

**ACI Steering Committee**

**Meeting Notes**

**May 20, 2014**

**MaineGeneral Health, Augusta**

**Attendance:** Ted Rooney, MHMC; David Winslow, Maine Hospital Association; Nate Morse, Maine CDC; Pamela Beaule, St. Mary’s Health System; Frank Bragg, MD, Eastern Maine Health; Carl DeMars, MD, Mid Coast Health; Pat Denning, Harvard Pilgrim Health Care; Ben Townsend, Kozak & Gayer; Jim Leonard, DHHS/OMS; Barbara Crowley, MD, MaineGeneal Health; Jim Kane, Central Maine Health; Bob Downs, Aetna; Jeff Smorczewski, Aetna; Michelle Probert, MaineCare; Susan Giguere, Care & Comfort; Katie Fullam Harris, MaineHealth, Stephanie Peters, MaineHealth, Chris Brawn, State Employee Health Commission; Amy Cotton, Eastern Maine Health, Stephanie Martyck, MaineCare; Carrie Arsenault, Beacon Health/EMHS; Lorrie Marquis Potvin, MHMC; Brandon Hotham, MHMC: Michael Hachey, Mercy; Barbara Leonard, MeHAF, Debra Wigand, Maine CDC; Lisa Nolan, MHMC (remote); Lyndsay Sanborn, MHMC (remote); Kristen Brasslet, Eastern Maine Health (remote); Susan Schow, MHMC (remote); Benjamin Hayes (remote); Ellen Schneider, MHMC (remote); Jeff Bland, Martin’s Point (remote); Joan Klayman (remote); Kathy Coltin, Harvard Pilgrim Health Care (remote); Mark Still, Cigna (remote); Popy Arford (remote); Judiann Smith, Spurwink (remote).

**MHMC Staff:** Frank Johnson, Blake Hendrickson.

**MaineHealth Presentation:** Stephanie Peters, Director of System Development, presented on MaineHealth’s primary care payment reform project. The project, funded in large part by MeHAF, examines the financial sustainability of the Patient-Centered Medical Home (PCMH). With the support of the MeHAF grant MaineHealth identified how practices have deployed resources to advance team-based care, patient engagement, and enhanced access. The detailed budget information on investments in primary care enabled MaineHealth conduct financial analysis of team-based care under fee-for-service (FFS) and capitation. Stephanie reported that this analysis initiated a close examination of panel size requirements and the relationship between team-based care delivery and population health management.

The key learnings to date are that:

* PCMH investments require an increase in population health management or optimizing panel size to be sustainable under FFS.
* Under capitation PCMH investments will be sustainable where decreases in total cost of care accrue to the system.
* Developing financially sustainable PCMH models is critical to improving population health and to succeed under new payment models.

MaineHealth will soon begin the “lab practice” implementation phase of the project as a select number of volunteer practices are identified assumptions under both FFS and capitation. The lab practices will “shadow” the current FFS reimbursement model and capitation in order to optimize the team-based models, explore alternative practice team design, embed practice improvement specialists to facilitate practice transformation, shadow capitation, and evaluate performance.

MaineHealth has agreed to return to the ACI periodically to update and inform the group on developments. An appreciative ACI group looks forward to learning more of this valuable initiative as systems grapple transitioning from FFS.

**National Diabetes Prevention Program (NDPP):** Nat Morse of the Maine CDC provided the ACI group with background on the development and evidence of the NDPP and explained that as part of the SIM grant the CDC is attempting to brief stakeholders on the need for sustainability in the current and emerging payment arrangements. The CDC views the SIM grant as an opportunity to support program delivery via training lifestyle coaches, to encourage health systems to adopt the NDPP as a community resource, to gain support from employers to promote the program among enrollees, and to facilitate the ROI and business case for program deployment.

Nat reported that there are eleven sites in Maine using a variety of tools for financial support. The SIM goal for NDPP is to secure multi-payer approaches to cover NDPP. The CDC is prepared to work with payers to develop ROI and implementation of NDPP in health plan design. Nate sought the willingness of health plans and self-insured plan sponsors to explore new payment models to advance NDPP.

**Other Business:** Frank briefly reviewed the survey results for topics to be explored in 2014. The resounding priorities were in transitioning from FFS to capitation, physician compensation, behavioral health integration and multi-payer ACOs.

There was an update on the work of the Measure Alignment Work Group which will report to ACI regularly as it proceeds with its assignment. Future shared learning programs were announced for the remainder of 2014 with several pending final scheduling confirmation.

The next meeting to the ACI steering committee is scheduled for July 15th at the Maine Medical Association in Manchester. Please note that the meeting time for the July 15th meeting has been changed to 2:00 to 4:00.