feel is the key to taking ideas and information learned in a learning collaborative and using them to change the way that patients are cared for? To what degree have these things been effective in HHs, BHHs, and CCTs?]
Domain 3: Developing new workforce models
Community Health Workers Maine's Community Health Worker Initiative (MCHWI) is focused on developing the infrastructure to support Community Health Workers (CHWs) as part of Maine's transformed healthcare system. CHWs' "experience- based expertise" is a core strength of this workforce and translates into care that is more patient-centered, culturally-competent and effective
106. Which of the following would describe your familiarity with the SIM-related CHW initiative? a. I am very familiar with it b. Somewhat familiar c. Not very familiar (Skip to …)
107. To what degree have you or your organization worked with them? (open ended)
108. What aspects of CHWs make the biggest impact on improving care? (Open ended). [Prompts: Providing culturally appropriate health education and outreach; Better engaging patients in their care plans; linking individuals, communities, providers, and social services; assuring that people can access the services they need]
Domain 4: Supporting the development of new payment models
Payment Reform Models
Over the past few years, many organizations have participated in various payment reform initiatives aside from the conventional fee-for -service. Some of these include PCCM payments

(monthly case management fees paid to HHs), pay for performance (P4P), shared savings, capitation or per member per month PMPM payments, bundled payments, and risk withholds/gainsharing.
109. Which of the following would describe your familiarity with payment reform models in Maine? a. I am very familiar with it b. Somewhat familiar c. Not very familiar (Skip to …)
110. How has/will new payment model(s) change the way that providers care for patients? [Prompts: focus on wellness, time with patients, coordination of care, integration of care – medical / BH or primary care / specialized care, patient satisfaction and treatment plan compliance, others] NOTE: differentiate between MaineCare and commercial pay initiatives, where possible
111. To what degree do you think that participating in both MaineCare <u>and</u> private payer initiatives leads to a greater transformation of care – as opposed to just one or the other? (open ended)
112. Thinking about the aspects of payment reform in which you are involved, what aspects work well? What are the challenges and how do you overcome them? (open ended)
Domain 5: Centralizing data and analysis – for all responders
New Quality and Cost Measures As part of the SIM grant, new quality and cost measures are being collected and publically reported on the Maine Health Management Coalition website.
113. Are you aware of this initiative? c. Yes d. No [skip to …] e. Not sure [skip to …]
114. As part of the same project, participating providers receive Provider Practice Reports on key cost and quality measures. What are the most important quality and cost measures to monitor? Are you aware of this initiative? How do you think it has played a role in aligning cost and quality objectives across payers/providers? (open ended)
115. The Maine Health Management Coalition is also spearheading an effort to create a statewide value based insurance design (VBID). How familiar are you with this initiative? a. Somewhat familiar b. Not very familiar [Note: Provide description to employers and other stakeholders likely to be invested in the goals of the initiative]; Rationale: we don't ask any questions about this on the provider survey so I'd like to get feedback from stakeholders]
116. To what degree have you or your organization been involved with this initiative?

117. What do you feel are the biggest potential barriers to the success of this initiative?
118. To what degree do you think this initiative has the potential to positively impact the value of healthcare in ME (i.e., reduce costs while improving outcomes?
119. Is there other feedback that you'd like to provide about the SIM and its related initiatives?

MAINE SIM ACCOUNTABILITY TARGETS REPORTING ASSESSMENT

The following review (Exhibit 13) of Accountability Targets was conducted for the report Lewin prepared for the Strategic Objective Review Team in October 2015. Lewin reviewed the self-reported targets from each SIM Partner Organization's Maine SIM FFY2 Q2 and FFY2 Q3 quarterly reports posted on the Maine SIM Rackspace. Note that while targets have been revised during the course of the SIM project, findings included in this document reflect what the partners reported at the time the most recent quarterly report was due. Since Accountability Targets are defined as "quarterly targets", data from the July monthly partner reports is not included in this document.

Exhibit 13. Accountability Targets by SIM Objective

Objective	Accountability Targets
MaineCare - MC1 - Accountable Communities (ACs)	**On Target:** • The goal for member attribution was exceeded (Target 25,000/Actual 30,000; 120% of goal) as of FFY2 Q2 ending March 2015. The next reporting time frame is FFY2 Q4 2015. • Goals were also met for AC's contracting entities (4 contracts established), AC's provided with monthly utilization reports (4 AC's provided reports), communities served (5 communities served), and the number of participating primary practices (28 participating practices) in FFY2 Q2 and FFY2 Q3.
MaineCare - MC2 - Behavioral Health Home (BHH)	**On Target:** • As of FFY2 Q2 ending March 2015, goals were exceeded for recruiting BHHs (Target 15/Actual 24 or 160%). Reporting of this Accountability target is no longer required. • As of FFY2 Q3 ending June 2015, goals were met for creating strategic plans to ensure behavioral health alignment among SIM activities (Target 100%/Actual 100%) and to submit quarterly updates of summary description of MaineCare VBP projects and deliverables (Target 100%/Actual 100%). **Missed Target:** • While increasing steadily over the past year, enrollment in MaineCare Stage B Health Homes is below target in FFY2 Q2 ending in March 2015 (Target 2400/Actual 2101; 88% of goal); FFY2 Q3 ending in June 2015 (Target 2500/Actual 2325; 93% of goal).
MaineCare – MC3 - Health Homes Workforce Development	**On Target:** • As of FFY2 Q2 ending in March 2015, goals met for creation of evidence based literature review (100%) and identification of additional resources for workforce competencies for case managers (100%). These specific AT's are no longer required to be reported as of FFY2 Q3. • As of FFY2 Q3 ending in June 2015, goals were met for Selected Web Based Tools (100%) and Written Plan Development (100%); Note: New AT's have been established to track the quarterly number of providers trained - MaineCare will begin reporting on this target in FFY2 Q4.
MaineCare - MC4 - ID/DD Program/Strategic Pillars	**On Target:** • As of FFY2 Q2 ending in March 2015, accountability targets for curriculum development (Target 75%/Actual 75%), training plan development (Target 75%/Actual 75%), and development for HH Learning Collaborative training for primary care providers (Target 75%/Actual 75%) were met. • As of FFY2 Q3 ending in July 2015, the following targets were reported by

	the Maine Developmental Disabilities Council and met their goals: curriculum development (Target 100%/Actual 100%) and development of training curriculum for primary care providers (Target 100%/Actual 100%). **Missed Targets:** • As of FFY2 Q3 ending in June 2015, the following targets were reported by the Maine Developmental Disabilities Council and fell short of their goals: training plan development (Target 100%/Actual 40%, 40% of goal), and number of PCP trained (Target 50/Actual 34, 68% of goal).
Center for Disease Control - CDC1 - National Diabetes Prevention Program (NDPP)	**On Target:** • Goals were exceeded for the number of written agreements issued to providers in FFY2 Q2 ending in March 2015 (Target 10/Actual 15, 150% of goal) and, FFY2 Q3 ending in June 2015 (Target 14/Actual 16, 114% of goal). • Note: New Accountability Targets have been established and the CDC will begin reporting on the number of NDPP Lifestyle Coaches and number of eligible adults completing the program in the August 2015 monthly report due in mid-September.
Center for Disease Control - CDC2 - Community Health Worker (CHW)	**On Target:** • The CHW pilot exceeded its goal for number of clients-served (Target 250/Actual 408, 163% of goal) as of FFY2 Q3 ending in June 2015.
HealthInfoNet - HIN1 - HIE notifications of Emergency Department and Inpatient utilization for MaineCare (& Provider) Care Management teams	**On Target:** • As of FFY2 Q3 ending June 2015, goals for the number of active portal users were exceeded (Target 850/Actual 1095; 129% of goal).
HealthInfoNet - HIN2 - Reimbursement for Electronic Health Record and HIE Connection	**On Target:** • HIN met its goal of 20 organizations participating in the incentive program in each time period reviewed (FFY2 Q3, ending June 2015). **Missed Target:** • The amount of paid milestone reimbursements fell behind the goal in FFY2 Q3 ending in June 2015 (Target $600,000/Actual $550,000; 92% of goal). Of note is that HIN indicated in this same report that 14 of 20 participating organizations met initial milestones to receive these reimbursements.
HealthInfoNet - HIN3 - Behavioral Health Connection to Health Information Exchange (HIE)	**On Target:** • The goal for number of behavioral health sites connected to the HIE was met in FFY2 Q2 ending in March 2015 (Target 11/Actual 11) and exceeded in FFY2 Q3 ending in June 2015 (Target 11/Actual 14, 127% of goal). **Missed Target:** • The goal for number of behavioral health sites with bidirectional connections to the HIE was consistently not met in FFY2 Q2 ending in March 2015 (Target 5/Actual 1; 20% of goal), FFY2 Q3 ending in June 2015 (Target 6/Actual 3; 50% of goal). The HIN FFY2 Q3 report notes challenges with "vendor interoperability …causing connection delays".
HealthInfoNet - HIN4 - Analytics Dashboard	*No Accountability Targets are present for this objective in the FFY2 Q2 and FFY2 Q3 reports.*
HealthInfoNet - HIN5 – Patient Portal Blue Button HIE Access	**On Target:** • HIN reported that between mid-January and March 2015, 291 patients CCD downloads occurred, exceeding the target of 152 patient CCD downloads or 20% of the patient sample size participating in the pilot. As of June Q3 there were 455 CCD downloads, exceeding the goal by 299%.

Quality Counts - QC1 - Learning Collaborative for Health Homes	**On Target:** Goals that have been met or exceeded as of the FFY2 Q3 ending in June 2015 for targets including: • HH single payer practice enrollment and participation (Target 114/Actual 117; 103% of the goal). • Active, participating HH single payer practices supported by the Learning Collaboratives (Target 100%/Actual 100%). • Percentage of active practices participating in 6 months and 1 year or more meeting must-pass screening requirements surpassed targets for the majority of cohorts (Cohort 1 for 6 months or more: Target 65%/Actual 71%, 109% of goal; Cohort 1 for 1 year: Target 55%/Actual 85%, 155% of goal; Cohort 2 for 6 months or more: Target 60%/Actual 78%, 130% of goal; Cohort 2 for 1 year: Target 45%/Actual 44%, 98% of goal).
Quality Counts - QC3 - Learning Collaborative for Behavioral Health Homes (BHH)	**On Target:** Goals have been met or exceeded for all targets as of FFY2 Q3 ending in June 2015 including: • Percentage of BHH's supported by the learning collaborative (Target 100%/Actual 100%). • Percentage of BHH teams participating in monthly webinars (Target 60%/Actual 66%, 110% of goal). • Percentage of BHH teams participating in learning sessions (Target 75%/Actual 91%, 121% of goal). • Percentage of advisory meetings with representation from state, provider and consumer groups (Target 100%/Actual 100%).
Quality Counts - QC4 – Quality Improvement Support for Patient-Provider Partnerships Pilots (P3 Pilots)	**On Target:** The Maine SIM FFY2 Q2 quarterly report ending in March 2015 provides the most recent data where all targets were met or exceeded: • Number of provider pilots participating with at least 20 members attending learning sessions exceeded goal (Target 9/Actual 10, 111% of goal). • Number of provider pilots participating in webinars with at least 20 members attending exceeded goal (Target 9/Actual 10, 111% of goal). • Number of newsletters disseminated exceeded goal (Target 1/Actual 2, 200% of goal). **Missed Target:** • For FFY2 Q2 ending in March 2015, the number of members attending the P3 Leadership Group meeting fell short of its goal (Target 15/Actual 13; 87% of goal).
Maine Health Management Coalition - MHMC1 - Track Health Care Costs	**On Target:** • Goals have been met for the development of a consensus recommendation for voluntary growth caps for risk-based ACO contracting (FFY2 Q2).
Maine Health Management Coalition - MHMC2 - Value Based Insurance Design (VBID)	**On Target:** • The goal to produce a set of consensus recommendations supported by payers and providers, focusing on administrative simplification had not been met as of FFY2 Q3 report ending in June 2015. • However, please note the following stated in MHMC's July 2015 monthly report section 18.1: "*Administrative Simplification (participants from all major health plans, practices, and purchasers) recommended a standardized provider enrollment application using the HCAS application as a template. This group also agreed, by consensus to create a web-based provider enrollment guide intended to house credentialing and enrollment information specific to each health plan with links to their websites in one place. Q4: All participants agreed to the concept of using a standardized enrollment application and building an online credentialing and enrollment guide.*"

MHMC3 - Public Reporting for QI and Payment Reform	**On Target:** • Goal for the percentage of Maine residents covered by alternative payment arrangements was exceeded in FFY2 Q2 ending in March 2015 (Target 25%/Actual 25.23%; 101% of the goal) and in FFY2 Q3 ending in June 2015 (Target 30%/Actual 31%; 103% of goal). • Progress was also document toward alignment of alternative payment arrangements in FFY2 Q2 and Q3.
Maine Health Management Coalition - MHMC4 - PCP access to provider portals	**On Target:** • The number of practices that have adopted claims portals was close to target for FFY2 Q2 ending in March 2015 (Target 260/Actual 254; 98% of the goal) and exceeded the goal for FFY2 Q3 ending in June 2015 (Target 275/Actual 290; 105% of the goal).
Maine Health Management Coalition - MHMC5 - Practice Reports	**On Target:** • The goal for percentage of primary care practices receiving reports was met (80%) in FFY2 Q2 ending in March 2015 and was exceeded (Target 80%/Actual 82%, 103% of goal) for FFY2 Q3 ending in June 2015.
Maine Health Management Coalition - MHMC 6 - Consumer Engagement	**Missed Target:** • The number of people participating in payment reform education fell short of set goals for FFY2 Q2 ending in March 2015 (Target 300/Actual 276; 92% of the goal) and FFY2 Q3 ending in June 2015 (Target 350/Actual 80; 23% of the goal).

ENVIRONMENTAL SCAN METHODOLOGY & FINDINGS

As CMMI expects the solicitation of feedback from stakeholders and their inclusion in SIM design, implementation, and evaluation processes, Lewin conducted an environmental scan of Maine SIM committee meeting materials as part of the self-evaluation to assess stakeholder engagement. The environmental scan was also designed to consider the effectiveness of the SIM governance / committee structure in meeting designated goals across and within the Steering Committee and subcommittees. The scan included a review of meeting materials from five Maine SIM committees: SIM Steering Committee, Delivery System Reform Subcommittee, Payment Reform Subcommittee, Data Infrastructure Subcommittee, and Evaluation Subcommittee.

The discussion that follows describes the methodology for the environmental scan including the coding scheme for analysis of meeting minutes and the assessment of stakeholder participation and diversity. Lewin then presents a description of each committee's responsibilities, stakeholder participation, and a summary of the overall activities to date. The detailed analysis includes specific examples of the accomplishments, challenges, lessons learned and engagement components identified from committee activities as they relate to each SIM objective.

Methodology

Coding Approach

Lewin collected meeting materials from the Maine SIM website[23] for each group. Based on a preliminary review of materials and the goals of the scan, our team developed a coding framework to identify themes and sort key activities of the subcommittees. With subsequent document reviews, Lewin systematically compared the content with previously coded data to ensure consistent definition and assignment of codes. The team developed new codes as needed to capture additional concepts and ensure that these key concepts were captured in the documents reviewed. Lewin continued this process of code refinement until saturation was achieved. This approach was used to identify key themes tied to each subcommittee's respective charge and goals.

In the first step of the coding process, Lewin used primary codes to categorize information about each committees' processes and/or experiences. The primary codes were organized by activity type, and included accomplishments, challenges, "lessons learned," and planned/required activities. In addition to the primary codes, Lewin applied the coding scheme for SIM initiatives and other related topics to help identify and track key innovations and activities by focus across the overarching SIM implementation process. The overall coding framework is depicted in **Exhibit 14** below.

The intent of this coding design is to also identify trends across multiple meetings and multiple committees. Lewin used the qualitative analysis tool ATLAS.ti to facilitate the coding process, which included data identification, sorting and analysis. Meeting materials for each committee were uploaded and coded to identify key quotes that would be subsequently analyzed.

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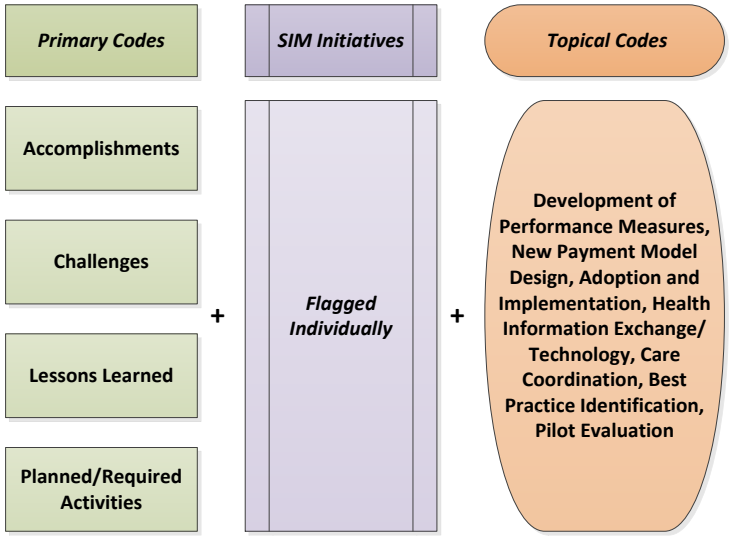
[23] Maine SIM Website: http://www.maine.gov/dhhs/sim/index.shtml

Exhibit 14. Environmental Scan Code Framework



After coding was completed, two reviewers assessed whether the codes used to identify key information in meeting minutes by the primary coder accurately captured the activities each subcommittee conducted. This included the identification of key milestones, risks to the overall SIM project, and committee efforts conducted in alignment with their charge. Lewin assessed committee activities by extracting quotes based on common SIM initiative codes. Using these extracts, Lewin reviewed and identified overarching themes to develop narrative of each group's activities for each SIM initiative. During this process, extracts by primary code were used to supplement and support overall findings organized by SIM objective and track other subcommittee.

Measuring Attendance and Stakeholder Representation

Lewin also reviewed meeting minutes to assess stakeholder representation and to gain insight into stakeholder participation. It is worth noting that the original roster was analyzed to gain insight into the committee's initial intentions for diversity of stakeholder representation among core members. Since the committee's inception, some rosters were changed to refine stakeholder representation based on desirable expertise related to the charge.

For analysis of meeting attendance, stakeholders were organized into the following groups: core members, interested parties, and members of the public. Core members are appointed and continuously engage in the SIM process, whereas ad-hoc members are appointed for a set period of time in which their expertise is needed. Interested parties and members of the public are those who wish to receive information on subcommittee activities, and have been included as part of overall attendance diversity determinations.

Core member attendance, as well as overall attendance for each subcommittee meeting, was also analyzed for diversity. Diversity of core attendance and overall attendance was then compared to the initial roster's diversity, to analyze the differences between initially planned stakeholder engagement and actual stakeholder engagement overall. To assess stakeholder diversity, attendees were categorized by their stakeholder group. Categories for stakeholder

group included state officials, provider representatives, payer representatives, partners, consumer advocates, and community members.

In-Depth Review of Subcommittee Activities

The following highlights each committee's responsibilities, stakeholder participation, and a summary of the overall activities to date. This section describes activities the subcommittee conducted in relation to SIM objectives, including how many times each objective was specifically covered during meetings, and relevant activities for each. **Exhibit 15** offers details on the discussions regarding each SIM objective specifically discussed in the meeting minutes reviewed.

Steering Committee Assessment

The Steering Committee is charged with three key goals:

1. Providing guidance on SIM effort and responsibly removing barriers impeding progress.
2. Ensuring work groups' efforts align with overall SIM objectives.
3. Resolving escalated issues crucial to the initiative.

Lewin's review included the analysis of minutes from 27 meetings held between June 2013 and August 2015.

Steering Committee Stakeholder Representation

Since its establishment, the Steering Committee's core member attendance has averaged under 17 people per meeting, with providers and the state representing the highest proportion of attendees. Though ad-hoc, interested parties, and guest attendance is not high comparatively, the number of such partner attendees skews overall diversity of stakeholder interests. As shown below, the higher presence of ad-hoc, interested party, and guest attendees representing partners has evened out representation amongst the top three most represented stakeholder groups: State, Provider and Partners.

Exhibit 15. Comparison of Steering Committee Meeting Attendance: Roster, Core Member and Overall Attendance[24]

Average Diversity:	Roster (n)	Core Members (n)	All Attendees (n)*
State % (n)	44.0% (11)	30.1% (5)	28.0% (6)
Provider % (n)	28.0% (7)	32.6% (5)	27.0% (6)
Partner % (n)	12.0% (3)	18.4% (3)	28.5% (7)
Payer % (n)	4.0% (1)	5.3% (1)	4.9% (1)
Consumer/Advocate/Community % (n)	12.0% (3)	13.6% (2)	11.5% (3)
Total members (N)	25	17	23

* *"All Attendees" includes non-core member attendees identified on meeting minutes.*

[24] Shading depicts percentage comparison from lowest (most pale shade) to highest (most dark shade).

State, provider, and partner representation are consistently highest in both core member attendance numbers and overall attendance numbers, and their engagement has been a key component of the Steering Committee's activities and influence. For example, within the committee's frequent discussions involving stakeholder engagement, there is a strong emphasis on provider engagement, or understanding the provider perspective. Specifically, when forming subcommittees, the Steering Committee often discussed the importance of provider representation, particularly in long term care and behavioral health. With initiatives that impacted various stakeholder groups such as the Leadership Development Project or Health Homes, the Steering Committee paid special attention to provider engagement and input.

The Steering Committee has also frequently revisited the topic of reform sustainability after the end of SIM, which may reflect the high proportion of state representatives. Finally, the higher numbers of partners attending Steering Committee meetings might correlate with the Steering Committee's role of oversight of SIM activities in general.

Overview of Steering Committee Activities to Date

The SIM objectives discussed most frequently by the Steering Committee included the MaineCare Stage A & B Health Homes, Accountable Communities, Leadership Development, and the Total Cost of Care Measurement. The committee, through its meetings and outside work, was able to help guide the development of the initiatives. For the Accountable Communities, the committee focused on the overall timeline of the project. Committee members felt the timeline needed to be reviewed because it was not feasible for some providers.

The committee also provided recommendations for the Learning Collaboratives. Committee members wanted to ensure that the collaboratives focused on specific goals. Members suggested concentrating the learning collaboratives on helping participants meet certain target measurements.

In addition, the group provided several important contributions to the SIM efforts that led to establishment of the Leadership Development Program. The members reached out to providers to determine the overall need for the program and concluded that the program would be beneficial. After recognizing there was a need for the program, the members approved moving forward with implementation. To hasten the process, committee members suggested selecting a firm from a list of pre-qualified vendors. Ultimately, Hanley Center for Health Leadership was selected, and they are quickly moving forward with developing the leadership program.

The committee was also successful with overseeing the development of a total cost of care measurement. Maine chose to develop this measure to improve cost transparency and to identify any progress in slowing the growth of health care costs in the state. The state believed that development of this measure was a foundational step in containing health care costs. Committee members were presented the measure developed by MHMC, and after much debate, decided to endorse the measurement.

In addition to the work they had already completed, the members planned several future steps to help ensure the success of the overall reform effort. Realizing that "change fatigue" among providers in the state was a significant issue, the committee decided they would research the problem and develop recommendations to mitigate this risk. Members also recognized that the

provider community had limited knowledge about the reform effort in the State. The members understood this was a problem because provider buy-in is critical to the program's overall success. Furthermore, they recognized that provider buy-in would likely be essential to consumer engagement since providers are a key source of information for their patients. To address this concern, the committee planned on writing up a one page summary of SIM in the State that could be given to providers to help them better understand the overall effort.

Exhibit 16. Steering Committee: Review of SIM Objectives Discussed and Theme Examples

Themes	Examples of Steering Committee Discussions
Accountable Communities	
Accountable Communities were discussed during 14 of the subcommittee's 27 meetings. The following section highlights examples of the accomplishments, challenges, lessons learned, and stakeholder engagement considerations for this objective.	
Accomplishments	• Guidance on Implementation: Committee members provided guidance on the implementation of Accountable Communities. The committee, for example, recommended reviewing the timeline implementation to make it more feasible for providers. As of the last meeting minutes available, the initiative was on track to be implemented by July 1st, 2015. • *Consumer Engagement:* To ensure consumer engagement, the committee decided to invite consumers to present at future meetings.
Challenges	• *Delays in Implementation:* The Accountable Communities initiative faced significant delays as a result of the complex legal process required for implementation. To establish Accountable Communities the state had to file a State Plan Amendment and regulations around the initiative had to be drafted by the Attorney General's office. This complex process and the delay that followed put extra pressure on the committee to ensure the initiative was ready for implementation once these legal processes were completed. • *Provider Readiness for Initiative:* A key concern raised by the members was provider readiness for the initiative. Change from this initiative and others were rolling out fairly quickly, and there was concern in the committee that providers might not be ready to implement the changes needed succeed under these reforms.
Lessons Learned	• *Potential Risk of "change fatigue"*: Committee members recognized that "change fatigue" could be a significant potential impediment to SIM participation. The members thought there was a need for more communication about the overall effort and its purpose to mitigate this risk.
Planned & Required Activities	• *Research Capacity for Change:* Committee members recognized that provider capacity for change maybe a significant obstacle. As a result, Lisa Letourneau of Maine Quality Counts, was researching this issue and writing a paper to further investigate this problem
Behavioral Health HIT Reimbursement Grant	
This Behavioral Health HIT Reimbursement Grant was discussed during 4 of the 27 meetings reviewed by Lewin. Discussion in the committee primarily consisted of the members receiving updates on the status of the grant.	
Behavioral Health Homes	
Behavioral Health Homes were discussed during 15 of the subcommittee's 27 meetings that were analyzed. The following section highlights examples of the accomplishments, challenges, lessons learned, and stakeholder engagement considerations for this objective.	

Themes	Examples of Steering Committee Discussions
Accomplishments	• *Helped Oversee Request for Application Process*: The subcommittee helped oversee the Request for Application process for Behavioral Health Homes. This process was successful with twenty five Behavioral Health Organizations applying which exceeded initial expectations.
Challenges	• *Provider Readiness for Initiative*: The primary challenge that the committee encountered in relation to Behavioral Health Homes was provider readiness for the initiative. This is the same challenge faced by Accountable Communities and is described in more depth in the section above.
Lessons Learned	• *Importance of Timing Rollout of Initiatives*: Meeting the expectations required to become a Behavioral Health Home or Health Home is a substantial undertaking for many primary care practices. Through their meetings, the subcommittee recognized the importance of timing the initiatives so that providers would be able to adapt.
Planned & Required Activities	• *Reach out to Providers*: After discussing "change fatigue," committee members decided they would reach out to providers to learn more about the problem and form recommendations.
Community Health Workers (CHWs)	
CHWs were specifically discussed during 6 of the committee's 27 meetings. Members of the committee focused their discussion on the potential for miscommunication among care coordinators. Because there is diversity of care coordinators in the state, coordinators must work together to provide to prevent overlaps of functions or potential miscommunication that could affect the quality of care.	
Health Homes	
Health Homes were discussed in 11 of the committee's 27 meetings. The following section highlights examples of the accomplishments, challenges, lessons learned, and stakeholder engagement considerations for this objective.	
Accomplishments	• *Continuation of MAPCP:* At a committee meeting members were made aware that CMS was considering discontinuing the MAPCP pilot. This pilot provided extra payments for care coordination to participating medical homes, and the members were concerned that the end of this extra payment would slow the progress of medical homes in the state. As a result, the committee wrote a letter to CMS and requested that state leadership reach out to CMS about the issue as well. CMS eventually decided to continue the MAPCP program. While the committee is certainly not solely responsible for this continuation, its efforts should be viewed as an important contribution.
Challenges	• *Provider Readiness for Initiative*: The primary challenge that the committee encountered in relation to Health Homes was provider readiness for the initiative. This is the same challenge faced by Accountable Communities and Behavioral Health Homes and is described in depth in the Accountable Communities section above.
Lessons Learned	• *Timing of Initiatives and Risk of Change Fatigue*: The key lessons learned related to Health Homes were the importance of carefully timing the rollout of the initiatives and the risk of change fatigue. These are the same lessons learned for the Accountable Communities initiative and the Behavioral Health Homes initiative. These lessons are described in more detail in those sections above.
Planned & Required Activities	• *Engagement with CMMI*: During a meeting about the upcoming visit of CMMI staff, committee members discussed using the visit to learn more about Health Home initiatives across the country. The members decided they would think of a series of questions to pose to CMMI staff for the visit.

Themes	Examples of Steering Committee Discussions
Leadership Development	
Leadership Development was specifically discussed during 10 of the committee's 27 meetings. The following section highlights examples of the accomplishments, challenges, lessons learned, and stakeholder engagement considerations for this objective.	
Accomplishments	• *Implementation of Leadership Development Program*: The committee played an active role in establishing the Leadership Development Program. This program was developed to aid providers with the transition to team-based care. The committee as a whole voted to use the CDC's pre-qualified list of vendors to shorten the RFP process. Prior to this vote, a committee member also reached out to providers to determine if there was a need for this kind of program.
Challenges	• *Provider Buy-in for Leadership Development Program*: There was some concern that providers that are leaders in the field would not buy into the training program which could potentially limit its overall reach.
Lessons Learned	• *Importance of Reaching out to Providers to Help Form Development Program*: By reaching out to providers before the RFP for the Leadership program was completed, the committee members recognized the importance of gaining a clear picture of the needs of providers. This became a central theme of the planned Leadership Development program. For example, the firm that ultimately developed the program decided they would put together a survey for health care workers to identify the biggest obstacles to change.
Planned & Required Activities	• *Continued Oversight of Leadership Development Program*: As of the last meeting minutes provided, the committee continued to oversee the progress of the Leadership Development Program.
Learning Collaborative	
Learning Collaborative were specifically discussed during 7 of the committee 27 meetings reviewed. The following section highlights examples of the accomplishments, challenges, lessons learned, and stakeholder engagement considerations for this objective.	
Accomplishments	• *Guidance on Implementation of Learning Collaborative:* As part of SIM, Maine planned to hold learning collaboratives to help providers with ongoing health care system change. The Steering Committee provided guidance on the development of these learning collaborative. The members, for example, pushed for the Learning Collaboratives to focus on helping participants with key performance measures.
Challenges	• *Limited Budget*: The committee was presented with the challenge of a fairly limited budget for implementation of the Learning Collaborative. As a result, Quality Counts was issued the contract to implement the Learning Collaborative without having to go through the normal RFP process which would have been more expensive and not as timely.
Lessons Learned	• *Need for Realistic Goals*: The committee focused on driving providers in the Learning collaborative to meet certain key target measures. Through their meetings it became apparent to members that the targets for these providers could not be set too high and that change would have to be more gradual.
Planned & Required Activities	• *Focus on Preventing Readmissions*: As of the last meeting minutes provided, the committee planned on researching ways that the Learning Collaborative could focus more on preventing readmissions.

Themes	Examples of Steering Committee Discussions
National Diabetes Prevention Program (NDPP)	
NDPP was specifically highlighted during 7 of the 27 meetings reviewed. These discussions primarily consisted of updates about the implementation of the program. The committee also briefly discussed the funding of this program and finding ways to make the program sustainable.	
Patient Portal	
The Patient Portal Pilot was discussed in 4 of 27 meetings. Maine's intent for this project is to allow patients' access to their Health Information Exchange, and provide patients the opportunity to download a medical record summary document. Committee members were provided updates on the development of the portal in committee meetings. Members also discussed their concern in these meetings that patients needed training on using their medical information to help make informed decisions.	
SIM Public Education/Engagement	
SIM Public Education/Engagement was specifically discussed during 16 of the committee's 27 meetings. The following section highlights examples of the accomplishments, challenges, lessons learned, and stakeholder engagement considerations for this objective.	
Accomplishments	• *Plan of Action to Engage Public*: Early in the committee's tenure, the members recognized there was a need to more actively engage the public with Maine's work on SIM. Over the course of their meetings, the committee developed a three pronged plan of action to further engage consumers. The committee planned on developing more concise and clear information to inform the public on ways they can get involved with SIM, including an informational piece that makes pathways to meaningful involvement easy to follow. The committee also discussed providing a forum at the SIM annual meeting with a focus solely on consumer involvement and its importance. Finally, the committee planned on having future discussions around this topic.
Challenges	• *Lack of Familiarity with SIM*: Committee members brought up the concern that there was substantial lack of understanding of SIM in the provider community. Ultimately, providers are key resource in terms of informing the public about SIM activities. The committee realized that limited knowledge among providers could pose a significant obstacle to SIM public education and engagement.
Lessons Learned	• *Providers Key to SIM Pubic Education/Engagement*: Through their meetings, the committee members recognized that providers were key to SIM public education and engagement. Members emphasized the importance of using nurses, physician assistants, and CHWs in educating the public in addition to doctors.
Planned & Required Activities	• *Planned Document to Educate Providers*: To help educate the public, committee members planned to draft a one-page document for providers explaining Maine's SIM work. Committee members believed this would provide an accessible explanation of SIM to the provider community, and providers would then be able to better engage the public.
Sustainability Beyond SIM	
Sustainability Beyond SIM was specifically discussed during 11 of the committee's 27 meetings. The following section highlights examples of the accomplishments, challenges, lessons learned, and stakeholder engagement considerations for this objective.	
Accomplishments	• *Implementation of the Leadership Development Program*: The Leadership Development program was established, in part, to help sustain health care system reform efforts in the state after SIM funding runs out. As discussed in the section on Leadership Development above, the committee played a significant role in the establishment of this program.

Themes	Examples of Steering Committee Discussions
Challenges	• *Need for Continued Support*: Committee members recognized that there was a huge need for infrastructure to support the reform of the health care system. Providers, in particular, need support to restructure the way they provide care. Members discussed this issue and the need for continued financial support to providers to smooth the transition.
Lessons Learned	• *SIM Budget*: In later meetings the members progressively focused more on the budget for the project. Members realized that while SIM provided the state substantial amount of money, the budget was limited and priorities needed to be set. The members, for example, discussed the budget ramifications of implementing the Leadership Program and whether the money could be better used elsewhere.
Planned & Required Activities	• *Help with Operational Plan for Coming Year*: To help sustain health care system reforms in the state, committee members discussed the Operational Plan for the coming year. This plan was to focus on sustainability after SIM funding runs out and required next steps to ensure the further progress of reform efforts. The committee decided they would review the operational plan once it was completed.
Total Cost of Care Measurement	
Total cost of care measurement was specifically discussed during 13 of the committee's 27 meetings. The following section highlights examples of the accomplishments, challenges, lessons learned, and stakeholder engagement considerations for this objective.	
Accomplishments	• *Endorsement of Total Cost of Care Measurement:* To help determine the progress of the SIM project, Maine determined they needed to develop a measurement for total cost of care. MHMC developed the total cost of care measurement and it was officially endorsed by the committee.
Challenges	• *Potential Misinterpretation of Total Cost of Care*: Committee members were concerned that the total cost of care measurement would be misinterpreted by the public. Members believed that the measure was not perfect and more importantly needed to be looked at in context.
Lessons Learned	• **Use of Total Cost of Care Measurement*: Maine planned to let providers know their total cost of care. There was some concern among the members, however, because the measure does not factor in differences among provider - such as population served. Committee members, therefore, were initially unsure how the measure would be used at the provider level. After a group discussion the committee determined that the measures would be valuable to providers in gauging their improvements over time in reducing costs.***
Planned & Required Activities	• *Committee Decision on Using Total Cost of Care for Public Reporting*: As of the last meeting minutes provided, the members had endorsed using total cost of care for report sent to providers, but had not yet endorsed the use of this measure for public reporting. The committee planned to discuss this issue in future meetings.

Payment Reform Subcommittee Assessment

The Payment Reform (PR) Subcommittee is charged with three key goals:

1. Provide guidance and oversight to aspects of Maine's SIM project related to supporting the development and alignment of new payment models.

2. Develop consensus on core measure sets for ACO performance and assist in determining the claims based analytics and performance measures for public and provider reporting.
3. Educate and engage the public around payment reform issues in the state.

In addition to these charges, the PR is tasked with generally coordinating the range of SIM sponsored efforts that impact payment reform. Lewin's review included the analysis of minutes from 18 meetings held between October 2013 and June 2015.

PR Stakeholder Representation

The PR subcommittee's core member attendance has averaged below 13 attendees per meeting, with state representatives, providers, and payers representing the highest proportion of attendees. The presence of ad-hoc members, interested parties, and guests in attendance did not dramatically change the overall diversity across each meeting. However, their presence does slightly alter the hierarchy of representation within core members, as illustrated below.

Exhibit 17. Comparison of PR Meeting Attendance: Roster, Core Member and Overall Attendance

Average Diversity:	Roster (n)	Core Members (n)	All Attendees (n)*
State % (n)	33.3% (9)	24.8% (3)	21.0% (5)
Provider % (n)	25.9% (7)	26.1% (4)	26.0% (7)
Partner % (n)	7.4% (2)	10.4% (1)	16.4% (4)
Payer % (n)	18.5% (5)	24.9% (3)	20.7% (4)
Consumer/Advocate/Community % (n)	14.8% (4)	13.7% (2)	15.9% (4)
Total members (N)	27	13	23

* *"All Attendees" includes non-core member attendees identified on meeting minutes.*

State, provider, and payer meeting attendees have steadily been the most represented of core members and all attendees, as well as on the roster. These groups' relatively higher representations may correlate with the PR subcommittee's higher level of attention to and success with stakeholder engagement. For example, the subcommittee achieved broad stakeholder engagement overseeing the Value-Based Insurance Design Project and subcommittee, and also actively recommended that providers be engaged in order to understand their perspectives on expectations, measures, and payment principles.

In contrast, the consumer/advocate/community group's relatively lower representation may correlate with the PR subcommittee's comparatively smaller emphasis on SIM public education and engagement. It is also worth noting that over time, attendance numbers for both core members and interested parties have declined.

Overview of PR Subcommittee Activities to Date

The PR subcommittee focused its discussions on developing quality and costs measures and on researching new forms of payment. Specifically, the members helped develop a total cost of care measurement. This measure is intended to provide transparency to the relative cost of care among various providers in Maine. Committee members endorsed a total cost of care measurement that was presented to the members by MHMC.

In addition to the development of the total cost of care measurement, the committee focused its efforts on determining quality measures and costs measures to assess ACO and other payment reform activities[25]. The development of these measures is intended to align payers around a set of measures to help spur reform and reduce complexity. For this effort, subcommittee members researched and were briefed on innovative measures used by CMS and private payers. The subcommittee eventually decided to endorse a set of 40 measures for ACOs, 25 measures for ambulatory care, 13 for hospitals, and 2 for cost related measures that were presented by the Measure Alignment Work Group.

Another focus of the subcommittee was on guiding a work group developing a cost growth cap for providers. Over the course of their meetings, the members provided oversight over a work group that developed a voluntary growth cap on risk based contracts. The cap that was eventually developed would limit providers' spending growth to medical care CPI, and then reduce incrementally to regular CPI.

The other topic the members concentrated on was VBID. The members were briefed on a variety of innovative payment methods including reference pricing and bundled payments among others. To develop new methods of payments for primary care, the subcommittee had Discern Health Group compose a report with payment recommendations. The Discern Report provided accountability measures and developed a three tiered method of payment for primary care payment. Upon receiving the report, the subcommittee suggested that MHMC seek opinions and recommendations from providers on the new potential form and payment. This suggestion was provided in the last meeting minutes provided and as a result any further developments in terms of innovative primary care payments are not included.

Exhibit 18. Payment Reform Subcommittee: Review of SIM Objectives Discussed and Theme Examples

Themes	Examples of Payment Reform Subcommittee Discussions
Accountable Communities	
This initiative was discussed specifically by the subcommittee during 1 of 11 meetings reviewed. The subcommittee is tasked with aligning cost and quality measures across various payers, and they were provided a review of the quality and cost measures used in the Accountable Communities initiative to help inform this process.	
Community Health Workers (CHW)	
CHWs were discussed during 1 of the subcommittee's 11 meetings. The subcommittee was provided a review of the initiative and was asked to help provide ideas to help reimburse these providers and embed them in the delivery system.	
Stage A Health Homes	
The Stage A Health Home initiative was discussed specifically during 1 of the subcommittee's 11 meetings. After hearing about the work of Delivery System subcommittee, the members of discussed the sustainability of payments under the Patient-Centered Medical Home (PCMH) pilot. Members were concerned that the cessation of additional payments to PCMHs would negatively affect Health Homes and the overall reform effort.	

[25] There is substantial overlap between the quality measures used for the Accountable Communities and the core list of quality measures referenced in this section. However, some measures on this core list are not utilized by Accountable Communities, and vice versa.

Themes	Examples of Payment Reform Subcommittee Discussions
SIM Public Education & Engagement	
SIM public education and engagement was discussed in 3 of the subcommittees 11 meetings analyzed. In these meetings, the members focused on public reporting of the measures the subcommittee was developing. The subcommittee particularly concentrated their attention on transparency and public reporting for the Total Cost of Care measurement.	
Total Cost of Care Measurement	
The Total Cost of Care Measurement was discussed specifically in 8 of 11 meetings reviewed. The following section highlights examples of the accomplishments, challenges, lessons learned, and stakeholder engagement considerations for this objective.	
Accomplishments	• *Reviewed and Endorsed Total Cost of Care Index and Relative Resource Use Index:* Transparency is beneficial to driving down costs because it helps point to areas for cost reduction in the health care system and enables accurate costs measurements for monitoring any progress. The subcommittee oversaw the development of a total cost of care Index and Relative Resources Use Index. Maine Health Management Coalition developed the original methodology to calculate these numbers, and the subcommittee reviewed this methodology and ultimately voted and unanimously endorsed the measures.
Challenges	• *No Significant Challenges Related to Total Cost of Care*: The subcommittee reviewed the total cost of care measurement, but did not face any significant challenges with this initiative. The Steering Committee, on the other hand, tried to refine these measures and debated their accuracy, but the Payment Reform Subcommittee had no such discussions.
Lessons Learned	• *Methodology Behind Total Cost of Care:* To review the total cost of care measurement the subcommittee had to fully understand the methodology underlying the measurement. Through briefings from MHMC and the information provided, the subcommittee was able to assess the validity of the measure and feel comfortable providing their endorsement.
Planned & Required Activities	• *Monitor Development of Health Care Cost Fact Book*: Under SIM, Maine plans to develop a Health Care Cost Fact Book to further transparency and identify high cost providers. Maine planned to use the Total Cost of Care as a primary measurement for this book. The PR subcommittee helped monitor the development of this book. As of the last meeting minutes provided, the book was not yet completed and the subcommittee planned on continuing to receive updates on its development.
Stimulate Value-Based Insurance Design (VBID)	
VBID was discussed specifically during 6 of the 11 meetings reviewed by Lewin.	
Accomplishments	• *Guiding Development of Potential Innovative Payments*: The subcommittee oversaw research to develop innovative methods of payments. Under the supervision of PR subcommittee, the Cost of Care Work Group researched price transparency, reference pricing, narrow networks, and bundled payments to help develop potential payment reforms in Maine. The committee also oversaw Discern Health's

Themes	Examples of Payment Reform Subcommittee Discussions
	development of a report on potential payments for advanced primary care practices. As of the last meeting minutes provided, the subcommittee was still researching potential new forms of payment.
Challenges	• *Need to Carefully Select New Forms of Payment*: The subcommittee chair noted at a meeting that a prior iteration of payments for advanced primary care had failed to gain traction. This highlighted the challenge of carefully calibrating any new forms of payment to encourage stakeholder participation.
Lessons Learned	• *Potential Forms of Payment*: Throughout the meetings provided the subcommittee members learned about the various innovative forms of payment that could be implemented in Maine. These forms included reference pricing, narrow networks, bundled payments, and new model of payment presented in the Discern Health Report.
Planned & Required Activities	• *Engagement with Providers to Discuss Model of Payment in Discern Health Report*: In the subcommittees last meeting they were presented the Discern Health Report. The members decided that MHMC should reach out to provider organizations to gauge their opinions of payment methods described in the report and to seek recommendations.

Delivery System Reform Subcommittee Assessment

The Delivery System Reform (DSR) Subcommittee is charged with three key goals:

1. Advising on SIM activities related to delivery system improvements;
2. Ensuring that the SIM governance structure is informed by best practices and approaches for accomplishing the SIM mission and vision; and
3. Identifying key dependencies from other SIM subcommittees.

The DSR is also tasked with ensuring the coordination and comprehensiveness of key system reform deliverables including learning collaboratives and workforce development initiatives. Lewin's review included the analysis of minutes from 18 meetings held between October 2013 and June 2015.

DSR Stakeholder Representation

Since its establishment, the subcommittee's core member attendance has averaged over 13 people per meeting, with providers and the community representing the highest proportion of attendees. The average number of core member attendees is only slightly under half the average number of all attendees (see **Exhibit 19**). As described further below, the relatively larger presence of ad-hoc members, interested parties and guests in attendance changes the landscape of stakeholder interests across each meeting.

Exhibit 19. Comparison of DSR Meeting Attendance: Roster, Core Member and Overall Attendance[26]

Average Diversity:	Roster (n)	Core Members (n)	All Attendees (n)*
State % (n)	25% (6)	13.4% (2)	16.4% (4)
Provider % (n)	45.8% (11)	50.9% (7)	39.7% (11)
Partner % (n)	4.2% (1)	9.0% (1)	19.7% (5)
Payer % (n)	4.2% (1)	3.6% (0)	1.6% (0)
Consumer/Advocate/Community % (n)	20.8% (4)	21.5% (3)	22.6% (6)
Total members (N)	25	13	27

* *"All Attendees" includes non-core member attendees identified on meeting minutes.*

Provider representation has been a key component of the subcommittee's activities and influence. For example, members requested to participate in the SIM Core Measures and target setting activities so that provider perspectives can be adequately represented. While the extent of their participation was determined by the Steering Committee, this interest denotes providers' desire to influence the SIM target setting process.

The subcommittee has maintained a focus on consumer engagement, which may also stem from the consistent representation of community members at their meetings. The committee has maintained steady consumer representation over the last two years, unlike other committees. It is also worth noting that while the core membership originally did not include each partner, most maintained a presence as ad hoc presenters and interested parties across meetings.

Overview of DSR Subcommittee Activities to Date

The SIM objectives discussed most frequently by the DSR Subcommittee included the Stage A & B Health Homes, Community Health Workers (CHW) pilot, Learning Collaboratives, Patient-Provider Partnership pilot and public engagement in SIM. Their recommendations have included a need for attention to the capacity of the Maine health care workforce, in order to support ongoing innovations and create a greater focus on engaging and educating consumers meaningfully. The subcommittee has focused a great deal of discussions on the overlaps of delivery system reforms, including the activities of Community Care Teams (CCTs), CHWs, and both Stage A and Stage B Health Homes. This focus seeks to ensure new care coordination efforts do not become duplicative and confusing for consumers. The subcommittee also outlined the opportunity to help providers operationalize consent protocols to ensure consumer information is effectively shared across the care team.

The subcommittee has offered design oversight for the Care Coordination Pilot. For example, members were kept updated on the implementation of this pilot, conducted working sessions to identify the core functions of high quality, person-centered care, and offered the recommendation that a more global functional assessment regarding community resources should be added. The Care Coordination pilot, stemming from the CCT model success in Maine, seeks to establish communications across systems of care, develop accountability and team roles, and engage consumers in active care planning.

[26] Shading depicts percentage comparison from lowest (most pale shade) to highest (most dark shade).

In terms of SIM initiative sustainability, DSR subcommittee members have discussed the challenges with the rate structure for behavioral health homes, as well as held more general discussions for sustaining SIM projects beyond the grant period. They have begun to explore potential sustainability strategies including securing commitments from commercial payers to support initiatives. Looking forward, the subcommittee intends to collaborate with other subcommittees (e.g. Payment Reform) on issues where their areas of expertise overlap, including addressing identified risks and how to ensure providers have the resources and supports to continue testing new care delivery and payment models.

Exhibit 20. Delivery System Reform Subcommittee: Review of SIM Objectives Discussed and Theme Examples

Themes	Examples of Delivery System Reform Subcommittee Discussions
Accountable Communities	
This initiative was discussed specifically by the subcommittee during 1 of 18 meetings reviewed. Discussions primarily consisted of updates for committee members on the status of implementation, including how the Accountable Community is defined, the two models they could adopt, and contracting activities. Other discussions, including extensive activities related to care coordination may also have involved this model, but was not identified in minutes specifically.	
Stage B Behavioral Health Homes	
The Behavioral Health Homes were discussed during 9 of the subcommittee's 18 meetings. In the following section highlights examples of the accomplishments, challenges, lessons learned, and stakeholder engagement considerations for this objective.	
Accomplishments	• *Supporting Learning Collaborative strategies:* To effectively support the behavioral health home implementation process, members recommended mirroring the solid technical platform used for the PCMH and Health Home Learning Collaboratives to support the new program's participants.
Challenges	• *Personal Health Information Sharing:* The effective sharing of personal health information is an important and difficult component for behavioral health homes. Recommendations were developed for the inclusion of operationalizing consent releases in the Behavioral Health Home Learning Collaborative curriculum in an effort to address information sharing issues. • *Reimbursements:* MaineCare reimbursements have presented challenges for the initiative. The committee has emphasized that this issue may hinder the care integration the model seeks to accomplish. This risk related to rate structure was raised to Steering and the Payment Reform Subcommittee, and is under further exploration.
Lessons Learned	• *Care Coordination*: As part of ongoing discussions on improving care coordination, the committee explored how the behavioral health home initiative might be connected to such efforts.
Planned & Required Activities	• *Consumer Engagement in Design Process:* Engagement of consumers in SIM governance is limited. For example, the initial RFA for behavioral health home design did not seek to solicit information from consumers. During discussions related to the Learning Collaborative development, the committee suggested that the inclusion of representatives of recipients of services should involve a coordinated training component to support their participation.

Themes	Examples of Delivery System Reform Subcommittee Discussions
Community Health Workers (CHW)	
This CHW initiative was discussed during 6 of the 18 meetings reviewed by Lewin. The following identifies key themes identified as the subcommittee considered issues related to this initiative.	
Accomplishments	• *Effective, High-Quality, Patient Centered Care*: The subcommittee worked in small work groups to discuss and develop recommendations for the key functions of effective, high-quality, patient centered care across SIM initiatives including CHWs and Stage A and B Health Homes.
Challenges	• *See Accomplishments and Lessons Learned* sections for notes on how overlap with other SIM initiatives have been discussed by the subcommittee.
Lessons Learned	• *Overlap with Other Programs:* The role of the CHW program in Maine has resulted in some conflicts with other programs, including other providers involved in the CCT and behavioral health home care models. Exploring how to ameliorate any conflicts through clearly defined roles and collaboration was supported by the committee.
Planned & Required Activities	• *Program Implementation Updates*: The subcommittee was updated on the implementation of the CHW program including the RFP design, RFP respondents and their projected implementation timelines, and ongoing program activity including provider trainings.
Connecting Behavioral Health organizations to Health Information Exchange	
This HIN initiative was discussed during 2 of the subcommittee's 18 meetings that were analyzed. The subcommittee received information regarding the implementation process for connecting behavioral health providers to the HIE.	
Stage A Health Homes	
The Stage A Health Home initiative was discussed specifically during 6 of the subcommittee's 18 meetings analyzed. The following identifies key themes identified as the subcommittee considered issues related to this initiative.	
Accomplishments	• *Supporting Care Coordination with HIE Tools*: The subcommittee presented recommendations to the Steering Committee regarding the use of a focused pilot to test shared care plans using existing HIE tools to support meaningful consumer involvement concerns for the Stage A and B Health Homes.
Challenges	• *Serving Consumers with Substance Use Disorders*: Eligible conditions for Stage A include Substance Abuse, however the continuum of care, payment options, and other issues present challenges for delivery of quality, continuous care. The subcommittee recommended exploring how the Learning Collaborative structure can be used to identify mitigation strategies.
Lessons Learned	• *Personal Health Information Sharing*: The subcommittee recommended that the Stage B Health Home Learning Collaborative should review the process implemented for PCMH and Stage A for issues related to the exchange of personal health information and how best to help practices operationalize consents for release.
Planned & Required Activities	• *Tracking Results and Sharing with Stakeholders*: Early in their tenure, the subcommittee emphasized the importance of tracking and communication of long and short term results from the enhanced primary care models is critical for ensuring stakeholders understand their value.
Learning Collaboratives – Stage A and B	
The Learning Collaboratives for Stage A and Stage B were often discussed in tandem during DSR subcommittee meetings. Therefore, examples of activities relevant to these two objectives are presented here together. The topic of Learning Collaboratives was covered specifically during7 of the 18 meetings analyzed.	
Accomplishments	• *Personal Health Information Sharing:* The effective sharing of personal health

Themes	Examples of Delivery System Reform Subcommittee Discussions
	information is an important and difficult component for behavioral health homes. Recommendations were developed for the inclusion of operationalizing consent releases in the Behavioral Health Home Learning Collaborative curriculum in an effort to address information sharing issues.
Challenges	• *Remote Participation*: Because some Learning Collaborative participants are rurally located, the subcommittee recommended exploring ways to support their electronic participation in sessions.
Lessons Learned	• *Supporting Stage B Learning Collaborative strategies:* In order to effectively support the behavioral health home implementation process, members recommended mirroring the solid technical platform used for the PCMH and Health Home Learning Collaboratives to support the new program's participants.
Planned & Required Activities	• *Effective Engagement*: During the planning phases for the Stage B Learning Collaborative, the subcommittee recommended that a small group of Stage A participants be convened to discuss the most effective strategies for engaging practices in Learning Collaborative activities.
National Diabetes Prevention Program (NDPP)	
NDPP was specifically discussed during 1 of the 18 meetings. After receiving an overview of the program, members discussed approaches to business models and other criteria that would help leaders determine their investment in the program.	
Patient-Provider Partnership (P3) Pilots	
The P3 pilot was discussed specifically during 3 of the 18 meetings reviewed by Lewin.	
Accomplishments	• *Pilot Priority Areas*: The subcommittee recommended that the first set of pilots should encompass the 8 health focus areas from the Choosing Wisely in Maine Initiative, while the second set should focus on shared decision making and the third should focus on behavioral health.
Challenges	• *Initial Issues with Sustainability*: Initial challenges for P3 pilots included payment system changes needed to support culture change, difficulty with spreading lessons learned widely in the face of other competing efforts, limited provider time, and information system shortcomings. The subcommittee is committed to reviewing these issues in partnership with the Payment Reform Subcommittee.
Lessons Learned	• *Initial Lessons Learned from Pilots*: The subcommittee received updates in June on initial lessons learned from pilot implementation.
Planned & Required Activities	• *Initial Issues with Sustainability*: Provider members of the subcommittee committed to supporting communications around sustainability issues as necessary as this challenge is addressed. See Challenges section for further details.
Provider Training for I/DD and Autism	
The provider training initiative was discussed specifically during 2 subcommittee meetings of the 18 reviewed. Discussions focused on members receiving updates on curriculum development and implementation planning.	
SIM Public Education & Engagement	
Public education and consumer engagement as part of stakeholder contributions to SIM is often a theme in discussions of the DSR subcommittee. Consumer engagement in their care as well as SIM governance specifically was discussed during 9 meetings of the 18 analyzed. As of June, it was noted in meeting minutes that there are no further funds for consumer engagement and this risk is being further assessed.	

Themes	Examples of Delivery System Reform Subcommittee Discussions
Accomplishments	• *Personal Health Information Sharing:* Consumers need to be engaged in the importance of information sharing as part of comprehensive care coordination. Recommendations were developed for the inclusion of operationalizing consent releases in the Behavioral Health Home Learning Collaborative curriculum in an effort to address information sharing issues.
Challenges	• *Consumer Preparation for Participating in HH/BHHO*: There is concern that consumers are not appropriately educated or prepared for participating in the Stage A and B Health Home structures, as well as P3 pilots. The subcommittee discussed the importance of MaineCare launching consumer engagement campaigns to support this population as they participate in new care models.
Lessons Learned	• See Engagement & Stakeholder Participation for a discussion of engagement of consumers in SIM governance. This was identified as a potential risk after an RFA for the Behavioral Health Homes did not solicit consumer feedback.
Engagement & Stakeholder Participation	• *Consumer Engagement in Design Process:* Engagement of consumers in SIM governance is limited. During discussions related to the Learning Collaborative development, the committee suggested that the inclusion of representatives of recipients of services should involve a coordinated training component to support their participation.
Total Cost of Care Measurement	
The state's effort to track Total Cost of Care was specifically highlighted during 3 of the 18 meetings analyzed. These discussions consisted of members receiving updates on the activities related to Total Cost of Care measurement process.	
Stimulate Value-Based Insurance Design (VBID)	
Discussions related to development of SIM and other new payment models in Maine occurred throughout the subcommittee's tenure. This included specific discussions of the status of primary care payment reform activities in Maine like the PCMH pilot, MAPCP demonstration, Stage A Health Homes, and new opportunities that could target the Medicare population. Specific references to VBID were not made in meeting minutes.	

Data Infrastructure Subcommittee Assessment

The Data Infrastructure (DI) Subcommittee, a multi-stakeholder group of health information technology leadership and professionals from the public and private sectors in Maine led by HealthInfoNet, is charged with two key goals:

1. Advising on all SIM-related needs as identified by the Delivery System Reform and Payment Reform subcommittees and other stakeholders for improving data infrastructure and technology to support innovation;
2. Providing guidance to SIM Partners and the Steering Committee on aligning SIM data and analytics infrastructure work with public and private projects in the state.

Lewin's review of the subcommittee included the analysis of minutes from 8 meetings held between October 2013 and September 2014.

DI Stakeholder Representation

The DI subcommittee's core member attendance has averaged just over 13 people per meeting, with providers and the community representing the highest proportion of attendees. The

average number of core member attendees is only slightly over half the average number of all attendees (see **Exhibit 21**). Core member diversity differs from roster diversity: whereas the number of community members was intended to double that of partners, as evident on the subcommittee roster, average core member attendance shows payers doubling the number of community members. On the other hand, overall diversity is generally consistent with core member diversity. As described further below, one exception is the consumer/advocate/community group, for which the presence of ad-hoc members, interested parties, and guests in attendance brings representation closer to intended representation as defined by the roster.

Exhibit 21. Comparison of DI Meeting Attendance: Roster, Core Member and Overall Attendance

Average Diversity:	Roster (n)	Core Members (n)	All Attendees (n)*
State % (n)	25.0% (6)	28.6% (4)	26.6% (5)
Provider % (n)	45.8% (11)	40.7% (5)	41.5% (8)
Partner % (n)	8.3% (2)	17.8% (2)	15.1% (3)
Payer % (n)	4.2% (1)	4.9% (1)	3.0% (1)
Consumer/Advocate/Community % (n)	16.7% (4)	8.0% (1)	13.9% (3)
Total members (N)	24	13	20

* *"All Attendees" includes non-core member attendees identified on meeting minutes.*

Ad-hoc, interested parties, and guest attendance was consistently low through all meetings, which might account for the low impact of ad-hoc, interested party, and guest presence on core attendance diversity. Importantly, total core attendance, and with it, overall attendance generally decreased as time went on. Most numerous in the beginning, core state and provider representatives consistently decreased in numbers with each successive meeting. Core attendance for other stakeholder groups was consistently low through all meetings. As the initially most engaged stakeholder groups decreased in attendance, attendance numbers became low across all stakeholder groups, which may be reflected in the lack of direction experienced by DI as reported by the Steering Committee and the suspension of DI subcommittee meetings.

Overview of DI Subcommittee Activities to Date

It is important to note that due to declining attendance and lack of a clear agenda and concrete objectives for the DI subcommittee, a meeting has not been convened since December 2014. The minutes for the 8 meetings held have been reviewed for this report. Compared to other subcommittees, the DI subcommittee has contributed to SIM governance in a less significant way over time due to this lower activity.

When the subcommittee did assemble, they frequently discussed the Behavioral Health IT Reimbursement Grant and the Patient Portal Pilot. The Health IT Grant was created to assist providers in adopting Electronic Health Records (EHR) and included several reimbursement milestones. Committee members worked to ensure the milestones were both specific and realistic. The subcommittee also suggested recalibrating the dollars attached to certain milestones in the RFP to reflect the amount of effort required to meet that objective.

Regarding the Patient Portal Pilot, the subcommittee recommended a health literacy working group to ensure patients in the pilot would understand the health date provided to them. The subcommittee also provided guidance in issuing the RFI and selecting an awardee for the Patient Portal Pilot. For example, after discussions with providers the subcommittee determined that the target for patient portal users might be unreasonable and should be modified.

In addition to these accomplishments and recommendations, the committee identified key data infrastructure challenges and the committee focused in particular on patient consent. In order to store patient behavioral health data in the health information exchange, patients need to provide their consent. The committee recognized that providers need to feel comfortable and prepared to have conversations about consent with their patients. Without this consent, members of the committee worried that the system would not have the data needed to maximize the benefits of the HIT in development.

After the subcommittee oversaw the initial awarding of the Patient Portal Pilot and the Behavioral Health HIT Grants, few further activities were planned. According to the minutes from the Steering Committee, there was a realization among the Steering Committee that the DI subcommittee lacked clear objectives and direction after working on these two projects. The Steering Committee has since considered development of a new role for the DI subcommittee, but this has yet to be implemented.

Exhibit 22. Data Infrastructure Subcommittee: Review of SIM Objectives Discussed and Theme Examples

Themes	Examples of Data Infrastructure Subcommittee Discussions
Accountable Communities	
This initiative was discussed by the subcommittee during 3 of 8 meetings reviewed. Accountable Communities were not a focus of the subcommittee in their meetings. When Accountable Communities were discussed, though, the committee went over the need to develop quality and cost measures to evaluate the initiative.	
Behavioral Health HIT Reimbursement Grant	
The Behavioral Health HIT Reimbursement Grant was discussed in 5 of the 8 meeting reviewed. The following section highlights examples of the accomplishments, challenges, lessons learned, and stakeholder engagement considerations for this objective.	
Accomplishments	• *Overseeing the Behavioral Health HIT Reimbursement Grant:* To help ensure the success of the grant, members provided advice in forming the RFP and developing reasonable milestones and goal for grantees. Ultimately, the grant was issued and 20 organizations were awarded.
Challenges	• *Developing Milestones for RFP:* The subcommittee faced a significant challenge in overseeing development of milestones for the awardees. These milestones were to indicate the relative success of the grantees so they needed to be scrutinized and developed carefully. The committee discussed how to ensure the milestones were challenging, but not unrealistic. The committee also focused on developing meaningful quality measures to base the milestones on that would accurately illustrate the success of the awardees implementation of HIT • *Constraints of Behavioral Health EHR Vendors:* The awardees rely on EHR vendors to help them further their advancement in utilizing HIT. There was some concern among members of the subcommittee that vendor's constraints would prevent awardees from more rapid implementation of HIT

Themes	Examples of Data Infrastructure Subcommittee Discussions
	and meeting milestones set out in the RFP.
Lessons Learned	• *Patient Consent for Health Information Exchange*: To fully utilize HIT personal health information must be shared. The committee worked to figure out the legal requirements regarding the sharing and consent process of personal health data to define the laws that awardees must work within.
Planned & Required Activities	• *No Further Planned Activities:* The committee oversaw the issuing of the RFP and awarding of the HIT Reimbursement grant. After the awarding of the grant the committee no longer discussed any future activities for the committee and stopped meeting.
Stage B Behavioral Health Homes	
This Behavioral Health Homes Initiative was discussed during 5 of the 8 meetings reviewed by Lewin. The following identifies key themes identified as the subcommittee considered issues related to this initiative.	
Accomplishments	• *Issuing of the Behavioral HIT Reimbursement Grant*: The subcommittee's primary accomplishment was overseeing the issuing of the Behavioral Health HIT Reimbursement grant. *See section immediately above for more details.*
Challenges	• *Consent for Health Information Exchange*: In order to use and share personal behavioral health information Behavioral Health Homes must gain the consent of their patients. The subcommittee discussed the challenge providers will face making patients feel comfortable with providing their consent. • *PCMH and BHH Data Integration*: The subcommittee outlined the risk that Patient Centered Medical Homes and Behavioral Health Homes will not be able to easily share data creating potential gaps in information among providers
Lessons Learned	• *Need for Provider Education around Consent:* Through discussions on consent for release of personal health information, the committee realized there was a need to educate providers on the proper way conduct these conversation with patients.
Planned & Required Activities	• *Researching Consent Conversations*: Subcommittee members planned to research consent conversations. Specifically a member suggested talking with the State about an Improving Health Outcomes for Children pilot working developing best practices for consent for minors.
Connecting Behavioral Health organizations to Health Information Exchange	
This HIN initiative was discussed during 3 of the subcommittee's 8 meetings that were reviewed. These discussions focused on methods of helping Behavioral Health clinicians and staff understand the information provided to them by Health Information Exchange. Committee members planned on reaching out to Quality Counts to see if this kind of training could be part of their Behavioral Health Learning Collaborative.	
Stage A Health Homes	
The Stage A Health Home initiative was discussed specifically during 4 of the subcommittee's 8 meetings analyzed. The following identifies key themes identified as the subcommittee considered issues related to this initiative.	
Accomplishments	• *No Key Accomplishments Related to Stage A Health Homes*: The subcommittee discussed Stage A Health Homes, but there were no accomplishments related to Stage A Health Homes throughout the committees eight meetings.
Challenges	• *Stage A and Stage B Health Care Data Sharing*: As mentioned prior, members of the committee were concerned that current Electronic Health Record Technology does not easily allow team-based communications across practices and specialties. The committee was concerned that gaps in

Themes	Examples of Data Infrastructure Subcommittee Discussions
	communication may develop between Stage A and Stage B health homes as a result. • *Ensuring Effective use of HIT*: While technology is important for improving the health care system, the subcommittee was concerned that Health Homes and CCTs need to learn how to best maximize their use of HIT.
Lessons Learned	• *Need to Align Quality Measures:* To reduce complexity as much as possible, the committee realized early on in their tenure that there is a need to align quality milestones between Stage A Health Homes, Stage B Health Homes, and other projects as much as possible.
Planned & Required Activities	• *Educate Stakeholder of Benefits of HIE*: As a way of mitigating their concern that providers will not support or take advantage of the benefits of HIE, the committee planned to work to educate Health Homes and other providers about the benefits of the HIE.
Learning Collaboratives – Stage A and B	
Learning Collaboratives were covered in 2 of the 8 meetings reviewed. Subcommittee members focused on how Health Homes and Behavioral Health homes could be encouraged to utilize HIT.	
MaineCare Notification Project	
The MaineCare Notification Project was specifically discussed during 4 of the subcommittee's meetings. These discussions primarily consisted of status updates from HIN on the project's implementation.	
Patient Portal	
The Patient Portal was discussed in 5 of 8 meetings reviewed by Lewin.	
Accomplishments	• *As part of the committees work, the members oversaw HIN's issuing of the contract for the Patient Portal Pilot to Eastern Main Health System. The project was in the pre-pilot phase as of the last meeting minutes provided by the committee.*
Challenges	• *Target for Number of Portal Users*: A target number for patient portal users was needed to assess the pilot. Members of committee worked to determine a reasonable target number.
Lessons Learned	• *Need for Communication with Providers about Pilot*: The committee realized that patients may ask providers questions about their data. Providers participating in the pilot, therefore, needed to understand this project and be prepared to answer patient questions.
Planned & Required Activities	• *Oversee Implementation of Pilot*: As of the last recorded meeting, the committee was continuing to oversee the implementation of the pilot.

Evaluation Subcommittee Assessment

The Evaluation Subcommittee is charged with two key goals:

1. Provide strategic oversight and guidance to the design and implementation of project evaluation, performance reporting, and evaluation dissemination activities
2. Support the design of a local evaluation structure as part a sustainable research collaborative

Lewin's review included the analysis of minutes from 9 meetings held between December 2014 and August 2015.

Evaluation Stakeholder Representation

Of all the subcommittees, the Evaluation subcommittee has the highest proportion of average core member attendees to total number of subcommittee members on the original roster. The diversity of core attendees is similar to the roster's diversity, with the state having the highest representation and payers the lowest. However, the presence of ad-hoc members, interested parties and guests in attendance dramatically changes the landscape of stakeholder interests across each meeting.

Exhibit 23. Comparison of Evaluation Meeting Attendance: Roster, Core Member and Overall Attendance[27]

Average Diversity:	Roster (n)	Core Members (n)	All Attendees (n)*
State % (n)	31.6% (6)	38.0% (4)	28.3% (5)
Provider % (n)	26.3% (5)	22.5% (3)	16.2% (3)
Partner % (n)	21.1% (4)	19.2% (2)	41.7% (8)
Payer % (n)	5.3% (1)	6.3% (1)	4.9% (1)
Consumer/Advocate/Community % (n)	15.8% (3)	14% (2)	8.9% (2)
Total members (N)	19	13	20

* *"All Attendees" includes non-core member attendees identified on meeting minutes.*

Since ad-hoc, interested parties, and guest attendees were almost all representatives from partner organizations, overall attendance had a much higher proportion of partner representatives than did core attendance. Consistent attendance of Lewin, Crescendo, or Market Decisions, the evaluation contractors, reflected meeting discussion topics. For example, most meetings tracked the progress of key stakeholder and consumer interviews conducted by partner subcontractor organizations Market Decisions and Crescendo.

Overview of Evaluation Subcommittee Activities to Date

The Evaluation Subcommittee focused its discussions on the Health Homes, Behavioral Health Homes, and Accountable Communities evaluations. Subcommittee members also frequently discussed SIM Public Engagement. Over the course of the committee meetings, members provided guidance and numerous recommendations to the overall evaluation effort. The members specifically helped with the development of target metrics. The committee tried to ensure metrics were achievable, but also set high standards. Committee members also wanted to make sure providers understood the intent of the metrics. Ultimately, the committee sent the metrics to the Steering Committee for review and planned to write a document with their concerns regarding the achievability of the targets and their recommendation for the development of a communication strategy on the intent of the targets for providers and the public.

In addition to their work on target metrics, the committee provided guidance on stakeholder interviews. For the interviews, the members suggested targeting questions to practice managers, practice leads, and other administrators. The members felt that such targeting would

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[27] Shading depicts percentage comparison from lowest (most pale shade) to highest (most dark shade). *"All Attendees" includes non-core member attendees identified on meeting minutes.*

yield more relevant information. The committee was briefed on the preliminary findings from the stakeholder interviews in the last meeting minutes provided.

To help further the evaluation, the subcommittee planned a few next steps. The subcommittee planned on providing additional recommendations regarding Crescendo's report on stakeholder interviews. Members also planned on providing further analysis and feedback to incorporate in the first annual evaluation report due in October.

Exhibit 24. Evaluation Subcommittee: Review of SIM Objectives Discussed and Theme Examples

Themes	Examples of Evaluation Subcommittee Discussions
Accountable Communities	
Accountable Communities were discussed during 3 of the subcommittee's 9 meetings. The following section highlights examples of the accomplishments, challenges, lessons learned, and stakeholder engagement considerations for this objective.	
Accomplishments	• *Provided Guidance on Consumer Surveys and Interviews*: As part of the evaluation plan, Maine contracted with Market Decisions to conduct consumer surveys and interviews with Crescendo to conduct stakeholder interviews. The state planned to use these surveys and interviews to asses Accountable Communities and other SIM initiatives. To assist with this effort, the Evaluation Subcommittee provided guidance and suggestions for the survey design and interview structure. Ultimately, the Market Decision survey quickly was approved by an IRB and they began conducting the survey by the subcommittee's fifth meeting. The interview process was also quickly completed, and Crescendo had initial results by the sixth subcommittee meeting.
Challenges	• *Early State of Implementation:* When the committee began supporting the evaluation, the Accountable Communities initiative was still at an early state of implementation. The committee recognized this was a potential issue because the Accountable Communities may have been too early in their development for proper evaluation.
Lessons Learned	• *Need to Recognize Overlap of Health Homes and Accountable Communities*: After discussion, committee members recognized that the overlap between Health Homes and Accountable Communities needs to be considered in the evaluation. The members understood this presented the opportunity to measure the differences between Health Homes that are and are not in Accountable Communities.
Planned & Required Activities	• *Discussion Based on Report from Market Decision:* The committee planned to receive an initial report back from Market Decisions with preliminary analysis of the data. Based on this report, the members intended to discuss potential actionable improvement opportunities.
Behavioral Health Homes	
Behavioral Health Homes were discussed specifically in 2 of the subcommittee's 9 meetings. The subcommittee frequently discussed Behavioral Health Homes in tandem with Accountable Communities and Health Homes because they are so intertwined. As a result, the committee's accomplishments, challenges, and lessons learned related to Behavioral Health Homes largely overlap with the Accountable Communities and Health Homes initiative and are addressed in those sections.	

Themes	Examples of Evaluation Subcommittee Discussions
Community Health Workers (CHWs)	
CHWs were discussed specifically in 3 of the subcommittee's 9 meetings. The Committee members provided a few recommendations for the evaluation of the project. To ensure the validity of any data collected, committee members suggested targeting survey questions to separately to the participants in the CHWs pilot and National Diabetes Prevention Program rather than combining the sample group. The committee also suggested using clear definitions of each initiative in the survey. In addition to these recommendations, the members suggested that the evaluation focus on the sustainability of CHWs in Maine.	
Health Homes	
Health Homes were discussed during 5 of the subcommittee's 9 meetings that were reviewed. The following section highlights examples of the accomplishments, challenges, lessons learned, and stakeholder engagement considerations for this objective.	
Accomplishments	• *Creation of Targets*: The subcommittee helped oversee the creation of target metrics for Health Homes and the rest of the SIM project. After discussion, the committee decided they would send the goals to the Steering Committee for review. The committee also planned on sending a written document with their concerns regarding the achievability of the targets and their recommendation for the development of a communication strategy on the intent of the targets for providers and the public.
Challenges	• *Realistic Targets*: Committee members provided oversight over the development of targets for Health Homes and the SIM project as a whole. Initially, the members were concerned that the targets presented to them by Lewin may not be achievable. The committee had to balance creating realistic targets while also setting aspirational goals.
Lessons Learned	• *Issues Obtaining Date for Evaluation*: Over the course of the subcommittees meetings, delays in accessing data from both Medicare and Commercial providers were discussed by members, including strategies for resolution.
Planned & Required Activities	• *Reach out to Providers*: As of the last meeting minutes provided, the committee planned on further discussing the initial interview results they received from Market Decisions.
National Diabetes Prevention Program (NDPP)	
NDPP was discussed specifically in 3 of the subcommittee's 9 meetings. These discussions primarily consisted of committee members providing guidance over the design of the evaluation. Committee members, for example, wanted the evaluation to help support learning among the organizations engaged in the program. Through their discussions, the committee was able to help ensure the evaluation would meet the state's objectives.	
SIM Public Education/Engagement	
SIM Public Education and Engagement was specifically discussed during 8 of the committee's 9 meetings. The following section highlights examples of the accomplishments, challenges, lessons learned, and stakeholder engagement considerations for this objective.	
Accomplishments	• *Oversight of Interviews*: The committee provided guidance and oversight over the provider, key stakeholder, and consumer interviews. The committee, for example, offered revisions to questions on payment models and also suggested targeting questions to practice managers, practice leads, and other administrators.
Challenges	• *Initial Interviews*: After hearing initial results from Crescendo's interviews, the committee suggested Crescendo needed to obtain more details from interviewees. Members specifically wanted Crescendo to ask interviewees for their suggestions and recommendations to help improve the states SIM work.

Themes	Examples of Evaluation Subcommittee Discussions
Lessons Learned	• *Need to Coordinate Surveys*: To assess SIM, the state contracted with several vendors. A few of these vendors planned on using surveys and it became apparent to the committee that these surveys needed to be coordinated to avoid as much duplication as possible.
Planned & Required Activities	• *Dissemination of Interview Findings*: The committee planned on disseminating the findings from consumer interviews to other stakeholders once final comments were collected from all subcommittee members.