Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Maine State Innovation Model Quarterly Report

January 1 - March 31, 2014



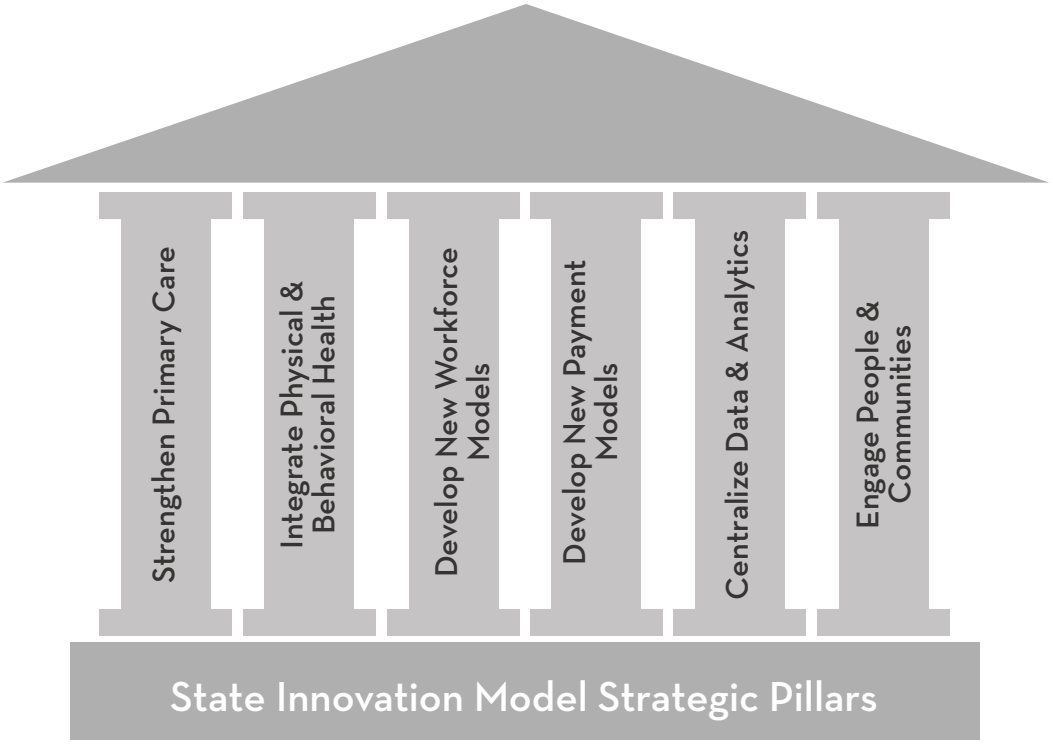

Maine State Innovation Model: Q2, 2014

OVERVIEW

Maine believes that its healthcare system can improve the health of Maine people, advance the quality and experiences of healthcare, and reduce healthcare costs by 2017. During the next three years, an unprecedented partnership among physical and behavioral health providers, public and private insurers, data and system analysts, purchasers, workforce developers, and Maine consumers will put this belief to the test through the Maine State Innovation Model (SIM).

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

The six strategic pillars of the State Innovation Model (below) are each comprised of individual objectives that are aligned to effect meaningful change in our healthcare system. The following sections provide an overview of the work being undertaken in each pillar, and how it is progressing to date. For a detailed description of SIM objectives see page 8 or visit www.maine.gov/dhhs/sim.



PILLAR 1: Strengthen Primary Care

A strong primary care system is foundational to improving the quality and lowering the cost of healthcare in our state. Primary care providers play a leading role in managing patients' health and coordinating their care with hospitals and specialists. When primary care providers have the tools and resources to do their job effectively they are able to keep patients healthy and reduce the need for costly emergency care down the road. The following State Innovation Model (SIM) work is designed to strengthen primary care in our state:

The Maine Health Management Coalition hit a significant benchmark this quarter with the dissemination of statewide Primary Care Practice Reports. After a long process of regional benchmarking, data processing and analytic review, 432 practice reports were sent out in the first quarter. The reports, which provide data to practices on their cost and quality compared to state benchmarks, will help practices identify areas for improvement, ultimately reducing cost and quality variation around the state.

Following the release of the practice reports, Coalition staff held five well-attended practice report trainings to assist practice leaders in understanding and utilizing the reports. Trainings were held in Portland, Augusta, Bangor, Orono and Houlton.

Maine Quality Counts (QC) also held trainings this past quarter as work progressed with their Health Homes Learning Collaborative initiative. The Collaborative, which provides support to 80 primary care practices participating in the MaineCare Health Homes initiative, continued to see strong engagement in education events and offerings. QC continues to receive and track key deliverables from the sessions to determine their progress in the transformation requirements. So far, a few key risks manifested over the course of Q2; Practices have been unable to achieve National Committee on Quality Assurance (NCQA) recognition status on time, and 22 new Health Home practices were added to the initiative. Despite these risks, no significant threats to the programs success have been identified, and work is expected to continue on schedule.

As we move into the next quarter, the MHMC will complete practice report dissemination and continue to build out its provider database; QC will host the first all-practice meeting of the Health Homes Learning Collaborative, and MaineCare will begin their work to provide training to primary care practices serving youth and adults with Autism Spectrum Disorder and intellectual disabilities.

Pillar 1 Objective Statuses

OBJECTIVES	*Q2*	*Q3 (projected)*
MaineCare Objective 1:		
MaineCare Objective 4:	*n/a*	
HIN Objective 1:		
MHMC Objective 4:		
MHMC Objective 5:		
QC Objective 1:		
QC Objective 4:	*n/a*	

See page 9 for objective descriptions

PILLAR 2: Integrate Physical & Behavioral Health

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

MaineCare's efforts to implement their Behavioral Health Homes (BHH) Initiative stalled this quarter as staff addressed requests for additional information on the proposed state plan amendment (SPA) from CMS. Despite the delays, the State continues to develop a payment strategy for the BHH Initiative, and has launched the program effective April 1.

Additional information required by the federal government in approving the State's amendment to its state plan delayed the implementation of MaineCare's Behavioral Health Homes initiative. The State continues to move forward in developing a payment strategy for the BHH initiative and expects to launch the program during the second quarter.

On the Maine Quality Counts side of Behavioral Health Home work, planning work for the first meeting of the Behavioral Health Home Learning Collaborative was completed and the first meeting has been scheduled for April 29th at Maple Hill Farm in Hallowell. Practices attending the learning session will be briefed on participation requirements, technical assistance opportunities, and what kind of quality improvement support will be available to practices.

Underpinning much of this work is HealthInfoNet's efforts to provide reimbursement to behavioral health providers interested in pursuing Health Information Technology (HIT). During the last quarter 20 practices were selected from the pool of applicants to participate in the funding program, which will provide financial assistance to practices instituting electronic medical record systems. Contracts will be completed over the coming quarter, and implementation of the HIT systems in the 20 practices is slated to begin on May 13.

Also coming along on track is HealthInfoNet's efforts to provide behavioral health providers with access to the Health Information Exchange (HIE), which will allow different types of HIT systems to communicate with one another. Right now HealthInfoNet has tested the first bidirectional connection to the HIE with a behavioral health Electronic Health Record, and over the next quarter they will continue to test and implement with this vendor.

Looking forward to the next quarter, MaineCare expects to launch their Behavioral Health Home initiative; Maine Quality Counts will host the first meeting of the Health Homes Learning Collaborative; and HealthInfoNet is on track to begin funding HIT in behavioral health practices.

Pillar 2
Objective Statuses

OBJECTIVES	Q2	Q3 (projected)
MaineCare Objective 2:		
HIN Objective 2:		
HIN Objective 3:		
QC Objective 1:		
QC Objective 3:	n/a	

See page 9 for objective descriptions

PILLAR 3: Develop New Workforce Models

One of the primary drivers of high costs and poor patient outcomes in our healthcare system is the absence of coordinated preventative care . All too often we are treating health problems as they arise instead of dealing with them before they become an issue. To address this problem, SIM work focuses significant resources on expanding the ability of healthcare providers to reach and serve patients. The following describes work being undertaken to develop new workforce models to support preventative care:

Over the last quarter, the Maine CDC convened the Community Health Worker (CHW) stakeholder group, which is charged with informing a statewide CHW system that will help patients and communities get connected with culturally appropriate healthcare and social services. During the meeting, the group successfully developed and refined common definitions and understanding of the roles and responsibilities of CHWs in Maine. These will inform not only the sustainability for the project, but also what core competency training should be offered to pilot sites during the Fall of 2014.

Following this planning work, the Maine CDC released an RFP on March 19th, and will receive proposals by June 2nd.

Second quarter work for the CHW project will focus on reviewing and selecting pilots to participate in the project.

Pillar 3
Objective Statuses

OBJECTIVES	Q2	Q3 (projected)
MHMC Objective 3		
QC Objective 1		
QC Objective 3	n/a	
MaineCare Objective 3	n/a	
Maine CDC Objective 2		

See page 9 for objective descriptions

PILLAR 4: Develop New Payment Models

In today's fee-for-service payment system, doctors and hospitals are paid based on the

amount of services they provide, not for making patients healthier. As part of the SIM initiative, the State is seeking to change this model to align payment with improved patient outcomes. The following describes work being undertaken to promote alternative payment systems:

The Maine Health Management Coalition made significant progress on its work to stimulate Value-Based Insurance Design (VBID) this quarter. With the hiring of Robin Allen as the new VBID Manager, the Coalition began identifying potential members of the VBID Workgroup, and has created a VBID survey that will be used to assess and document insurance plans' current or planned activity for payment based on quality performance and cost effectiveness. The VBID work plan has been presented to both the Payment Reform Subcommittee and ACI Workgroup for review and feedback.

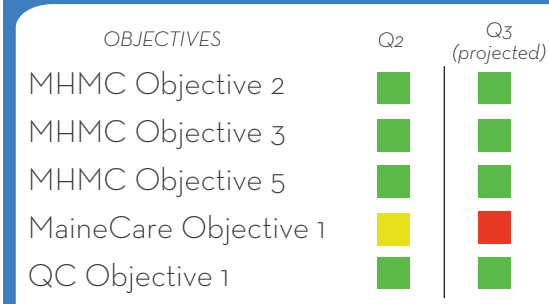
The Coalition has also initiated conversations with payers – beginning with Aetna – about the possibility of a pilot to measure shared decision-making. As a result of the meeting, Aetna is looking into the possibility of developing a labeling system for services on their website that will help consumers determine if a service is high or low value. Green, yellow, and red markers have been proposed to denote high-value services, preference sensitive services, and low-value services.

MaineCare's work to promote alternative payment arrangements through its Accountable Communities Initiative has experienced some delays related to state rule making and contracts, and as a result the State has pushed the launch date back from May 1st to July 1st. Despite this setback, a number of milestones were hit over the last quarter. Methodology issues that had been raised have been resolved, and contract development is progressing. Also, a new staff member was added to the SIM/Value-Based Purchasing team to assist with Accountable Community contracts. So far six accountable communities have applied, and they are on target to receive attribution lists in the next few weeks.

Lastly, the Maine Centers for Disease Control and Prevention's National Diabetes Prevention Program (NDPP) made progress in assessing barriers and facilitators to payer/purchaser adoption of the NDPP in Maine. A NDPP Lifestyle Coach training will be held in May 2014 in order to increase the number of lifestyle coaches over the coming quarter.

Looking forward to the coming months, the Coalition expects to continue on track with its work to promote VBID, and will continue to foster alignment among Healthcare Cost Workgroup, Accountable Care Implementation Workgroup, and VBID measures; MaineCare will continue to work through contracting and rule making procedures; and the Maine CDC will be working to structure payments for primary/secondary prevention services and training lifestyle coaches.

Pillar 4
Objective Statuses



See page 9 for objective descriptions

PILLAR 5: Centralize Data & Analysis

Data and analytics are an integral piece of the SIM work currently underway around the

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

The Maine Health Management Coalition's efforts to track and report on the cost of healthcare services in Maine steadily progressed over the course of the last quarter. Lisa Nolan was hired to fill the open Cost of Care Director position, and with her on board all cost reporting objectives are on track. The Qualified Entity Certification Program (QECP) Data security review has been completed and a DUA has been agreed upon, a draft work plan for the Healthcare Cost Workgroup has been presented for review, a draft outline of the Healthcare Cost Factbook has been developed, and agenda items and recruitment strategies have been identified for the CEO Summit.

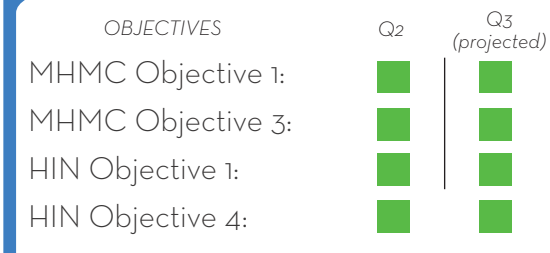
The Coalition's public reporting work is also moving along smoothly, and measure alignment work has begun to get traction. Both "Patient Experience" and "Cost of Care" measures have been approved by their relative steering committees and are slated to move on to value-assignment – the final step before being publicly reported – in the next quarter. Protocols have also been established for ACO measure selection, and the Accountable Care Implementation (ACI) Steering Committee has begun identifying and developing common measures. Lastly, the Coalition hired Patti Ross as the PTE-Behavioral Health (PTE-BH) Director, and she held the first meeting of the PTE-BH Steering Committee on March 31st.

On the HealthInfoNet (HIN) side of pillar 5, the development of a clinical dashboard from the Health Information Exchange to MaineCare has entered the "Use-Case" phase of the project. This new phase will allow the project leadership to prioritize the needs across the agency within the scope of the project.

HealthInfoNet also moved forward on target this past quarter with its work to provide automated emails to MaineCare care managers when MaineCare patients enter the ER. Contracts to share healthcare data were finalized and workflows were established. Testing of HIN's Emergency Room and Inpatient Discharge Email Notification Service is set to begin with MaineCare early in the next quarter, and live production is scheduled for May.

Going into the next quarter, it is expected that both MHMC and HIN objectives will proceed on schedule. HIN will have wrapped up the "Use-Case" phase and will be moving onto implementation of its clinical dashboard; testing will begin on the ER notification system; and the MHMC will convene Healthcare Cost Workgroup, ACI and PTE meetings, continuing to work towards measure selection and alignment.

Pillar 5
Objective Statuses



See page 9 for objective descriptions

PILLAR 6: Engage People & Communities

Whether the State Innovation Model work underway focuses on creating a new database or an Accountable Care Organization, the purpose is ultimately to provide higher quality, more affordable healthcare to Maine's people and communities. Because some of the transformations taking place may be unfamiliar to patients, however, work is being done to educate and inform them about why they are happening. The following SIM activities are being undertaken to engage people and communities in healthcare reform.

In the realm of patient IT engagement, HealthInfoNet made significant progress on their Personal Health Record (PHR) 'Blue Button' development project. The initiative, which will create a portal for patients to access their medical records online, completed its RFP process and confirmed the participation of its pilot partner, Eastern Maine Health System. The pilot will officially start this coming June.

On the Maine Quality Counts side of pillar 6, work got underway to provide quality improvement support to Patient-Provider Partnership (P3) pilot sites across the state that will be testing ways to utilize Choosing Wisely© or shared decision-making with their patients. QC created the P3 Leadership Group and hired staff to support its first pilot, which will focus on Choosing Wisely in Maine. They also identified two additional P3 pilots that have chosen to focus on the use of shared decision-making tools for low back pain and behavioral health care.

In the area of benefit plan design, The Maine Health Management Coalition continued work with KDK consulting on a consumer engagement plan around Value-Based Benefit Design (VBID). The plan involves pitching stories to local and national media outlets that focus on promoting shared decision making and payment reform, and creating a video that promotes VBID to consumers. In addition, the MHMC staff conducted trainings for the representatives of the state chapter of the Area Agencies on Aging, and has initiated discussions with AARP Maine about conducting trainings for their constituents.

Looking towards the next quarter, all SIM partners are on track to meet their deliverables. HealthInfoNet will continue their work to develop a portal for patients to view their electronic medical record; QC will finish its selection of pilot practices to take place in the Patient-Provider Partnership program; and the MHMC will continue to meet with consumer groups and finalize their VBID/payment reform media campaign.

Pillar 6
Objective Statuses

OBJECTIVES	*Q2*	*Q3 (projected)*
Maine CDC Objective 1		
Maine CDC Objective 2		
MHMC Objective 6		
HIN Objective 5		
QC Objective 4		

See page 9 for objective descriptions

SIM STATUS AT A GLANCE

Strengthen Primary Care	Weight
MaineCare Objective 1:	5
Implement MaineCare Accountable Communities Shared Savings ACO Initiative	
QC Objective 1:	4
Provide learning collaborative for MaineCare Health Homes	
HIN Objective 1	3
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.	
MHMC Objective 4:	3
Provide Primary Care Providers access to claims data for their patient panels (portals)	
MHMC Objective 5:	3
Provide practice reports reflecting practice performance on outcomes measures	
MaineCare Objective 4:	2
NA	
Provide training to Primary Care Practices on serving youth and adults with Autism Spectrum Disorder and Intellectual Disabilities.	
QC Objective 4:	1
NA	
Provide QI Support for Patient-Provider Partnership Pilots (P3 Pilots)	

Integrate Physical and Behavioral Health	Weight
MaineCare Objective 2:	5
Implemention and ongoing support of MaineCare Behavioral Health Homes Initiative	
HIN Objective 2:	4
HIN will select 20 qualified Behavioral Health organizations to provide $70,000 each towards their EHR investments including their ability to measure quality.	
HIN Objective 3:	4
Connect Behavioral Health providers to HIN's Health Information Exchange	
QC Objective 3:	3
NA	
Provide QI Support for Behavioral Health Homes Learning Collaborative	
QC Objective 1:	3
Provide learning collaborative for MaineCare Health Homes	

Develop New Workforce Models	Weight
MHMC Objective 3:	5
Public Reporting for Quality Improvement and Payment Reform	
QC Objective 1:	4
Provide learning collaborative for MaineCare Health Homes	
QC Objective 3:	4
NA	
Provide QI Support for Behavioral Health Homes Learning Collaborative	
MaineCare Objective 3:	3
NA	
Develop and implement Physical Health Integration workforce development component to Mental Health Rehabilitation Technician/Community (MHRT/C) Certification curriculum	
Maine CDC Objective 2:	2
Community Health Workers Pilot Project	

Develop New Payment Models	Weight
MHMC Objective 3:	5
Public Reporting for Quality Improvement and Payment Reform	
MaineCare Objective 1:	5
Implement MaineCare Accountable Communities Shared Savings ACO Initiative	
MHMC Objective 2:	4
Stimulate Value Based Insurance Design	
MHMC Objective 5:	3
Provide practice reports reflecting practice performance on outcomes measures	
QC Objective 1:	4
Provide learning collaborative for MaineCare Health Homes	
Maine CDC Objective 1:	3
NDPP: Implementation of the National Diabetes Prevention Program (NDPP)	

Centralize Data & Analysis	Weight
MHMC Objective 1:	5
Track Healthcare Costs to influence market forces and inform policy	
MHMC Objective 3:	5
Public Reporting for Quality Improvement and Payment Reform	
HIN Objective 1	3
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.	
HIN Objective 4:	2
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.	

Engage People & Communities	Weight
Maine CDC Objective 1:	3
NDPP: Implementation of the National Diabetes Prevention Program (NDPP)	
Maine CDC Objective 2:	2
Community Health Workers Pilot Project	
MHMC Objective 6:	2
Consumer engagement and education regarding payment and system delivery reform	
HIN Objective 5:	1
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.	
QC Objective 4:	1
NA	
Provide QI Support for Patient-Provider Partnership Pilots (P3 Pilots)	

GREEN: >75% confidence in achieving accountability targets
YELLOW: 50-74% confidence in achieving accountability targets
RED: <50% confidence in achieving accountability targets

**each box represents one quarter in the 3 year SIM timeframe (Oct 2013 - Oct 2016)*