



SIM

HEALTHCARE SYSTEM TRANSFORMATION
A Collaborative Partnership led by Maine DHHS

SIM Steering Committee

Wednesday, May 27, 2015

9:00am-12:00pm

MaineGeneral Alford Center, Augusta

Conference Room 2

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Attendance:

Noah Nesen, MD (via phone)
Jay Yoe, PhD, DHHS – Continuous Quality Improvement
Deb Wigand, DHHS – Maine CDC
Jack Comart, Maine Equal Justice Partners
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 (via phone)
Katie Fullam Harris, VP, Gov. and Emp. Relations, MaineHealth
Dale Hamilton, Executive Director, Community Health and Counseling Services
Stefanie Nadeau, Director, OMS/DHHS
Shaun Alfreds, COO, HIN
Lisa Letourneau, MD, Maine Quality Counts
Mary Pryblo, St. Joseph's Hospital
Randy Chenard, SIM Program Director
Fran Jensen, CMMI (via phone)

Interested Parties:

Lisa Tuttle, Maine Quality Counts
Frank Johnson, MHMC
Lisa Nolan, MHMC
James Leonard, OMS
Kathy Woods, Lewin

Kathryn Pelletreau, MAHP (via phone)
 Lisa Nolan, MHMC
 Peter Flotten, MHMC
 Liz Miller, Quality Counts
 David Hanig, Lewin
 Judiann Smith, Hanley
 Lisa Harvey-McPherson, EMHS
 Katie Sendze, HIN
 David Winslow, MHA
 Lyndsay Sanborn, MHMC (via phone)
 Peter Kraut, OMS (via phone)

Absence:

Eric Cioppa, Superintendent, Bureau of Insurance
 Lynn Duby, CEO, Crisis and Counseling Centers (retired)
 Andrew Webber, CEO, MHMC- excused
 Dr. Kevin Flanigan, Medical Director, DHHS

All meeting documents available at: <http://www.maine.gov/dhhs/oms/sim/steering/index.shtml>

Agenda	Discussion/Decisions	Next Steps
1-Welcome – Minutes Review and Acceptance	<i>Approve Steering Committee minutes from Steering Committee meeting :</i> Minutes from April were approved.	
2- Subcommittee Reports	<i>Objective: Subcommittee Chairs to provide high level updates to the Steering Committee</i> No updates from DIS, as it has not started up with its new mission yet.	
3- SIM Target Measures for Evaluation	<i>Objectives:</i> 1) <i>Review SIM draft targets established for MaineCare and obtain Steering committee guidance to be provided to the SIM evaluation subcommittee</i> 2) <i>Develop next steps for SIM Governance (Steering Committee and Evaluation Sub-Committee) in establishment of commercial and Medicare targets.</i>	Evaluation Sub. will discuss risk adjustment and how it will affect the data, and other concerns expressed and bring updates back to the Steering Committee.

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	<p>Jay reported out to the Steering Committee that Lewin has made some great progress on the evaluation of MaineCare data and reviewed the SIM Core Target Illustration document that had been provided in the meeting packet, and explained that it is a simplified version of the core measures and how these are going to be driven forward. Ultimately, the goal is to have a similar grid that shows this data across all populations. They are much further down the line for establishing MaineCare targets, but also want to get targets established for both commercial and Medicare populations. Next significant focus area for the Steering Committee to drive that work forward.</p> <p>It was discussed that the Evaluation Subcommittee will work on the target setting for both Medicare and Commercial, but the final product will be brought before the Steering Committee for endorsement. Medicare has already said that they will help with the Medicare targets. It was pointed out that for targets, including MaineCare targets, the budget will have an impact on SIM objectives and the targets will need to be revisited.</p> <p>Jay explained that for MaineCare data, Lewin has done a lot of collaborating with MaineCare staff and Muskie to make sure data matches up. He reviewed the Health Home SIM Core Metrics Dashboard; he explained that they have calculated rates or percentages for each measure using the last three years. He said that Lewin searched for already established national benchmarks, and are using the Achievable Benchmarks of Care for establishing others. It was asked if any age or severity adjusting had been done on some of these calculations, that some really should be risk adjusted. Jay said they will be having that discussion in the Evaluation Subcommittee later that afternoon. It was expressed that the data should not be shared publically until it has been risk adjusted. The Lewin representative explained that they took data from the exact same people from 2012-2014, so that is why it wasn't deemed necessary to risk adjust their data, but they plan to risk adjust for case matching to develop the evaluation control group.</p> <p>It was pointed out that it would not be fair to compare Health Homes that have been in the program for five years with Health Homes that have newly entered into the program. Jay said that the data was taken from all Health Homes, but the Subcommittee will be looking at the different groupings of Health Homes. There was also concern expressed about using the ABC method to set benchmarks, that they may establish unrealistic goals. There was a lot of discussion around the importance of establishing realistic goals. It was explained by both Jay and Stefanie to the Steering Committee that the MaineCare goals that were set are meant to be "aspirational goals", that the point isn't to make providers feel as though they have failed, but show the direction that Department is heading toward.</p>	

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	<p>Jay also introduced the Stage B Evaluation Dashboard slide, and explained that some of the numbers are higher because those members have SPMI and physical conditions. Dale asked for more information on the definition of the Fragmented Care measure. Jay said that there are nationally accepted definitions for this measure and will get more information on this. It again was stated that the goals should be modest. It was again stated that the targets that are set need to be realistic.</p> <p>Fran Jansen applauded Maine’s efforts on setting targets for the SIM evaluation. She explained that Secretary Burwell has also set some very aspirational goals for Medicare. She also pointed out that one of the SIM requirements is to align measures. She said that measure alignment is a big issue for every SIM state, plus other states and providers. She offered Technical Assistance help for Maine as they continue this work.</p>	
<p>4 - ACI output: Clinical Measure reporting and status</p>	<p><i>Objective: Obtain Steering Committee direction as to how to proceed at the subcommittee level with this work</i></p> <p>Randy asked that there be a crosswalk between SIM evaluation dashboard and the ACI measure set. Frank said he would welcome having a discussion around these two measure sets. It was pointed out that a lot of work is needed to dig into the specs of the measures in those sets.</p>	<p>Frank will have a discussion around the ACI measure set and the SIM evaluation dashboard measure set, in his workgroup.</p>
<p>5 – Health Home Progress Overview</p>	<p><i>Objective: A key success factor in the HH model of enhanced primary care transformation is the ability of Maine to achieve real multi-payer payment reform; and to support the transformation efforts with adequate data and information sharing tools.</i></p> <p>Dr. Letourneau and Lisa Tuttle demonstrated to the Steering Committee what Quality Counts is asking practices to do and what information they are currently collecting. It was explained that they had initially developed a Learning Collaborative model for PCMHs, and wrapped the new Health Homes into that PCMH LC model. New Stage A Health Homes have continued to roll in as MaineCare opens applications. Lisa explained the handout that shows quarterly reporting form; and she said that HHs also are expected to implement three screenings into workflow, and QC also evaluates how practices are doing with the screenings. QC is currently reporting on what they are contracted to report on under SIM. The different cohorts and how they are to progress through the Learning Collaborative were articulated to the Steering</p>	<p>Lisa Tuttle had asked for input from the systems on how the systems could effectively support providers in MaineCare Health Home transformation.</p>

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	<p>Committee.</p> <p>It was explained that the process of getting NCQA recognition can be a big distraction for new practices coming into program and they are not as able to focus on transformation of care. Initially, the practices go through a start-up period when they newly enter in the Learning Collaborative, which includes a lot of QI support, coaching practices to escalate transformation. There is also a big learning curve to understand reporting in the portal. By the second year they are expected to implement the three screenings. Once they have meant the core standards they enter into the optional area of Learning Collaborative. Focus is on the process, that's how the SPA is written on process and improvement.</p> <p>There was a discussion around tying these efforts to specific measures and outcomes, but it was pointed out that there are so many factors that come into play, for example transportation for members can be a big barrier to going for visits to their Health Home, and there are several other barriers. It was stated by a Steering Committee member that they were under the impression that practice transformation was supposed to improve the care for all patients of that practice. Dr. Letourneau pointed out that with only one payer funding 2/3s of these practices, the money is not there to allow for the practices to truly transform, there needs to be multi-payer alignment. This was echoed by other providers on Steering Committee. There are a lot of changes that need to be made, and while the PCMH pilot and the Health Home PMPM has been helpful, those payments do not come close to what practices actually need for achieving many of the high-level goals.</p> <p>It was pointed out that this Primary Care transformation is not helping the elderly people that live at home. Lisa Tuttle said that all of this change takes a lot of time, and it's not that the practices are not working as hard as they can, it's more about the larger environment saying that they are on board with the work and payment catches up to where it should be.</p>	
<p>6- SIM Strategic Review Status</p>	<p><i>Objective: Update the steering committee on where we stand with the SIM Strategic Review and disclose next steps</i></p> <p>Randy explained that back in January there was a charge for a group of people from Steering Committee to look at SIM objectives and, given what was learned in the past year and a half, if there were any adjustments that should be made. In that smaller group they talked about the costs of the objectives, the alignment to SIM goals, etc., and scored each one over the course of several meetings. When the group met in March it was determined that the results were inconclusive, maybe it isn't an exercise that should be continued.</p>	<p>Randy will discuss with Dr. Flanigan about appropriate group representation.</p>

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	<p>Katie Fullam-Harris said that it would involve changing course at this point; we don't have the information to make an informed decision. It was pointed out that SIM is starting to get back valuable data that could help to inform such changes. It was asked if there was a way to see the connection between the dollars spent to desired outcomes. It was also pointed out that SIM wants to hold providers accountable for outcomes, and the Steering Committee should also be holding partners accountable for their outcomes.</p> <p>Randy suggested that the group be reconvened now that they are starting to get data from the evaluation. Katie said she would be happy to engage the group, but did not want it to consist of just her and all of the vendors. Randy will discuss with Dr. Flanigan about appropriate representation for the group.</p>	
8- SIM Objective Status Review	<p><i>Objective: Review SIM Status Summary, and ask for updates from organizations whose results are in yellow or red category. Steering Committee to provide input on ideas to correct course as needed</i></p> <p>Randy briefly reviewed the Status Summary with the Steering Committee. He further explained that SIM does have accountability targets defined in each objective, and while the status summary document doesn't illustrate direct connection between each objective and the desired SIM outcomes, the weighting score does intend to show relative importance of each SIM objective to SIM outcomes. Explained the colors in the different quarters. He discussed what each color on the sheet represents and said this document helps to quickly see which objectives are struggling.</p>	
9 – Primary Care Payment Reform Acceleration	<p><i>Objective: Share the status of this work, inform the Steering Committee of next steps and ask SC to recommend where we go from here?</i></p> <p>Tabled</p>	
10 – TCOC: TCI and RUI Display in Public Reports	<p><i>Objective: Obtain Steering Committee consensus on decisions made at PTE for public reporting of TCI and RUI</i></p> <p>Tabled</p>	
11 - Steering Committee Risk or	<p><i>Objective: Standing agenda item - Allocate time for Steering Committee members to identify risks or issues to SIM Risk and Issue log</i></p>	

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Issue identification and review	No new risks were identified.	
9- Public Comment	No public comment	

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