# **Pathways to Excellence (PTE) Behavioral Health Steering Committee, July 2015**

**SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: No Pathways to Excellence-Behavioral Health Steering Committee meeting held in July 2015

Number of participants: Did not meet in July

Organizations Represented: Did not meet in July

1. **Please state the subcommittees strategic focus for the month:** 
   * To obtain buy-in/input/ideas from individual members of PTE-BH Steering Committee regarding Behavioral Health public reporting attestation questions (intent, philosophy and wording) for 2016, including the addition of the 4th domain of Diagnosis/Condition Specific.
   * To finalize, mail attestation forms and letters of invitation, and develop internal systems for collecting and publicly reporting the Pathways to Excellence, Crossover Subcommittee’s behavioral health integration icon.
   * To meet with key behavioral health agencies and associations in order to increase participation in and involvement with public reporting.
2. **Please state the subcommittees key findings/work/impact for the month:** 
   * Due to this work developing buy-in with individuals, the PTE-BH Steering Committee was able to reach consensus on approach/wording/philosophical underpinnings for all four previously agreed-upon domains of quality for behavioral health at the August 2015 PTE BH Steering Committee meeting.
   * Even with a due date of Dec. 4, over 100 attestation forms from primary care providers have already been received at Maine Health Management Coalition.
   * Developed and presented webinar for Maine Quality Counts providing an overview of the Pathways to Excellence, Steering Committee work and goals.
3. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:**
   * To continue public reporting of meaningful behavioral health quality measures beyond original goal of January 2015.
   * To increase the number of behavioral health providers participating in public reporting.
4. **Please state the subcommittees challenges for the month:**

* Due to data challenges, an alternate strategy needed to be developed for the PTE Behavioral Health Claims Subcommittee. Data research is being done and a subcommittee meeting will be scheduled for early October.
* It was challenging synthesizing perspectives from key PTE BH Steering committee members regarding moving forward/developing attestation questions for public reporting.

1. **Please state the subcommittees risks for the month:**

* No new risks were identified this month.

1. **Please summarize the goals for next month’s subcommittee meeting:** 
   * The goal for the August 12, 2015 Pathways to Excellence, Behavioral Health Committee is to reach consensus regarding the development of attestation questions for public reporting in 2016 and to update the group on the Pathways to Excellence Crossover Committee and the Pathways to Excellence Behavioral Health Claims Subcommittee.

# **Pathways To Excellence (PTE) Systems Steering Committee: July 2015**

# **SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: No PTE Systems Steering Committee meetings occurred in July 2015

Number of participants: Did not meet in July

Organizations Represented: Did not meet in July

1. **Please state the subcommittees strategic focus for the month:**

* The current action of the PTE Systems Steering Committee involves reviewing hospital data planned for publication beginning in October of 2015.

1. **Please state the subcommittees key findings/work/impact for the month:**

* The PTE Systems Steering Committee recommended the publication of Healthcare Associated Infections (HAIs), Readmissions, and Mortality Data to begin on [*www.GetBetterMaine.org*](http://www.GetBetterMaine.org) beginning in October of 2015.

1. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:**
2. **Please state the subcommittees challenges for the month:**

* N/A

1. **Please state the subcommittees risks for the month:**

* N/A

1. **Please summarize the goals for next month’s subcommittee meeting:**

* There are no PTE Systems Steering Committee meetings scheduled for the month of August 2015.

**Pathways To Excellence (PTE) Clinicians Steering Committee: July 2015**

**SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: No PTE Clinicians Steering Committee meetings occurred in July 2015

Number of participants: Did not meet in July

Organizations Represented: Did not meet in July

1. **Please state the subcommittees strategic focus for the month:**

* The current action of the PTE Clinicians Steering Committee involves reviewing upcoming plans for specialist practice level reporting, to begin in the first part of 2016 on our public reporting website, [*www.GetBetterMaine.org*](http://www.GetBetterMaine.org). This work has largely been done in subcommittees of the PTE Clinicians Steering Committee for four specific specialty groups (Oncology, Women’s Health-OB/GYN, Cardiology, and Orthopedic).
* A summer subcommittee of the PTE Clinicians Steering Committee was formed in June and met in July for a second meeting regarding current PTE Pediatric Program measures (this group is referred to as the PTE Pediatric Workgroup).

1. **Please state the subcommittees key findings/work/impact for the month:**

* Recommendations from the PTE Specialist Subcommittees will be reviewed at the September PTE Clinicians Steering Committee meeting.
* Recommendations from the PTE Pediatric Subcommittee/Workgroup will be reviewed at the November PTE Clinicians Steering Committee meeting.

1. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:**
2. **Please state the subcommittees challenges for the month:**

* N/A

1. **Please state the subcommittees risks for the month:**

* N/A

1. **Please summarize the goals for next month’s subcommittee meeting:**

* There are no PTE Clinicians Steering Committee meetings scheduled for the month of August 2015.

**Value-Based Insurance Design (VBID), July 2015**

**SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: Wellness: July 17; Administrative Simplification: August 10; Clinical: August 14

Number of participants: Wellness: 7; Administrative Simplification: 17; Clinical: 11

Organizations Represented: Maine General Wellness, OMC Wellness, Muskie, Employee Health Solutions, EMHS, GDBIW, MA Dept. Public Health, MEABT, Cigna, Maine BOI, St. Mary’s, HPHC, MMCPHO, MDI Hosp., MaineCare, Maine Nephrology, Anthem, MidCoast Health, Portland Gastroenterology, PCHC, Beacon Health, Synernet, State Employee Health and Benefits, Aetna, HealthWise, Maine CDC, Maine Optometric Association, Geisinger, United Health Care, Ethicon

*Note: This represents only those present at the meetings for this month. There are many more participants on these workgroups. It’s difficult for many to attend summer meetings due to vacation schedules.*

1. **Please state the subcommittees’ strategic focus for the month:**

* Wellness focus is on selecting incentives/disincentives to engage patients in maintaining their health and self-management goals.
* Administrative Simplification is establishing a standardized provider enrollment application and payer-specific enrollment guides. Both documents will be built as online tools in a central web location for one-stop access by providers.
* Clinical focus is determining appropriate exclusions and limitations under the VBID benefit model being developed.

1. **Please state the subcommittees’ key findings/work/impact for the month:**

* The Wellness group continues its investigation of the Prevention and Wellness Trust model currently in use in Massachusetts. A wellness trust would support community programs and allow clinicians to appropriately refer patients to evidence-based health improvement/support programs and provide a mechanism to advise the clinician of the patient’s outcomes resulting from community support. This team is also assessing programs that can be used in the community and workplace to develop guidelines for accredited wellness programs to coordinate aspects of a wellness trust and the VBID plan which would be the basis for premium reduction.
* Administrative Simplification identified an existing, concise provider enrollment application that can be adopted by commercial payers in Maine. Five of the six major commercial payers in Maine have agreed to use this standard form. The sixth is reviewing it to ensure it meets their needs and they are seeking adoption approval from their leadership team. A provider enrollment summary guide was created with agreement from all payers to include their plan information.
* The Clinical team began review of over 220 exclusions across all payers operating in Maine. They completed review/discussion on 85 distinct services to determine whether additional information is needed to clearly define the exclusion, develop parameters for excluded services that may be covered in special circumstances, or decided to exclude specific services.

1. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:**

* *MHMC 18: Convene VBID workgroup and explore opportunities to align patients’ out of pocket costs such as copays and deductibles with the value of services provided, as well as opportunities identified by the Healthcare Cost Workgroups and the ACI workgroup focusing on patient incentives as well as provider incentives. Learning from the experiences of payers and provider communities to date.*

These subcommittees are building a comprehensive value-based insurance design. Components of this plan include defining specific evidence-based care and services to promote the use of high-value services through lower patient cost sharing and reducing overuse through higher cost sharing and incorporating shared decision making at the point of patient/provider visit. Patients can be steered to high-quality providers through Pathways to Excellence. Work is closely aligned with the Healthcare Cost Workgroup’s efforts to ensure all programs are compatible and to eliminate duplication. As benefits are being decided, they are reviewed against the ACI measures to ensure there are not conflicts between delivery of care and reporting requirements. Patient engagement in health care is critical to a successful VBID program, as they will need to manage chronic conditions, understand treatment options, and participate in healthy activities. In order to address this need, patient education and raising the level of insurance literacy is important. This can be achieved through a variety of mechanisms such as incentives, disincentives, health coaching, shared decision making, and community support. As we develop this plan, it is apparent that any benefit plan is complex. The goal of this model is to improve health and patient experience and lower cost. In order to avoid costs increasing to administer this plan, the Administrative Simplification team is identifying process improvement opportunities using a LEAN approach. Payers are encouraged to adopt recommended process improvements across all lines (not just VBID) to streamline.

1. **Please state the subcommittees’ challenges for the month:**

* Lower than normal participation due to vacation schedules results in additional follow-up with those not present, and rework to catch everyone up— which slows progress. Medicare participation in these workgroups would be beneficial in aligning efforts with CMS.

1. **Please state the subcommittees’ risks for the month:**

* There were no risks identified this month.

1. **Please summarize the goals for next month’s subcommittee meeting:**

* The Wellness workgroup plans to continue to define appropriate requirements to engage patients and purchasers in activities supporting health and wellness through VBID.
* Administrative Simplification will finalize the enrollment application and determine if enrolling non-credentialed providers and provider changes can be standardized among payers. This group will also begin to review the prior authorization processes for medical care and prescriptions for improvement.
* The Clinical team will continue review of exclusions and limitations under the VBID plan.

**Healthcare Cost Workgroup, July 2015**

**SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: Healthcare Cost Workgroup: July 1; Subcommittee on Multi-stakeholder Strategies: July 23; regional executive summit: July 9

Number of participants: Healthcare Cost Workgroup: 19 participants; Subcommittee: 7 participants; executive summit: 32

Organizations Represented: Healthcare Cost Workgroup: MPCA, MEABT, FCHN; SIM; MaineHealth; Cigna; BIW; Insight Health; MMA; InterMed; Harvard Pilgrim; DOE; MaineCare; MEAHP; St. Mary’s; individual providers; individual consumers

Subcommittee: MaineGeneral, EMHS, MEABT, BIW, Cigna, Aetna, CAHC

Executive summit: Acadia Benefits; Aetna; Allen/Freeman/McDonnell; Alliant Health; Bangor City Council; Bangor Region Chamber; Changing Seasons FCU; Cigna; EMHS; Employee Health Solutions; Insight Health; Mardens; Medavision; Mercer; Ott Communications; PCHC; Penquis; Quirk Auto; Rocky Coast Consulting; Spruce Run; St. Joseph Hospital; UMaine System; University Credit Union; WBRC Architects; Wellness Council of Maine

*This represents only those present at July meetings.*

1. **Please state the subcommittees strategic focus for the month:**

* Healthcare Cost Workgroup continued work on two infrastructure initiatives:
* Principles and criteria that could be used to evaluate and potentially support a proposed realignment of healthcare resources, and
* Scope of work for an inventory of healthcare resources in Maine.

The workgroup also discussed its next area of focus, and there was substantial support among participants to explore consumer engagement.

* Subcommittee on Multi-stakeholder Strategies continued to develop recommendations for strategies that could be undertaken by multiple sectors to reduce costs.
* Regional executive summit engaged business and other regional leaders in discussions about strategies for reducing costs of care, and also to learn more about innovations by regional providers, including those to lower healthcare costs.

1. **Please state the subcommittees key findings/work/impact for the month:**

* Healthcare Cost Workgroup revised draft language for both its “principles and criteria” and “scope of work” documents, which they anticipate finalizing in August. The principles and criteria initiative will give entities another tool they can choose to utilize when realigning health resources/infrastructure; workgroup participants believe that support from a multi-stakeholder organization can advance constructive community discussion around such proposed infrastructure changes. The health resource inventory would provide stakeholders with baseline information that would inform current and future discussions around health resource realignment. Advancing this effort will require finding partners and/or grant sources to assist with financial support.
* The Subcommittee on Multi-stakeholder Strategies reached preliminary consensus on recommendations (and examples) on data sharing, strengthening of primary care, primary care selection, and a health insurance literacy campaign. Stakeholders could employ these strategies—either working together or on separate but supportive tracks—to reduce costs.
* Regional executive summit exposed members of Bangor business community to (1) strategies that an area employer has undertaken to reduce employee costs and improve wellness; (2) initiatives that regional health providers are undertaking to reduce costs and to work collaboratively with area employers; and (3) how data can be utilized to learn more about their healthcare costs.

1. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:**

* The Healthcare Cost Workgroup’s main focus was reaching consensus around principles and criteria to review infrastructure proposals.
* The regional executive summit was another SIM goal (twice-a-year summits).

1. **Please state the subcommittees challenges for the month:**

* No major challenges to report, other more scheduling conflicts for participants, due to summer vacation plans.

1. **Please state the subcommittees risks for the month:**

* No risks identified.

1. **Please summarize the goals for next month’s subcommittee meeting:**

* August goals for the Healthcare Cost Workgroup are to finalize recommendations on principles and criteria and a health resource inventory scope of work, and also discuss partners and/or other financial resources that could support the health infrastructure inventory. Time permitting, discussions of consumer engagement will commence.
* The Subcommittee on Multi-stakeholder Strategies is not scheduled to meet in August. The Subcommittee will reconvene in September, with the expectation that it will finalize its recommendations, which will be presented to the Healthcare Cost Workgroup in October.
* No executive summits are planned for August; work has commenced on another regional summit (in the Mid Coast area) to convene in the October-November timeframe.

# **Payment Reform Subcommittee, July 2015**

**SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: No July meeting

Number of participants: N/A

Organizations Represented: N/A

1. **Please state the subcommittees strategic focus for the month:**

* N/A

1. **Please state the subcommittees key findings/work/impact for the month:**

* N/A

1. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:**

* N/A

1. **Please state the subcommittees challenges for the month:**

* N/A

1. **Please state the subcommittees risks for the month:**

* N/A

1. **Please summarize the goals for next month’s subcommittee meeting:**

* Consider findings of the interviews of health plans to define expectations, accountability, and principles for various primary care payment models.
* Discuss the prospects of a joint Payment Reform and Delivery System Reform subcommittees to pursue strategy and advocacy for primary care payment reform.
* Brief the subcommittee on Healthcare Cost Workgroup’s recommended principles and criteria for considering infrastructure realignment.

# **ACI Steering Committee, July 2015**

**SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: July 21

Number of participants: 23

Organizations Represented: St. Mary’s Medical Center, MaineHealth, MaineGeneral Health, Maine Quality Counts, Bath Iron Work, MaineCare, Eastern Maine Health, Harvard Pilgrim, Cigna, Community Health Options, Mid Coast Health, Maine Association of Physician Assistants, USI, Planned Parenthood, Anthem, Maine Association of Health Plans, CMMI.

1. **Please state the subcommittees strategic focus for the month:**

* The focus was to update the steering committee on the primary care spend benchmarking work, provide status of the Measure Alignment Work Group’s assignment, and to brief the steering committee on the delay on public reporting of Total Cost of Care Index (TCI) until October.
* The steering committee was presented with the preliminary results of the interviews with commercial health plans and MaineCare to define the expectations, accountability, and principles for the three tiers of primary care payment identified in the Discern report. Based on the interviews, draft recommendations were shared with the steering committee for consideration.

1. **Please state the subcommittees key findings/work/impact for the month:**

* It was reported that the commercial plans made non-claims-based payments of $10.3 million in 2014, producing an estimated primary care spend of 6.2% of total payments.
* Some stakeholders found that the recommended expectations and accountability measures related to the primary care models were too prescriptive and required refinement.
* The TCI revisions considered by the PTE Steering Committee and approved by the MHMC Board and the delay in public reporting were acknowledged.

1. **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:**

* Strengthening primary care and advancing payment reform were the SIM goals addressed by the steering committee’s agenda.

1. **Please state the subcommittees challenges for the month:**

* The most noteworthy challenge is to conduct similar interviews with health systems as with health plans on key definitions for expectations, accountability, and principles; to present the findings; and to engage in a dialogue with stakeholders to achieve some level of agreement on preferred primary care payment models and the expectations and accountability to support those payment models.

1. **Please state the subcommittees risks for the month:**

* None.

1. **Please summarize the goals for next month’s subcommittee meeting:**

* Goals for the next meeting will include a conversation on the findings of health system/provider interviews, engagement on identifying preferred payment models and the methods/tactics to achieve consensus on the expectations, accountability and principles for each respective payment type.