

SIM Objective Review	SORT	SIM Organization: Maine Health Management Coalition		
THE TRIPLE AIM: 1) Improving the patient experience of care (including quality and satisfaction. 2) Improving the health of population. 3) Reducing the per capita cost of health care				
SIM Objective	Objective Hypothesis	Recommendation to continue Objective in Year 3 (Yes/No)	Assessment	
1: Health information to influence market forces and inform policy: track health care costs	Hypothesis One: That a robust data and analytics function helps stimulate better informed decisions regarding quality improvement, patient experience of care and payment reform, as well as strategies to address cost of care.	Yes	C	
		Database/Infrastructure. The data needs to be verified. Validation and vetting of the data needs to occur. If the data isn't valid, then it is not valuable. Public reporting of the data.		
1: Health information to influence market forces and inform policy: track health care costs	Hypothesis Two: By providing information and data regarding the health care environment to a broad audience, including those who make purchasing decisions for groups of employees, they are better prepared to make informed coverage decisions.	No	D	
		Health Care Cost Work Book and CEO Summits. Not sure how this is going to provide concrete value. Large employers have the resources to provide this information. Not focusing on driving change at the practice level. CEO Summits provide little value. Workbook should be every three years not semi-annual.		
1: Health information to influence market forces and inform policy: track health care costs	Hypothesis Three: Through the use of a consensus-based process involving informed stakeholders, sound guidance regarding strategies to address health care costs may be developed to guide purchasing and policy decisions and that guidance will be adopted by decision makers.	Yes	C/D	
		Health Care Cost Workgroup. Developed Letter on the voluntary growth cap and infrastructure work and now they are working on patient engagement. There is a benefit in having the meetings, but unclear as to whether outcomes pursued are valuable to SIM. Meetings become contentious as focus becomes too narrow. Convening is positive, but the outcomes are not. Focus on specific best practices on patient engagement.		
2: Health information to influence market forces and inform policy: value based benefit design	Hypothesis One: The development of a baseline value based benefit design that appropriately balances cost of care and value of services will speed adoption and use of such coverage in Maine. When adopted, this type of coverage will lead to improved patient outcomes and experience of care, as well as more appropriate costs of care.	Yes	C	
		VBID. 3 preventive services are already covered, are we duplicating the work? The reported accomplishments to date, how do they relate to VBID? Need to refocus the work. Not far enough along, identify national strategies and how they relate to Maine.		

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3: Health information to influence market forces and inform policy: Identify common metrics across payers for public reporting and alignment with payment through the work of the PTE Workgroups	Hypothesis One: The identification and adoption of a set of core metrics for ACOs will allow for benchmarking performance across plans and more informed purchasing decisions on the part of purchasers, as well as decreasing pressure on providers (in terms of reporting burdens).	No	D	
		ACO. Core Measure set was a beneficial process but not sure if there is a usefulness of the results. Completed process		
3: Health information to influence market forces and inform policy: Identify common metrics across payers for public reporting and alignment with payment through the work of the PTE Workgroups	Hypothesis Two: Investment in a stakeholder based process to support development of alternative payment arrangements - including ACOs - will lead to an increased uptake/spread of these arrangements in the Maine marketplace, furthering our objective of moving further away from paying on the basis of volume to a greater emphasis on value.	No	D	
		This work here is between providers and carriers thus no need for broader stakeholder convening. Develop more clarity on whose accountable and expected participants.		
3: Health information to influence market forces and inform policy: Identify common metrics across payers for public reporting and alignment with payment through the work of the PTE Workgroups	Hypothesis Three: The development and public reporting of quality measures for behavioral health will serve to introduce more public accountability in behavioral health care and will provide consumers with information that will assist them in assessing where they might seek care.	Yes	B	
		Asks the question to what extent this is accomplishing what it is stated to do? Is the site providing valuable information to consumers? Are the measures provided meaningful and to whom? Measures are new to Behavioral Health. Comfortable with the process and would like to move to more meaningful measures in the future. Is there good integration between the other related groups? Perhaps we sharpen the focus on the MaineCare BHH population.		
3: Health information to influence market forces and inform policy: Identify common metrics across payers for public reporting and alignment with payment through the work of the PTE Workgroups	Hypothesis Four: The development and public reporting of health care quality, patient experience, and cost measurement through a multi-stakeholder process (the Pathways to Excellence-PTE-Program) will serve to create transparency and drive improvement in the state of Maine's health care delivery system network. This work will not only drive improvement in terms of public accountability, but will provide consumers and the public with information about the quality of care delivered at various levels of the health care delivery system (inpatient/hospital care, outpatient care-primary and specialty).	Yes	A	
		Measurements are meaningful to those specific specialists only. Might be helpful to those practices involved if the measures are definitive.		

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4: Provide Primary Care providers access to claims data for their patient panels (portals)	Hypothesis One: By facilitating access to claims data for their patient panels, providers will have access to a potentially powerful tool to help them understand how their patients are accessing services.	No	D	
5: Provide practice reports reflecting practice performance on outcomes measures	Hypothesis One: By providing practices with practice-specific reports on patient panels (by payer source), providers and practice owners will gain a better appreciation for the trends in utilization, cost and quality demonstrated by their own practice as compared to a statewide benchmark, leading to efforts to improve their own performance.	Yes	C	
6: Consumer engagement and education regarding payment and system delivery reform	Hypothesis One: By engaging the public around issues related to payment reform (with this term being taken broadly), cost and quality, we will have more informed consumers and decision makers who will be able to make better decisions regarding their own health and care, as well as participate in broader discussions of health policy.	No	D	
Assessment Criteria				
A. NO CHANGE RECOMMENDED: The SIM objective is provided sufficient value toward the SIM goals				
B. FOCUS: A change in an objective's focus area is necessary to improve the value of that objective toward SIM goals				
C. ADJUST: An objective is not providing sufficient value toward SIM goals, and therefore should be adjusted to improve that level of value				
D. DISCONTINUE: An objective is not providing value toward SIM goals (Core Metrics or the Triple Aim), and therefore should be discontinued				