



## *SIM Steering Committee*

*Wednesday, August 26, 2015*

*9:00am-12:00pm*

*MaineGeneral Alfond Center, Augusta*

*Conference Room 1*

*Paul R. LePage, Governor*

*Mary C. Mayhew, Commissioner*

### **Attendance:**

Noah Neson, MD  
Jay Yoe, PhD, DHHS – Continuous Quality Improvement  
Deb Wigand, DHHS – Maine CDC  
Rhonda Selvin, APRN  
Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center- via phone  
Rose Strout, MaineCare Member  
Kristine Ossenfort, Anthem  
Katie Fullam Harris, VP, Gov. and Emp. Relations, MaineHealth  
Dale Hamilton, Executive Director, Community Health and Counseling Services  
Lisa Letourneau, MD, Maine Quality Counts  
Randy Chenard, SIM Program Director  
Andrew Webber, CEO, MHMC  
Stefanie Nadeau, Director, OMS/DHHS  
Jack Comart, Maine Equal Justice Partners  
Fran Jensen, CMMI- via phone  
Shaun Alfreds, COO, HIN  
Mary Pryblo, St. Joseph's Hospital

### **Interested Parties:**

Lisa Tuttle, Maine Quality Counts  
Lisa Nolan, MHMC  
James Leonard, OMS  
Kathy Woods, Lewin  
Kathryn Pelletreau, MAHP (via phone)  
Lisa Nolan, MHMC

Judiann Smith, Hanley  
 Lisa Harvey-McPherson, EMHS  
 Lyndsay Sanborn, MHMC  
 Liz Miller, Maine Quality Counts  
 Andy Paradis, Lewin- via phone  
 Lise Tancrede, Maine Quality Counts (via phone)  
 Jim Leonard, OMS  
 Frank Johnson, MHMC  
 Amy Dix, Director of VBP, OMS

**Absence:**

Lynn Duby, CEO, Crisis and Counseling Centers (retired)  
 Eric Cioppa, Superintendent, Bureau of Insurance  
 Penny Townsend, Wellness Manager, Cianbro

All meeting documents available at: <http://www.maine.gov/dhhs/oms/sim/steering/index.shtml>

Agenda	Discussion/Decisions	Next Steps
<b>1-Welcome – Minutes Review and Acceptance</b>	<p><i>Approve Steering Committee minutes from June Steering Committee meeting</i></p> <p>Minutes from July were adopted.</p>	
<b>2- Subcommittee Reports</b>	<p><i>Objective: Allocate time for Subcommittee Chairs to provide subcommittee updates and answer any questions from Steering Committee members based on review of reports</i></p> <p>Frank gave update on several workgroups, PTE groups, and let the Steering Committee know that there was no Payment Reform Subcommittee meeting in July. He said they have been focusing on Primary Care payment reform and how to move away from Fee For Service to something more enhanced. Both Dr. Letourneau , Frank, and Fran encouraged Steering Committee members to submit comments on Medicare’s plan to expand multi-payer pilots like PCMH.</p> <p>A presentation to the Steering Committee on the Pathways To Excellence: Behavioral Health workgroup goals and activities, was requested, in order to make sure that the work has meaning. Randy said he would get that on the Steering Committee agenda for next month.</p>	<p>Randy will get the BH PTE Steering discussion on agenda next month.</p>

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	<p>Lisa Tuttle explained that the key area of focus is to align Delivery System Reform work with the Payment Reform Subcommittee on Primary Care payment reform. DSR was presented with the target information by Jay. There was also a discussion on the strengthened focus on outcomes for the BHH and HH learning collaboratives. There has been a lot of energy around the care coordination pilot and how that could be expanded to BHH providers. The gist of the care coordination pilot was to track readmissions for clients that accepted CCT services, they haven't had any readmissions in that group.</p> <p>The Evaluation Subcommittee had a presentation on the consumer interviews that were done, and discussed MaineCare targets and measures. Moving forward with targets, though there had been some concern expressed they were a little aggressive. There was an overview on the dashboard and how the targets will be displayed. Randy said that the data was flowing for sure, and it will be a dominant topic on the agenda. The Steering Committee is shifting focus away from what is happening and more focus on the outcomes.</p> <p>It was asked and clarified that the concerns around aggressive targets that SIM is still moving forward on were just the MaineCare targets and not targets for all payers.</p>	
<b>3- SIM Activities Communication</b>	<p><i>Objective: Obtain input from SIM Steering Committee on how to effectively communicate SIM activities</i></p> <p>Randy demonstrated a document he created that is a summary of all work done by the partners and aligned by SIM objective. Each objective has an hypothesis, narrative/summary, and organizes the piece of work with what it's trying to accomplish. He asked for quick reaction.</p> <p>It was asked if in the hypothesis there was a clear metric defined of what we are trying to get to and if we are getting there. Randy explained there are process targets for each objective that could be included. There is not always direct tie to outcome metrics but there are some goals they can articulate. Dale recommended having columns for six months out.</p> <p>Randy will disseminate document for comments to the Steering Committee. It was asked to have it before the next meeting so they get an opportunity to look it over.</p>	<p>Randy will disseminate the document to the Steering Committee for comment.</p>

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<b>4 - SIM Core Evaluation Dashboard</b>	<p><i>Objectives: Review current version of SIM Core Evaluation Dashboard with Steering Committee, Q&amp;A</i></p> <p>There was a demonstration of the SIM Core Measure Dashboard and it was explained that the display will be updated quarterly. Andy gave further explanation of the usability, the data is same information that has been previously shared. He explained that the arrows show progress toward the target, when a measure is clicked, a line graph will show trend toward the goal.</p> <p>This is still a work in progress and they are trying to simplify the look even further and with a different color scheme based on recommendations made by Commissioner Mayhew. Gives users a “temperature” of what is happening with the targets, as the data is refreshed there will be more data sets. When a user mouse-overs the measure they are given information such as the methodology, and the definition of the target. Mouse-over on the graphs gives more details about how measures were risk-adjusted. Right now they are cranking through Medicare and Commercial data and will be able to populate the place holders with real data. It was explained that some measures would be updated quarterly, and other like the Hba1C would be updated annually. It was suggested that they add the denominator to the measure information.</p> <p>It was asked how the interventions not tied to SIM would be carved out like the Pioneer ACO activities and the Medicare Shared Savings ACO. Jay said that the evaluation team does not have attribution lists for those interventions, they won’t be able to separate them all out, but they will work on creating clear documentation on what some of these other interventions are doing, and explaining what SIM is and is not touching.</p> <p>Jay will take suggestions made in this meeting to the Evaluation Subcommittee to get recommendations for adjustments, like the addition of the denominator, and discuss again at next Steering Committee.</p>	<p>Jay will bring this back to the Steering Committee after discussing the Dashboard in the Evaluation Subcommittee.</p>

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<b>5 – SIM Objective Review</b>	<p><i>Objective: Status update and review timeline</i></p> <p>Tabled</p>	
<b>6- SIM Core Evaluation Measures: MaineCare Target Review</b>	<p><i>Objective - Review specific SIM MaineCare targets, receive input/perspective on targets from the Steering Committee</i></p> <p>Last Steering Committee meeting they were presented with more details on how measures were established and the methodologies for establishing targets. This information and the targets were then brought it to the Evaluation Subcommittee. Some members did have some concerns that some targets were a bit aggressive. There was a lot of discussion that setting these aspirational targets pushes providers toward the where the healthcare system should go, and helps people ask the right questions. There also was discussion about how this information would be communicated. The suggestion was to come up with a communication plan, before it goes live, really plot out and be clear what the data is and is not showing.</p> <p>It was pointed out that they had previously defined targets as achievable, not aspirational. Jay answered with the trend of the data it was determined that they would be achievable.</p> <p>It was asked what the difference between TCOC and PMPM measures is. Jay responded TCOC is measure created by Coalition and PMPM is just the straight up pmpm calculation. It was stated by one Steering Committee member that they felt uncomfortable with reporting on two cost measures and would need to understand methodology of PMPM. If it's including residential costs, SIM really hasn't done anything to impact those costs. Jay stated that they are working to separate medical and non-medical costs.</p> <p>It was asked what "follow-up" was defined as, Jay said that the definition of the measures is offered by the Dashboard.</p> <p>It was clarified that targets were established for the overall populations, MaineCare targets were established for the overall MaineCare population but there will be a drill down into key interventions that are directly impacted by SIM.</p> <p>It was pointed out several time the importance of making targets achievable, otherwise there</p>	<p>Randy will draft memo from Steering Committee to MLT on reactions to the MaineCare targets and send out to SC members for comment.</p>

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	<p>may be pushback from providers.</p> <p>It was also stated that SIM should be cautious about setting targets for the broad population and setting targets, and expecting that certain programs like HH and BHH are going to impact the broader population.</p> <p>Jay answered that SIM was designed to have a broader impact than just HH and BHH, will look more at those programs as well, but SIM overall is designed to impact health system in Maine. Impact will not be the same on overall population, understanding that the touches of SIM will be different for different groups.</p> <p>It was stated that a memo from the Steering Committee will be drafted by Randy and sent out for comment in order for it to be submitted to the MLT, outlining concerns and comments on the targets. Similar to the memo from the Evaluation Subcommittee to the Steering Committee.</p>	
<b>7 – SIM Core Evaluation Measures: Commercial Target Development</b>	<p><i>Objectives: Status update and Question and Answer</i></p> <p>Kris said that there recently was a meeting with Randy, Dr. Flanigan, and reps from Association of Health Plans, to discuss whether targets are appropriate for commercial populations. They are moving forward with target development, next step is meeting with Lewin to talk about what data is available. Still trying to see how this is applicable for commercial customers. This is slowly moving forward.</p>	<p>Health plan reps will meet with Lewin in the near future to further the target development conversation.</p>
<b>8 – SIM Core Evaluation Measures: Medicare Target Development</b>	<p><i>Objectives: CMS to provide update on Medicare target development process and describe perspective on Maine's target development focus.</i></p> <p>Fran said she is incredibly impressed with discussion and engagement, understand it's very difficult and the collaboration is impressive. She understands that target development is tool</p>	<p>Fran will connect with the SIM program team with resources to help with the creation of Maine-specific Medicare targets.</p>

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	<p>to get everyone thinking about healthcare transformation, part of what is being asked is a direct requirement for SIM grant states to report on.</p> <p>Another ask of SIM is that they develop a sustainability plan, so that some aspects of SIM grant activities continue on, important to figure out what the state and partners can continue to support after the grant ends.</p> <p>She is still looking into setting Medicare targets and continuing those conversations on her end. She suggested that Medicare targets for Maine be developed within the state and she will offer more information and contacts to help with the target development.</p> <p>Randy will update plan for when targets need to be developed, will update next month and see where we are at and next steps.</p>	<p>Randy will update target development deadline</p>
<p><b>9 - Steering Committee Risk or Issue identification and review</b></p>	<p><i>Allocate time for Steering Committee members to identify risks or issues to SIM Risk and Issue log</i></p> <p>Frank gave update on risk mitigation for risk 24 and explained that without some meaningful movement on payment reform it's difficult to sustain delivery system improvements that are happening. They are working to develop a concise mitigation plan that begins with the Discern report. Discussed risk mitigation document. The Coalition retained Bailitt Health to interview health plans, and they are looking to convene DSR and PRS in joint meeting in October, where they will look at a strategy to establish a timeline and ways to push that reform forward.</p> <p>It was asked if results have come back on whether the HH initiative is saving MaineCare money from the reduction of ED utilization, etc. . It was stated that it is too early to determine savings. Dr. Letourneau pointed out that it's important to have realistic expectations for the practices, research shows it takes at least 5 years to see a significant change.</p>	<p>DSR and PRS subcommittees will have a joint meeting in October to discuss pushing payment reform forward.</p>
<p><b>8- Public Comment</b></p>	<p>Rose pointed out that a lot of people that have face to face time with consumers, like nurses and PAs, have no idea about the activities of SIM or the key interventions supported by SIM. She suggested more education to office staff.</p>	

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