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|  | ***SIM Steering Committee***  ***Wednesday, February 26th , 2014***  ***10:00am-12:30pm.***  ***Alfond Center for Health***  ***35 Medical Parkway, Conference Rm3***  ***Augusta*** |

**Attendance:**

Noah Nesin, MD

Rebecca Ryder, Franklin Memorial Health

Penny Townsend, Wellness Manager, Cianbro,

Deb Wigand, DHHS – Maine CDC

Jay Yoe, PhD, DHHS – Continuous Quality Improvement

Katie Sendze- HealthInfoNet

Randy Chenard, SIM Program Director

Eric Cioppa, Superintendent, Bureau of Insurance

Jack Comart, Maine Equal Justice Partners

Dr. Kevin Flanigan, Medical Director, DHHS

Dale Hamilton, Executive Director, Community Health and Counseling Services

Katie Fullam Harris, VP, Gov. and Emp. Relations, MaineHealth- via phone

Frank Johnson- Maine Health Management Coalition

Lisa Letourneau, MD, Maine Quality Counts

Stefanie Nadeau, Director, OMS/DHHS- via phone

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

Lynn Duby, CEO, Crisis and Counseling Centers (??)

Rhonda Selvin, APRN

Rose Strout, MaineCare Member

Kristine Ossenfort, Anthem

**Absence:**

Representative Richard Malaby

Representative Matthew J. Peterson

Michael DeLorenzo, Interim CEO, MHMC (??)

**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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| **Accept 1/22/14 Steering Committee Minutes** | Following a reminder regarding Microphone use, the meeting was called to order, a couple of minutes were allowed for members to review the 1/22/14 Steering Committee Minutes which were adopted by consensus. |  |
| **SIM Status Orientation** | Randy walked members through the “SIM Quarterly Status Report” and the “Maine State Innovation Model Status at a Glance” graphic. He explained how to interpret them and what the color-codes meant. He stated that the Steering Committee will really be focusing on the objectives that are coded yellow and red for the current quarter.  All documents: Maine State Innovation Model Status at a Glance, Maine SIM Quarterly Status Report-FFY14 Q1, SIM MaineCare Quarterly Status Report, SIM Program Status, SIM Data Infrastructure Status, SIM Delivery System Reform Status, SIM Maine CDC Status, SIM Payment Reform Status.  Discussion:  Dr. Letourneau stated she was still confused on the difference between subcommittee reports and contract deliverables. Randy advised that it can be difficult to delineate between contracts and subcommittee overlaps. Dr. Flanigan shared information on the coming Conflict of Interest policy. He advised that it would be a “self-reporting” policy, that if a member felt that they, or a family member, and/or an entity they represent would directly benefit from allocations of grant monies they should report it to the board. Dr. Letourneau stated that Maine Quality Counts would already benefit from grant monies and asked for clarification. Dr. Flanigan said that was already taken into consideration when asking their participation on the Steering Committee. Dr. Nesin clarified if they were being asked on an “ad hoc” basis depending on topics that come up in the future. Dr. Flanigan specified that it was specifically related to grant funds and their allocation.  Dr. Flanigan then advised that there will be a change to the agenda patterns of the Steering Committee meetings, that in the future he plans on focusing on ensuring that objectives and deliverables are being met and resolving issues that are encountered. Dr. Letourneau stated that she would like to have more highlight on achievements and issues from the involved workstreams. | Conflict of Interest Policy will be forwarded to members. |
| **Update from the Payment Reform Committee- Frank Johnson and Ellen** | Frank:  ACI endorsed the proposal for multilevel payer alignment. They have retained the services of Michael Baylet and main focus right now is to reduce the burdens to providers. They have put together an inventory of payment measures and performance measures, a total of over 200 measures, and are looking at whittling those down based on overlaps. They are working on accessibility for providers on claims-based measures. They are focusing on familiarizing themselves with what the other subcommittees are working on and identifying commonalities. Ellen then identified some of the issues that MHMC is facing; they are having trouble hiring highly-skilled healthcare data analysts, and the issue of provider “portal fatigue”. She demonstrated what a practice report looks like, which includes Relative Use index and Total Cost of Care Index. These reports will allow providers to compare their practice against other practices around the state. It was specified that these reports were only for the practices.  Discussion:  There was a concern brought up about why some these practice reports were only going to the practices, why didn’t the ACOs have access to them and can better interpret the data. Ellen said the plan was to start these reports at the practice level and then later disseminate the information to higher organizations. Dr. Nesin added that there have been some great training sessions for practices on how to use the data. There was also a questioned posed on whether to include MDs that are working in Nursing Facilities as “Primary Care Physicians”. Dr. Flanigan stated that they should be taken into account. Dr. Letourneau stated that she felt there should be some discussions or groups to focus on the issue of provider portal overload. | Finding ways to address provider “portal fatigue” |
| **MaineCare Subcommittee update** | Michelle Probert:  Update on the MaineCare initiatives. She advised that both the Accountable Communities and Behavioral Health Homes have experienced some delays. The BHH State Plan Amendment has been submitted and is under review by CMS. The Rule was posted and the process of revising the rule is underway. There are weekly calls with BHH providers to address concerns. The applications to the Health Homes was reopened to allow for new PCP practices to come on board and participate in the BHHs. Twenty-five new Primary Care Practices have signed up and twenty-five Behavioral Health Organizations (compromised of about 80 site locations) have signed up, which exceeded expectations. Implementation is on track for April 1st.  The Accountable Communities group has held bi-weekly conference calls with CMS since the month of December, and the green light was given to submit the SPA on February 21st from CMS and would be submitted at the end of the this week, February 28th. She advised that there were two webinars coming up in the next week, one on the Shared Savings Methodology and one on the revised Quality Framework. The next challenge faced by the ACI is the issue of rule-making, still working on getting approval for Emergency Rule-making, and there is a meeting scheduled between the DHHS Commissioner and the Attorney General coming up and there will hopefully be an agreement reached. Deloitte is on track with the finalizing attribution lists and calculating benchmarks for Total Costs of Care.  Discussion:  It was stated that there would be an addition to the risk log pertaining to the impact of Behavioral Health as it relates to SIM, after its implementation. |  |
| **Data Infrastructure Workstream** | Katie Sendze:  It was reported that contracts had been executed with MaineCare, getting past delays with privacy and data-sharing complications. Behavioral Health RFP launched, and they were hopeful it would align with the BHH launch.  The Patient Portal Pilot “Blue Button” Project had faced delays due to some issues in contracting a pilot partner, but did still plan to launch. They had closed the RFI on Feb. 14th and were close to contracting with a partner.  Discussion:  *How are you using ER notifications, are you tracking who is accessing the information the most, and the most accurately?* Can only track how many are using but they still haven’t gotten into the specifics, who exactly and how often. They are still working on alignment with payment reform. It was advised that the utility of HealthInfoNet Exchange , it’s reach and abilities are still evolving, and proving it’s worth. There are still some very real data exchange questions and issues involved. They want to highlight shared values in the committee. |  |
| **Delivery System Reform** | Lisa Tuttle:  Objectives for CDC, OMS, and MQCounts all fall under the Delivery System Reform umbrella. She stated that there will be more reporting coming soon on the last two objectives *Providing QI Support for Behavioral Health Homes* and *Provide QI Support for Patient-Provider Partnership Pilots*, once they have gone live.  They have 80 participants in the Home Health Learning Collaborative and MaineCare is still reaching out to get providers involved. They expect some delays due to the issue of portal fatigue and decisions on data collection, which are beyond MQC’s control. Lisa said it has been great getting providers, ACs, and some members together for the learning collaborative.  The CDC Representative Debbie Wigand:  Explained status of two CDC objectives, the RFP for the Community Health Worker will be out at a later date. They are meeting in the following month with US CDC for support with the work they are doing with National Diabetes Prevention Program, they are planning on ways to move forward and infiltrate state.  Lisa Tuttle: The Health Homes have 75 multipayer sites, and there 80 new Health Homes. They are working on learning collaboratives to reach out. Not all practices are connected to HealthInfoNet for various reasons, and they have identified some questions for the subcommittee to address.  Questions:  How can they leverage about important HIN can be for the PCPs  They need to make sure that Health Home funding is solidified.  There are lots of care coordination elements in the initiatives, how can that be streamlined so when one person leaves the hospital they aren’t contacted by 6 care coordinators? Need to get everyone on the same page in regards to relationships and roles and who is leading the care coordination for the patient?  Someone needs to start a conversation on how to document and share information across “silos”, and making sure not to favor big providers. | Lisa proposed that a subgroup be implemented  In order to address some of the questions/concerns she raised. |
| **Tabled Items** | SIM Branding and Communications Update- Randy Chenard  Steering Committee Process and Feedback- Dr. Flanigan |  |
| **Next Meeting** | The next meeting of the Steering Committee is scheduled for March 26th, 10:00am-12:00pm, Cross Building, Room 103, Augusta. | Meeting reminder and materials will be sent and posted (if available) by Denise prior to the meeting. |