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|  | ***SIM Steering Committee******Wednesday, April 23th , 2014******9:30am-12:00pm******MaineGeneral Alfond Center for Health******35 Medical Center Parkway******Conference Room 3******Augusta*** |

**Attendance:**

Noah Nesin, MD

Penny Townsend, Wellness Manager, Cianbro,

Jay Yoe, PhD, DHHS – Continuous Quality Improvement

Randy Chenard, SIM Program Director

Eric Cioppa, Superintendent, Bureau of Insurance

Andrew Webber, CEO, MHMC

Dr. Kevin Flanigan, Medical Director, DHHS

Dale Hamilton, Executive Director, Community Health and Counseling Services- via phone

Katie Fullam Harris, VP, Gov. and Emp. Relations, MaineHealth- via phone

Lisa Letourneau, MD, Maine Quality Counts

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

Rhonda Selvin, APRN

Rose Strout, MaineCare Member- via phone

Lynn Duby, CEO, Crisis and Counseling Centers

Kristine Ossenfort, Anthem

Deb Wigand, DHHS – Maine CDC

**Interested Parties:**

Katie Sendze- HIN

Lyndsay Sanborn- MHMC

Lisa Tuttle- Maine Quality Counts

Michelle Probert, Director of Strategic Initiatives, DHHS

Gordon Smith,

Jim Leonard, Deputy Director, OMS

Frank Johnson, MHMC

**Absence:**

Representative Richard Malaby

Frances Jensen, MD, CMMI, Project Officer

Stefanie Nadeau, Director, OMS/DHHS

Jack Comart, Maine Equal Justice Partners

Shaun Alfreds, COO, HIN

**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** | - Discussion: Dr. Flanigan asked for any suggestions on minutes. Aside from a few comments regarding corrections to the attendance section, minutes were accepted.- Dr. Letourneau asked if future meetings were going to be 3 hours long. Dr. Flanigan stated that, yes; future meetings would be 3 hours, only this meeting would be 2.5 hours due to a scheduling conflict for the room.  |  |
| **2-Steering Committee Questions to Subcommittee Chairs** | *Standing agenda item - Steering Committee to ask questions of the subcommittee chairs regarding content in subcommittee reports* It was indicated that this would be a recurring agenda item and the plan was to send out the monthly subcommittee reports about a week in advance so that Steering Committee members could review them and come prepared with questions to pose to the subcommittee leaders. Discussion: Dr. Nesin asked of the nature of the HIT RFPs for that were awarded and what are the deliverables for the Behavioral Health Homes. Katie Sendze answered that it had to do with the $70,000 grant to help 20 Behavioral Health Organizations get the EHRs installed to allow for better integrated data and ultimately help to support care coordination efforts of those organizations. Dr. Letourneau questioned if the CDC’s National Diabetes Program was still to be used as a funding opportunity for certain sites to run the program. Deb Wigand spoke to this stating that there has been a change in approach with the CDC offering more technical assistance for providers that wish to implement the program rather than a funding opportunity. She stated that the hope had been to work with MaineCare, but as that doesn’t look likely they are looking to identify some pilot sites. She advised that the CDC is currently in talks with MHMC and large employers about what can be done to make this a sustainable program, but that was all she could speak to at the moment. There was then a question about the SIM logo that was on the copy of last month’s meeting minutes. It was asked if that was something that had been approved. Randy answered that it had been decided that the official SIM logo would be that of DHHS, the SIM logo was not approved about it was decided that the partners under SIM could use co-branding. It was stated that there was confusion in the provider community about what work was actually being performed under SIM. The example of the BHHs was give and it was stated that there are a lot of entities involved with the implementation and there was not enough clarity separating the SIM work from the work being done by the other entities. Dr. Flanigan asked if this was a request that should be taken to the Maine Leadership Team, the creation and use of the specific SIM logo to help clarify work under the grant for providers and the public. It was suggested that a flow chart that delineated the work of SIM and that of MaineCare would be helpful and provide clarity. It was also stated that more of the concerns from providers that stem from MaineCare initiatives need to reach the SIM subcommittees. Dr. Flanigan said he would take this issue to the MLT and would report back next month.  | Dr. Flanigan will address the Steering Committees request for an official logo that will help provide clarity to the providers, in the next Maine Leadership Team meeting.  |
| **3-** **CMMI Visit to Maine May 28** | *Specific requests of Steering Committee from CMMI?* Dr. Flanigan advised that representatives from CMMI will be visiting and checking on the status of the grant’s work in the State of Maine. He asked for questions/commits/concerns that the Steering Committee would like to pose to them, as they will be attending the next Steering Committee meeting on May 28th. Discussion: It was asked if it would be appropriate to ask them to speak to what is happening with the Medicare population, in what direction they see Medicare reform heading. It was stated that the people around the table don’t discuss it much because it’s an overwhelming topic and out of their control. Not to mention the relevance that it has for those in our state, as Maine has an aging population. When talking about initiatives and challenges to innovation, Medicare is pushed to the side as it’s not clear what is happening with it. It was stated that it would also be good to ask about Medicaid reform on a national level and information on Health Homes initiatives happening across the country. It was advised that if the funding won’t be there on the federal level to help with these initiatives it will have a trickledown effect for companies like HIN, and that it would be nice to have an idea of where Medicare/Medicaid reform is heading. It was suggested that they also ask them to offer their comments on the risk log and the weights given to the different objectives as they have seen what is going on in other states and can offer suggestions as to what can cause the most threat to reaching SIM’s Triple Aim. They could also suggest where the work should really be focused in the coming years. It was asked what the purpose of CMMI’s visit was. Randy responded they they wanted to better understand Maine’s process, meet the leadership at the state level, and learn how to be most helpful to the state. The was a request to ask if there were any transitional efforts in other states that are helpful in the interim for providers making changes and participating in Shared Savings initiatives and who are waiting for the savings to kick in.  | SIM Steering Committee will come to the next meeting with questions prepared for the CMMI representatives. |
| **4-** **SIM Objective Weighting – Criteria and Review** | *Review SIM Objective weighting criteria and approve assigned weights for each SIM objective* Randy stated that at the recommendation of the Steering Committee to provide the criteria for assigning weights to the different SIM objectives, he was introducing a document “Weighting Criteria for Maine SIM Objectives”. He reviewed the Strategic Framework chart and demonstrated how some objectives are related to more than one of the six SIM pillars. He then went on to explain the “Weighting Criteria for Maine SIM Objectives” document. He said that in considering the weighting the question that was asked was “Which objectives are most important to achieve the Triple Aim?” He went through the definitions of each of the weight numbers. Discussion: It was asked if the “moderate impact” as stated in the definition of the number 3 weighting meant that it was challenging but not impossible to achieve the strategic objective, it was also asked if Randy had developed the scoring first and then the criteria for the scoring after. Randy said the answer to the first question was yes, challenging but not impossible. For the second question Randy said that the criteria for the weighting was what he had in his mind when he started giving the weight scores to the different objectives, which were then vetted with members of the partnering organizations and people from the Department. Dr. Flanigan asked if there were any specific concerns on the weighting of any of the objectives. Randy reiterated that the weight numbers were to be used to triage risks for the Steering Committee, to identify which ones the Steering Committee should focus its time on. It was questioned whether MaineCare’s AC initiative should change weight number if it ends up not being as far reaching as initially envisioned by MaineCare. Michelle stated that it shouldn’t matter what shape the AC initiative ends up taking, but it was something that was part of the plan in the application for the SIM grant and they were held responsible to for certain accountability targets, which could affect funding since it is part of the “operational plan”. There was mention of establishing a small set of core metrics that are around the Triple Aim, Randy is working on this list as determined by SIM partners and Department staff, which reforms are most important to achieving Triple Aim. Once these are defined Randy will get it out to Steering Committee members. Michelle advised that MaineCare’s objective #3, should have a higher rating as it is integral to the Behavioral Health Home’s implementation and success. It was then question why MHMC’s objective #1, Tracking Cost of Care, was given such a high weight. Frank answered that it was important to see what was effective in reducing costs. It was then advised that we don’t want to become data analysts and that the objectives that actually focus on making changes or lead to changes, should be given appropriate weighting. That it was important to track the information, but not as important as the work done to truly reduce costs.Michelle commented that she wasn’t in agreement that MQC’s objectives 1 and 3 have different weighting, as they are equally important to MaineCare’s Health Home and Behavioral Health Home objectives. It was suggested and then accepted that both objectives be given a #4 weighting. Michelle stated that looking at the weighting definitions, she feels that is an appropriate weighting.Randy reminded the Steering Committee that the Risk Log and the Strategic Framework weightings were fluid and subject to change as things continue to progress. | Randy will be working on compiling a set of core metrics around the Triple Aim. As Steering Committee members take time to consider these documents, they can voice any questions or concerns to Randy/Dr. Flanigan. |
| **5 - Steering Committee Risk or Issue identification** | *Standing agenda item - Allocate time for Steering Committee members to identify risks or issues to SIM success that should be added to SIM Risk and Issue log* Dr. Flanigan said this was time that Steering Committee members could voice concerns and identify risks based on interactions with their constituencies. For example the risk about too many care coordinators. He then opened the floor to committee members.Discussion:Rose Strout suggested more resources toward patient education about chronic disease management based on issues fellow MaineCare members have faced. Penny Townsend suggested that the duplication of services offered through workplace wellness programs, PCP services, and chronic conditions manager. Lisa Tuttle said the DSR will have a report on the issue of over coordination of care to the Steering Committee within the next couple meetings. Another concern was introduced about commercial payers aligning and accepting certain measures, or their flexibility to do so. Risk #20 was then brought up, the “Capacity for Change”. It was stated that there were a lot of changes happening very fast, and the biggest concern should be lack of infrastructure to support the care delivery in the longer term. The successes of these changes are generating significant challenges on the providers, specifically financially. The example of moving the ED away from being used as a safety net, it’s the right thing to do but there should be transitional support. It was advised that there should be transitional payment structures and also restructuring the healthcare services. Dr. Flanigan asked whether the concern was the transitional period or what the healthcare system will end up looking like in 3-5 years. It was answered that there are two goals identified, improving patient care and reducing costs of the system. The path isn’t clear of where we are heading. Behavioral Health Homes was used as an example of this issue, where you are have low and high utilizers combined in the same payment structure, which could prevent improvement of care. Dr. Nesin pointed out that this is more about getting enough people on board to support the changes we are asking them to make and getting them to really understand what SIM is about at a practice level; what it means to their day-to-day work and to the patients they serve, and ultimately the financial benefit they will receive from these changes.  |  |
| **6 - Maine SIM Risk/Issue Log Review** | *Discuss key SIM risks and update SIM steering committee on status*Randy provided updates on the highest weighted risks on the Risk Log. DSR subcommittee is working on mitigation strategies for Risk #21, the over-coordination of care. Michelle gave an update on Risk #5, advised that the Department has received a draft rule from the AG’s office and that the Department is now in the process of finalizing some key issues of that rule. The implementation of the AC initiative is delayed until July 1st.. Due to the complexity of the initiative it is paramount to get everyone on the same page and the contracts set and ready, before implementation can happen. Department had received an RAI from CMS on the SPA, and all questions were answered, and for the most part they seemed to be accepted by CMS, other than some informal comments on the use Acronyms and Semi-colons. Michelle stated that she does not foresee any formal requests for more information from CMS. Randy then spoke about Risk #20, the DSR subcommittee hasn’t worked on it yet, and they consider it to be a big risk. Dr. Flanigan ask for Steering Committee members to think about how to pull the risk apart and address specific components. Lisa Tuttle offered that it the biggest issue for providers was the uncommunicated changes they are being asked to implement, or change they don’t have much time to prepare for. She stated that it would be prudent for SIM to have a communication strategy around the changes they are trying to implement. Katie Sendze spoke to Risk #6, said they will be working on identifying what issues there are surrounding EHRs in BHHs over the next six months. Stated that this isn’t officially an issue yet. | Steering Committee members consider Risk 20, Capacity for Change, help to piece out the Risk so it can be properly mitigated.  |
| **7 - SIM Governance Survey Results** | *Brief review of results from SIM Governance Survey*  Randy gave a brief review of the results from the SIM Governance Survey. The survey had closed the previous day, and there was a 55% response rate, spread out over all the different committees included in SIM Governance. He said that there was mixed reviews, and said he plans to separate data based on which part of the SIM governance structure the respondent was in. Randy and Dr. Flanigan will be meeting to discuss how to ensure that both time and expertise are used appropriately. Randy said about 60 people took the survey.  | Randy and Dr. Flanigan will meet to discuss how future meetings in various SIM Governance branches, to ensure that time and expertise are leveraged appropriately.  |
| **8 - SIM General Status Update** | *Provide executive level status information* Randy distributed a document that details the status of each objective on a quarterly basis, and organized under their appropriate owners. He explained how to interpret the document and advised that it will serve as a quick way to communicate SIM statuses.  |  |
| **9- Public Comment** | None. Meeting adjourned at 12:00pm  | Tabled |