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, 2015



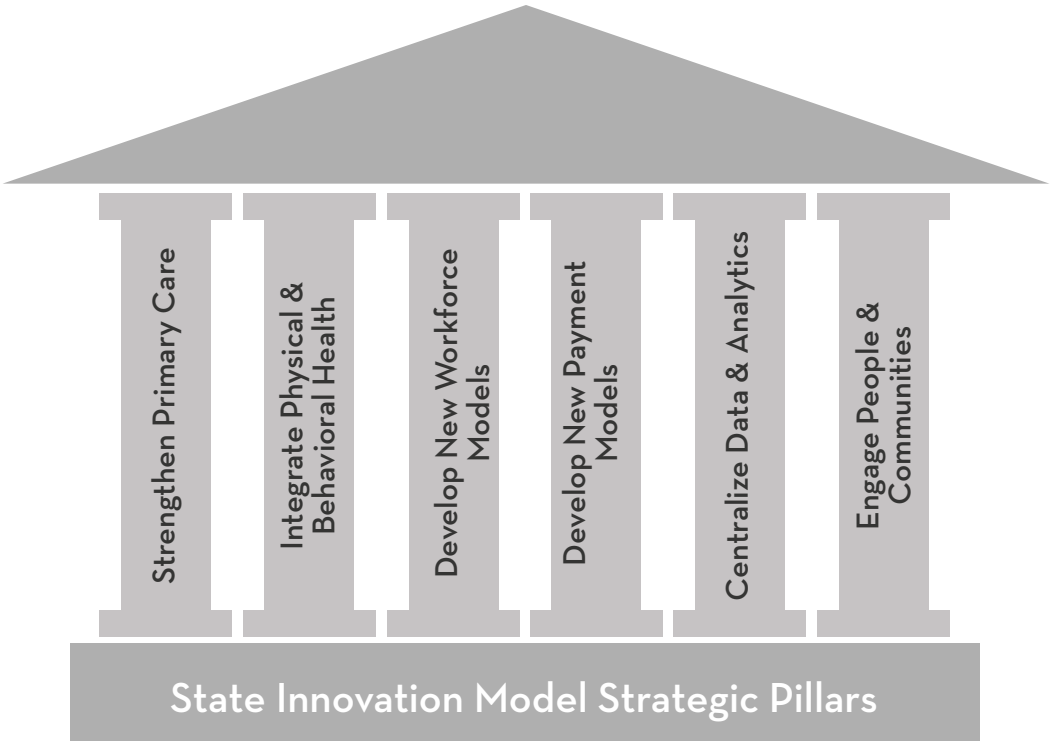
Maine State Innovation Model: Q1, 2016

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 is putting this belief to the test through the Maine State Innovation Model (SIM).

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

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



SIM OUTCOMES: Results From the SIM Evaluation

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

The first quarter of the State Innovation Model's third year (SIM) was a significant milestone for the SIM evaluation being undertaken by the Lewin Group. Lewin released a final version of its first official Evaluation Report and Executive Summary in December. The report is published in the Evaluation section of the Maine SIM website (www.maine.gov/dhhs/sim/), and it includes an assessment of a wide range of SIM activities, including Health Homes, Behavioral Health Homes, SIM infrastructure components, and more. The report also outlines some of the challenges and mitigation strategies that have arisen so far, along with some potential steps for moving forward.

In this report, some notable achievements have come to light – particularly in the work with MaineCare's Stage A Health Homes. Lewin found that Health Home practices were able to decrease non-emergent Emergency Department (ED) use by 14 percent, which is an 11.4 percent greater reduction than their control group. This drop helped contribute to a sizable cost avoidance of $110 per member, per month (PMPM) at Health Home practices, suggesting that Stage A Health Homes are providing improved, more efficient care than controls.

In addition to releasing the first Evaluation Report, the Lewin Group published an interactive dashboard of core SIM measures to the Evaluation section of the SIM website. The dashboard shows results toward goals like reducing all-cause readmissions and improving diabetic HbA1c screening rates. It also allows users to see the distance left to the goal completion, and to see how much progress has been made by quarter. The dashboard depicts data for all Maine populations, not just those directly involved in SIM interventions.

MaineCare has led the way in measurement and has established goals for each of the SIM core metrics, as reflected and publically reported on the SIM Core Dashboard. The SIM program expects to have Medicare targets developed and reported in the very near future, and is in continued discussions with the commercial plans to establish coordinated targets for their covered population as well. Target establishment by all payers will help align focus and share best practices across payer populations toward lower cost and improved healthcare quality for all Maine people. The SIM program continues to work across the payers to promote and encourage this cooperation.

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) continues to progress with success in meeting and exceeding nearly all milestones, work plans, and accountability targets for its Health Homes Learning Collaborative (HH LC) and Behavioral Health Homes Learning Collaborative. One point of particular note over the last quarter was the convening of primary care Health Homes, Behavioral Health Homes, Community Care Teams (CCTs), and patient partners/consumers at an integrated learning session on October 2nd. The focus of the learning session was on improving communication and collaboration to reduce readmissions, and attendees had the opportunity to network and learn from peers engaged in similar work around the state. The event was attended by 564 providers and practice team members.

In addition to the learning session, Maine Quality Counts also held monthly webinars, a statewide Community Care Team Summit, and a series of five regional forums around the state over the last quarter. The regional forums convened palliative care providers with the medical neighborhood to discuss strategies for improving palliative care in primary care. The regional forums, which convened primary care practices in the context of their broader "medical neighborhoods," are reported by participants to be a popular and valuable strategy to facilitate key relationships and refine communications and workflows to improve the quality of care transitions across primary care and specialty teams.

Like QC, MaineCare's work under pillar 1 is progressing smoothly, and they reported particular successes in their efforts to implement an Accountable Communities (ACs) Shared Savings ACO. MaineCare released an RFA for round II participation in November. While there were no applicants, the program is still experiencing significant growth; nine new organizations representing 36 primary care practices joined the program in the second year, increasing enrollment in the program to 45,000 members, and ACs are planning to add yet more practices in the third year.

MaineCare also reported that the Accountable Communities online portal is now delivering monthly utilization reports and claims downloads to participating practices, and as of December they had finalized the addition of downloadable mental health claims. This access to data will help participating practices to better track their cost, quality, and utilization, ultimately helping to inform quality improvement and cost reduction strategies.

The Maine Health Management Coalition (MHMC) continues to send practice reports to primary care practices around the state. The reports include information on the practices' patient population, and they help practices benchmark their cost and quality against their peers. Six hundred and twenty-two reports were sent in the last quarter. MHMC also presented practice reports at a QC webinar, as well as exhibiting at the QC learning session in October.

Pillar 1 - Objective Statuses

OBJECTIVES	*Q1*	*Q2 (projected)*
MaineCare Objective 1:	■	■
MaineCare Objective 4:	■	■
HIN Objective 1:	■	■
HIN Objective 4:	■	■
MHMC Objective 4:	■	*N/A*
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.

HealthInfoNet's (HIN) work to provide financial support for 20 Behavioral Health (BH) organizations seeking to set up Electronic Health Record (EHR) systems continued to move forward this quarter. Fourteen of the twenty organizations that were selected to receive support met the required milestones, and a total of $600,000 out of $800,000 in available reimbursements have been successfully distributed. HIN is also helping the twenty organizations with educational support, and they held monthly webinars for participating organizations. In addition, HIN has been holding weekly individual technical calls with EHR vendors to keep the work moving forward. There have been some technical challenges with the implementation of the EHR systems, but HIN's technical team has persevered and continues to achieve progress for this critical work to support integration of care across the healthcare delivery system.

HIN has also continued to make progress in their work to support behavioral health integration through new and enhanced IT infrastructure. HIN has been working to connect BHH organizations to the state's Health Information Exchange (HIE) in an effort to centralize patient records and better coordinate care, and seven of twenty organizations are now live with mental health data in the HIE.

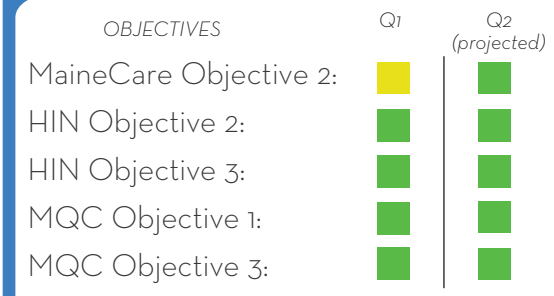
MaineCare reported several updates this quarter in their work to implement and support MaineCare Behavioral Health Homes (BHHs). The agency completed a rate review process that was undertaken by Burns and Associates, and the per member, per month rate, which will apply to both adults and pediatric practices, will officially go into effect on January 1, 2016. They also opened applications for new BHH organizations seeking to join the initiative in October, and they welcomed seven new organizations that began work on January 21, 2016.

Maine QC also reported several successes in providing support for the BHHs' Learning Collaborative. On October 2nd, QC offered an integrated session for primary care Health Homes, Community Care Teams and Behavioral Health Homes. During this event, content was offered to support the Behavioral Health Homes in their efforts to connect and integrate with primary care practices. An afternoon session supported the networking between BHHs and primary care within their regions and the development of action plans to improve transitions of care. Additionally, the BHH Learning Collaborative saw gains in implementation of the Behavioral Health Homes in this quarter, particularly in improving access to care and risk stratification and management, with some organizations seeing successes in open access scheduling and reductions in ED visits from targeted efforts.

With work on the Behavioral Health Integration Icon complete, the MHMC's Pathways to Excellence (PTE) Behavioral Health Steering Committee has begun to explore additional ways to improve integration of care. Committee members decided that the next two provider groups it will consider adding to GetBetterMaine are case managers and

medication managers—both of which can play key roles in Behavioral Health Homes and effective integration of behavioral and physical health. The Committee will begin reviewing potential areas of quality improvement for those two service areas (case management and medication management) in early 2016, with a goal of reporting on GetBetterMaine in January 2017.

Pillar 2 - Objective Statuses



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.

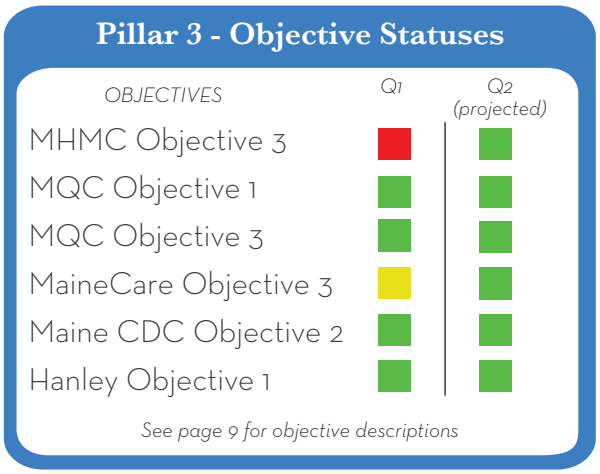
Under the SIM grant MaineCare has been working to develop and implement a physical health integration workforce development component for the Mental Health Rehabilitation Technicians/Community (MHRT/C) certification curriculum, and this quarter they reported that they continued to make progress. MaineCare has developed a new integrated care module and has begun the planning and delivery of motivational interviewing training for children's case managers. After meetings of the Redesign Advisory Group and Competency Committees, MaineCare also finalized new integrated care competencies for all incoming MHRT/Cs.

Also serving to develop new workforce models is the Maine Center for Disease Control and Prevention's (CDC) Community Health Worker (CHW) Pilot Project. The project is in full swing, and the focus over the last quarter has been on technical assistance for the second year. More exciting than the technical assistance, though, is a great example of how the CHW's work to understand the context and needs of patients is impacting overall health. A CHW shared a patient story this quarter involving a male in his 30s with uncontrolled asthma. In the patient assessment the CHW came to understand that in addition to asthma the patient had medical complications that were preventing him from working. The CHW was able to connect the patient not only to smoking cessation, but to necessary medical care which will lead to the resolution of an undiagnosed hernia, and the patient will return to the workforce this spring.

The Daniel Hanley Center for Health Leadership shared two success stories this quarter in their work to provide leadership development. The first was the successful reconvening of senior leaders to provide guidance and feedback on the draft Health Leadership Development Action Plan and Sustainability Plan. The Hanley Center

reported that participants were very engaged in the work, and the meeting's outcome was a desire to continue to work on refining the plan, with a commitment to meet again in the spring of 2016 to review and finalize plans to sustain leadership development in Maine.

The second success was the Tier I Team Training, held in Bangor on December 1st and in Lewiston on December 2nd. The training brought together 23 teams and 132 participants in team learning, and all teams were actively engaged in learning new tools and applying those tools to challenges in their environments. Virginia Crowe and Sue Butts-Dion, IHI Improvement Advisors, along with Hanley Center staff, guided the participants' learning, skills development, and application. Teams left each day's training with a plan to begin implementation immediately.



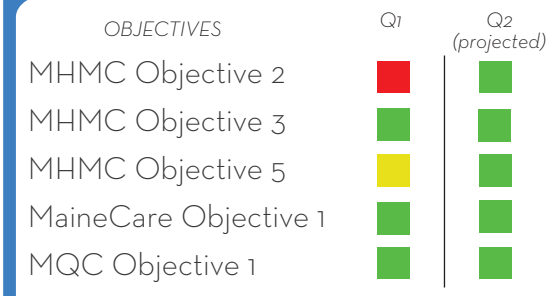
PILLAR 4: Develop New Payment Models

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 MHMC reached a major milestone this quarter with the creation of a standardized online provider enrollment application. Currently, providers who wish to enroll with a health plan must fill out a special form for each payer. After months of effort through Value-Based Insurance Design (VBID) workgroups, the health plans have agreed to accept a single form that will save providers a significant amount of administrative time. The MHMC reported that this form has been built, and it is now being reviewed by stakeholders. It is expected that the form will be released for use in the second quarter of 2016.

The Maine CDC's National Diabetes Prevention Program (NDPP), which helps people at high risk for Type 2 Diabetes make modest lifestyle changes that can prevent or significantly delay the disease, also reported progress in their work to develop new payment models. This quarter, they began the NDPP participant survey to gather feedback on efforts to date, and they began beta testing an NDPP Data Dashboard that is slated to go live in January 2016. The dashboard will support and provide utility to NDPP providers in Maine by reducing time and data entry errors for program coordinators and lifestyle coaches. The dashboard will also allow provider sites to create reports for program quality improvement purposes, payer/provider reporting, and U.S. CDC recognition maintenance.

Pillar 4 - Objective Statuses



See page 9 for objective descriptions

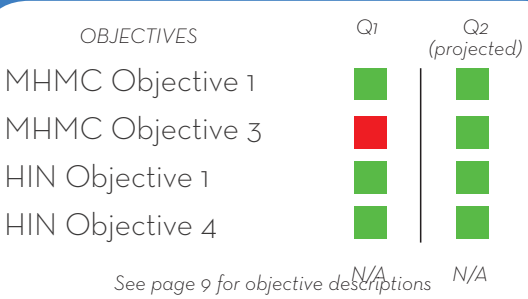
PILLAR 5: Centralize Data & Analysis

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 MHMC continued their work supporting MaineCare's AC initiative this quarter with the ongoing delivery of cost and quality reports to AC practices, along with additional utilization data to supplement information provided on the AC online portal. The cost reports provide ongoing program information for their AC attributed population, as well as benchmarking AC practices against all other MaineCare AC populations in the state. The reports have received very positive feedback, as they allow the ACs to better understand how healthcare services are being delivered to MaineCare attributed patients, helping them identify actionable strategies for lowering member costs and ensuring the delivery of high quality care.

In addition to the data work to support ACs, the MHMC also published a supplement to its Healthcare Databook this quarter. The supplement updates key state- and county-level data on health status, insurance coverage and premium rates, delivery, access, utilization, quality, and cost to inform stakeholder discussions and decisions around health policy and coverage. Both the original Healthcare Databook and the Healthcare Databook Supplement can be found on the MHMC's website, www.mehmc.org, in the Member Resources section.

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. 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.

Among the biggest accomplishments in engaging people and communities this quarter came from the MHMC, which reported that its Board of Directors approved a plan to begin publicly reporting efficacy, safety, and patient experience measures for five new healthcare specialties on its website, www.getbettermaine.org. Orthopedics, oncology/hematology, gynecology, obstetrics and cardiology were all approved for public reporting in 2016, with all but cardiology set to be reported in April.

This is one of the largest expansions of public reporting in the MHMC's history, and it represents a significant milestone in the work to make healthcare quality transparent to Maine people. By publicly reporting on the quality of care, patients gain a tool for finding and utilizing high performing providers, and recognizing quality helps to drive improvement system-wide.

Pillar 6 - Objective Statuses

OBJECTIVES	*Q1*	*Q2 (projected)*
Maine CDC Objective 1		
Maine CDC Objective 2		
MHMC Objective 6		
HIN Objective 5	*N/A*	*N/A*
MQC Objective 4	*N/A*	*N/A*

See page 9 for objective descriptions

SIM STATUS AT A GLANCE