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|  | ***SIM Steering Committee******Wednesday, July 22, 2015******9:00am-12:00pm******MaineGeneral Alfond Center, Augusta******Conference Room 1*** |

**Attendance:**

Noah Nesin, MD

Jay Yoe, PhD, DHHS – Continuous Quality Improvement

Deb Wigand, DHHS – Maine CDC – via phone

Rhonda Selvin, APRN (via phone)

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center- via phone

Rose Strout, MaineCare Member

Kristine Ossenfort, Anthem

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

Dale Hamilton, Executive Director, Community Health and Counseling Services

Lisa Letourneau, MD, Maine Quality Counts

Randy Chenard, SIM Program Director

Andrew Webber, CEO, MHMC

Dr. Kevin Flanigan, Medical Director, DHHS

Stefanie Nadeau, Director, OMS/DHHS

Jack Comart, Maine Equal Justice Partners

Fran Jensen, CMMI- via phone

**Interested Parties:**

Lisa Tuttle, Maine Quality Counts

Lisa Nolan, MHMC

James Leonard, OMS

Kathy Woods, Lewin

Kathryn Pelletreau, MAHP (via phone)

Lisa Nolan, MHMC

Judiann Smith, Hanley

Lisa Harvey-McPherson, EMHS- via phone

Lyndsay Sanborn, MHMC

Peter Kraut, OMS (via phone)

Liz Miller, Maine Quality Counts

Andy Paradis, Lewin

Lise Tancrede, Maine Quality Counts (via phone)

Jim Leonard, OMS

Frank Johnson, MHMC

**Absence:**

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

Shaun Alfreds, COO, HIN- excused

Mary Pryblo, St. Joseph’s Hospital- excused

Eric Cioppa, Superintendent, Bureau of Insurance

Amy Dix, Director of VBP, OMS

Penny Townsend, Wellness Manager, Cianbro

**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 June Steering Committee meeting* Minutes from June were adopted. |  |
| **2- Subcommittee Reports** | *Objective: Allocate time for Subcommittee Chairs to provide subcommittee updates and answer any questions from Steering Committee members based on review of reports* ACI/Payment Reform committees have focused on Primary Care Payment Reform, which will be the focused of both committees for the next several months. They working through the Discern report, which outline incremental phased in payment reform; meet practices where they are at, tiered payments, and the committees have been talking about how that would look. Frank further explained that they are talking through how to move beyond PMPM payments that are layered on Fee For Service, trying to come up with a more comprehensive payment model, not just for independent practices, but also for ACOs. It’s hard to change things when everyone is still relying on FFS for primary care practices. Trying to develop some sort of strategy to move from current environment to be more consistent with current ACO contracting. Ultimately, they would like to see Primary Care move at similar pace to health system payment model and are working to get all stakeholders to agree on consistent pathway. It was pointed out that for Medicare providers the only choice they have is FFS, with some shared-savings choices, but right now SIM is working trying to develop other choices for payers and for providers, opening door to allow for more choices. It was agreed that the information would be helpful, but trying to get everyone to buy into it, don’t understand that piece because eventually this will come down to individual contracts. Lisa Tuttle said that there was a lot of interrelatedness between PR and the work of DSR. The DSR continue to generate risks for Randy. The presentation to the Steering Committee on the results of the Care Coordination Pilot helps to directly inform the potential for the work the DSR will have on its plate for this next year. In next meeting, they will discuss strengthening focus on readmissions prevention in the Learning Collaboratives, QC has been working with MaineCare on this, will bring it to DSR to have more discussions on how HH, CCTs, BHHs, etc. can impact this objective. The Steering Committee will continue to receive updates from different projects in the delivery system. The Evaluation Subcommittee has had great stakeholder participation as preliminary findings come in on the evaluation. There are three different areas of evaluation. One of the key part of activities so far was shaping survey tools to make sure the surveys were asking the right questions. This afternoon the subcommittee will be looking at early findings from the consumer surveys. Surveyed about 1500 consumers across the state, they will discuss how to dive into data and action items for rapid cycle improvement. Crescendo helped with provider surveys, and received input from over hundred providers. Have been seeking input from committee on quantitative side of evaluation, entering it into dashboard, etc. They will also begin discussing sustainability piece.  |  |
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|  **SIM Core Evaluation Dashboard**  |

 | *Objective: Review current version of SIM Core Evaluation Dashboard with Steering Committee, Q&A*

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| Jay presented the revised SIM Core metric targets and went over the document Descriptions of Methods Used for Maine SIM Core Metrics. He explained that in that document they would find the definition for the ABC method. They did risk adjust the calculations based on recommendations from Steering Committee members, but that it didn’t make much of a difference in the numbers, they wanted to alleviate the concern. They will be discussing the document in the Evaluation subcommittee meeting later in the day. The document will be helpful in paving the way for commercial and Medicare targets. It was explained that for the purpose of the SIM evaluation, the MLT will be reviewing and accepting the targets, but Jay said that SIM governance can provide feedback after reviewing all the data and see if the state is moving toward the Triple Aim, and what can be tweaked.It was asked if the MaineCare data will be used for quality improvement purposes within OMS. It was stated that MaineCare has developing a plan for how to use this new data to improve its programs. It was asked since MaineCare data is based on the calendar year, if there will be an adjustment to the BHH data, considering they did not begin until April, 2014. It was answered that it will be adjusted. There was a concern raised about comparing years 2013 and 2014, as it was pointed out that a lot of “non-cats” lost coverage on 01/2014. It was answered that they had risk adjusted, and it would be noted that when setting targets there was a change in the population. It was stated that this data and information get back to the practices to help them understand directionally where they are, and help them directionally with QI. Randy said that all measures other than the one on Fragmented Care were already included in the Practice Reports.  |

 | Jay will update the Steering Committee as more data comes in.  |
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|  **SIM Objective Review**  |

 | *Objectives:* *Status update and review*

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| Katie Fullam-Harris informed the Steering Committee that the SOR group met this week to develop an idea of what they want to accomplish. Going through the Single Source of Truth, and all the activities that are underway. At the next meeting they will discuss how these activities relate to the objectives, Then vendors will present on their activities so they will have a better idea from vendors on what’s working and what isn’t. Idea is to see if there is an opportunity to realign funds to be more successful.Randy stated that depending on that recommendations that come from SOR are, funding changes need to be approved by MLT, and depending how significant changes are, may have to go through CMMI as well. He said that the vendors have template for presentations to SOR, hoping to have a draft from vendors by end of this month.  |

 |  SOR updates to the Steering Committee will be provided when available. |
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|  **SIM Sustainability**  |

 | *Objective: Update and obtain feedback from Steering Committee on sustainability of SIM objectives beyond SIM funding period*Dr. Flanigan stated that the third year of SIM is almost beginning, there is a need to start having discussions about what will happen with SIM after grant ends, what will go forward, what should go forward and what needs to develop and take root in the healthcare system. Type of work coming out of measurement workgroup should continue, as it was a collaborative process between many groups in the healthcare field. Within RFP for Leadership Objective, it was required that the work have a sustainability plan. Part of the SIM Objective Review should be looking at which objectives are successful and which ones should be sustained. Most proud of adherence to collaborative atmosphere that benefits healthcare community and the recipients. Randy further explained that each year CMMI requires SIM states to develop operational plan for next grant year, this year sustainability is a focus of that plan. Are working on developing a narrative on that. Due to be submitted on August 3rd. Some things are already in motion, the SIM program has been thinking about sustainability for a while. Fran stated that after the SIM grant ends there are no more funds available federally. Grant is seed money to get activities started. It was stated that the Coalition feels that having a venue to meet on VBID, Payment Reform, Practice Reports, is important and should continue. They endorse this dialogue and would like to participate in the conversation. It was suggested that there should be a discussion on how regulations and licensing rules for services within MaineCare will support or detract from the SIM activities. There should be a meeting between MaineCare leadership, DLRS, and stakeholders for alignment purposes. It was stated that the Steering Committee’s expertise will be invaluable as the sustainability conversation moves forward. Fran offered TA to help with developing the plan. It was asked if the federal evaluation that has occurred going to be made available to Steering Committee members. Randy said SIM participants will receive those results once they are ready to go public.Randy will circulate operational plan sustainability section to Steering Committee members in draft for feedback.  | Randy will circulate operational plan sustainability section to Steering Committee members in draft for feedback.  |
| **6- Steering Committee Risk or Issue identification and review** | *Standing agenda item - Allocate time for Steering Committee members to identify risks or issues to SIM Risk and Issue log*  |   |
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|  **SIM Core Evaluation Measures: MaineCare Target Development**  |

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| *Objectives: CMS to provide update on Medicare target development process and describe perspective on Maine’s goal development focus.* |

MaineCare targets were covered in the Dashboard discussion. Randy and Fran have discussed target development for a while now. Fran is continuing the discussion and explained that since Medicare is a Federal program they don’t typically develop targets for particular states. She has had conversations with leadership in CMS to contribute to process. Be ongoing discussions. Fran will be meeting with Kate Goodrich, charged with setting quality measures for Medicare, start that conversation with her. She said it may take some time to get everyone in the room. Andy pointed out that some of the national goal setting; PRO program (quality side) might also help inform some of the Maine SIM targets. Fran and Andy will discuss offline how they can leverage that. Kris gave an update for the commercial side. At last Steering Committee, Randy and Dr. Flanigan laid out a proposed timeline. She participated in a call with Randy, and Kathy Pelletreau to talk about expectations and how it can be approached. Next week there is a meeting with health plan association, Randy, and a few others. Kris said that there are some issues that need to be addressed, like the dual eligible with Medicare, membership of the working group, which reps from commercial plans should participate, and how they will figure out who else will participate. Randy will send out email to get volunteers. Issue from time/staff-wise this is a critical time for plans, and not clear if commercial plans will have capacity to spend time on that group. Jay explained that SIM evaluation, Lewin, will be getting data ready and then will bring that data to whatever workgroup is created for vetting. It was asked what the actual point of setting these targets are, it would be a shame to get caught up setting targets that aren’t as useful as the actual data. Andy stated that at state level, setting some state level metrics makes sense. Hard and fast targets, they have no authority, but sets the direction and pulls everyone together. Helps us to start asking the right questions. Randy further explained that they had set aggressive timeline, as work is underway it will be seen if that timeline needs to be adjusted.  | Randy, Kris, and several others will meet to discuss target setting for the commercial population. Randy will send out an email to get volunteers to participate in commercial target setting workgroup.  |
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|  **Care Coordination pilot with the Community Care Teams**  |

 | *Objectives: status update and next step recommendations from the Steering Committee*Julie Shackley came to present on results of care coordination pilot. Went through PowerPoint.Explained problems encountered from beginning. Explained Goals of project. Who the partners in project were, project requirements, scope of it. The population was MaineCare based. Reviewed data on results of pilot. Had 47 referrals, 12 were in Stage B. 19 had inpatient visits, 8 received services, 11 they did home visits on. Of the 11 that were part of the project, none had re-admission. Reviewed next steps that have come out of the project. She stated that they are looking to expand pilot project. Noah asked HIN based Care Coordination standard document would be helpful. Have you run up against PCP resistant to changing meds based on home visit?Julie- in homecare we do this all the time, relationship is already established with physicians. We are also involved with Share Care Plan project with HIN, have worked to help design a SCP that would be useful to physician practices, have great project manager that is working on this. It was asked for those that declined services if there was a consistent reason?Julie explained that most don’t want you to go into their home. They are more of the frequent fliers, have yet to understand why they feel that ER meets their needs. It was asked how the payment works, and what’s the duration of service?Julie explained that it’s $129.50 PMPM, services are in for 3 months, some for more, depending on the individual. It was asked what are the early learnings that the Steering Committee should focus on?Julie answered that Stage A HH and CCT have flexibility for setting up the budget which is fabulous. Challenge is the siloing of Stage A and Stage B, now it’s become pretty restrictive. CCT/HH is fabulous model, can dramatically impact members.  |  |
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| **Primary Care Payment Reform- Risk #24**  |

 | *Objectives: Provide steering committee update on approach to “merge” DSR and PR subcommittees for the discussion on this risk*Mostly covered in the Subcommittee update. The subcommittees will work together on these discussions over the next month, and will give a better update on this in August.  | Update will be given in August. |
| **Leadership Initiative Update** | *Objectives:**1) Status report of SIM leadership initiative**2) Obtain SIM Steering Committee feedback as needed*Judiann summarized the following: the two objectives were to develop a sustainable health leadership plan, looking at a 5 year plan. Hanley convened the visioning forum in June. They asked CEOs from healthcare field in the state what their vision for healthcare leadership are, and are working on a report of a compilation of those visions which will be submitted next week. Number one vision was to have people trained on managing change. Will be fleshing this out to create draft plan over phone conferences. Trying to find best way for funding so people from practices can attend. Second part- providing team trainings for health leaders, starting in September. Have invited about 120 individuals, teaching them how to lead teams through change. In December they will reconvene and each person that received training in September will bring back 4 to 5 team members to get leadership training. Will be doing webinar trainings for these teams.  | Judiann will update Steering Committee when appropriate.  |
| **8- Public Comment** |  |  |