# **SIM Payment Reform Subcommittee Monthly Summary for Steering Committee: February 2016**

Meeting date: February 16, 2016

Number of participants: 16

Organizations Represented: Harvard Pilgrim Health Care, MaineHealth, Maine CDC, BIW, Maine Hospital Association, Quality Counts, Mt. Desert Hospital, MeHAF, State Employee Health Commission, consumer, MHMC staff

* **Please state the subcommittee’s strategic focus for the month:** The subcommittee met for a presentation of the BIW experience implementing the National Diabetes Prevention Program (NDPP) for it population of employees and dependents. Further, the focus of the meeting was to brief the subcommittee on SIM SORT recommendations and MLT decisions on MHMC objectives and to share the MHMC response to directives to focus on the key areas of diabetes and fragmented care.
* **Please state the subcommittee’s key findings/work/impact for the month:** The key findings/work/impact were to review the revised MHMC work plans developed in response to MLT decisions, to solicit clarification on specific points and to secure the support of the subcommittee for the identified re-focus and revised work plans. The subcommittee was also asked to respond to the proposal to consolidate several MHMC work groups under the umbrella of a Value-Based Purchasing Committee with jurisdiction over payment reform, VBID, cost containment strategies and related activities.
* **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted:** The subcommittee considered a revised Value-Based Insurance Design (VBID) work plan with specific milestones and deliverables. The revised VBID work plan calls for the scaled-down final deliverable of a VBID template and principles for adoption with focus on chronic are management including diabetes and incentives for greater care coordination. The PTE Behavioral Health work was modified to focus on increase the standards for care continuity and coordination among behavioral health and primary care practitioners. The revised work plan for Practice Reports included targets for updated commercial and MaineCare reports as well as the introduction of Medicare reports, dashboard reporting at the ACO level, ongoing dialogue with providers on report refinements/analysis and new opportunities for technical assistance to practices. The Measure Alignment work was identified as convening the Work Group to update core measures to reflect revised clinical guidelines and new/retired measures. A system level benchmarking claims aggregation pilot is being proposed to test methodology and identify value to providers.
* **Please state the subcommittee’s challenges for the month:** The subcommittee’s challenge was to assess the revised work plans and deliverables to ensure alignment with the MLT’s directives to narrow focus to more closely link work with MaineCare priorities of diabetes and fragmented care.
* **Please state the subcommittee’s risks for the month:** No risks were identified.
* **Please summarize the goals for next month’s subcommittee meeting:** It is anticipated that a major goal for the April meeting will be to review the draft outline of a proposal to sustain the multi-payer primary care initiative. Multi-stakeholder feedback will be solicited to support the proposal to be submitted in response to an invite to SIM states.