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|  | ***SIM Steering Committee***  ***Wednesday, March 26th , 2014***  ***10:00am-12:00pm***  ***MaineGeneral Alfond Center for Health***  ***35 Medical Center Parkway***  ***Conference Room 3***  ***Augusta*** |

**Attendance:**

Noah Nesin, MD- via phone

Penny Townsend, Wellness Manager, Cianbro, -via phone

Jay Yoe, PhD, DHHS – Continuous Quality Improvement

Shaun Alfreds, COO, HIN

Randy Chenard, SIM Program Director

Eric Cioppa, Superintendent, Bureau of Insurance

Jack Comart, Maine Equal Justice Partners

Andrew Webber, CEO, MHMC

Dr. Kevin Flanigan, Medical Director, DHHS

Dale Hamilton, Executive Director, Community Health and Counseling Services- via phone

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

Lisa Letourneau, MD, Maine Quality Counts

Stefanie Nadeau, Director, OMS/DHHS- via phone

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

Rhonda Selvin, APRN

Rose Strout, MaineCare Member- via phone

**Interested Parties:**

Katie Sendze- HIN

Lyndsay Sanborn- MHMC

Lisa Tuttle- Maine Quality Counts

Stephanie Martyak- MaineCare

Ellen Schneiter- MHMC

Alan Henry- DHHS

Michelle Probert, Director of Strategic Initiatives, DHHS

Michael DeLorenzo, Dir. Health Analytics, MHMC

**Absence:**

Representative Richard Malaby

Kristine Ossenfort, Anthem

Rebecca Ryder, Franklin Memorial Health

Deb Wigand, DHHS – Maine CDC

Frances Jensen, MD, CMMI, Project Officer, via phone

Lynn Duby, CEO, Crisis and Counseling Centers (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** | - Discussion: Dr. Flanigan asked for any suggestions on minutes. Andy Webber said he was in attendance, Eric Cioppa said he was not. Michelle Probert was also in attendance. Other than those issues the minutes were adopted.  - Dr. Flanigan discussed the purpose of the **Between Meeting Memo**. Said that participants should feel free to add suggestions or comments on the memo’s timing or what it should include. Randy said the theme of the last memo was to create an awareness that meetings are changing to focus on risks and issues surrounding initiatives. |  |
| **2-Steering Committee Meeting – Length and Venue** | *Discuss Steering Committee meeting future venue and determine appropriate length*  Dr. Flanigan said that the Steering Committee meetings are now in the productivity phase. Everyone knows what it is and now the focus is less on information and more on what is underway. Format of the meeting is evolving. If there are issues or concerns of subcommittees participants need to let Dr. Flanigan or Randy know, so it can go on the agenda. Want to really focus on, and troubleshoot risks and seek input from the Steering Committee on mitigation. He stated that a two hour meeting may not be long enough, while they are entering this new phase. He asked what participants would feel to be an appropriate amount of time for these meetings?  Discussion: Members were in agreement that it would be prudent to extend the meeting to three hours. It was also stated that it is preferable to have the meetings start an hour early, rather than run an hour later. Dr. Flanigan asked where meeting should take place, here or back at the Cross building where they could broadcast over internet, but the facility in general wasn’t as technologically advanced as at the hospital. It was asked if the public can use the phone numbers, so interested parties could call in. Dr. Flanigan said that would have to be discussed because the current call in number is one that MaineCare uses for all their conference calls. It was decided that the meetings should be held at hospital.  Dr. Flanigan requested that the participants read all reports and memos so that they are prepared to work on the issues that are coming up in the different work streams. |  |
| **3-Steering Committee Process and Feedback** | *SIM Governance Process Survey*  Dr. Flanigan said they will be sending out a survey about how he and Randy are handling issues and if they are running Steering Committee meetings effectively. They want to be sure participants are getting value out of these meetings and assure that it’s worth the 3 hours dedicated each month. If they feel valued as a participant, and having an impact on the goals of SIM. Survey will be forth coming, going out electronically, responses are anonymous.  Dr. Flanigan said they are representative of constituency and bring concerns to the table and taking answer back to those they represent. Wants it to be a collaborative effort, got the right people at the table, to achieve best outcomes of the grant. | Randy and Dr. Flanigan will ask that Steering committee members to complete an online survey, providing feedback on the Steering Committee meetings. |
| **4-Maine SIM Strategic Framework Review** | *Document: Maine State Innovation Model Status at a Glance*  Randy said he wanted to reorient team on the Strategic Framework of SIM. Six major pillars of SIM, he organized workstreams/objectives as they aligned with the pillars, though some apply to several of the pillars. Included a weighting of importance of the objective overall to the SIM triple aim goals. Also, weighting important in calculating risk log. Randy explained that the weighting was vetted to three major players of SIM, and the State and that 5 was the heighest weight, with 1 being the lowest. Randy said regardless how weight ends up, this is the framework used to dictate SIM discussions. Demonstrates at a glance how SIM is structured and used to help develop SIM metrics. Will add a key to the colors.  Discussion: It was stated that there may have been confusion at the subcommittee level and the weights may bear more discussion in those individual subcommittees before being adopted by the Steering Committee. There seemed to be concern that the criteria for deciding these weights, and it was asked that Randy detail the explicit criteria he used in considering the numbers. It was decided that the conversation on the weighting would take place in the subcommittees and they could present their recommendations in the next Steering Committee meeting. As Steering Committee members review the handouts, if they have any further comments or recommendations on the issue of the weightings they can reach out to either Dr. Flanigan or Randy. | Subcommittees will discuss weightings for their different objectives and offer comments to Randy and Dr. Flanigan. Steering Committee members are invited to offer comments as well. |
| **5-Maine SIM Risk/Issue Log Review** | *Overview SIM Risk/Issue Log and describe how it will be used by SIM Governance moving forward*  Randy: A lot of risk is identified at the subcommittee level, or identified by partners. The Risk Log is going to be an ongoing centerpiece for SIM discussion. Organized from highest to lowest risk. Randy used Risk #21 to demonstrate how to interprete the Log; gives name, then what impact it will have on SIM objectives, gives if/then hypothesis, Accountability target (column not populated yet), Item owner, status of the risk, creator of the risk, weighted priority, probability, and impact, priority calc., details. Want Steering Committee to address the highly prioritized risks. It was asked how the Steering Committee could impact Risk #5 since it’s an issue between MaineCare and the AG’s office. Dr. Flanigan said on some risks the Steering Committee can offer opinion or suggestions, but not always going to be able to offer solutions.  Discussion:  It was asked how the risk names get decided? It was stated that the creator of the risk was the one to give it a name. Randy said he just manages the log.  It was then asked if the “risk owner” is responsible for mitigating the risk? Randy said yes, they are responsible for moving the mitigation process forward. He clarified that the creator is not always the owner. There was some concern about what the role of the Steering Committee was for the risks that they owned; if they need to discuss and mitigate, or are they to assign it to someone or accept ownership and work through it or develop a work group? Dr. Flanigan said that yes, Steering Committee needs to oversee progression of these risks and make sure that they are moving forward. Randy said they are also able to override and reprioritize certain risks. It was pointed out that there are a lot of risks listed; Steering Committee meetings aren’t long enough to consider and solve all these risks. Randy said that is why a waterline needs to be decided, and they take time to prioritize the risks. It was stated that the subcommittees should vet some of these risks before they are taken up by the Steering Committee. It was stated that in the Data Infrastructure Subcommittee they have introduced the concepts in terms of risk mitigation and they plan to leverage experts in the subcommittee to help with the mitigation. It advised that it was early in this process; they have only had one meeting since introduction of the Risk Log. Randy said expectation of the subcommittees is not just throwing out risks for the Steering Committee to deal with, there needs to be clear discussions on risks and proper information and contexts for next steps. Steering Committee can decide that if a risk isn’t articulated well enough it goes back to subcommittees to be vetted.  Members were accepting of the articulation of the process. | Subcommittees will continue discuss mitigation of the risks pertaining to their work streams and will seek guidance of the Steering Committee where appropriate. |
| **6-Risk #20 – Review and Discussion** | *Risk #20 generally identifies ‘Change Fatigue’ in the Provider Community created by transformation and reform and the potential impact on SIM success*  Randy this will serves as a trial run for Steering Committee on how to mitigate a risk. Risk # 20 addresses change capacity in provider community. Maine is leading the way on transformation, change is coming from every direction, people need to adapt to new processes, impacting workloads, patient engagements, etc. SIM means even more change coming. What does change fatigue impact? At least two goals of SIM would be affected, TCOC and Quality outcomes. This is a topic raised by Delivery System Reform subcommittee. Providers/Practices are getting tired of changes and adjusting to new implementations. Will participation in programs like the ACOs or BHHs be impacted by this “change fatigue”? When a practice finds it difficult to embrace all changes, it’s easy to fall back to the old way of doing things. He stated that there needs more in depth discussion on solutions to this problem. He asked what recommendations could members of the Steering Committee offer based on what they have heard from their constituencies, is it a problem and will it affect SIM’s goals?  Discussion: It was advised that this is a huge problem. Mostly seen at Primary Care level; in the last five years the view on PCPs has completely changed. The importance of keeping PCPs happy will be essential to achieving Triple Aims was stressed. It was stated that this was a global issue and the conversation should be framed around the good news which is that consensus was reached that Primary Care Providers are foundational to population health improvement and management the challenge is to accelerate things like more alignment of measures to reduce reporting burdens and change payment structures, practices want those changes happening faster. Lisa Tuttle stated that this was a recurring issue, there is a multiplicity of interventions going on at the PCP level and constraints of not seeing payment structure changes, or changes that are uncommunicated or ones that they don’t have time to plan for, are the biggest complaints from the providers that they have spoken with. Dr. Nesin stated that providers have this perception of “change fatigue” and have really adopted that phrase, one solution is to reframe the idea of change. They need to have time to fully understand and embrace it, the more focus on why it’s necessary the easier it will be for them accept it He stated that “change fatigue” is in some part real, some part perception. It was then stated that SIM is not directly requiring any changes and is actually helping in moving payment reform along, and providing support to the practices. Dr. Flanigan pointed out that this risk could prove to be a threat to SIM deliverables. Several members mentioned a lack of communication and understanding of some of the changes that are to take place. There is especially a lot of confusion between the PCPs and the BHOs in regards to the Stage B initiative for MaineCare, in part due to the silo mentality. Steering Committee members were asked listen to the voice of the providers and bring it back to the table. It was advised that some changes the PCPs will embrace, for example they are embracing seeing TCOC and benchmarks and being able to see how their practice measure up, providers are really responding to that information. It was discussed that SIM should really look at how they are shaping their message and communicating the changes to the providers. There was also a statement made about providers being frustrated with a lack of alignment, Dr. Flanigan said that for the next meeting members should report back with better understanding of Behavioral Health Homes concerns and the concerns about lack of alignments. | Steering Committee members should follow up with their individual constituents about their “change fatigue” and what their concerns really are, and suggestions for how to make things easier for them. Steering Committee members should be prepared to discuss next meeting. |
| **7-SIM Governance Process Review** | *Review SIM Governance process with specific focus on risk/issue escalation and intersections between SIM and MHMC governance*  Randy talked about the distinction between the three partners do as a usual business function and work, and what they are preforming for SIM deliverables. What are the work streams that actually require SIM oversights. Where are there overlaps? How do we understand what is under SIM and what is their own work? Randy gave the example of PTE, it has a process that has been in place for a long time on adopting quality benchmarks (MHMC work), SIM doesn’t automatically embrace everything coming out of PTE. How do we decide what to accept from them under SIM? SIM wants to have a seat at the PTE table, so they have a voice. If it comes out of PTE and aligns with SIM objectives, SIM will endorse it. At the same time it would also go through its normal process through the Coalition. SIM will have their process and Coalition will keep on their normal process. Dr. Flanigan stated that they are trying to separate the work that is being performed as typical business and that which is being performed directly under SIM and funded by SIM, and allow for SIM to have a voice on the use of that work.  Randy went over documents. Randy stated that he attempted to organize governance flow in a Visio chart, all committees under SIM and those whose work intersects with SIM. SIM governance perspective, how does information flow between subcommittees and to the Steering Committee and the Maine Leadership Team. He then went through key points on the SIM Governance Process Overview. In Steering Committee bylaws, this group is supposed to achieve consensus at this level without sending it up to MLT most of the time. Asked for questions or concerns. Lisa Tuttle- concern from subcommittee is language in #4 the word “decisions” could cause confusion. Prefers “recommendations”. Randy then went over key points of SIM Oversight of the Maine Health Management Governance Process section of narrative. Asked for questions or comments.  Discussion:  Mr. Webber commented that the Coalition is very comfortable with these key points; they are in line with SIMs work. Integration of SIM into Coalition activities makes sense, and it is welcomed. More representation of SIM in their work would be great and help SIM buy into products coming out of the Coalition. One concern was discussed in regards to point #4 that Coalition is dedicated to public reporting, he would hope that SIM isn’t looking at duplicating public reporting. It’s appropriate for SIM to decide to do something different from the Coalition, but most of the time their work represents SIM deliverables. Other members of the Steering Committee stated they appreciated this information as it provides answers to questions on how all of this work intersects and its relevance to SIM, and the clarity of who is responsible for what is greatly appreciated. Some confusion was expressed in regards to the difference between the ACI work group and the payment reform subcommittee, but waiting to see how it plays out. It was asked what role does Steering Committee or subcommittees have in deliverables development? Dr. Flanigan said some of the work is already underway in these partners and SIM may accept/usurp them. Some projects are just starting and SIM will have more say in their development. SIM capitalized on what HIN already had underway, for example, and is now modifying it a little to meet SIMs needs. |  |
| **8-Risk #21 – Review and Discussion** | *Discussion re: next steps for this risk which covers the challenge of Care Coordination Proliferation – Lisa Tuttle*  Ms. Tuttle spoke last meeting about risk 21, the need for a coordinator of the coordinators. She stated that some work has been done with subcommittee members, getting ideas for approaches from them, and the subcommittee will continue to explore more options to mitigate this risk. She stated that she would like the Steering Committee’s endorsement on this approach. The first phase of mitigation they are working on exploring streamlining care coordination and getting input from provider and practice teams that are working on ground level; based on that input the subcommittee will focus on pulling out principles that are proven to work. They plan to identify high-level key functional domains of care coordination. They plan to get opinions from providers, figure out where other subcommittees intersect, etc. She asked if this approach sounds appropriate for the Delivery Reform System Committee to use in their meetings? Dr. Letourneau, fully supports approach. She indicated that subcommittees can’t really do actual work. They can discuss it, but if some task is identified it needs to be contracted out or assigned. Dr. Flanigan said he looks forward to hearing more definition on the concern and what approach is identified. It was advised that this will be big issue and MaineCare changes will impact what care managers can do. | Delivery System Reform subcommittee will continue to investigate this issue and bring more information back to the Steering Committee. |
| **9-Key SIM Payment Reform Meetings** | PTE Behavioral Health meeting and Cost of Care Workgroup Meetings | Tabled |
| **10-Provider Patient Partnerships Pilots** | Discussion of shared decision making focus areas | Tabled |
| **11- Public Comment** | Ms. Schneiter from Maine Health Management Coalition announced the next Pathways To Excellence is 31st of March and April 29th is the Cost of Care work group. Both at Governor Hill Mansion.  Meeting Adjourned 12:00pm. |  |