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|  | ***SIM Steering Committee******Wednesday, June 24, 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

Penny Townsend, Wellness Manager, Cianbro

Rhonda Selvin, APRN (via phone)

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

Rose Strout, MaineCare Member

Amy Dix, Director of VBP, OMS

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

Eric Cioppa, Superintendent, Bureau of Insurance

Andrew Webber, CEO, MHMC

Dr. Kevin Flanigan, Medical Director, DHHS

Stefanie Nadeau, Director, OMS/DHHS (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

Lyndsay Sanborn, MHMC

Peter Kraut, OMS (via phone)

Liz Miller, Maine Quality Counts

Andy Paradis, Lewin

David Winslow, MHA

Lise Tancrede, Maine Quality Counts (via phone)

Jim Leonard, OMS

**Absence:**

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

Shaun Alfreds, COO, HIN- excused

Fran Jensen, CMMI- excused

Jack Comart, Maine Equal Justice Partners- excused

Mary Pryblo, St. Joseph’s Hospital- excused

**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 May Steering Committee meeting* Minutes from May were approved. |  |
| **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* Lisa Nolan updated the Steering Committee on Payment Reform Subcommittee, which met last Friday. There was good participation in the meeting with discussions centering on the Discern health report. The report has been rolled out to the subcommittees, and takes a look at tiered payment models for primary care. Lisa explained the different payment structures and tiers. Right now the Payment Reform is expanding on this report by discussing what these tiered payments would look like for Maine, critical piece to the discussion is getting PCPs involved in that process. Large chunk of the meeting Friday was talking about ways to engage PCPs. Sent invites to some of DSR subcommittee members to join the discussion.It was pointed out that payment reform is not just about the individuals doing the work on the ground, but also about the systems that will be receiving those payments. Eighty percent of PCPs are employed by systems. There was discussion around getting system CEOs together and having a conversation around PCP payment reform, benefit designs and certain work plan incentives. It was pointed out that SIM has a great opportunity to ask system leaders what they need in order to push for transformation. Consensus around having a conversation with organized systems, and Andy will take that recommendation back to Frank. Delivery System Reform met in early June and had a final report out from P3 pilot, focused on consumer engagement strategy, around cultivated critical conversations. That discussion reinforced payment reform that is needed to support the ability to have these conversations between doctors and patients. Kicked up a couple risk; no more funding for direct consumer engagement strategy, will be getting that risk revitalized in risk log. There was also vibrant discussion around payment reform, and a request to revisit that risk. It was pointed out that membership in DSR are interested in being a resource on this issues to help move forward these strategies. Dr. Letourneau suggested that one way to connect the dots between the two subcommittees would be through the advanced primary care summit which will be convened to report on results of the medical home model within the state and nationally. They will discuss about how the model works and what should done moving forward, what are recommendations on payment models, and how payers feel about these payment models. There should be a report out on this meeting to the Steering Committee in the fall. The meeting should be taking place in September. Data Infrastructure did not meet in June. | Andy will follow up with Frank on the consensus on idea of having conversation with the organized systems on payment reform and healthcare transformation.  |
| **3- Maine Leadership Team Message to Steering Committee regarding SIM goals** | *Objective:* 1. *Communicate Maine Leadership Team direction to SIM Steering regarding SIM goal development*

Dr. Flanigan gave a presentation from the MLT to the Steering Committee on the importance of the establishment of targets for the SIM core metrics in order to evaluate the impact of the test grant. The MLT would like to see the SIM core evaluation measures targets across all payers to begin to be finalized so we can start seeing the impact of SIM investments. Because SIM is a test Maine is required to at least report on an impact, and show what the goals were and how close we got to them, and then put together responses to why a goal was exceeded, not attained, or why an objective wasn’t able to be completed.Dr. Flanigan explained that the transformative models highlighted in the evaluation will be HHs, BHHs, ACOs, PCMHs, Choosing wisely, etc. Part of the discussion will be to see if SIM activities and objectives actually align to the chosen pillars. There was discussion around how SIM will separate out the independent, private investment from the SIM investment. Lisa Harvey-McPherson- How will SIM separate out independent private investment from SIM investment.Dr. Flanigan went through definitions of measure, benchmark, target/goal, for the purpose of the SIM evaluation. Also reviewed the definition of Maine’s SIM Triple Aim goals defined from the beginning of SIM. He further explained that the evaluation is not intended to grade providers, it is a way to grade the impact of SIM.Dale expressed concern that SIM has not invested enough in helping Behavioral Health Homes impact the evaluation core measures. Dr. Letourneau said that Quality Counts is working with MaineCare to strengthen the Learning Collaboratives’ focus on some of these measures. It was also pointed out that the Department has provided QI around the 10 Core Expectations. Dr. Nesin said that everyone involved needs to have realistic expectations on the time it takes to reach some of these targets. It was echoed that while this is a decent set of measures for the evaluation, but can take eons to truly have an impact on them. Dr. Flanigan explained where these core measures originated from; beginning with the 300 quality measures used within Maine, which the measure alignment workgroup pared it down to 33, and then SIM core evaluation chose a subset of 10 of those. It was suggested that SIM consider using some qualitative measures, those process measures could show another view of SIM impact. The example was given of CMMI contacting the Coalition and asking how they were able to get providers, payers, and health systems at the table and to reach consensus on certain items. There are challenges across the country where it’s difficult to even get stakeholders at the table, so that sort of collaboration shows impact of SIM, and a broader discussion of impact is needed.Randy gave an overview of what the end product view will look like, what the MLT would like to see ultimately at the payer population. It was clarified that targets will not be broken down based on the different programs, rather they will be set at the payer level Dr. Flanigan said that the MLT is hoping by end of SIM year two there will be the development of SIM core evaluation measure targets for all populations.  |  |
| **4 - Review SIM Goal Development Process** | *Objectives:** 1. *Review Timeline*
	2. *Review process followed for MaineCare goal development*
	3. *Obtain steering committee input on process to follow for development of Commercial targets*

Randy discussed the timeline for target establishment, and reviewed the Milestones. MaineCare’s goals are going to the Evaluation Subcommittee and will come to this group in July. Randy explained the rest of the timeline. Discussed the creation of Steering Committee workgroups that will be helping to work on Medicare and Commercial goals and hopefully they will have a draft on August 12, with that draft coming to the SC in August. Explained that timeline was a high level illustration of the work that needs to be done. . Kristine Ossenfort said she felt as though the timeline is pretty aggressive, wanted to know how much time it took for the MaineCare target development. It was explained that the big issue for MaineCare was that they had to get through a lot of data vetting, but it took about two months to get to the targets. Hopfully MaineCare’s process can prove helpful for setting commercial targets. Jay will try to get the Evaluation Subcommittee to pull together a document that maps out the process for creating MaineCare measure targets. It was stated that commercial target setting could not take place in the Evaluation Subcommittee, there needs to be a separate workgroup created to set the targets to then bring back to the Evaluation Subcommittee and to the Steering Committee. Randy said they would discuss further in the July Steering Committee meeting, and asked people to be thinking about who should be involved in the group, “if not you, then who?”.It was requested that Lewin create a document for that explains the methodology for the creation of the benchmarks and targets for the measures. Jay said there are already some drafts going around that detailed all the steps they have taken on this for the evaluation. Randy will work to get all relevant materials to Steering Committee well in advance of the meeting. Dave requested that Jay follow up with him on refinement of methodologies for the Behavioral Health Home population. Kristine discussed complications for target setting due to ACA and the effects on the market place and environment. Eric Cioppa said he is interested in participating.  | Randy will send out relevant materials to Steering Committee members on commercial target setting. Steering Committee members will consider best representation for a commercial target setting workgroup. Jay will follow up with Dale on ideas for refining methodologies for the BHH population.  |
| **5 – Primary Care Payment Reform- Risk #24** | *Objectives:**DSR perspective and proposed next steps* Delivery System Reform subcommittee had identified risk of Payment Reform Strategies relatively early in the grant work, and subsequently became owners of that risk. DSR is now requesting that the Steering Committee assume ownership of this risk, as it is too large for the subcommittee. Randy said that the two subcommittee chairs are beginning conversations on how to cross-pollinate between the two meetings; either with a combined meeting for a month or having an extra meeting together. Payment Reform has already invited some interested DSR members to their next meeting. It was pointed out that if payment reform is what SIM is truly trying to accomplish, then they should be evaluating the grant differently, because payment reform is not reflected in the evaluation core measures. It was stated that there are some measures that are supposed to evaluate the movement away from FFS to alternative payment models. It was decided that the Steering Committee will own the payment reform risk, and should be regularly informed of the work being done as the subcommittees cross-pollinate. Randy will familiarize himself with the risk and make sure it is clear enough to inform the Steering Committee of the work that has already been done. Lisa will frame up that work and make recommendations to Randy for refinement.   | Randy will familiarize himself with the risk and make sure it is clear enough to inform the Steering Committee of the work that has already been done. Lisa will frame up that work and make recommendations to Randy for refinement.   |
| **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* There was a recommendation that there should be a conversation around the subcommittees and workgroups like ACI and Measure alignment, that seem to be charged with doing similar work, and look at consolidating some of them to improve attendance and participating.Jay said a new risk would be whether or not the evaluation is actually focusing on the right areas, right pieces. That needs to be addressed so that there is a more cohesive focus. Jay will work with the SIM program team to articulate risk and bring back to the Steering Committee to discuss and prioritize.  |  Jay will work with the SIM program team to articulate evaluation risk and bring back to the Steering Committee to discuss and prioritize.  |
| **8- Public Comment** | Lisa Harvey-McPherson representing EMHS discussed the concerns about SIM activities that EMHS has voiced through several different avenues within SIM. These issues include, but are not limited to Maine Health Management Coalitions’ TCOC methodology used for public reporting, the Voluntary Growth Cap, and the measure set. She also stated that there should be a clearer and established way to communicate such types of concerns about SIM and its activities. She distributed to the Steering Committee members several letters that had been sent to SIM vendors that further articulate EMHS’ concerns.Katie Fullam-Harris said that if there are communications that are going to the SIM vendors about concerns around their activities, then the Steering Committee should be made aware. Lisa discussed ways in which their health system has transformed care; such as when an individual presents to the ED and they have a risk-based relationship with the payer, they have a care coordinator contacting that person within 24 hours of the visit. Dale said that if SIM is trying to achieve is long-term change, not just SIM time-period change, then it would be extremely helpful for everyone to understand what each subgroup and vendor is doing from this point to the endpoint to move this process forward.. Randy said that last month there was discussion about reconvening an objective review group, and they are currently in the process of reconstructing that group and will require detailed review of all that SIM is funding.  | SIM Program Team will work to reconvene a new SIM Objective Review group.  |