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

January 1 - March 31, 2015



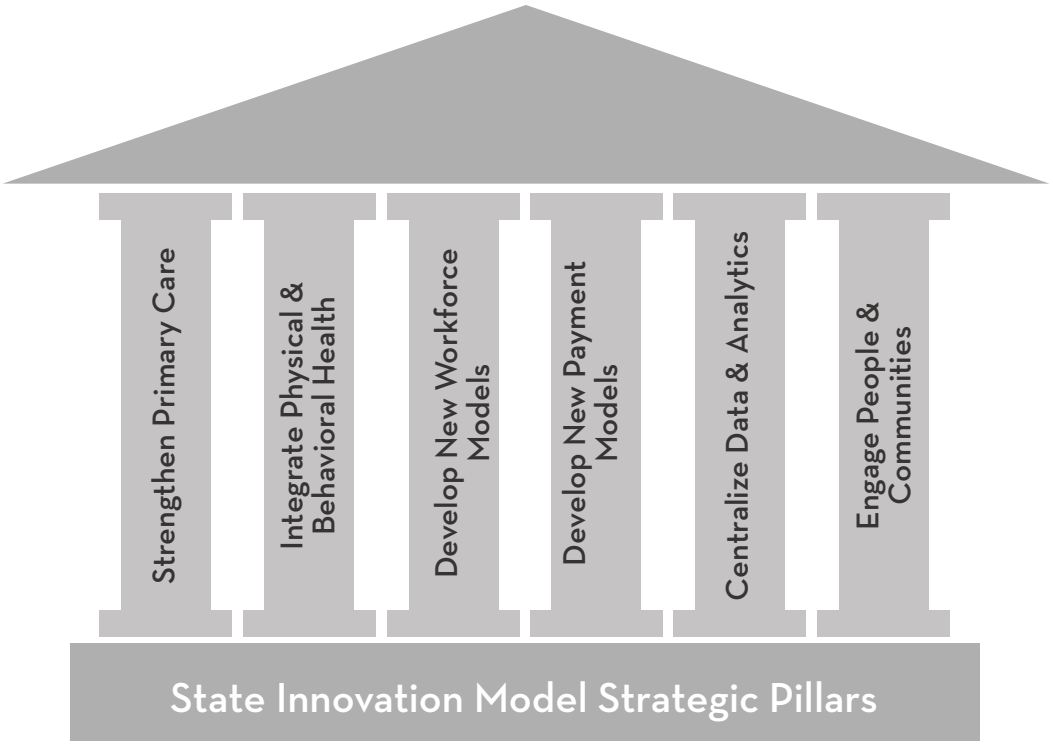

Maine State Innovation Model: Q2, 2015

OVERVIEW

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

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

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



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.

In MaineCare's work to provide training to primary care practices serving youth and adults with Autism Spectrum Disorder and intellectual disabilities, the department has begun hosting quarterly meetings of SIM partners to align behavioral health activities. One such alignment activity has been the development of an effective method for collaboration among providers and members. The strategy arose from Office of Child and Family Services' Children's Behavioral Health Homes Advisory Committee, and is expected to be very useful in MaineCare's efforts.

In addition to the quarterly alignment meetings, MaineCare, through the Maine Developmental Disabilities Council (MDDC), has also hired a registered nurse to pursue workforce development opportunities for practices serving youth and adults with intellectual disabilities. The new RN has been doing outreach to providers within the QC collaboratives, and the effort is expected to help practices deliver higher quality care to their patient populations.

Other work with practices serving youth and adults with intellectual disabilities is now being undertaken by the MDDC, which has engaged with SIM over the last quarter. The MDDC is working to develop a curriculum for direct support personnel, guardians and medical providers that will address how negative behaviors increase among youth and adults with intellectual disabilities when they are experiencing pain. The curriculum seeks to educate medical providers and the support personnel who work and live with this population, and to teach them that negative behaviors are often a symptom of a larger, more complex issue. The MDDC and other SIM partners are hopeful that this training will decrease the amount of psychotropic medication prescribed to this population.

Pillar 1 - Objective Statuses

OBJECTIVES	*Q2*	*Q3 (projected)*
MaineCare Objective 1:		
MaineCare Objective 4:		
HIN Objective 1:		
HIN Objective 4:		
MHMC Objective 4:		
MHMC Objective 5:		
MQC Objective 4:	*N/A*	*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 comprehensive care.

Maine Quality Counts' work to integrate physical and behavioral health through Behavioral Health Homes (BHH) made some notable progress this quarter with the participation of additional practices and organizations in the BHH learning sessions. The BHH Learning Collaborative, which hosts the sessions, has also sought to increase monthly webinar attendance by implementing calls to those health home practices who have not registered one week prior to the session. The BHH Learning Collaborative also welcomed three new BHHOs in January: Evergreen Behavioral Health Services, Motivational Services, and SequelCare of Maine.

In addition to their practice engagement efforts, the BHH Learning Collaborative has engaged NAMI Maine and the Consumer Council System of Maine as consumer consultants. These new partners will help to educate patients and families on BHH services by hosting regional forums and developing materials for Behavioral Health Home Organizations (BHHOs) to use in engaging consumers on health, wellness, and prevention activities.

Maine Quality Counts' MaineCare Health Homes Learning Collaborative realized similar success this past quarter with the engagement of additional practices and organizations in their learning sessions. During the sessions, the Collaborative communicated a new approach to assist Health Home practices in meeting core expectations this quarter. It has been an ongoing challenge to help practices that are falling short of their goals, but during a new set of Learning Labs that will take place during the April 29th Learning Session participating practices will get help developing action plans to close core expectation gaps. Additionally, the Health Homes Learning Collaborative is offering a tiered QI support approach, with the highest performing practices able to opt out of full Learning Collaborative activities as long as they sustain their accomplishments.

In another attempt to help practices and organizations that are having trouble meeting their goals, MaineCare has decided to adjust accountability targets, and reimbursement rates are being analyzed. MaineCare is also developing internet modules to help participating organizations and is working to collect success stories from BHH organizations to help increase consumer understanding of their value.

In addition to Maine Quality Counts' and MaineCare's work with Behavioral Health Homes, HealthInfoNet (HIN) also participated in learning activities for the Collaborative. HIN presented the Health Information Exchange (HIE) user lessons learned from Catholic Charities of Maine and Acadia Hospital at the February 27th Behavioral Health Homes Learning Session. The presentation was well attended, and participants got to hear about HIN's successful implementation of mental health data into the HIE for access by all users of the clinical portal. Patients are now able to opt-in their protected health information, and over 400 patients have done so already.

Twelve of the twenty behavioral health organizations working to connect to HIN's HIE have completed phase 1 of bidirectional testing and they have received a total of $500,000 in

reimbursements to date. While vendor interoperability delays still exist, HIN successfully went live with protected mental health data in the statewide HIE in January. Several other organizations will follow quickly in the 3rd quarter. This is an innovative milestone for Maine SIM and HealthInfoNet.

Pillar 2 - Objective Statuses

OBJECTIVES	Q2	Q3 (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.

The SIM Leadership Development Initiative was awarded to the Daniel Hanley Center for Health Leadership, a nonprofit, independent, statewide organization dedicated to supporting the transformation of Maine's health and healthcare sector, and work began this quarter with the establishment and engagement of the SIM Leadership Advisory Committee. The committee consists of a robust group of 18 healthcare leaders from across the state and from varied roles within the healthcare sector. The Leadership Committee also began to plan a Visioning Forum for June 2, 2015, and has secured Dr. Derek Feeley, EVP at the Institute of Healthcare Improvement, to keynote the event. Dr. Feeley will speak on High Impact Leadership.

Engagement efforts at this stage are focused in three directions. First, members of the Advisory Committee have been successfully engaged. Second, the invitation list for the Visioning Forum is well under development. The Advisory Committee has reviewed and contributed to fill gaps and identify other key leaders and informal discussions with these leaders are ongoing. Third, preliminary work is underway to identify Primary Care, Behavioral Health, and Accountable Care Organization Tier II leaders to participate in the Leadership training component of the initiative.

Pillar 3 - Objective Statuses

OBJECTIVES	Q2	Q3 (projected)
MHMC Objective 3		
MQC Objective 1		
MQC Objective 3		
MaineCare Objective 3		
Maine CDC Objective 2		

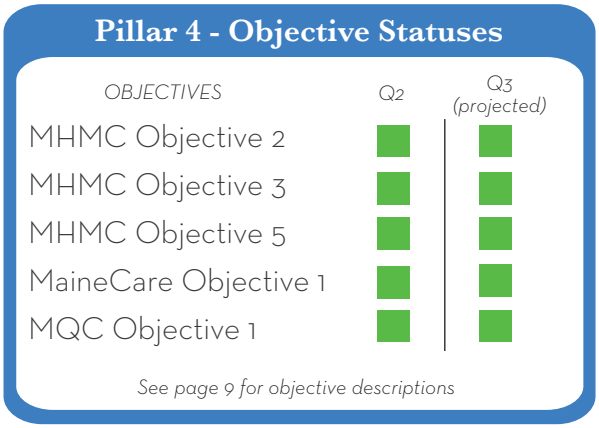
See page 9 for objective descriptions

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's work to stimulate the creation and adoption of a value based insurance design (VBID) model continues to progress, but the work has proven to be very complex and has expanded beyond the plan as originally conceived. Nevertheless, the project is benefitting from the energy and expertise of many stakeholders participating in the VBID Wellness Committee, VBID Clinical Committee, VBID Administrative Simplification Committee, and VBID Workgroup, and the Coalition expects to work through the myriad details and challenges of this undertaking.

MaineCare reported this quarter that three of the four Accountable Communities (AC) contracts were completed by the end of March, and the 4th has been signed by the AC and is in the final stage of being signed by the State. Despite this success, the Department has decided to delay round two of the Accountable Communities in order to strengthen its process and resources. Part of that work involves refining the AC portal design, which ACs have provided feedback on to the Department.



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 reported four key achievements in its efforts to bring more transparency to healthcare data this quarter. First, its Healthcare Cost Workgroup, which is tasked with tracking healthcare costs to influence market forces and inform policy, reached consensus on a voluntary growth cap recommendation for risk-based contracts. The voluntary growth cap aims to keep the rate of increase in annual risk-adjusted per-member per-month (PMPM) payments at or below the agreed upon voluntary cap and is a significant milestone in the group's work.

Two other important accomplishments

occurred in the MHMC's Accountable Care Implementation (ACI) Workgroup. ACI members and each of the major payers in the Maine market endorsed a core set of 40 ACO performance metrics to help bring standardization to system measurement, with the intent of easing the measurement proliferation for providers. They also reported that a data use agreement (DUA) to permit certain uses of Medicare data has been obtained, with the DUA received from ResDAC in early March. This will allow the important work of providing practices with cost and quality information on Medicare patients to begin moving forward.

Finally, the MHMC's work to publically report provider performance took a significant step forward this quarter with the publication of the state's first behavioral health metrics on its public reporting website, www.getbettermaine.org. The new ratings for both mental health and substance abuse providers will help patients to find practices that coordinate client care across providers and are working to measure person-centered care, client functioning and well-being.

HealthInfoNet also reported some key achievements this quarter, chief among them being the ongoing implementation of secure email notifications for MaineCare member utilization of the emergency room and inpatient admissions. This work continues to support care coordination efforts by care managers leveraging near real-time information as events of care and discharge documents are available in the Health Information Exchange (HIE).

Other HealthInfoNet accomplishments included a project kick-off meeting with MaineCare staff to begin implementation of a web-based HIE Analytics Dashboard that combines current real-time clinical HIE data with MaineCare's claims data. Once implemented, the dashboard will be the first test of Maine's HIE to support a payer using clinical electronic health record (EHR) data. In support of this dashboard, HealthInfoNet completed the build for a new claims data repository with over four years of MaineCare claims data and will continue to integrate the monthly claims feed from MaineCare throughout the project.

Although the project kick-off meeting was held, MaineCare has requested that the project go on hold until recent staff changes at the department can be worked out. MaineCare has scheduled meetings to address this delay and will begin to identify project coordination and leadership staff and resources to be trained on testing and implementing the tool over the coming quarter.

Pillar 5 - Objective Statuses

OBJECTIVES	*Q2*	*Q3 (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.

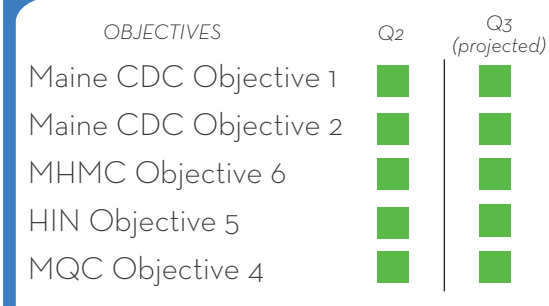
The Maine Center for Disease Control and Prevention (CDC) reported that Community Health Worker Pilot Projects are in full swing this quarter, and all four sites are actively engaging clients and patients. They have also begun to report on their progress, and as of mid-February they had submitted their first cycle of reporting covering Q4 of 2014. Now that all pilot projects are staffed, trained and delivering services the outlook for meeting future targets is very strong.

The Maine CDC's National Diabetes Prevention Program project also got into full swing this quarter, and the efforts of CDC staff, including the addition of 34 new NDPP Lifestyle Coaches, has allowed the number of sites in Maine delivering this lifestyle intervention program to increase to 15. Each of the sites has written data share/fidelity agreements in place and has begun delivering NDPP to all eligible populations.

In addition to these Maine CDC successes, HealthInfoNet also reported making strong progress in their efforts to engage people and communities. Their work to provide patients with the first direct access to their statewide medical record on the Health Information Exchange (HIE) exceeded its target goal this quarter. Over 300 patients were able to download a summary of their statewide HIE record, called a "continuity of care document (CCD)," using what is known as "Blue Button" technology. HIN's collaboration with the second largest health system in Maine, EMHS, allows the patients in the pilot to access their CCD via logging into their local provider portal, "myEMHS health." Patient, consumer and staff feedback has been very positive regarding the ability to download the CCD records, and further engagement with the pilot is expected in the coming quarter.

As the Maine CDC's and HealthInfoNet's projects begin to pick up steam, Maine Quality Counts' P3 Pilot initiative has begun to wind down. This quarter marked the end of the pilot project, and QC staff wrapped up work by holding a learning session for pilot sites on March 19th, in addition to a patient engagement Health Care Town Hall Meeting the evening before with David "e-Patient Dave" deBronkart The learning session included three keynote talks on patient engagement and shared success stories from 10 of the P3 Pilots. Although SIM work is wrapping up, Quality Counts continues to keep sites actively engaged by sending P3 Physician Consultants to visit pilot sites. These visits will continue over the next quarter.

Pillar 6 - Objective Statuses



See page 9 for objective descriptions

SIM OUTCOMES: Results From the SIM Evaluation

The Lewin Group continued its ongoing evaluation plan development this quarter, and finalization of the plan with DHHS staff is expected after feedback from the Evaluation Subcommittee is received. The Lewin Group also developed and finalized consumer, provider and stakeholder interview methodology and tool development with DHHS staff and the Evaluation Subcommittee. Part of this process involved holding meetings with each SIM partner to aid in coordination, and delivering presentations on evaluation plan development, dashboard and data analysis development, qualitative interview methodologies and SIM program risk identification process. The Lewin Group met with other groups implementing concurrent evaluations in the state, including RTI and the University of Southern Maine's Muskie School, to establish coordination and avoid repetitious efforts where possible.

The Lewin group began working on finalizing designs for the SIM Core team dashboard, and began work on the development of targets for each of the SIM Core metrics, as follows:

- Non-Emergent Emergency Department Utilization based on 14 Diagnoses
- All Cause Readmissions
- Use of Imaging Studies for Low Back Pain
- Cost of Care
- Fragmented Care Index
- Pediatric/Adolescent Care
- Mental Health Screening and Following
- Patient Experience
- Obesity Screening
- Diabetes Care.

A key goal of the SIM Program is to develop track progress against those populations. The Lewin Group is leading and executing those efforts, with leadership coming from the State and SIM Program.

SIM STATUS AT A GLANCE