# **Risk Mitigation Monthly Report – July 2014**

The risk mitigation monthly report provides a summary of risk activity in the previous month. Further information will be gleaned with each added month of data.

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| **Risks** | | |
| Quantity | | Risk # |
| Newly Opened | 0 | n/a |
| Newly above the water line | 1 | #27 |
| In Progress | 8 | #5,6,11,19,20,21,22,23,27 |
| Risk Plans Complete | 5 | # 5,6,11,19,22 |
| Risk Plans in Progress | 3 | # 20, 21, 23, 27 |
| Resolved | 0 | n/a |
| Closed | 1 | #15 |
|  |  |  |

**Addendum for Steering Committee meeting:**

The following risks #21, #24, #26 currently sit in the Steering Committee.

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| --- | --- | --- |
| **Risk Number** | **Risk Summary** | **If… then…..** |
| #21 | Relationship between all the players in the SIM initiatives, CHW, Peer Support, Care Coordinators, etc., may lead to fragmented care and complications for patients | If care coordination is fragmented, siloed and duplicative then patient outcomes may be compromised, costs savings will be compromised and the health improvements will suffer- Then- continued fragmentation and siloed approaches will compromise patient outcomes and created inefficient and costly processes. |
| #24 | |  | | --- | | Continuation of enhanced primary care payment to support the PCMH/HH/CCT model is critical to sustaining the transformation in the delivery system | | If payment reform, including support from Medicare and commercial payers in addition to Medicaid, fails to support enhanced primary care model, (which includes the primary care medical/health home + community care team) delivery system reforms will be unable to be adopted and sustained, then the  Enhanced primary care model (primary care medical/health home + community care team) will be unable to be adopted and sustained |
| #26 | The current delivery system does not provide or foster robust, supported patient education across transitions of care, at wellness visits, or acute and chronic illness follow up that is patient centered. This results in poor patient understanding and satisfaction, additional cost and poor quality. | If Patients aren't effectively educated about ways to manage chronic disease – Then- consumer and patient engagement goals will be negatively influenced. |

**Summary of risks in progress:**

**All risks owners have been contacted this month and updates are current to 7/30/14. Below is a table summarizing the summary to date of each risk in progress.**

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| --- | --- | --- |
| **Risk Number** | **Risk Summary** | **Status** |
| #5 | Accountable Community development delays | 8/1/14 contract date expected |
| #6 | Behavioral Health (BH) EHR data functionality constraints across the vendors used in Maine | On target at this date. Next decision point in October |
| #11 | Behavioral Health Home Providers may not see a business case for their highest need members with SMI/ SED to be BHH members. | Rates being reviewed |
| #19 | Appropriate Primary Care (APC) Behavioral Health Metric Feasibility | Pathways to Excellence (PTE) BH group is working on development of BH quality measures |
| #20 | Change capacity for provider community may be maxed out "change fatigue" | In process of completing risk plan |
| #21 | Relationship between all the players in the SIM initiatives, CHW, Peer Support, Care Coordinators, etc., may lead to fragmented care and complications for patients | In process of completing risk plan |
| #22 | Data gathering requirements for HH and BHHO quality measures is not determined | In process of determining reporting requirements |
| #23 | Barriers to passing certain behavioral health information (e.g., substance abuse) may constrain integrated care Barriers to passing certain behavioral health information (e.g., substance abuse) may constrain integrated care | In process of completing risk plan |
| #27 | Core measure set alignment for payment and contracting purposes. | In process of completing risk plan |

Below are graphical representations of the July distribution of risks.

**Description of how many risks are above/below the water line:**

This month there are 9 Risks above the water line and 15 risks below the water line as indicated in the chart below.

**Summary of newly opened risks:**

During review of the SIM partner monthly reports two potential new risks were identified. The risks are currently in process of review and may be entered into the risk log in the next month.

**Alignment per strategic pillar:**

The risks with completed risk plans were queried and the risk per strategic pillar is summarized below. The strategic pillars of “Integrate Physical and Behavioral Health” and “Strengthen Primary Care” have three risks citing the strategic pillar. The Strategic pillars of “Centralize Data and Analysis” and “Engage People and Communities” currently have no risk plans completed. There is a risk in process of development that has not been assigned a priority calculation that will lie in the “Engage People and Communities” strategic pillar.

**Summary risk ownership:**

This month there are four risks residing in Delivery System Reform, three in the Steering Committee and one each in Payment Reform and Data Infrastructure Subcommittees as indicated in the chart below.

**Summary of resolved risks:**

The MHMC raised this risk at a time where hiring needed Data Analytics Professionals was difficult. The MHMC was able to hire the needed personnel and thus the risk is no longer relevant and is closed.

Risk #15- Challenges in finding and hiring qualified Data Analytics Professionals.

**Summary of closed risks:**

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| --- | --- |
| Risk # 4- | Self-Evaluation Implementation Delay |
| Risk # 10- | PHR Patient Portal Pilot Partner unable to align resource allocation with SIM timelines |