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|  | ***SIM Steering Committee***  ***Wednesday, April 22, 2015***  ***9:00am-12:00pm***  ***MaineGeneral Alfond Center, Augusta***  ***Conference Room 2*** |

**Attendance:**

Noah Nesin, MD

Jay Yoe, PhD, DHHS – Continuous Quality Improvement

Dr. Kevin Flanigan, Medical Director, DHHS

Deb Wigand, DHHS – Maine CDC

Jack Comart, Maine Equal Justice Partners

Penny Townsend, Wellness Manager, Cianbro

Rhonda Selvin, APRN (via phone)

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

Rose Strout, MaineCare Member

Amy Dix, Director of VBP, OMS

**Interested Parties:**

Lisa Tuttle- Maine Quality Counts

Frank Johnson, MHMC

Lisa Nolan, MHMC

James Leonard, OMS

Jim Harner, Hanley

Kathy Woods, Lewin

Kathryn Pelletreau, MAHP

Lisa Nolan, MHMC

Peter Flotten, MHMC

Liz Miller, Quality Counts

David Hanig, Lewin

Judiann Smith, Hanley

Karynlee Harrington

Lisa Harvey-McPherson, EMHS

**Absence:**

Stefanie Nadeau, Director, OMS/DHHS

Eric Cioppa, Superintendent, Bureau of Insurance

Fran Jensen, CMMI

Randy Chenard, SIM Program Director

Lynn Duby, CEO, Crisis and Counseling Centers

Dale Hamilton, Executive Director, Community Health and Counseling Services

Lisa Letourneau, MD, Maine Quality Counts

Andrew Webber, CEO, MHMC

Shaun Alfreds, COO, HIN

Katie Fullam Harris, VP, Gov. and Emp. Relations, MaineHealth

Kristine Ossenfort, Anthem (via phone)

**All meeting documents available at:** [**http://www.maine.gov/dhhs/oms/sim/steering/index.shtml**](http://www.maine.gov/dhhs/oms/sim/steering/index.shtml)

| **Agenda** | **Discussion/Decisions** | **Next Steps** |
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| **1-Welcome – Minutes Review and Acceptance** | *Approve Steering Committee minutes from August Steering Committee meeting :*  Minutes were approved. |  |
| **2- Subcommittee Reports** | *Objective: Subcommittee Chairs to provide high level updates to the Steering Committee*  Payment Reform Subcommittee- It stated that a lot of last meeting was spent discussing the announcement from CMS and Medicare’s desire to align with innovations happening within SIM states. There was not a lot of clarity in memo, but hoping to get some clarity from Maine SIM representatives that are going to Baltimore. Hoping to be able to put forward a proposal for alignment on payment reform between Medicaid, Medicare, and commercial payers.  Delivery System Reform- The next meeting is in early May, and they will be discussing the Care Coordination pilot that has a focus on integrated care planning between HH, CCTs, and hospital. There is risk mitigation work currently that focuses on accessibility of SIM programs for folks with disabilities, and there was a small group was created to take that on.  The pilot on patient/provider and shared decision-making was wrapped up in March and final report outs from the sites are expected in either May or June. Frank and Lisa will be aligning efforts of their subcommittees to address the CMS memo and see where Medicare can fit in different SIM initiatives. Lisa asked that the Steering Committee members get a copy of Medicare memo.  There was a discussion  HIN was not available to give a Data Infrastructure subcommittee update.  Hanley Center- Updated that they have begun work on this initiative to take this all the way to Sept 2016. They are beginning by convening large group of HealthCare CEOs and other leaders to develop 5 year strategy to lead change. 2nd part will be offer substantial training to teams in September and December of 2015, to lead change and stay resilient. They are creating advisory committee to guide training, have had an initial meeting where they offered some guidance will be meeting bi-monthly though this process. Invitations are going out to over 100 people, Derek Feeley will be speaking about driving forward the Triple Aim at the Senior Leadership kickoff even scheduled in June, and there will be several months of interaction to follow this even to push this initiative in the right direction. Strong support and interest from people from across the state.. Judiann Smith will be attending these meetings going forward as this was be Jim Harner’s last meeting for SIM. Dr. Flanigan thanked him for his participation and understanding the importance of this work. | Dr. Flanigan will make sure that members of the Steering Committee are sent a copy fo the CMS memo. |
| **3- Risk #32 and response from Maine Leadership Team** | *Objective: Inform the steering committee of the response to their preliminary discussion of risk #32 and the direction that the MLT is providing back to the Steering Committee*  Risk 32 was created during the conversation had that focused on the concerns of the proposed budget’s potential impacts to SIM, how it might impact SIM’s success on objectives and the systems change that is necessary. Dr. F presented itemized memo on concerns to MLT. MLT had stated that its feeling was that this is a proposed budget, with various iterations making their way through the budget process, whatever is actually adopted is what needs to be addressed. That would put this risk below the watermark, to be revisited, if need be, once a final budget is adopted.  The MLT asked that the Steering Committee to focus on objectives that are struggling and help guide efforts toward success.  It was stated that, although it’s a proposed budget, it’s hard to let that risk settle below surface and it felt as though the MLT did not understand the significant concerns of the Steering Committee.  Dr. Flanigan said that the MLT did hear the concerns and acknowledged the effort put into the concerns, but it is a proposed budget going through a legislative process, and they don’t want Steering Committee to spend time on this when they could be focusing on objectives that may be losing steam. Once there is an adopted budget there will be a time to have a discussion on how that budget will impact SIM. | This risk can be revisited once there a final budget is adopted. |
| **4 - TCOC: TCI and RUI Display in Public Reports** | *Objective: Frank will provide an overview as to how the TCI and RUI displays will be shown beginning in July, as approved by PTE.*  Last meeting the Steering Committee endorsed the TCOC calculation that was adopted by Coalition, through their internal process. Several months ago there was also a presentation on TCOC use: TCI and RUI, taking TCOC and using it to calculate indices, allowing providers to understand the populations they are serving and the costs of that population, and currently these are only being used for private reporting. The Coalition has educated recipients on how to use this information.  It was explained that the Coalition modified a national methodology for TCOC, but can’t use calculation to compare apples to apples. There was discussion around what purpose of these indices are, how providers should be using them, and what the Steering Committee had agreed to when it comes to reporting the TCOC and indices.  Peter Flotten explained that the for public reporting in the future, the plan is that these indices would only be reported along with quality measures, which will give appropriate context to the indices and allow the public to understand how providers are using resources to care for their populations.  It was clarified that practices/providers could use this information as a quality improvement element. Dr. Flanigan gave the example that they can look at their cardiac patients and look at how they could potentially change workflow and management for better outcomes.  It was suggested that the Coalition put a descriptor next to the measures to explain how to interpret them. It was also stated that currently Coalition staff is available to answer questions from practices.  Frank went over public reporting sample and explained handout with definitions for Best-Low when describing practices. These definitions were assessed and debated over 2 years through PTE.  Dr. Flanigan explained what the median means and how it applies to the ratings.  Frank explained that the site provided links for people to look at methodology and have graphics to explain data. The Coalition isn’t sure how public will use information on site; a lot depends on how the payers use information. Payers/purchasers rate different domains and can offer incentives for consumers, can impact provider behavior and helps enrollees determine which providers are best for them. He then demonstrated what Public Reporting display will look like.  Jack- currently site is based on a few conditions, is this new format going to include more conditions?  Frank- looking at same measures but rolling them up and giving an aggregate rating.  Dr. Flanigan explained that they were not asking for consensus on the Public Reporting piece, it will have to be revisited next month when attendance is higher. | TCI and RUI Use in Public Reporting will be revisited at the next meeting when there are enough Steering Committee members to vote on endorsement. |
| **5 – SIM Target Measures for evaluation** | *Objective: Two objectives:*   1. *Review progress made by SIM Program and the Lewin Group on the establishment of Medicaid targets for the SIM Core Evaluation Dashboard* 2. *Discussion on expectations for SIM Governance (Steering Committee and Evaluation Sub-Committee) in review and endorsement of MaineCare targets and for establishment of commercial and Medicare targets.*   It was updated that Lewin is currently trying to sort out how to take data and turn it into to usable and credible information. As metrics get reported on, questions arise around how it is calculated and interpreted. Lewin has received claims data from MaineCare, has received some data from Coalition on the commercial side, but are still waiting on Medicare. They are working to align the metrics with Maine SIM measures, which some have been metrics have been adapted from national standards to better fit local environment. They are vetting data in order to make sure the data matches up with Coalition and Muskie measurements, which is an important process. After the vetting is complete, they will have to establish benchmarks and targets, if there are national benchmarks Lewin will use them as guideposts. They will be using ABCs Methodology for Health Homes and Behavioral Health Homes. They reviewed what the SIM over core metrics are. They are also in the process organizing the survey activities to capture information on the physical activity measures.  Dr. Flanigan clarified that the Core Metrics chosed aligned with MaineCare objectives and initiatives, as well as, those that are in the SIM grant work.  It was asked how Lewin planned to carve out the Medicare ACO and Commercial ACO activity in the SIM evaluation. Randy will be setting up a call to discuss this point with EMHS and MaineHealth . Lewin representatives agreed that this is an ongoing challenge, as there is a lot of activity happening in the State outside of SIM. | Randy will have a call set up with EMHS and MaineHealth along with Lewin to discuss how to carve out ACO activities happening outside of SIM. |
| **6- SIM Assessment** | *Objective: Discussion where we are with SIM, and where SIM is looking to go in year two of the cooperative agreement*  Dr. Flanigan thanked the Steering Committee for their dedication and participation. He pointed out that the SIM governance structure had struck a cord with the Feds. He highlighted all the work that was done in the first year and a half by the Steering Committee and reminded the Steering Committee that there was another year and a half of this grant left. |  |
| **8- Risk or Issue Review /Identification** | *Objective: Standing agenda item- allocate time for Steering Committee members to identify risks or issue to SIM Risk and Issue Log*  No new risks identified. |  |
| **9- Public Comment** | Karynlee Harrington discussed the Public Reporting project and website that MHDO is currently working on and stated that it was an opportunity for MHDO and the Coalition sites to complement each other. She stated that the official launch of their site will be in September and she would like the opportunity to demonstrate the page, and all the information that will be on it, with the Steering Committee. |  |