

Final Objective Review Recommendations

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

Maine CDC					
SIM Objective	CDC 1: NDPP: Implementation of the National Diabetes Prevention Program (NDPP).				
Objective Hypothesis	If the NDPP is integrated into population health management strategies in Maine, we can prevent or delay the progression/onset of type 2 diabetes for those with pre-diabetes or at high risk for diabetes. For those who progress to a diabetes diagnosis, they consume 2.3 times more health care dollars.				
Recommendation to continue Objective in Year 3 (Yes/No)	Yes	Assessment	A. NO CHANGE RECOMMENDED	Steering Committee Recommendation	Endorsed
SORT Comments	Program has been very well received. Evidenced based support for this program.				
Steering Committee Comments	There are NDPP sites around Maine, some in health systems and some in community settings across Maine. The NDPP is a year long process where you go to a class and life style coaches assist you to assess your diet, lifestyle, etc. it is a specific curriculum, in order to provide this program you need to have specific trainings and hold fidelity trainings. Strong support for this recommendation, in discussions with Anthony Anderson who runs NDPP at BIW, and we have been discussing having him spearhead efforts to encourage other employers to implement this program. Consensus reached.				
MLT Decision	Agreed with Steering Committee recommendation with no changes, continue in Year 3				

SIM Objective	CDC 2: CHW Pilot Project				
Objective Hypothesis	If CHWs are recognized as valued members of the health care system in Maine, they can support improved health outcomes, appropriate utilization of health care services, and increased cost savings related to chronic disease support, cancer screening, and high risk or high consumers of health care services.				
Recommendation to continue Objective in Year 3 (Yes/No)	Yes	Assessment	B. FOCUS: A change in an objective’s focus area is necessary to improve the value of that objective toward SIM goals	Steering Committee Recommendation	Endorsed with comments
SORT Comments	Four different approaches being used at this time, let's look at them to see which one are working well and focus on those approaches.				
Steering Committee Comments	Should we continue with a change in focus? Is now a time to look at the four different approaches and focus more on the ones that are most successful? Need to understand criteria for how to evaluate and change. We want to make the connections with the CCTs, and insure that what the CHWs do that is distinct, we wanted to see how employing CHWs could change the healthcare environment in Maine and what is their appropriate role. To somehow see how we are integrating, in the rural communities who could be some of the other mechanisms for delivering this care. There are a lot of fragmented efforts around trying to meet these needs. Are there specific populations that you are going to get the most benefit from, where are the gaps and is there a plan to move that forward, how do we best focus this to best impact our core measures. Are we focusing on the right population. CDC will come back after discussing with their team with some recommendations for improvements for the program. Consensus reached with additional focus from suggestions provided and developed by the CDC.				
MLT Decision	Agreed with Steering Committee/SORT Recommendation with increased focus, continue in Year 3				

HealthInfoNet					
SIM Objective	HIN 1. Provide real-time notifications from the HIE to MaineCare and health systems Care Managers when MaineCare members are admitted or discharged from inpatient and emergency room settings across all provider organizations connected to the HIE				
Objective Hypothesis	“IF” HIN can release, build, and deliver real-time ADT notifications to MaineCare Care Management, HIN can add value to MC’s Care Management program by providing these real-time notifications.				
Recommendation to continue Objective in Year 3 (Yes/No)	Yes	Assessment	A. NO CHANGE RECOMMENDED	Steering Committee Recommendation	Endorsed
SORT Comments	CCT has been using this on a daily basis and it is a positive. Important and needs to be expanded, predictive modeling expanded. Important component for SIM. Do more of it.				
Steering Committee Comments	We recently completed a Lean process to better incorporate this into the work of the nurse care manager work flow, and we have seen this have a positive change, and look forward to seeing the outcomes using this underscoring the importance as a valuable tool, especially for primary care practices. LTC is coming into this, would like to integrate with MaineCare, like to continue this and expand it. Notification services are available as a core service, so anyone that has a contract with HIN can access the notifications. Consensus reached. Endorse recommendation to continue with no changes.				
MLT Decision	Agreed with Steering Committee recommendation with no changes, continue in Year 3				
SIM Objective	HIN 2. Provide HIT and HIE adoption incentives to up to 20 Behavioral Health provider sites/ organizations				
Objective Hypothesis	“IF” BH organizations in Maine have access to funding reimbursements to support Electronic Health Record interoperability improvements and HIE connection, they will choose to invest in their EHR and participate in Maine’s statewide HIE.				
Recommendation to continue Objective in Year 3 (Yes/No)	Yes	Assessment	A. NO CHANGE RECOMMENDED	Steering Committee Recommendation	Endorsed
SORT Comments	Positive so far but will need continued financial support. Helpful, but challenges exist with specific EMR vendors. HIN should be capturing the issues that prevent this from being implemented technically and practically, i.e.: describe the key challenges and that exist in interoperability and other barriers they have experienced. HIN should provide recommendations to practices on what they need to focus on to get up to speed, including regulatory barriers that exist in trying to get this fully operational.				
Steering Committee Comments	Behavioral Health providers are tenuously attached to EHRs and HIE, need ongoing support to where this meaningfully impacts their work and there are structural barriers as well. The objective is to provide HIT and HIE adoption incentives; a key deliverable from HIN needed is an understanding of the barriers to BHH using HIE. Without these incentives these organizations would not be able to connect to the HIE. This objective is focused on the financial help to get their EHR updated and get them connected to the HIE. The challenge we are seeing is sustainability...when SIM funding ends BHHs will be challenged to get BH organizations connected due to lack of incentive. SC to consider how the multi-stakeholder support and strategies can be developed to support BH becoming interoperable to the benefit of the healthcare system, and to put emphasis on how to gain more support for Behavioral Health providers. We have seen that the BHHs are starting to use this and really find the value. Any way we can help with education we will. Recommendation was changed to a Yes, A. Consensus obtained.				
MLT Decision	Agreed with Steering Committee/SORT recommendation with no changes, continue in Year 3				

SIM Objective	HIN 3. Provide Health Information Exchange access to Behavioral Health providers				
Objective Hypothesis	“IF” reimbursements are available to BH organizations under SIM, BH organizations can move forward with bidirectional connections to the HIE.				
Recommendation to continue Objective in Year 3 (Yes/No)	Yes	Assessment	B. FOCUS: A change in an objective’s focus area is necessary to improve the value of that objective toward SIM goals	Steering Committee Recommendation	Endorsed
SORT Comments	Really important to get this bidirectional connection. Dependent upon interoperability issue solution.				
Steering Committee Comments	We have seen the BH orgs and EHR vendors struggling to implement the technology in order to have bidirectional connection. ICD-10 also impacted this. Really cutting edge work for behavioral health vendors. Provides the needed technical expertise support in the behavioral health community. The greatest challenge is with the national EHR vendors, which a provider doesn’t control but can influence the outcome. HIN will be bringing back a larger presentation discussing a lot of the information on barriers. Consensus reached. Specific actions in focus adjustment to be made based on HIN presentation to be scheduled Jan/Feb '16.				
MLT Decision	Agreed with Steering Committee recommendation with greater information on barriers and recommended approaches to mitigate,				

SIM Objective	HIN 4. Provide a clinical dashboard to MaineCare from the HIE enabling MaineCare to clinically monitor MaineCare members health care utilization and outcomes at the population and individual level. Develop and deploy real-time discrete data feeds for MaineCare prescription data to HIN.				
Objective Hypothesis	“IF” HIN has access to MaineCare Claims files, HIN can build an interactive analytical dashboard that presents clinical HIE and claims data to MaineCare, and the HIN Dashboards will be used to support/inform MC policy and program activities addressing utilization and member outcomes. “IF” HIN has access to MaineCare Claims files, HIN will be able to integrate discrete MaineCare prescription data into the Clinical Portal for access by all HIE users.				
Recommendation to continue Objective in Year 3 (Yes/No)	Yes	Assessment	Pending - See Steering Committee Comments	Steering Committee Recommendation	Endorsed
SORT Comments	Too early to tell benefits., both with the process and information available and the merging of clinical data with HIN's predictive modeling tool. The first payor to use this tool is MaineCare, which a key element of the pilot.				
Steering Committee Comments	We have not gotten this dashboard or it’s so new, no ability to assess since it hasn't been integrated into workflow, thus value unknown. As it is part of the test, we can integrate the data into the HIE, and go into year three where we can begin to evaluate the value. Consensus reached. Continue with dashboard pilot with MaineCare into year three. Assessment of value will be made in year 3.				
MLT Decision	Agreed with Steering Committee recommendation, continue in Year 3				

SIM Objective	HIN 5. Provide Maine patients with access to their statewide HIE record leveraging the "Blue Button" standards promoted by ONC. 12 Month Pilot Project.				
Objective Hypothesis	"If" patients have access to their state-wide HIE record Continuity of Care Document (CCD) via their local provider's Patient Portal, they will access it.				
Recommendation to continue Objective in Year 3 (Yes/No)	No	Assessment	D - objective has been completed	Steering Committee Recommendation	Endorsed
SORT Comments	Pilot project completed				
Steering Committee Comments	It would be good to get the output and HIN has a presentation prepared for this as well. Consensus reached. Recommendation is No, D, with a footnote that presentation of results will be presented in 2016. Potential to revisit if value is determined and if funding becomes available.				
MLT Recommendation	Agreed with Steering Committee recommendation to consider depending on SIM funding availability and presentation of results				

Quality Counts					
SIM Objective	QC 1. Provide Learning Collaboratives for MaineCare Health Homes				
Objective Hypothesis	Primary care practices participating in the MaineCare Health Homes (HH) initiative and the HH Learning Collaborative will successfully implement the PCMH/HH 10 Core Expectations and HH required screenings, resulting in improvements in clinical quality, integrated care, and patient experience, and decreasing avoidable health care spending for individuals with chronic conditions.				
Recommendation to continue Objective in Year 3 (Yes/No)	Yes	Assessment	B. FOCUS: A change in an objective's focus area is necessary to improve the value of that objective toward SIM goals	Steering Committee Recommendation	More Information Needed
SORT Comments	Largely successful from a primary care practice perspective. Would like it to continue. More focus on having the practices share information and train the other practices. Greater focus on outcomes, with greater alignment to system and payer priorities and what is being measured through the evaluation and what is being provided in the learning collaboratives along with practical applications of what is being learned.				
Steering Committee Comments	Quality Counts is to return to the Steering Committee with the checklists they developed from the responses to the last learning session survey, and how they are structuring the 2016 work plan incorporating that feedback and the input from SORT and SC. Key issue remains that payer alignment and multi-stakeholder engagement is critical to outcome success. This work plan will be presented to the Steering Committee, targeted for January. Consensus reached to continue the objective into year 3, but review of a specific work plan for 2016 is needed to determine appropriate approach to focus on outcomes. Specific plan will be adjusted based on SC review of this work plan.				
MLT Decision	Agreed with Steering Committee/SORT recommendation with suggested changes, need to change direction, SC to approve learning content, agendas and lc themes, continue in Year 3				

SIM Objective	QC 3. Provide QI support for Behavioral Health Homes Learning Collaboratives				
Objective Hypothesis	If BHHO teams receive QI support through the BHH Learning Collaborative, they will be successful in fulfilling the 10 BHH Core Expectations, resulting in improvements in integrated care, improved physical and behavioral health outcomes, increased communication between health care providers, greater use of preventive services, community supports, and self-management tools for adults with Serious Mental Illness and children with Serious Emotional Disturbance.				
Recommendation to continue Objective in Year 3 (Yes/No)	Yes	Assessment	B. FOCUS: A change in an objective's focus area is necessary to improve the value of that objective toward SIM goals	Steering Committee Recommendation	More Information Needed
SORT Comments	Need for greater focus on outcomes, with greater alignment to system and payer priorities and what is being measured through the evaluation and what is being provided in the learning collaboratives. Practical applications of what is being learned.				
Steering Committee Comments	Requested that the same information for Objective 3 to be brought before the Steering Committee as Objective 1. Consensus reached to continue BH LC objective into year 3, but adjustments to be made based on work plan that focuses on outcomes.				
MLT Decision	Agreed with Steering Committee/SORT recommendation with suggested changes increased focus, continue in Year 3				

SIM Objective	QC 4. Provide QI support of Patient-Provider Partnership Pilots (P3 Pilots)				
Objective Hypothesis	Practices that participate in one of the P3 Pilot efforts will identify methods for successfully implementing Shared Decision Making tools and decision aids (e.g. Choosing Wisely) into clinical practice workflows, improving the engagement of patients in clinical decision making about their health care.				
Recommendation to continue Objective in Year 3 (Yes/No)	NO	Assessment	D. Objective has been completed	Steering Committee Recommendation	Endorsed
SORT Comments	Objective has been completed.				
Steering Committee Comments	Objective has been completed.				
MLT Decision	Agreed with Steering Committee/SORT recommendation				

Maine Health Management Coalition

SIM Objective	MHMC 1: Health information to influence market forces and inform policy: track health care costs				
Objective Hypothesis	Hypothesis A: That a robust data and analytics function helps stimulate better informed decisions regarding quality improvement, patient				
Recommendation to continue Objective in Year 3 (Yes/No)	Yes	Assessment	C. ADJUST: An objective is not providing sufficient value toward SIM goals, and therefore should be adjusted to improve that level of value	Steering Committee Recommendation	More Information Needed
Key Activities Included	Support for MHMC data analysis and infrastructure. Foundational to public reporting and data analysis				
SORT Comments	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.				
Steering Committee Comments	The Steering Committee needs an understanding of what QI is being done on the data, how it's vetted, to inspire confidence. We would like them to bring that process back and would like more information on what is being publically reported. No consensus reached. The Steering Committee needs this information from the Coalition presented at a future Steering Committee meeting.				
MLT Decision	Agreed with Steering Committee/SORT recommendation with more documentation and presentation to SIM governance of data vetting processes in place, continue in Year 3				

SIM Objective	MHMC 1: Health information to influence market forces and inform policy: track health care costs				
Objective Hypothesis	Hypothesis B: 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.				
Recommendation to continue Objective in Year 3 (Yes/No)	NO	Assessment	D. DISCONTINUE: An objective is not providing value toward SIM goals and therefore should be discontinued	Steering Committee Recommendation	No consensus reached.
Key Activities Included	Health Care Cost Work Book/CEO Summits				
SORT Comments	Not sure how this is going to provide concrete value. Large employers have the resources to provide this information. Not				
Steering Committee Comments	As for the Data Work Book, as the data doesn't change enough in that six month period. MHMC would like to offer to change to every other year. It was clear that they aren't going to reach consensus right now, and when the Steering Committee can't reach consensus, then is brought to the MLT. SORT recommendations on Objective 1, Hypothesis 2 and Steering Committee comments will be sent to the MLT. No consensus reached.				
MLT Decision	Agreed with SORT recommendation to discontinue.				

SIM Objective	MHMC 1: Health information to influence market forces and inform policy: track health care costs				
Objective Hypothesis	Hypothesis C: 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.				
Recommendation to continue Objective in Year 3 (Yes/No)	Yes	Assessment	C. ADJUST: An objective is not providing sufficient value toward SIM goals, and therefore should be adjusted to improve that level of value	Steering Committee Recommendation	More Information Needed
Key Activities Included	<ul style="list-style-type: none"> • Voluntary growth cap on year-to-year growth in risk-adjusted PMPM in risk-based contracts; should improve affordability over time; several employers in Maine are currently exploring voluntary caps • Principles/criteria for evaluating health infrastructure realignment proposals; advances and supports efforts to appropriately align health resources in Maine • Scope of work for inventory of Maine health resources; MeHAF incorporating major elements of work plan into an ongoing study; data could identify opportunities for realignment that would improve access and reduce overcapacity 				
SORT Comments	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.				
Steering Committee Comments	Benefit to having the meetings, but unclear on impact. Work should continue with some adjustments. The Steering Committee can ask they bring back recommendations, a work plan, get some high level understanding of what else is on the docket and the amount of time will be allotted to those topics. The Coalition needs to clarify and how they might be used from a contracting, payer perspective. No consensus obtained. MHMC will present work plan on these two committees.				
MLT Decision	That this Objective Hypothesis and related workgroup (HealthCare Cost workgroup) be discontinued.				

SIM Objective	MHMC 2: Health information to influence market forces and inform policy: value based benefit design				
Objective Hypothesis	Hypothesis D: 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.				
Recommendation to continue Objective in Year 3 (Yes/No)	Yes	Assessment	C. ADJUST: An objective is not providing sufficient value toward SIM goals, and therefore should be adjusted to improve that level of value	Steering Committee Recommendation	More Information Needed
Key Activities Included	Value Based Insurance Design Convening: End products: - A framework that employers and payers can use in health plan development. - Additional focus areas as identified by conveners (i.e. - administrative simplification and consolidation of payer required forms)				
SORT Comments	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.				

Steering Committee Comments	One recommendation is for new targets for year three in a more focused and detailed manner with a focus on deliverables and identify how they are going to get there. Identification of deliverables and strategies that will shape conversations with stakeholders. Provide a detailed plan, and Steering Committee can offer opinions on what is most imperative to finish, and help the conversation about what needs to be done to influence consumer behavior. No consensus reached on recommendations. MHMC will present a detailed plan, deliverables and strategies.				
MLT Decision	Agreed with Steering Committee recommendation with suggested changes with sharpened focus on areas that will provide the most value, continue in Year 3				
SIM Objective	MHMC 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				
Objective Hypothesis	Hypothesis E: 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).				
Recommendation to continue Objective in Year 3 (Yes/No)	NO	Assessment	D. DISCONTINUE: An objective is not providing value toward SIM goals and therefore should be discontinued	Steering Committee Recommendation	More Information Needed
Key Activities Included	Through multi-stakeholder process, development of a Core Measure set to be used by providers/payers in ACO contracting - Benchmarking aligned with some identified measures				
SORT Comments	ACO. Core Measure set was a beneficial process but not sure if there is a usefulness of the results. Completed process				
Steering Committee Comments	There wasn't clarity that this work was going to move to another phase, maybe decision should have been cleared by SC. Need more concrete plan around work moving forward. Measure set is complete, but this next step of benchmarking has not been complete and did not appear to have clear approval from the Steering Committee.. MHMC needs to develop a plan with deliverables that focus on what we are setting out to do, and this plan needs to be approved by the Steering Committee and MLT. No consensus reached.				
MLT Decision	Revised work plan to be submitted to the SC - narrowed focus may mean narrowed budget - Potential leveraging of PCMH Conveners				

SIM Objective	MHMC 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				
Objective Hypothesis	Hypothesis F: 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.				
Recommendation to continue Objective in Year 3 (Yes/No)	NO	Assessment	D. DISCONTINUE: An objective is not providing value toward SIM goals and therefore should be discontinued	Steering Committee Recommendation	No consensus reached.
Key Activities Included	Broad based convening in an attempt to align all payers, directionally, toward alternative payment models -Develop environment in State toward payment alignment, moving payers out of "silos" to a higher level and broader strategy that will accelerate payment reform to value				
SORT Comments	This work here is between providers and carriers thus no need for broader stakeholder convening. Develop more clarity on whose accountable and expected participants.				
Steering Committee Comments	Identify the areas where we need to continue defining more clear expectations and targeting of goals. Work in this area will facilitate Medicare's movement toward alt payment models in Maine, which would be a significant catalyst toward value based payment. Provide more specificity on the work and goal of the objective/hypothesis. Want to be as ready to go as we can, get the infrastructure in place for when alternative payment plans are implemented. No consensus reached. MHMC to provide specifics around work focus for year three which should be approved by the steering committee prior to moving forward.				
MLT Decision	Agreed with SORT recommendation to discontinue as this is work occurring elsewhere toward same purpose (PCMH conveners). Should align conveners work with SIM.				

SIM Objective	MHMC 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				
Objective Hypothesis	Hypothesis G: 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.				
Recommendation to continue Objective in Year 3 (Yes/No)	Yes	Assessment	B. FOCUS: A change in an objective's focus area is necessary to improve the value of that objective toward SIM goals	Steering Committee Recommendation	More Information Needed
Key Activities Included	Development of Behavioral Health measures to be included for public reporting				
SORT Comments	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.				

Steering Committee Comments	MHMC needs to come back with a plan for us to say yea or nay. BHH brings in built-in attribution, but for broad based reporting attribution is problematic. Awesome opportunity, claims-based aren't reliable for this population, great opportunity for us as a Steering Committee to get together and start to identify why those barriers exist and take a position on this and start supporting treating mental health as we do physical health. Consensus reached that this should move forward, and this work for year three will be outlined in a detailed plan from MHMC on proposed focus areas.				
MLT Decision	Agreed with Steering Committee recommendation with suggested changes for sharpened focus, continue in Year 3				
SIM Objective	MHMC 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				
Objective Hypothesis	Hypothesis H: 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).				
Recommendation to continue Objective in Year 3 (Yes/No)	Yes	Assessment	A. NO CHANGE RECOMMENDED	Steering Committee Recommendation	Endorsed
SORT Comments	Measurements are meaningful to those specific specialists only. Might be helpful to those practices involved if the measures are definitive.				
Steering Committee Comments	Consensus reached no discussion required.				
MLT Decision	Agreed with Steering Committee recommendation, continue in Year 3				
SIM Objective	MHMC 4: Provide Primary Care providers access to claims data for their patient panels (portals)				
Objective Hypothesis	Hypothesis I: 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.				
Recommendation to continue Objective in Year 3 (Yes/No)	NO	Assessment	D. DISCONTINUE: An objective is not providing value toward SIM goals and therefore should be discontinued	Steering Committee Recommendation	Endorsed
Key Activities Included	Objective shifted from portal development to general support for MaineCare AC data analytics and reporting				
SORT Comments	Need more clarity on this objective. Does it only support MaineCare and the AC's? There is no direct portal developed or working from MHMC regarding this. How could we add claims data from behavioral health side? AC data and reporting going well, so we need to make sure that it does not interrupt the data flow for the Accountable Community reporting.				
Steering Committee Comments	There is room for how MaineCare support continues and the rest of this ends. People love the BHH portal, has been very popular as they went from having nothing to something. Consensus reached to stop this objectives so far as doing so doesn't impede the ability of the MHMC to support AC data analytics and reporting.				
MLT Decision	Agreed with Steering Committee recommendation to discontinue, ensuring that this does not impact MHMC support of AC data analysis and reporting				

SIM Objective	MHMC 5: Provide practice reports reflecting practice performance on outcomes measures				
Objective Hypothesis	Hypothesis J: 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.				
Recommendation to continue Objective in Year 3 (Yes/No)	Yes	Assessment	C. ADJUST: An objective is not providing sufficient value toward SIM goals, and therefore should be adjusted to improve that level of value	Steering Committee Recommendation	More Information Needed
Key Activities Included	Practice reports for MaineCare, Medicare				
SORT Comments	Are they duplicative from what the systems are doing? Concept makes sense, but should format of reports go to PTE for guidance on how to make them most useful? The cost information is not consistent with what they are reporting between the public website and the individual practice reports. Potential useful tool but it isn't there yet. Narrow the focus of what is reporting (11 pages long), and hope to get more updated data for the reports. Needs to be distilled down for usefulness, and better technical assistance provided to understand what is being reported and how to use it at the practice level.				
Steering Committee Comments	Recommendation that report format with a focus on core measures, including what are the most useful pieces. A change in delivery format, getting structured information from practices and practitioners, here is what is working great, what isn't working so well. The information should go to a group for vetting and approval not necessarily has to be PTE, maybe MMA. Consensus reached. Reformatted reporting structure and delivery with peer review to be delivered to Steering Committee for review.				
MLT Decision	Agreed with Steering Committee recommendation with suggested changes increased focus, continue in Year 3				

SIM Objective	MHMC 6: Consumer engagement and education regarding payment and system delivery reform				
Objective Hypothesis	Hypothesis K: 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.				
Recommendation to continue Objective in Year 3 (Yes/No)	NO	Assessment	D. DISCONTINUE: An objective is not providing value toward SIM goals and therefore should be discontinued	Steering Committee Recommendation	Endorsed
SORT Comments	VBID efforts are included in Objective 2.				
Steering Committee Comments	Consensus around this recommendation. From the leadership perspective, there is a lack of support for broad-based consumer education.				
MLT Decision	Agreed with Steering Committee recommendation to discontinue.				