# **Value-Based Insurance Design SIM Subcommittee Monthly Summary for Steering Committee: January 2015**

Meeting date: **VBID Clinical workgroup met on January 21.**

Number of participants: 12

Organizations Represented: Alliant, SIM, Aetna, MMCPHO, Cigna, HPHC, MOA, independent contributors.

* **Please state the subcommittee’s strategic focus for the month: The VBID Clinical workgroup met to discuss how we’ll proceed with VBID for the remainder of this project year. As a result of SORT review and the remaining timeline, we anticipate changes in the strategy to build a comprehensive insurance plan and discussed how best to develop a VBID template to outline recommendations for inclusion in health plan product offerings.**
* **Please state the subcommittee’s key findings/work/impact for the month: The workgroup determined we have reviewed many aspects of VBID resulting in rough draft documents that will be refined and used to make recommendations for a VBID model. Recommendations can range from specific services that produce favorable health outcomes to processes that can be built into VBID to encourage client engagement and activation as well as incentivize providers.**
* **Please describe which SIM goals were the primary focus of the subcommittee, and how they may be impacted: *MHMC 1: Convene VBID workgroup and explore opportunities to align patients' out of pocket costs such as copays and deductibles with the value of services provided, as well as opportunities identified by the Healthcare Cost Workgroups and the ACI workgroup focusing on patient incentives as well as provider incentives. Learning from the experiences of payers and provider communities to date.* Our primary focus this month was to share SORT review recommendations and explain to workgroup participants how it may impact VBID and workgroup structure in order to ensure our strategy is aligned with SIM deliverables. The impact will be to revise VBID to put forth a template of appropriate components for a value-based model with specific recommendations to improve diabetes care and fragmented care.**
* **Please state the subcommittee’s challenges for the month: As we refocus the workgroup’s efforts, we need to use work that was completed over the past two years in our final deliverables. Since we have completed review of preventive/screening services and exclusions, it will be challenging to put these forth as recommendations without the developed, comprehensive model plan they were intended for. It is also challenging to obtain feedback from health plans on how they would like recommendations to be presented to be most useful to them.**
* **Please state the subcommittee’s risks for the month: No risks were identified by the workgroup.**
* **Please summarize the goals for next month’s subcommittee meeting: Material we have covered to date to incorporate into a VBID model will be summarized and health plans will be asked how they would like this information to be presented for their use. At the next workgroup session, participants will use this information to begin putting formal recommendations together.**

# **Pathways to Excellence, Behavioral Health Steering Committee, January, 2016**

# **SIM Subcommittee Monthly Summary for Steering Committee**

Meeting date: No Pathways to Excellence Steering Committee meetings were held in January, 2016. Next meeting, Feb. 17, 2016

**Please state the subcommittee’s strategic focus for the month of January 2017**

1. **Crossover Subcommittee: The strategic focus for January for the Crossover Subcommittee was to:**
   1. **Staff reviewed and tested *GetBetterMaine* website attestation forms sent in for publicly reporting The Pathways to Excellence, Crossover Subcommittee’s behavioral health integration icon for appearing on GetBetterMaine website for January of 2016.**
2. **PTE Behavioral Health Steering Committee: (did not meet in January)The strategic focus for January:**
3. **Gather input regarding expanding scope of behavioral health providers who will be invited to publicly report quality measures for the GetBetterMaine website for 2017. Discussion centers on expanding to case management services and med management services. Met with MaineCare, OCFS and psychiatrists.**
4. **Staff reviewed and tested attestation forms sent in for publicly reporting quality measures to The Pathways to Excellence, GetBetterMaine website for January of 2016.**

Monthly Updates- Please include a brief synopsis of meeting agendas, outcomes and activity with stake holders (please give me the name of their organizations) any information about the progress of this task throughout the month. Indicate any challenges or success you had.

The Pathways to Excellence, Behavioral Health Steering committee did not meet in January of 2016.

**Please state the subcommittee’s key findings/work/impact for the month:**

1. **The new data from the 2016 PTE BH attestation forms (due December 4th) were entered and finalized and appeared on GBM website January of 2016.**
2. **Continued to organize and develop future work for PTE BH committee and subcommittees. Prepared for PTE BH Steering Committee meeting on February 17, 2016.**
3. **Continued to meet with SIM partners to determine ways that collaboration will happen.**
4. **Continued to meet with steering committee members and potential members to keep buy in and participation, and increase participation for public reporting. Continue to give presentations as requested.**
5. **Met with experts including state (Maine Care, OFCS,) and with psychiatrists regarding public reporting of case management and medication management in order to expand BH service providers participating in GetBetterMaine website.**
6. **Began review of public reporting attestation process to refine to make more efficient and effective.**
7. **Outreach in January:**

* **Participated in the Network for Regional Healthcare Improvement in Washington, DC**
* **Met with MEHAF**
* **Participated in QC Behavioral Health Homes Committee**
* **Participated in MaineCare Behavioral Health Homes Working Group**
* **State (MaineCare and OCFS)**
* **psychiatrists**

**Please describe which SIM goals were the primary focuses of the subcommittee, and how they may be impacted:**

* + To continue the publicly reporting of meaningful behavioral health quality measures beyond original goal of January 2015.
  + To increase rigor of quality measures.
  + To widen the scope of types of providers reporting to GetBetterMaine.
  + To increase the number of behavioral health providers participating in public reporting

**Please state the subcommittee’s challenges for the month:**

* + Broadening the scope of providers to the GetBetterMaine website brings up many challenges particularly when discussing adding case management services to the website. This is due to the vast differences in the way services are delivered, and the narrow way in which the services are paid.

**Please state the subcommittee’s risks for the month:** The risk in January continues to be the complicated nature of Behavioral Health Claims data.

**Please summarize the goals for next month’s subcommittee meeting:**

* + The Pathways to Excellence, Steering Committee meeting will meet on February 17th, 2016 to continue to discuss ways to expand the providers currently reporting on BH GetBetterMaine for 2017 and to begin to craft attestation questions that apply.

**Successes:**

* + January 2016 for Behavioral Health quality measures being reported to GetBetterMaine went “live” as planned
  + January 2016 for Behavioral Health Integration Icon displaying type of integrated behavioral health services went “live’ as planned
  + 2 potential services (case management and psychiatry) being considered for GBM public reporting for 2017.