

**Workgroup: ACI**

**Date: November 18, 2014**

**Time: 3:00 to 5:00 pm**

**Location: MaineGeneral Medical Center**

 

**Attendance:** Steve Ryan, Beacon Health; Mark Still, Cigna; Barbara Crowley, MD, MaineGeneral; Vanessa Santareilli, Maine Primary Care Association; Lisa Letourneau, Quality Counts; Lisa Tuttle, Quality Counts; Michelle Probert, BIW; Carl Demars, MD, Mid Coast; Joanne Rawlings-Sekunda, Bureau of Insurance; Bob Howe, Howe, Cahill & Co.; Pamela Beaule, St. Mary’s Health; Jeff Smorczewski, Aetna; Stephanie Peters, MaineHealth; Shawn Alfreds, HealthInfoNet; Linda Welch, MEABT; Bob Downs, Aetna; Peter Kraut, MaineCare; Gordon Smith, Maine Medical Association; Barbara Leonard, MeHAF; Chris Brawn, SEHC; Chrissi Maguire-Harding, MDI Hospital; Patrick Denning, Harvard Pilgrim; John Yindra, Maine Community Options; Katherine Pelletreau, Maine Association of Health Plans; Kathy Coltin, Harvard Pilgrim; Krissy Brasslett, Eastern Maine Health; Kathleen Pietrowski, Harvard Pilgrim; James Leonard, MaineCare; Bob McCue, Mid Coast; Jessica Newman, Lewin; Randy Chenard, SIM; Renea Rice, Eastern Maine Health; Rick Morrone, EBS; Terry Ann Scriven, MD Independent practitioner; Ted Rooney, MHMC; Lisa Nolan, MHMC; Ellen Schneiter, MHMC; Rebecca Marcisso, MHMC.

**Guests:** Deborah Brown and Maia Crawford, Center for Health Care Strategies (CHCS); Lacey Hartman, State Health Data Assistance Center (SHADAC), Lisa Whittemore, Blue Cross/Blue Shield of Massachusetts.

**Staff:**  Blake Hendrickson, MHMC; Frank Johnson, MHMC.

| **Topics** | **Lead** | **Notes** | **Actions/Decisions** |
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| 1. **Introduction**
 | Frank Johnson | Frank provided a framing introduction for the presentations. He noted that while considerable progress has been made in changing the delivery system to support population health, payment reform for primary care has lagged behind. Despite the best efforts of the health systems and health plans to support many initiatives based on primary care serving as the foundation for population health, the market is still predicated on fee-for-service with layers of pmpm payments. The presentations today are designed to begin to a more detailed and engaged dialogue on how to accelerate primary care investment and payment reform. | No action was anticipated. This was merely an introduction to the topic of primary care payment reform and the presentations to follow. |
| 1. **Payment Reform in Primary Care: Considerations for Maine**
 | Deborah Brown, CHCS, Maia Crawford, CHCS, Lacey Hartman, SHADAC | Deborah Brown provided a high-level outline of the role of CHCS and SHADAC and the content of the presentation: policy options for consideration and measuring investment in primary care (noting that much of topic area was covered in the policy brief, *Multi-Payer Investment in Primary Care*. Maia Crawford briefed the committee on seven payment reform options for consideration with examples of these options deployed on other markets. Maia described some of the major policy considerations associated with each option. Lacey Hartman spoke on the issues related to measuring primary care investment including defining “primary care’, target setting and tracking reinvestments. Lacey provided examples from Rhode Island, Vermont, and Oregon.  | There was no action taken on the CHCS and SHADAC presentations. These presentations were intended to serve as means to frame these issues for more substantive ACI dialogue moving forward. The CHCS/SHADAC team will be joining the ACI Committee for its January 20th to continue this discussion. |
| 1. **BC/BS of Mass. Alternative Quality Contracts**
 | **Lisa Whittemore** | Lisa Whittemore provided an update of the development of the Mass. BC/BS Alternative Quality Contracts (AQC). Lisa provided context on the development of AQC and the model that has been employed. The model establishes global budgets with meaningful incentives for high performance. Lisa shared some impressive recent results that demonstrate expansion of the program among the provider community, significant improvements in selected quality measures and overall savings achieved. Lisa focused on the reporting and analytic support that AQC has provided to practices as instrumental in improved performance. Lisa reported that practice payments are determined by both quality performance and efficiency. One noteworthy slide depicted the quality performance of several practices relatively vulnerable populations. Lisa indicated that there have been five major factors contributing to AQC success: nationally accepted measures applied to all providers, significant financial incentives, targets that enable providers to be rewarded for higher performance, data and analytic support (particularly related to variation), and provider leadership. | There was no action expected on this topic as Lisa was asked to update the Committee on growth of the program and recent results in follow-up to an earlier AQC presentation in 2010.  |
| 1. **Status Report on Measure Alignment Work Group**
 | **Frank Johnson** |  Frank updated the committee on the progress of the Measure Alignment Work Group. He reported that a set of measures is currently being subjected to a weighting process using the criteria initially established by the Work Group and the Buying Value tool. Work remains on the identifying the recommended measure set and outstanding operational issues. Frank reported that the recommended measure set will be presented to both the ACI Committee and the SIM Payment Reform Subcommittee for review and endorsement. | DNA |
| 1. **Risk/Dependencies**

**Expected Action**  | **DNA** |  |  |
| 1. **Interested Parties Public Comment**
 | **DNA** |  |  |
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| **Next Meeting** |  |  |  |

**Next Meeting: January 20, 2015**

**3:00 to 5:00 @ location TBD, Augusta**