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|  | ***SIM Steering Committee******Wednesday, October 22th , 2014******9:00am-12:00pm******MaineGeneral Alfond Center for Health******35 Medical Center Parkway******Conference Room 3******Augusta*** |

**Attendance:**

Noah Nesin, MD

Jay Yoe, PhD, DHHS – Continuous Quality Improvement

Randy Chenard, SIM Program Director

Dr. Kevin Flanigan, Medical Director, DHHS

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

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

Rhonda Selvin, APRN

Kristine Ossenfort, Anthem (via phone)

Deb Wigand, DHHS – Maine CDC

Jack Comart, Maine Equal Justice Partners

Eric Cioppa, Superintendent, Bureau of Insurance

Rose Strout, MaineCare Member

Shaun Alfreds, COO, HIN

Rebecca Arsenault, CEO, Franklin Memorial Hospital-via phone

Stefanie Nadeau, Director, OMS/DHHS- via phone

Fran Jensen, CMMI

**Interested Parties:**

Katie Sendze- HIN

Lisa Tuttle- Maine Quality Counts

Frank Johnson, MHMC

Ellen Schneiter

Andy McLean

James Leonard

Representatives from Lewin Group

Hunt Blair, ONC

Jim Harner, Hanley

Jeff Austin, MHA

Poppy Arcourt

Mike DeLorenzo, MHMC

Lyndsay Sanborn, MHMC

**Absence:**

Representative Richard Malaby

Representative Matthew Peter

Dale Hamilton, Executive Director, Community Health and Counseling Services

Penny Townsend, Wellness Manager, Cianbro

Andrew Webber, CEO, MHMC- excused

Lisa Letourneau, MD, Maine Quality Counts- excused

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** | *Approve Steering Committee minutes from August Steering Committee meeting :*It was stated that the new, more summarized format of the minutes made them much easier to read. | Minutes were accepted.  |
| **2- SIM Program Updates** | * *Determine approach for November and December steering committee meetings which currently fall on holidays*
* *January Steering Committee meeting will be replaced by the SIM Annual Meeting*
* *Leadership Development Program update*
* *Steering Committee Membership update*
* Dr. Flanigan let the Steering Committee know that they are currently trying to figure out what to do about both the November and December meetings, as they both fall on the holidays. He said one option would combine both meetings and hold it earlier in December. It was determined that there were only a few major decisions to be made, review of the Evaluation Subcommittee roster and an update on the Leadership Development work. Steering Committee members agreed to having a combined meeting in December.
* Dr. Flanigan informed the Steering Committee that Rebecca Arsenault will be stepping down from her seat on the Steering Committee. They are looking for someone that can represent small, independent hospital. She will continue to fill the seat until they have chosen a new appointee. She was thanked for her participation in these meetings.
* Randy stated that they are progressing with the development of the SIM Quarterly Report, and will be distributing that soon. They will then focus on the annual report which is due at the end of December. He is also working on getting the SIM Quarterly newsletter finished up and will be distributing that once it is completed.
 | Randy and Dr. Flanigan will inform Steering Committee members once they have chosen a date and location for the Nov./Dec. combined meeting.Randy will be distributing the SIM Quarterly Report and SIM Quarterly Newsletter once both are completed. |
| **3- Office of the National Coordinator Interoperability Roadmap****Speaker: Hunt Blair** | *Objective: Provide SIM Steering Committee with overview of National Interoperable Roadmap for HealthIT infrastructure: Technical expertise to assist in bringing Maine’s data strategy into alignment* * Hunt Blair from the Office of the National Coordinator attended the Steering Committee to present ONC’s Interoperability Roadmap. He stated that this Roadmap was created to answer the question of where everyone should be moving toward with HIT and HIE. Currently, no one SIM state has everything necessary, if you combined the efforts going on in each state you would have a starting point. It should be noted that Maine’s current process of the aggregation of clinical and outcomes data is one of the most successful among all States. Blair stated that the transition from paper records to electronic health records is ongoing and has been a painful one. Additionally, EHRs were not designed to share information between providers, they are meant to share information within a practice. There are regulation of the HIE is very complex, the Roadmap was designed to help clarify what decisions need to be made, and this will be a living document, it will be constantly updated.
* He advised that the ONC took public opinion all summer long to see what states looking for and how ONC can help with implementation. He said there needs to be a government role in the governance of these systems and making them interoperable. They need to make sure that products certified to perform certain things actually can do them in the real world. ONC is currently working with the Federal Trade Commission to identify bad actors who are not enabling the goal, which essentially the Triple Aim. They need to begin to standardize the standards. They are trying to mobilize people around the country to get things off the group in chunks, rather than change large scale across the country.
* He pointed out that some of things necessary to actually make Delivery System Reform work are not functional yet, a point that is understood by both the ONC and DHHS. They are currently struggling with SAMHS over the issue of sharing mental health data, but there is movement around this issue at a national level. DHHS is so large and the ACA is dependent upon all the pieces coming together. Currently there is a lot of money from CMS going to fund care management for high costs populations but these efforts aren’t not being regulated.
* The idea is to build upon existing technology, but that is currently thwarted by federal policies, as things haven’t been standardized. Information needs to be shared across communities and not horded, and then that data needs to be converted to information that will advance the Triple Aim. He compared this to the evolution of basketball, possible to innovate while working inside the framework and boundaries. He said DHHS, ONC, and other federal partners need to know how they are getting things wrong and how they can help facilitate the work that SIM states are being paid to do.
* Randy asked what Blair though were key forks in the road for Maine that the Steering Committee should keep in mind as they are trying to advance change in the next two years. Blair said that the digitization of health information was similar to the digitization of media and entertainment. It will democratize the information, moving toward a more distributed health information rather than having it centralized and hierarchical, and SIM states have already committed to this idea. This transition will take longer than two years, but it will happen, “resistance is futile”.
* Shaun said that HIN pays close attention ONC activities and asked for continued support and involvement from ONC. He said ONC has ability to influence policy. Blair said that there is more investment in ONC to go to SIM states and support them, not with the goal of grant compliance, but actually trying to get things to work. He said that there is a lot more money for travel and that Maine should have Kevin Larson come to the table and work with them. ONC needs input from the states to make the Roadmap functional.
 | SIM will reach out to get Kevin Larson at the table to help advice on HIT issues.  |
| **4 - Budget Review Group** | *Objective: More focused discussion around budget management and alignment of investments with goals** Katie Fullam-Harris stated that there is still 2/3 of the $33 million budget left and felt that this would be a good time to pull together a small committee to review budget and see if it still aligns with the goals of SIM. In the end there may even be a decision that everything is currently invested properly, or they may find some tweaks to the budget could be made to improve outcomes of the grant.
* Dr. Flanigan gave two directions to take: it could be done through a budget perspective and see if money needs to be realign and see how objectives are progressing, or they could do it as a risk mitigation process, if funds aren’t realigned they could pose a risk to SIM. Katie said she was looking at it more from the latter perspective.
* Dr. Yoe will be part of this workgroup. It was recommeded that anyone at the executive level of the SIM Partners should be involved. It was stated that the work from this group could help inform the SIM evaluators and map out the budget as it relates to deliverables; this will be a very timely discussion. It was also requested that there be involvement from MaineCare staff working on Accountable Communities to help group understand impact on the health system and costs.
 | Dr. Flanigan will organize the meeting participants and give the information over to Katie Fullam-Harris. |
| **5 – Total Cost of Care Overview** | *Objective: Review the Total Cost of Care calculation that will be used for the SIM evaluation dashboard* * Mike DeLorenzo gave a PowerPoint presentation to the Steering Committee that broke down and explained the calculation that would be used for Total Cost of Care on the SIM Evaluation Dashboard. He advised that this was a patient-centric measure and will be reported as an index. He explained that this was measure would calculate the cost of a population going to a practice. He said that if what they wanted to measure was every person/every dollar, they would need a different measure. If they wanted to measure progress of delivery system transformation, they would need a risk adjusted measure over time. There needs to be clarity in what they want to measure, as there are several different methodologies.
* Dr. Flanigan said that when SIM defined the Triple Aim, the goal they wanted to work toward was to get TCOC below 50%, he asked if this was the calculation they would want to use to measure success of SIM. Mike said it could be part of it, but health changes overtime so to see if spend actually changed they would need a risk adjusted measure.
* Dr. Yoe said that this TCOC measure was just one of the cost measures for SIM. They are currently working on getting data to the Lewin Evaluators. It was asked what the timeline is around seeing the data and information play out. Dr. Yoe said they are looking at some reporting on this data to begin in January. Mike said that the Steering Committee should take the lead on making sure that there aren’t dueling measures; Lewin, RTI, and local efforts should be receiving the same data sets and it was also stated that it needs to be clearly stated what each calculation actually measures and what it doesn’t.
 |  Dr. Yoe is expecting data reports to start coming out in January. |
| **6- Risk 24: Acceleration of Primary Care Payment Reform** | *Review status of plan development for the Acceleration of Primary Care Payment Reform and obtain any additional guidance from Steering Committee** Ellen discussed with the group that, due to the efforts by SIM Partners and some Steering Committee members, CMS has decided to continue MAPCP for another two years. Commercial payer continued participation is also now secured. It was stated that while this is a relief for the 75 PCMH practices, it isn’t solving the true issue of changing from Free for Service and moving to Value-based payments, there isn’t great traction to switch from one service model to the other. Dr. Letourneau had previously shared a paper published by CHCS and SHADAC that had been prepared for Oregon on accelerating payment reform for primary care. CHCS has agreed to create a similar paper for Maine that will reflect Maine’s nuances and healthcare environment. They will present on two different dates to the ACI workgroup, and Payment Reform subcommittee members are especially encouraged to attend. At the November 18th meeting, they plan to discuss the Oregon paper more in depth. They will return at the February, 2015 ACI meeting to discuss the paper they will be crafting for Maine. Ellen asked that anyone who plans to attend and may have either questions or comments should direct those to either herself or Randy.
 | CHCS reps will come to facilitate discussion on acceleration of Primary Care Payment Reform at the ACI workgroup November 18th from 3-5pm at the Senator Inn. Interested parties with questions or comments can submit them before the meeting to Ellen or Randy.  |
| **7- SIM Evaluation Subcommittee** | *Review Evaluation Subcommittee draft charter and procedures document** Dr. Yoe presented the draft charter and procedures for the Evaluation subcommittee. He informed the Steering Committee that these documents were modelled after those of the other subcommittees. Amy Wagner will be co-chair the subcommittee with the rep from Lewin. They are currently trying to create a logic model that can guide the evaluation efforts and communicate what SIM is about.
* They are currently thinking to have this meeting scheduled on Steering Committee days, after the partner meeting, due to travel restrictions for Lewin. Once the roster is finalized it will be shared to the Steering Committee.
 | Dr. Yoe will share Evaluation Subcommittee roster once it has been finalized.  |
| **8- Risk #27: Core Measure Set Alignment Risk Mitigation Plan** | *Frank Johnson to provide updates regarding what has occurred with measure set alignment** Frank let the group know that almost all measures have gone through initial review; a few new ones have been added. Their next meeting, Oct. 30th, will complete the review and the discussion on getting payers to accept the core measures will be initiated. This risk is centered on one or more payers rejecting the core set. No one that is participating in the workgroup has said that they absolutely won’t accept the measures, so Frank is hopeful that they can make headway. He expressed that this next meeting will be pivotal, and he has been reaching out to each of the payers to explain the benefit associated with this. He stated that he should be able to bring the measure set to the December Steering Committee meeting.
* He stated that Deb from HIN will attend the next meeting to offer potential solutions that HIT can offer as they attempt to make the transformation from claims-based to clinical-outcomes measures.
* It was asked if once a measure set is decided upon, whether they have a path for how they will be used and how they will be publically reported on. Frank clarified that it wasn’t expected that every measure would be publically reported on, just a subset of them.
 | Frank will report on this risk at the December meeting and will bring the core measure set to share.  |
| **9- Care Coordination (Risk 21)** | *Update on subcommittee discussions specific to the Care Coordination risk by SIM Subcommittee chairs** Lisa Tuttle stated that Katie Sendze presented at the last DSR subcommittee and had done a great job showing the complexities of electronic shared care planning and the path of getting information. Frank will be attending the November meeting to give the Payment Reform perspective. DSR will then finalize recommendations and bring those back to the Steering Committee.
* Shaun stated that HIN is working on securing additional grant funds and resources outside of SIM to develop tools to help with this issue.
* Blair advised that this was an issue faced by all SIM states, and this was a good place for Maine to have input on possible solutions. He said there is critical interest on this issue and they don’t want to create a new “Tower of Babble”
 | Frank will attend the DSR Subcommittee meeting in November. Lisa will then finalize recommendations and bring those back to the Steering Committee.  |
| **10- Meaningful Consumer involvement in SIM (Risk 28)** | *Update on activity on this risk over the last month and presentation of the current 3 part plan** Randy advised that a three-prong approach was developed to address this risk
1. They will work on developing sharper information available to consumers on how they can get involved in SIM and develop and informational piece that make pathways to meaningful involvement easy to follow.
2. They will provide a forum at the SIM annual meeting with a topic focuses solely on consumer involvement and its importance. Randy will reach out the Lisa Tuttle on this piece to discuss who should be involved in this.
3. They will have a future discussion in the Steering Committee around this topic.
* Randy will create a document outlining this plan and will use the DSR as a conduit to distribute the information.
* Rose Strout pointed out the lack of diversity on the Steering Committee.
 | Randy will create a document detailing this three-pronged approach and then bring it to the DSR subcommittee.  |
| **11- Subcommittee Report Questions from the Steering Committee** | *Standing agenda item – Allocate time to allow Steering Committee members to ask SIM subcommittee chair about content in any of the subcommittee reports. Reports are always available on SIM public website.** No comments.
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| **12- Public Comment** | * Fran Jensen said those at CMMI are impressed with the work coming out of Maine and they are very appreciative of the hard work and continued efforts.
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