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|  | ***SIM Steering Committee***  ***Tuesday, November 24, 2015***  ***10:00am-12:00pm***  ***Camden National Ice Vault***  ***Conference Room 1*** |

**Attendance:**

Jay Yoe, PhD, DHHS – Continuous Quality Improvement

Deb Wigand, DHHS – Maine CDC

Rhonda Selvin, APRN

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

Kristine Ossenfort, Anthem

Katie Fullam Harris, VP, Gov. and Emp. Relations, MaineHealth (via phone)

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

Lisa Letourneau, MD, Maine Quality Counts

Randy Chenard, SIM Program Director

Stefanie Nadeau, Director, OMS/DHHS

Shaun Alfreds, COO, HIN- (via phone)

Penny Townsend, Wellness Manager, Cianbro

**Interested Parties:**

Lisa Tuttle, Maine Quality Counts

James Leonard, OMS

Lisa Harvey-McPherson, EMHS

Liz Miller, Maine Quality Counts

Amy Dix, Director of VBP, OMS

Andy Mclean, MMA

Helena Peterson, Maine Quality Counts

Lisa Nolan, MHMC

Jade Marple, Lewin

Joanne Rawlings-Sekunda, Bureau of Insurance

**Absence:**

Eric Cioppa, Superintendent, Bureau of Insurance

Rose Strout, MaineCare Member

Jack Comart, Maine Equal Justice Partners

Andrew Webber, CEO, MHMC

Mary Pryblo, St. Joseph’s Hospital

Noah Nesin, MD

Fran Jensen, CMMI

**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 September Steering Committee meeting*  Stefanie asked that everyone review and get back to SIM Program with any edits, due to the length. If there are no email comments, they will be considered accepted. | Minutes will be accepted pending comments submitted to Randy via email. |
| **2- SIM Objective Review** | *Recommendation review and consensus attainment and Steering Committee feedback*  MQC SIM Objective 1 PCMH/HH Learning Collaborative: Yes and B, a change in focus recommended, greater focus on outcomes and alignment to system and payer priorities and what is evaluated through SIM. The LC should include a focus on more practical application of what is presented and more peer learning exercises focused on those priorities.  Randy displayed presentation from Quality Counts to the SORT in September.  Discussion:  Stefanie asked if there was a mechanism for people to provide feedback after the Learning Sessions, and how that feedback is used to inform future agendas.  Dr. Letourneau said that they appreciated the recommendations from the SORT, as they are aligned with the direction that QC is heading, they are always trying to restructure focus. She described the challenges of tailoring a Learning Collaborative for practices that have been in the PCMH then Health Homes programs for six years, while some practices have only been participating for a year or two. QC has been working on ratcheting up focus on outcomes like reducing readmissions, through their regional forums, as well as trying to focus the learning sessions on outcomes. She would like more focus on best practices, bright spots, etc. She said that historically QC asks that attendees’ complete surveys and they use the feedback to structure future learning sessions. They have created a checklist of items that match up to the feedback on the last survey, and are using that to make sure the next agenda reflects the feedback. She noted that MaineCare has now joined the learning session planning meetings. She stated that QC would welcome assistance on some of these recommendations, like greater alignment to payers or systems, and that she would welcome the help of the SIM Steering Committee in trying to convene a meeting with systems, explain that it is hard to make this happen without having systems and payer representatives at the table. She also pointed out that there isn’t a lot of timely data to sharpen focus on what is being measured. She said there is no access for practices to timely cross-payer data, and would love assistance on that.  Jay said that through the SIM evaluation some data is becoming available around the SIM Core Measures so there is the opportunity to start looking at the practices that are doing well and those that aren’t. He said that in the near future they will be surveying the Health Homes to get information on how they are using what is presented at these learning sessions to make changes within their practices.  Amy pointed out that practices have access to data within the Value-based Purchasing Management System portal, though she understands that it is not cross-payer data.  Dr. Letourneau agreed but said without cross-payer data, it’s hard to see where these practices are truly at. MaineCare has been a leader; need more payers to follow that lead.  Lisa Tuttle said that over the past several years QC has gone through improvement of their own work; synthesizing the results of the surveys after each learning sessions, and MaineCare folks are also now on that committee and have the opportunity to help inform the structure going forward. QC is trying to focus on making sure the patient voice can be heard, and that there are structured learnings for the different tiers. There is a lot of diversity across the 200 participating practices;, some need more basic info, some need more advanced, The other thing that has happened over the past year with QI team on the ground, it’s has proven to be an effective way to get data from practices, they are mining for best practices and getting at high performers, those who is doing things really well and trying to get them to present at the learning sessions. She said that practices feel that the regional forums are also really valuable. She also said that they have been requiring action planning for practices within the regional forums and are building that into the learning sessions. The QIs are following up on the action plans when they do site visits. They are also helping practices use the VMS portal more effectively and providers are finding that to be an increasingly valuable tool and QC is trying to work closer with MaineCare on disseminating information about the portal and best use of it. She said that QC is interested in greater alignment across payers and community agencies.  Katie Fullam-Harris echoed support of greater alignment, pointing out that the measures for HHs are different than the measures of the ACs, and both are different than the measures set that were the result of the SIM Measures Workgroup. She said that people really need to step back and look at alignment of measures across the board, providers would be appreciative.  Randy said that there has been work done to identify a core measure set, and asked her to clarify whether HHs, ACs, and ACOs, have different measures apart from the 40 measures decided upon in the Measures workgroup.  Katie reiterated that HHs has totally different set of measures, which was developed before the SIM measure workgroup started, and there SIM should look at an aligned set of measures. HHs and ACs should align, and then try to get alignment with other payers. She also mentioned that the VMS portal was becoming a very useful toll, but she would like to have the same portal for Health Homes and ACs. She also pointed out that behavioral health information is still not available to practices.  Amy explained that the AC portal and HH portal is in face the same portal, but that Peter has been sending spreadsheets via FTP, until a specific functionality is built into the VMS portal. She also said that MaineCare is working diligently on getting behavioral health information into the portal; there are a few issues that need to be worked through first.  **Stefanie asked that Quality Counts returns to the Steering Committee with the checklists they developed from the responses to the last learning session survey, and how they are structuring the next learning session using that feedback. She also asked that they bring the responses to the last survey back to the Steering Committee, so they can see what the feedback is and have a better understanding of how the agenda to the upcoming learning session will address some of the comments. She would like this done as soon as possible, before they can reach consensus on the SORT recommendations.**  MQC’s Objective 3 received the same recommendations from SORT, Yes and B, with a greater focuses on outcomes.  Amy said that the Department hears different feedback on BHH Learning Sessions and asked Quality Counts to speak to that.  Liz explained that Behavioral Health Homes is such a new concept and the QI support offered by QC has been a much appreciated addition to the BHHOs’ workflow. She explained that they support the organizations to implement the 10 Core Expectations of the program, and the feedback they have received on the surveys has been mostly positive, as it’s much needed support that the BHHOs really respond to.  Dr. Letourneau pointed out that the BHH LC is getting more positive feedback because there has never been anything in terms of support for these mental health agencies.  Liz said that this is also a single payer initiative, which makes things easier, she did point out that there are areas to strengthen alignment within MaineCare itself, namely Accountable Communities and the ED Project, she has already started discussions with ED Project to participate in a BHH Webinar. The Learning Collaborative is trying to focus on peer learning, not just at learning sessions, but also in the field. They are also helping to implement QI projects, which are all intimately aligned with outcomes. The BHH Learning Collaborative is taking priorities of MaineCare and feedback from BHH providers to strengthen its focus. She said the BHHs report quarterly on the 10 Core Expectations to Quality Counts and that data is then reported to MaineCare. QC also uses that data to support practices in specific areas that they are having difficulty in, and they do action planning to help the BHHs move forward. Liz said they are also seeing that the Quality Dashboard is an opportunity to help BHHs identify opportunities for improvement.  Jay suggested that they make their Quality Improvement work more targeted.  Dr. Letourneau pointed out that they try to influence practices, but since they do not have authority, they can’t make the practices do anything.  Amy asked for an example.  Dr. Letourneau said that there was a desire to impact rates of avoidable readmissions, and with MaineCare staff help, QC was able to come up with a list of several practices and put it out to them as an opportunity, but QC received little response back from them. Getting practices to come to extra meetings is challenging and they can’t make them show up.  Amy said that Quality Counts has been doing a lot of work trying to get Primary Care offices to impact readmissions rates.  Dr. Letourneau acknowledged that but said that there are competing priorities, and no real incentive to providers.  Lisa Tuttle said this isn’t a new discussion, practices say they are already doing a lot of the things QC is recommending, but the results aren’t showing in the data. She pointed out that at the last learning session the keynote speaker specifically spoke about readmissions and pointing out that this is a Primary Care issue, and in the survey after the learning session they received comments that this was a topic for hospitals as well.  Helena stated that it is essential to get hospital systems to the table, but it’s very difficult to do so. She said about a year ago QC had started working with MaineCare to put together a meeting with all groups, including the hospitals.  Dr. Letourneau said Primary Care is an environment of multiple priorities.  **Stefanie asked for the same information for Objective 2 to be brought before the Steering Committee as Objective 1, before reaching consensus on the SORT recommendations.**  Objective 4- P3 Pilot, effort was completed March 2015. SORT recommendation of No and D, do not continue.  Dr. Letourneau said that QC has provided information on the pilot at an earlier Steering Committee meeting. She did point out that there are no SIM funds directed at consumer engagement, but that is one of the pillars of SIM. Considerable gap in the work of SIM. She also wanted the minutes to reflect that this does not truly mean “do not continue”, the recommendation merely reflects that the objective has ended and there was no plan to continue.  Randy said that the next step of this SORT endeavor is to get recommendations for opportunities for where funds can be refocused, and consumer engagement is a possibility.  Jay asked for information on learnings from this pilot.  Lisa said they had presented on it last spring, but essentially it identified the need for multi-payer support of enhanced primary care, they don’t have time for patient engagement and Choosing Wisely in a 15 minute slot. | QC will come back to present on the results of the last Learning Session survey, and how they are using the feedback to inform the next Learning Session agenda to the Steering Committee, before consensus can be reached on the SORT recommendations for both Objectives 1 and 2. |
| **5 – Subcommittee Reports** | *Provide subcommittee updates and answer any questions*  Randy included subcommittee reports to so the Steering Committee can stay abreast of the subcommittees’ activities. Submit any questions to appropriate chairs. |  |
| |  | | --- | | **9- SIM Annual Meeting** | | *Review draft agenda and suggestions*  To be held December 8th, registration starts at 8 am and the meeting will go until 2 pm. Planning to have engaged interactive discussions and less presentations. Lewin will talk about the progression of SIM measures across the state. They will have a speaker come in from Vermont.  Dr. Letourneau asked if the partners need to present at all, or create a summary of their work on paper.  Randy said not at this time.  Randy also asked the Steering Committee to complete the SIM Survey by November 30th deadline. SIM program team is really looking for feedback on the value of time that people spending at table, engaged in these discussions. |  |
| **10 - 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* |  |
| **11- Public Comment** | Next Steering Committee meeting is December 4th, from 2-5pm. |  |

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