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|  | ***SIM Steering Committee***  ***Wednesday, August 28th , 2014***  ***9:00am-12:00pm***  ***MaineGeneral Alfond Center for Health***  ***35 Medical Center Parkway***  ***Conference Room 3***  ***Augusta*** |

**Attendance:**

Noah Nesin, MD

Jay Yoe, PhD, DHHS – Continuous Quality Improvement

Randy Chenard, SIM Program Director

Dr. Kevin Flanigan, Medical Director, DHHS

Dale Hamilton, Executive Director, Community Health and Counseling Services

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

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

Rhonda Selvin, APRN

Lynn Duby, CEO, Crisis and Counseling Centers

Kristine Ossenfort, Anthem

Deb Wigand, DHHS – Maine CDC

Rebecca Arsenault, CEO, Franklin Memorial Hospital- via phone

Jack Comart, Maine Equal Justice Partners

Shaun Alfreds, COO, HIN

Eric Cioppa, Superintendent, Bureau of Insurance

Lisa Letourneau, MD, Maine Quality Counts

Rose Strout, MaineCare Member

Penny Townsend, Wellness Manager, Cianbro,

**Interested Parties:**

Katie Sendze- HIN

Lisa Tuttle- Maine Quality Counts

Frank Johnson, MHMC

Ellen Schneiter

**Absence:**

Representative Richard Malaby

Representative Matthew Peter

Andrew Webber, CEO, MHMC

Stefanie Nadeau, Director, OMS/DHHS

**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 June Steering Committee meeting*  *Housekeeping: SIM Workgroup and subcommittee meeting information and materials on SIM website:*  Randy gave an update from the Maine Leadership Team, let the Steering Committee know that funding for MaineCare’s Objective Four, I/DD WorkForce Development was approved and introduced Sybil Mazerolle as the Project Coordinator. He also introduced Gloria Aponte-Clark as SIM Project Manager and Amy Wagner, who will be managing the SIM evaluation working with the Lewin Group.  There was discussion around moving the SIM Annual Meeting to January rather than October. It was questioned whether that would have any repercussions to payments, the answer was that there shouldn’t be any such issue by changing the meeting date. They would need to change the Bylaws. Randy will distribute updated Bylaws next months | Randy will update Bylaws and distribute them next month. |
| **2- SIM Leadership development initiative** | *Provide additional information regarding the SIM Leadership Development program, and obtain Steering Committee decision re: moving forward with funding:*  Dr. Flanigan asked the group if they felt the email discussion around the Leadership Development was helpful in deciding to fund this initiative. He also pointed out that there was a lot of feedback provided by interested parties. Rebecca Arsenault asked what the purpose of the email discussion was; whether or not they were to be making decisions over email. She was in agreement with sharing thoughts on certain topics or initiatives, she was supportive of the process. However, if they were expected to reach a consensus or make a decision on an issue, then she did not feel it was an appropriate process as some people may not even read that email for a few days and the group might have already made the decision before some have even checked their email. She also stated that if they were expected to come to a decision, it should be a Steering Committee only dialogue and interested parties should not be included. Penny Townsend requested that if the purpose was to share thoughts and opinions only then she would request that everyone just respond to Randy, and he can summarize the responses and send that out to the whole group. She said it’s difficult to be flooded with so many email responses. Dr. Flanigan assured the group that he tries to save consensus decisions for the meetings.  Discussion:  Dr. Flanigan discussed the Leadership Development document. He stated that the medical community isn’t practiced in “change management”, but those are necessary skills. He stated with the start of the Accountable Communities initiative and the applications to be reopened for Health Homes and Behavioral Health Homes, this type of training is important. However, if the Steering Committee decides that they do not feel as though it’s that important, then they will set aside the funds for other objectives. Kate Fullam-Harris advised that MaineHealth has put some funds into Clinical Leadership Development on a systems level, but that she recognizes that not all practices have the same amount of funds available for such training. She suggested that they use those funds to create a grant program to help smaller practices with system transformation and the fund could be applied to several things; leadership development or for Data Infrastructure. She advised that it’s hard to make a “one size fits all” grant, but a grant program would be a good way to ensure that SIM is investing in the whole system.  Dr. Nesin reiterated that providers are not trained in Change Management, but the role of the provider is changing dramatically, that it’s a huge shift to ask providers to become leaders for change within a practice. He advised that this training could go a long way in alleviating the risk for “Provider Fatigue”. The training could help them better understand the changes they are being asked to implement, and sustaining the transformation going forward. He stated there is a large population of providers in smaller practices and with the cost of tuition plus the cost that is associated with the loss of productivity while they attend such trainings, SIM should help alleviate those costs to the extent that they are able.  Shaun Alfreds agreed that leadership within the practices to help with change transformation was important, but expressed concern around the sustainability of such trainings. He asked how this would be sustainable if SIM is only training a small number of providers. He said they have a responsibility to create or find a program that addresses the issues identified by Dr. Nesin in the long run.  There was a discussion around leveraging the nationally recognized curriculum in Change Management that is offered by Brown University.  Dr. Letourneau discussed the Concept Paper that fleshed out the initiative further. She explained that Objective One should be to convene a group a stakeholders to create a shared vision and strategic plan to develop the leadership skills necessary for providers.  Kristine Ossenfort stated that within the first objective there would need to be identification of gaps in the current system, and then Objective Two would need to go out to an RFP.  Dr. Letourneau advised that she isn’t sure where the responsibility lays to do the gap analysis, and perhaps both objectives would require an RFP.  Rebecca Arsenault expressed her concern that there will be an RFP and an entity will put something together and 120 people in a room, do some training, and say “there, completed”. She explained that these are phenomenal changes that providers are being asked to implement. She stated that this could be an opportunity for SIM to build on what is already going on in the State around leadership development and change, and show that SIM truly understands the challenges and let practices know that there are potential resources to available to help them. Bring to the table practices that are truly showing that they are trying to change and would value the help that a grant could provide. That Randy and Dr. Flanigan should discuss this initiative with practices and hear directly from them what they need.  Dr. Letourneau stated that this would be a huge undertaking for Dr. Flanigan and Randy to host such collaborations and then to follow up on them.  Dr. Flanigan said he will reach out to provider reps on the Steering Committee and participants in other work groups to get a sense of what is needed in the provider community.  Katie Fullam-Harris advised that it would be best to directly ask some of the providers that work in the small practices, that way there is no assumption of what they need.  Dale Hamilton expressed concern that if an RFP is used for the first objective then they are looking at months and months before anything gets under way.  Dr. Flanigan stated that he wanted to reach a decision at next month’s meeting. In the meantime he will reach out to providers around the state and leverage the MMA and the MOA, people that have connections to providers, and through email communications he will get a feel for what this provider community needs. He will present the findings at next month’s meeting.  Eric Cioppa stated that while there is discussion around training these providers to lead, but where is exactly are we asking them to lead to? What is this change supposed to look like?  Dr. Flanigan advised that while the six SIM pillars are well defined, what the healthcare environment will look like, assuming all the pillars are achieved, is still being put together.  Rhonda stated that the training in question will help with flexibility and nimbleness to implement change. She attempted to summarize the conversation by asking whether the Steering Committee decided that this was important work, there is still time to do it, but first it’s necessary to talk with providers.  Dr. Flanigan said that he will have those discussions with providers and entities and the SIM workgroup will contemplate what is necessary to have these changes come to fruition. They will make the final decision in September. | Dr. Flanigan will have discussions with Providers and entities on what is needed and what this training should attempt to address. He will report back to the Steering Committee with his findings at the September meeting. |
| **3 – Risk #20: Change fatigue** | *Describe proposal to link provider change fatigue risk to the SIM leadership development initiative*  Randy summarized that there seemed to be consensus on the risk mitigation plan for Risk #20, which would be to equip providers with training to help them deal with the changes. Randy displayed documents articulating this risk, which included the output from the work done in groups in the June meeting.  Discussion:  Katie advised that she felt that the Advent of Technology and that we are asking providers to provide care in a different way should be added, or better articulated on the list. She stated that providers are being asked to provide less care which if they are working in an RBRBS-?? that translates to less money, and it’s completely different than what they are trained.  Dr. Flanigan agreed, reiterating the thought by saying that the providers are being asked to change from decision-makers to team leaders.  Noah advised that payers are going in all different directions as well, there is no commonality between them, and their alignment is fundamental to sustain the changes that we are asking from the providers.  Kristine Ossenfort stated that on the commercial side they are also exploring ACOs, as are their competitors, but it cuts both ways as providers are approaching ACOs differently as well.  Katie asked if there will be a point where the Steering Committee can sit down and rethink the investments that are currently in place.  Dr. Flanigan said that question had been brought up earlier, allowing the Steering Committee members take a look at the funding and reevaluating where some of the funds should go.  Randy advised that would be part of the annual evaluation, along with the Lewin group evaluating the effectiveness of current budget allocations in alignment with the objectives.  Katie stated that she agreed that leadership development was crucial, it needs to be taken in context, and they need to see if there is something else more important that needs the funding.  Dr. Flanigan advised that these decisions will be easier to make once they get more information from the evaluators. | Alan will make the additions suggested by Katie Fullam-Harris to the Provider Change Fatigue document. |
| **4 – Risk #21 - Care Coordination** | *Follow up with subcommittee chairs based on the direction that the Steering Committee provided in June. Determine next steps from Steering Committee as a result*  Ellen advised that this risk would be considered in the Payment Reform subcommittee in September.  Lisa updated the Steering Committee that there is some further work needed in the Partners meeting to identify the interdependencies this has with the other subcommittees. She explained that Risk 20 is also tied to Risk 24, how funding can support CCTs, care coordinators, etc. She stated that they are bumping into this problem with Health Homes, Behavioral Health Homes, and the CCTs. She stated that one of the goals of the Accountable Communities is reduction of unnecessary cost. She is hoping that there will be some practical support to help practices on the ground deal with this issue. She said that it would be worth having the SIM structure get someone to do the mapping on this. Have someone work on coming up with a more streamlined approach to care coordination. She reiterated that her paper on care coordination will be discussed in the September partner meeting and get direction in prioritizing elements of the problem.  Discussion:  Dr. Letourneau said that she felt there is a need to decide how big these risks truly are and what they can actually do under SIM if there are no resources to deal with them. She asked if they are supposed to just note the risk, why they would continue to spend time talking about it unless they are going to dedicate additional funds to work on it. She advised that the new service code coming out of CMS allowing providers to bill for chronic care management which could be a great care coordination tool and help alleviate this risk.  Katie stated that she felt they need to start looking at investing in current activities around care coordination that are happening in the state, rather than trying to reinvent the wheel. She said there is a lot going on in the state right now, they need to figure out how they can help those efforts and see if resources are being invested in the best way to support what is already in place.  Lisa Tuttle shared that she felt the work that was done by the DSR subcommittee was very valuable because it was a multidisciplinary effort and had input from people already working on this in the state as well as incorporating best practices from across the country.  Dr. Yoe agreed that there are already tremendous resources in the state that they can leverage.  Randy explained to answer Dr. Letourneau that the process requires matching a risk to an objective and designate a weighting to help SIM participants determine where energies should be directed. He stated that it was important to have critical thinking against the SIM objectives from members of the Steering Committee. They aren’t going to be able to do something about every single risk, but they do need to be aware of risks to objectives that they are working on. He pointed out that there are a lot of risks below the “waterline” that won’t be focused on.  Gloria gave an overview of the Risk Mitigation Report. She explained that she had worked with risk owners to complete the risk log, as well as pulling out risks from her review of the monthly reports. She said that the risk process was further articulated in the report.  Randy said that maybe they could start doing more work in “ad hoc” teams to identify risks and further explain them. He reminded the group that the risk process is the mechanism to help them prioritize the focus of conversation. | Data Infrastructure and Payment Reform subcommittees will have discussions regarding this issue and report back to the subcommittee. If a funding request comes out of the discussions, it will need to be fleshed out. |
| **5 – Risk #26** | *Determine risk calculation score which will help to inform next steps*  Ad hoc team: Rhonda Selvin, Rose Strout, Jack Comart, and Dr. Nesin reporting back on their discussion around this new risk.  Discussion:  Rhonda summarized that they felt this risk applied primarily to “Developing New Payment Models”, asking themselves how current payment is supporting this activity. She said it was necessary that patients be educated in a robust way by providers, but providers don’t have the time currently to deliver on that.  Randy said that aligning it to that objective gives a weight of 4, then asked what the probability and impact of the risk was.  Dr. Nesin said that they should give it a 3 under probability as there isn’t the infrastructure for that right now in Primary Care.  Deb Wigand asked how can this be measured, other than anecdotally?  Rhonda said that the solution to this must be multi-faceted, there needs to be education on different levels. This needs to be supported by the CHWs and other arms of the delivery system.  Randy asked what the impact is on SIM Objectives.  Dr. Nesin said at the moment this is the status quo, not addressing this is not helping the most essential component, patient education or lack of has a high impact.  Rhonda advised that it affects med compliance, appointment attendance, and the Chronic Care model as a whole.  Dr. Flanigan asked if the status quo doesn’t change, whether it would affect the VBID objective.  Katie advised that she wondered if VBID is the only thing it would affect. This is also about the team-based approach, shared decision making. The payer, provider, AND patient all need to be accountable.  Randy stated that would give the risk a calculation of 36, which would put it above the waterline and they will start thinking about what can be done about this. |  |
| **6- Risk #24** | *Inform Steering Committee on ‘enhanced primary care payment reform’ risk activity and obtain Steering Committee input on next steps*  Dr. Letourneau advised she wanted to raise awareness in the Steering Committee of this risk, she said this risk originally originated in PCP payment enhancement workgroup. Payment reform has not been truly meaningful, but it is important to continue. She put to the Steering Committee the question of how they can truly move payment reform forward. They have advocated to CMS to get Medicare to continue their PCMH pilot and expand to more practices, but there has not been an update other than they are having active dialogue on this. She said that one of the things that has come out of the Technical Assistants for SIM is a paper on payment change and transformation support. She stated that members of the Steering Committee should really look at that paper and look at the whole range of levers to align payment and transformation in Primary Care.  Discussion:  Dr. Nesin said Primary Care providers are like Nuchshon, the Israelite. They are up to their nose in transformation; staying productive while providing different kinds of care. They are at a tipping point because they have changed so much in care delivery but payment reform is so far behind.  Rhonda stated that they are so bogged down in the process of change and SIM members need to keep their eye on the ball. They need to find the time to work to make payment reform happen.  Randy said they will put this risk above the waterline.  Dr. Letourneau advised that this is a notion of investment in Primary Care, not just about payment reform but also helping practices make it through the transformation. She said that she felt the Technical Assistance through SIM could be very helpful for this risk. |  |
| **7- SIM Strategy Articulation Exercise** | *Provide description of SIM Strategy articulation exercise requested of the SIM Steering Committee by the Maine Leadership Team and the objective of the exercise*  Randy advised that they want to be sure that the SIM objectives are effectively articulated. To that end they would like to develop subgroups under each of the pillars, and work with the Lewin group on this exercise so they can start thinking about these definitions as they are evaluating. Once that work is done, Randy asked if the Steering Committee felt that the definitions should be used in a broader marketing of SIM to demonstrate to the public what is underway.  Discussion:  Dr. Letourneau asked who originally developed the definitions and who will be involved in the smaller work groups.  Randy answered that the SIM Partner team helped develop the definitions. He stated that he is looking for members of the Steering Committee to work in these smaller groups to make sure the definitions are appropriate to allow for SIM governance to effectively monitor and evaluate, and hopefully down the road use them to market SIM.  Dr. Letourneau advised that the SIM TAs had offered to write up a summary around this, and instead of doing this in the Steering Committee they should task the TAs and Trevor with it.  Katie said as she is looking over the definitions she noticed that there are a lot of assumptions incorporated and judgment placed on values of certain things that haven’t been discussed in the Steering Committee. She expressed her concern about using this absence in discussion to adopt something as foundational to SIM. She felt that this was a starting point, but she has a lot of questions on certain pieces and there should be agreement from the Steering Committee on whether they feel the definitions are appropriate before moving forward.  Shaun stated that he felt some of the work as articulated doesn’t seem to fit into the corresponding objectives. He felt they should take the “pillars document” and work from that rather than creating a new document that hasn’t been agreed upon.  Randy pointed out that this they need to answer what SIM is trying to achieve, as people are already starting to ask what healthcare will look like at the end of these three years.  Katie advised that she wasn’t sure it was necessary to identify a single model, they should be looking at the various models that are happening and figure out which one works best. She stated that things may look different in the different regions of the state.  Randy said that he would ask the TAs if they would take on at least creating a starting point for SIM, and will report back if this is something the TAs will do. | Randy will ask the TAs to begin to better articulate the SIM objectives, and will let the Steering Committee know if the TAs will take on this work. |
| **8- Evaluation Update and Subcommittee Development** | Dr Yoe/Amy Wagner to provide three updates:   1. Review the Total Cost of Care 2. Provide general updates to the Steering Committee on evaluation process 3. Obtain consensus on evaluation Subcommittee membership   Dr. Yoe began by saying that a big point of discussion has been to create an Evaluation subcommittee that would be chaired by either himself, or Amy Wagner, and someone from the Lewin group. They are trying to get an idea of who should be on this subcommittee.  Discussion:  Dr. Letourneau let Dr. Yoe know that Quality Counts usually tries to have at least two MaineCare consumers in their subcommittees.  Rose said that they should look to have a consumer of the physical health side and one from the behavioral health side.  Becky asked what the role of this subcommittee would be, whether it was conducting the evaluation or just oversight.  Dr. Yoe said they would be providing valuable oversight to the evaluation process. Reviewing the evaluation plans, and would have the authority to make changes to the evaluation reporting process. They would essentially be guiding the evaluation efforts.  Becky expressed that she had assumed that the Steering Committee would be the vehicle that would provide the oversight of the evaluation process.  Dr. Yoe advised that he didn’t feel the Steering Committee would have the time available to dedicate to digging into the kinds of issues that a subcommittee could. He said the evaluation is a very important part of SIM and he was hesitant to convert the Steering Committee into an evaluation committee.  Becky stated that the Lewin group is a large company and they are being paid a lot of money so their scope of work should be outlined in their contract.  Dr. Yoe agreed that was the case but he pointed out that there is a need for stakeholder guidance.  Deborah stated that she feels it would be important to get information on the scope of work of the proposed subcommittee and allow the Steering Committee to articulate what kind of lens the subcommittee should have when looking at the evaluation efforts, that would allow the Steering Committee to have a better understanding of things.  Dr. Yoe advised that in the next Steering Committee they will provide that information to the group and Lewin representatives will also be in attendance  Dr. Nesin stated that he felt this was similar and in line with the processes for the other subcommittees.  Katie asked if the subcommittee is supposed to direct the work of Lewin, why is Lewin going to be chairing the subcommittee.  Shaun said that they have been discussion a lot about the change they are expected from the healthcare systems. Evaluators should help inform what we are aiming for, not just successes and failures. He said he would like to see an evaluation of the engineering component outside of the boxes and silos.  Dr. Yoe agreed and said that was part of the focus that they planned to ask of Lewin, he advised that they are bringing a tremendous amount of expertise working in other SIM states, with a base of knowledge that should prove helpful. The engineering component is hugely important and he expressed that he was working on creating a research committee to really examine the different efforts and components of SIM.  Dr. Flanigan stated that the next meeting there will be a presentation by Lewin and they will have the scope of work for the subcommittee outlined.  Becky said she felt it was a great idea to put together a research group to look at SIM, it could be very useful for sustainability.  Dr. Yoe said he felt it was important to stimulate directed focus research to get a sense of the directions we are going. He introduced Amy Wagner as a new part of the team.  Amy said that she has been working on the TCOC methodology that has been accepted and used in 39 other states. She began the PowerPoint presentation by explaining that they were attempting to level the playing field as MaineCare covers a lot of services not covered by other insurers so they removed those services from the calculations.  Dr. Yoe further explained that they wanted to be consistent with other states on what is included in TCOC.  Dale advised that if they are describing how they are calculating the TCOC and they are excluding services then that really isn’t accomplishing the goal.  Dr. Yoe said that they will be using other measures to capture certain things that are excluded from this calculation. He is open to suggestions for other measures. He further explained that a work group established a small set of core metrics, this TCOC was one of them. It had been asked in a previous meeting for them to provide a more robust description of the TCOC calculation. He pointed out that this was only one of the measures and they needed some way of capturing costs.  Amy advised that this was a broad measure that will allow them to compare costs between the different payers.  Randy stated that they had shared the core metrics set that they are charging Lewin with evaluating that connects all of the SIM objectives.  Amy said that when looking at how SIM effects all of the payers and providers, this measure will address one half of what they are tasked with calculating in relation to cost.  Katie advised that she has been participating in numerous Coalition meetings and they are not calculating the TCOC in the same way. They are doing separate Medicare claims and the calculation doesn’t capture Medicaid paying differently. This is the NQF endorsed calculation.  Lynn said she felt there are two goals articulated; and one is to compare us against other states. She expressed concern that without augmentation to include some of the costs that Medicaid pays for there could be policy decisions that are not looking at the whole picture and what the true costs are. They need to look at how they address the inclusion of some of the Medicaid-only costs.  Jack said that they will have four different TCOC calculations, one for commercial payers, one for Medicare, one for Medicaid, and then this new one so we can compare to other states but it will have an asterisk that says this isn’t the true cost.  Dr. Yoe said that this calculation is for SIM evaluation only, he does not feel comfortable moving away from an established measure and pointed out that the more they change the measure to include Medicaid costs, the ability to compare with other states is lessened. He stated that even though Medicaid is a different animal it will be interesting to see how this plays out with that population.  Amy said it is also a good way to view system-level costs. This calculation will allow you to see your buying power, even though it evens out the playing field.  Kristine said her concern was that it doesn’t put her company on a level playing field because they have been in the individual market for the last 20 years and they have some very high cost users.  Shaun stated that they can call it TCOC but it isn’t REALLY TCOC, it can be useful in order to compare payers more evenly, but they should also be looking at true costs. Medicaid has some of the highest costs/utilizers of the healthcare system, and this measure removes a lot of that. He advised they are measuring the highest cost users.  Katie said she felt it was important to clarify that this specific measure is meant compare health systems, not payers.  Dr. Yoe stated that this one measure that we need to have, it doesn’t mean it is one that we want in the core set; we need to look at real TCOC.  Ellen further explained that Health Partners developed this to benchmark providers, practice sites, and groups against one another.  Dr. Flanigan articulated that they are looking at two concepts, what the global benchmark used for SIM within the State of Maine; they may be using a different benchmark TCOC. We are working with Lewin in developing and deciding which metrics we will be using and applied to which objective, at the Triple Aim level and down to the strategy level.  Dale stated that they also need to look at which data set will be used, if the data point is starting from today on, they don’t want to lose what has been going on up to this point.  Dr. Flanigan advised that they need to understand that there is a national benchmark for systems and practices and we need to be clear that it isn’t for measuring payers.  Amy further explained some algorithms for PMPM. | The scope of work of the Evaluation Subcommittee will be brought to the next month’s meeting |
| **11 - Steering Committee Risk or Issue identification and review** | *Standing agenda item - Allocate time for Steering Committee members to identify risks or issues to SIM Risk and Issue log*  Dr. Flanigan asked if there were any new risks identified that should be added to the log.  Shaun stated that HIN is working to support 20 Behavioral Health Orgs. To get their EMRs connected to HIE, to measure quality. His concern is the direction of the measure was left very vague. His concern is that there is no place or home to have conversations on the data that is coming out of the EMRs and how that data could help inform SIM evaluation. There seems to be a large gap for measuring quality under SIM on this, and he is anticipating that there will be a resource ask to develop workgroup on behavioral health quality.  Katie suggested that the Steering Committee request that the Payment Reform subcommittee be asked to change their focus from public reporting to quality reporting.  Dale advised that the partners need to discuss aligning the work of the subcommittees before creating new workgroups. If it doesn’t fit under their scope then they should come back to this group to develop a new workgroup.  Shaun stated that they will have the discussion with the partners and within the DI subcommittee, but he believes this is a big gap, and there isn’t a lot of work being done even nationally on electronic metrics for Behavioral Health. It is important to get this right under SIM. | The partners will discuss whether this falls under their purview or if there needs to be a new workgroup created and bring that back to the Steering Committee. |