SIM

HEALTHCARE SYSTEM TRANSFORMATION

A Collaborative Partnership led by Maine DHHS

Paul R. LePage, Governor *Mary C. Mayhew, Commissioner*

Maine State Innovation Model Quarterly Report

October 1 - December 31, 2014



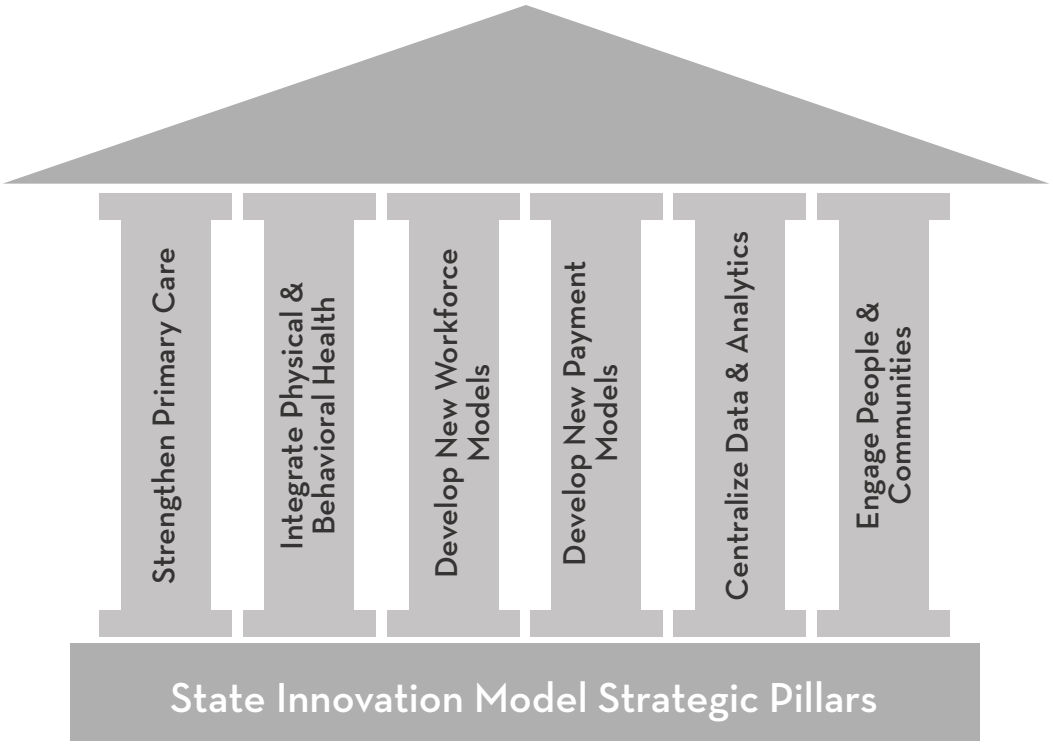

Maine State Innovation Model: Q1, 2015

OVERVIEW

Maine believes that its healthcare system can improve the health of Maine people, advance the quality and experiences of healthcare, and reduce healthcare costs by 2016. 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 doctors play a leading role in managing patients' health and coordinating their care with hospitals and specialists. When primary care doctors have the tools and resources to do their job effectively they are able to keep patients healthy and reduce the need for costly emergency care down the road.

Maine Quality Counts' (QC) Health Homes (HH) Learning Collaborative continued to progress with success in the first quarter of FY2. Nearly all milestones, workplans and accountability targets were met, and HH practices are increasingly using data tracking to focus QC Quality Improvement Specialists in on specific areas where the practices need help meeting their requirements. This includes technical assistance to implement the required mental health, substance abuse and pediatric screenings.

One key challenge that has arisen in QC's Health Homes work, however, is the ability for practices to continue meeting transformation requirements. While the overall percent of improvement continues to increase, the data shows that it is becoming increasingly difficult for practices to close the final gap.

Among Quality Counts' Patient-Provider Partnership (P3) Pilots, efforts to provide quality improvement support also continued on track in Q2. P3 staff has been actively working with ten P3 Pilot clinical sites, and they have held two learning sessions to engage the practices in strategies for implementing Choosing Wisely or Shared Decision Making (SDM). The goal of the effort is to help practices better engage patients in their care.

In addition to their work with the P3 Pilot sites, QC has also been working to enhance the internal P3 Team with the engagement of the P3 Physician Consultant and Shared Decision Making Physician consultant. The two consultants provide on-going expertise and content for the learning sessions, webinars and pilot site outreach and education. They are also beginning to help support practices through technical assistance.

MaineCare also made progress in their work to strengthen primary care over the last quarter, reporting that contracting has been completed with a vendor that will provide training to primary care physicians serving youth and adults with Autism Spectrum Disorder (ASD) and intellectual disabilities. MaineCare also reported that a curriculum has been chosen for the trainings and a timeline of June 2015 has been selected for completion of the curriculum design.

Pillar 1 - Objective Statuses

OBJECTIVES	*Q1*	*Q2 (projected)*
MaineCare Objective 1:		
MaineCare Objective 4:		
HIN Objective 1:		
HIN Objective 4:		
MHMC Objective 4:		
MHMC Objective 5:		
MQC Objective 4:		

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 comprehensive care.

Efforts to integrate physical and behavioral health continued to progress this quarter with several notable successes and challenges. MaineCare reported that their State Plan Amendment (SPA) for Behavioral Health Homes (BHH) was approved on December 18th, which will allow them to begin processing payments for participating organizations. Despite this success, though, BHH organizations have communicated that reimbursement rates remain too low. MaineCare has requested cost data from the organizations and plans to make a recommendation regarding payment rates in March.

HealthInfoNet (HIN) reported that a total of $450,000 in reimbursements have been approved for distribution to 10 behavioral health organizations that are investing in electronic health record (EHR) systems. While these 10 practices continue to progress on track, however, there have been delays with the other 10 practices involved in the EHR initiative due to a lack of readiness on behalf of the EHR vendor. The vendor has cited the additional time needed to purchase HIE modules to enable interoperability, 2014 EHR certification developments, and the DSM5 upgrade as the reasons for the delay. Nevertheless, HIN has received commitment from the vendors that these issues will be resolved and timelines for the organizations that are impacted have been adjusted accordingly. In the mean time, HIN is focusing on moving forward with the integration of the clinical Health Information Exchange (HIE) portal into the behavioral health workforce. So far, 10 organizations have completed phase 1 of "bidirectional" testing using HIN's HIE standards.

Pillar 2 - Objective Statuses

OBJECTIVES	*Q1*	*Q2 (projected)*
MaineCare Objective 2:		
HIN Objective 2:		
HIN Objective 3:		
MQC Objective 1:		
MQC Objective 3:		

See page 9 for objective descriptions

PILLAR 3: Develop New Workforce Models

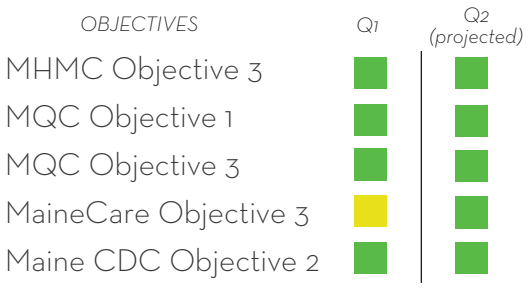
One of the primary drivers of high costs and poor patient outcomes in our healthcare system is the absence of coordinated preventative care. All too often we are treating health problems as they arise instead of dealing with them before they become an issue. To address this problem, SIM work focuses significant resources on expanding the ability of healthcare providers to reach and serve patients. It will bolster efforts like Maine Quality Counts' Health Homes initiatives

(pillar 2), the Maine Health Management Coalition's transparency initiatives (pillar 4), and Maine CDC's Community Health Workers (CHWs) Project.

Quality Counts is well underway in their work to provide quality improvement support for practices participating in the Behavioral Health Home (BHH) Learning Collaborative, and over the last quarter they continued to assist the 24 participating Behavioral Health Home Organizations (BHHOs) in meeting their core expectations through check-in site visits, reviews of quarterly reporting mechanisms, and through webinars and newsletters. BHH Learning Collaborative staff have also been working to develop specialized content to meet certain team roles new to BHHOs, such as the Nurse Care Manager. Working with the QC Associate Medical Director and a Consultant Nurse Care Manager, a monthly webinar series was started specifically geared towards the new positions.

This engagement appears to be paying off for BHHOs. Participating practices continue to work through barriers with linkages to primary care and are increasingly using the MaineCare Portal not only for attestation, but for population management and risk stratification. One BHHO in particular was able to use the portal to recognize that a pediatric patient was on too many medications, and BHHO staff worked with the family and primary care provider to rectify the problem. The patient's health immediately improved and an unnecessary hospitalization was avoided.

Pillar 3 - Objective Statuses



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.

Round one contracts for MaineCare's Accountable Communities (AC) Shared Savings ACO are in the process of obtaining signatures, and the department has succeeded in providing ACs with all the data reports required to date. Although round one has been moving forward steadily, MaineCare has decided to delay the second round of contracts until 2016. The department will be taking the extra time to work with the four organizations seeking to become ACs to develop more tailored contracts. They will also be using the time to refine the AC portal design in response to engagement from the current ACs.

The Maine Health Management Coalition hit a milestone in its work to stimulate Value-Based Insurance (VBID) with the release of a video

about VBID on their website, www.mehmc.org. The video is intended to educate payers and providers on the merits and operation of VBID, and will serve as an important tool in encouraging the adoption of the new benefit design.

Pillar 4 - Objective Statuses

OBJECTIVES	Q1	Q2 (projected)
MHMC Objective 2		
MHMC Objective 3		
MHMC Objective 5		
MaineCare Objective 1		
MQC Objective 1		

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.

In their work to provide MaineCare with a web-based analytics tool, or "dashboard," HealthInfoNet reported a major success this quarter with the completion of the claims repository. The repository will allow for the management of large claims data files from MaineCare, and when combined with the data collected by the HIE it will allow MaineCare to engage their members based on prospective risk for emergency department and inpatient utilization.

While HealthInfoNet's work to centralize data and analysis for providers continues on track, the Maine Health Management Coalition's (MHMC) work to centralize data and analysis for the public also continues to move along smoothly. The MHMC distributed electronic and hard copies of the first edition of the Healthcare Databook, a compendium of key healthcare sector measures, to stakeholders around the state. The MHMC's Pathways to Excellence Behavioral Health Steering Committee also finalized its initial measure set for public reporting of behavioral health practices, and ratings were posted on the www.getbettermaine.org website as of January 5th.

Pillar 5 - Objective Statuses

OBJECTIVES	Q1	Q2 (projected)
MHMC Objective 1		
MHMC Objective 3		
HIN Objective 1		
HIN Objective 4		

See page 9 for objective descriptions

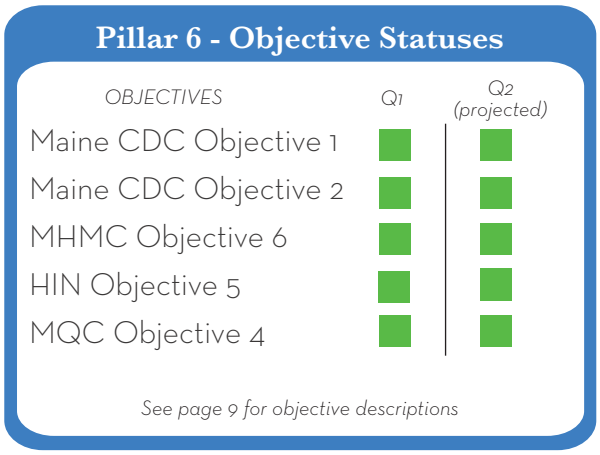
PILLAR 6: Engage People & Communities

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. As the end-users of the work being done, it is important that Maine people are being involved and that they understand the reasons for the changes taking place in the healthcare system. To that end, the State Innovation Model puts a strong emphasis on engaging people and communities.

The Maine Center for Disease Control and Prevention (CDC) finalized contracts with MaineGeneral Medical Center and Central Maine Health Care this quarter for their National Diabetes Prevention Program (National DPP) Lifestyle Coach Master Trainer Select training. These provider organizations will now provide National DPP Lifestyle Coach Training on an as needed basis for the remainder of the SIM grant to eligible National DPP provider organizations.

With a program goal of 15 National DPP sites being launched by October 2016, 13 sites are underway and have written data share and fidelity agreements in place and are delivering the National DPP to all eligible populations. Data from the National DPP is reported to the Maine CDC every 12 months. 817 Mainers completed the National DPP Lifestyle Intervention Program in 2014.

Maine CDC's Community Health Worker (CHW) Pilot Project got into full swing this quarter and they've reported that recruitment, hiring and training of CHWs and direct supervisors have all been completed. Three of the four projects even began delivering services and together were able to meet the "clients served" target. Data from the CHW Pilots will begin in February and continue quarterly through the project period.



SIM OUTCOMES: Results From the SIM Evaluation

The Lewin group is well underway with their role leading the SIM Evaluation Subcommittee, and they have made several notable strides over the last quarter. Chief among these was the submittal of a formal evaluation plan draft to the Department of Health and Human Services (DHHS). The draft is expected to be approved in the second quarter. In addition to the draft, The Lewin Group also held successful meetings with each SIM partner to initiate collaborative working relationships, and they began working with MaineCare data as they work to draft a dashboard template.

SIM STATUS AT A GLANCE

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

MaineCare
Quality Counts
HealthInfoNet
Maine Health Management Coalition
Maine CDC