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|  | ***SIM Steering Committee***  ***Wednesday, February 25, 2015***  ***9:00am-12:00pm***  ***MaineGeneral Alfond Center, Augusta***  ***Conference Room 2*** |

**Attendance:**

Noah Nesin, MD (via phone)

Jay Yoe, PhD, DHHS – Continuous Quality Improvement

Randy Chenard, SIM Program Director

Dr. Kevin Flanigan, Medical Director, DHHS

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

Kristine Ossenfort, Anthem (via phone)

Deb Wigand, DHHS – Maine CDC

Jack Comart, Maine Equal Justice Partners (via phone)

Shaun Alfreds, COO, HIN

Dale Hamilton, Executive Director, Community Health and Counseling Services

Penny Townsend, Wellness Manager, Cianbro

Lisa Letourneau, MD, Maine Quality Counts

Andrew Webber, CEO, MHMC

Rhonda Selvin, APRN (via phone)

**Interested Parties:**

Katie Sendze- HIN

Lisa Tuttle- Maine Quality Counts

Frank Johnson, MHMC

Ellen Schneiter, MHMC

David Winslow, MHA

James Leonard, OMS

Jim Harner, Hanley

Peter Kraut, OMS

Kathy Woods, Lewin

Lyndsay Sanborn, MHMC

Kathryn Pelletreau, MAHP

KarynLee Harrington, MHDO

Lisa Nolan, MHMC

Peter Flotten, MHMC

Emily Brostek, CAHC

**Absence:**

Stefanie Nadeau, Director, OMS/DHHS

Lynn Duby, CEO, Crisis and Counseling Centers

Eric Cioppa, Superintendent, Bureau of Insurance

Rose Strout, MaineCare Member

Fran Jensen, CMMI- via phone

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

**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 August Steering Committee meeting :*  Randy gave some housekeeping updates: Annual meeting will be held next Wednesday, if there is a significant amount of snow it will be moved to the Friday of the same week.  Shaun will give Randy HIT work done in 2009 to Randy on a thumb drive.  December minutes were accepted. | December minutes will be sent for posting online.  Shaun will give 2009 HIT Roadmap work to Randy on hard drive for him to then distribute to the Steering Committee. |
| **2- Leadership Development Program Update** | *Objective: Provide brief update on SIM Leadership Development Program*  Jim Harner provided an update on the Leadership Development Program. Representatives will begin attending Steering Committee meetings in person. June of this year they will assemble the first gathering of healthcare CEOs with goal of developing a strategy to train healthcare leaders in change and exploring further opportunities for funding and sustainability for this type of training. They will also be working on trainings that focus on change management. Contract with SIM was signed last week and Hanley is ready to move forward. They will be conducting a substantial survey for healthcare CEOs to identify currents gaps and needs in the system. | Representatives from Hanley will be attending Steering Committee meetings going forward in person. Will be able to report on progress as requested. |
| **3- Subcommittee Updates** | *Objective: Each subcommittee chair provide highlights of subcommittee activity*  Delivery System Reform update- The subcommittee met in January, but won’t be meeting again until April. Have been supporting consumer group on prepping for annual meeting presentation. They have also been working with HIN on operationalizing care coordination pieces. In April they will hear a presentation on Accountable Communities. Lisa gave an update on the care coordination pilot; participants in pilot prepping for beginning the pilot. She explained that the participants include a CCT, a health system, and HIN. Work is currently being handled in a subgroup for now, and she hopes to have an update in April.  Data Infrastructure update- Subcommittee hasn’t met since December, facing issues with lack of interest and attendance. Working with Randy to figure out if the right people are at the table and what changes can/should be made.  Payment Reform Subcommittee- Frank said most of the work has been providing the Subcommittee on updates and briefings from Cost of Care and VBID workgroups and getting their endorsement on some of that work. | The Data Infrastructure Subcommittee will continue to work with Randy to make appropriate changes to goals and roster. |
| **4 - SIM Evaluation Scope** | *Objective: Reground SIM Steering Committee on the breadth of the SIM evaluation scope*  Jay Yoe discussed status of the SIM Evaluation. He said they are working to establish a set of measures to monitor and guide the Evaluation and the Evaluation Dashboard is in process. Another key goal is to set up continuing learning process, gearing up to begin that work and the Steering Committee should be seeing that soon. They also want to develop a research collaborative, bring together researchers within, and outside of Maine, which would be a real sustainability piece as healthcare transformation moves forward.  It was explained that the evaluation was comprised of three major components: Cost-effectiveness, Impact/Effectiveness, and Process/Implementation. The surveys and interview tools are in development currently and they will seek advice from the Steering Committee on what questions should be asked. The evaluation will mostly be using claims data, but are exploring ways of accessing and using clinical measures. The Evaluation Subcommittee has launched and is very active. He said they have worked with the Partners on Logic Models which were helpful, but are now working on creating hypotheses for each objective. Jay said they’ve had a preview of the Lewin dashboard, it is a really exciting piece of work and they are excited to share with the Steering Committee. Helps focus in on how SIM is doing on key outcomes.  It was suggested that those participating in the Evaluation reach out to Behavioral Health Home and Health Home providers to get their opinion what is successful about those models. There may not be a lot of monetary savings since the models are so new and implementation can be expensive  It was affirmed that the evaluators do plan to reach out to providers and to see if the strategies being used are consistent with what has been SPAs and the Rules. Randy also pointed out that the core metrics will be coming to the Steering Committee for input.  There was also a concern raised about a previously made assumption that SIM would save Maine $1 Billion, which people working in the healthcare field don’t agree with. That instead the goal should be reducing costs, providing appropriate care and incentives. There is a need to have a discussion about how savings are calculated and parsed out.  It was also pointed out that SIM may want identify as a risk that the proposed budget cuts and policy initiatives may threaten the work of SIM. | Work will continue on nailing down objectives’ hypotheses. Lewin’s Evaluation Dashboard will be shared with the Steering Committee in the near future |
| **5 – Steering Committee Approval of Total Cost of Care for Public Reporting Through SIM** | *Objective: Ask Steering Committee to approve PR recommendation regarding the Total Cost of Care Calculation and approval for SIM to publically report*  Frank reviewed handouts on TCOC and provided definitions for TCOC index and Total Resource Use, looking at measure of resource utilization. This will enable practices to be able to see how they relate to their peers based on those two indices. He explained that they went through a thorough and thoughtful process through PTE which gave the greenlight to allow the Coalition to use for public reporting. The Payment Reform Subcommittee invited Michael DeLorenzo to speak in November, and eventually endorsed these two . Supposed to begin reporting in January 2015 but is postponed until July 2015.  Randy- Steering Committee needs to answer how public reporting on this should look like, but first need to decide if they endorse it.  Dr. Flanigan articulated the ask; that this has been well vetted and gone through long process to get to this point. Is what has been developed what the Steering Committee wants to approve?  Dr. Nesin said that his organization find those reports very helpful and use them in their practices, but also understand their limitations. Very helpful in understanding patterns in resource use and recognizing what is not within their control.  Katie Fullam-Harris said she was not comfortable moving forward because there was to be a PTE meeting the following day where they may be changing the methodology.  Peter Flotten explained that there is a meeting of PTE tomorrow to go over the methodology and refining ways to make things as fair as possible, it was not changing the way things are reported on the practice reports.  It was decided that the Steering Committee would wait until final form has been adopted by PTE. Tabled until next month. | Item was tabled and will be brought back to Steering Committee once final form has been adopted by PTE/Coalition Board. |
| **6- Steering Committee Approval of Aligned Metric Set** | *Objective: Ask Steering Committee to approve Aligned Core Metrics and endorse their usage*  Shortly after the December update provided to the Steering Committee on these efforts, the recommended measures were submitted to PR and ACI for comment. Frank reviewed handout that went over background of development of measure set. Mostly claims based measures. At this point all commercial payers have endorsed measure set, with understanding that this isn’t the ONLY set of measures they can use. Working on identifying 5-8 clinical measure “starter group” to begin looking at ways to extract that data. List of 6 that were identified and included in report. Made a lot of progress, will be some changes as relates to CMS on hospital side and something about volume and will be adding clinical measures as they move forward.  Asked for questions/concerns and then whether Steering Committee endorses this list.  It was clarified that this list would intended for use in ACO contracting, mostly private reporting, and to use as a resource for benchmarking. The process for creation of the measures list was endorsed, though it was requested that the full set of the 36 measures be sent out to all Steering Committee members.  Shaun pointed out that the six clinical measure that were chosen are very difficult to report on, that data availability is a challenge and it could prove very costly to report on them. He recommended that there be a concrete process developed for reporting on this data.  Steering Committee endorsed process. | Frank will email list of measures to Randy for distribution to the Steering Committee members. |
| **7- Steering Committee Approval of Voluntary Growth Cap** | *Objective: Ask Steering Committee to endorse usage of the Voluntary Growth Cap*  Frank explained Health Care Cost Work Group handout explaining The Voluntary Annual Growth Cap. Discussion morphed into what type of indices would be appropriate for growth caps for risk-based contracts as a means to contain costs. Work Group struggled with this and evaluating consequences to adopting and applying it. Had an appearance of being a burden on providers, worked to get an agreement from plan sponsors to acknowledge that they have a responsibility to help facilitate reporting and considering the growth cap. A smaller subgroup is helping to get all parties onboard. Just wanted to update Steering Committee on work being done. Work is completed so they aren’t exactly being asked for endorsement.  Dr. Flanigan said the ask was for the Steering Committee to endorse the use of the growth cap, and further to accept a report on progress made and work being done.  Andy Webber further explained the purpose of this work; SIM is trying to get to triple aim goals, healthcare cost containment is major piece. Biggest part is ACO risk-bearing contracts, with discipline around total cost, voluntary growth caps. Would like to see positive comments and endorsement on very important work being done in Health Cost Work Group.  It was pointed out that all stakeholders (like home health, LTC, and behavioral health) haven’t been engaged in the ACO discussions, nor the road in which healthcare is going.  Katie Fullam-Harries said she felt comfortable endorsing the work that has been done, but didn’t feel comfortable with growth cap, asking providers to take risk over things they have no control over. She said there needed to be a continuing conversation on getting all stakeholders engaged on cost of healthcare.  Frank said he understood the expressed concerns, but it is a positive piece of SIM work getting stakeholders in group to recommend a growth cap recommendation  Dr. Flanigan summarized that the Steering Committee endorsed the reports and think that efforts should continue and be more inclusive on participants and consider | Steering Committee would like to see this work continue on, with the idea that the stakeholder group become more inclusive of Home Health, LTSS, and Behavioral Health. |
| **8- Risk or Issue Review /Identification** | *Objective: Standing agenda item- allocate time for Steering Committee members to identify risks or issue to SIM Risk and Issue Log*  No risks identified |  |
| **9- Public Comment** | No public comment |  |