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|  | ***SIM Steering Committee***  ***Wednesday, October 28, 2015***  ***9:00am-1:00pm***  ***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

Rose Strout, MaineCare Member

Kristine Ossenfort, Anthem (via phone)

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

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

Fran Jensen, CMMI- via phone

Mary Pryblo, St. Joseph’s Hospital

Andrew Webber, CEO, MHMC

Jack Comart, Maine Equal Justice Partners

Noah Nesin, MD

Shaun Alfreds, COO, HIN- (via phone)

**Interested Parties:**

Lisa Tuttle, Maine Quality Counts

Lisa Nolan, MHMC

James Leonard, OMS

Kathy Woods, Lewin

Kathryn Pelletreau, MAHP (via phone)

Judiann Smith, Hanley

Lisa Harvey-McPherson, EMHS (via phone)

Lyndsay Sanborn, MHMC

Liz Miller, Maine Quality Counts

Lise Tancrede, Maine Quality Counts (via phone)

Frank Johnson, MHMC

Amy Dix, Director of VBP, OMS

Peter Flotten, MHMC

Peter Kraut, OMS

David Winslow, MHA

Katie Sendze, HIN

Allison Kenty, HIN

**Absence:**

Lynn Duby, CEO, Crisis and Counseling Centers (retired)

Eric Cioppa, Superintendent, Bureau of Insurance

Penny Townsend, Wellness Manager, Cianbro- 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 September Steering Committee meeting*  Meeting minutes approved. |  |
| **2- SIM Objective Review** | *Recommendation review and consensus attainment and Steering Committee feedback*  Randy explained that the reason for the extended meeting was to allow time for the Strategic Objective Review Team (SORT) to present their recommendations. The team was created to look at the objectives and activities happening under SIM and see if there were areas where some objectives weren’t meeting outcome goals and where/ how to redirect SIM funds.  Katie Fullam-Harris explained that the SORT consisted of voluntary participation by self-selected Steering Committee members based on interest. The team was comprised of Noah Nesin, Dale Hamilton, Jay Yoe, Sheryl Peavey, and Kris Ossenfort. The team was able to meet three times in addition to to presentation sessions from SIM grant recipients. She pointed out that it was her first time seeing the recommendation document provided to the Steering Committee today, and stated that while SIM program staff did the best they could to capture the conversations; the comments highlighted on this document might not reflect how the recommendations actually came about. She thanked the SIM partners for taking time to present to the Strategic Objective Review Team (SORT).  It had been pointed out that SORT was comprised of three providers and one payer so it was not very well-rounded. For the record, the SORT also included State Representation as well in Jay Yoe and Sheryl Peavey SORT was charged with important work in the form of a critical assessment of the value that each SIM objective is providing toward the SIM goals, inclusive of the SIM Triple Aim level goals and the SIM Core measures. A result of this critical assessment includes recommendations as to what changes to these objectives should be considered to improve results. This type of critical assessment is an important aspect of innovation, involving mid-course corrections based on learning and experience.  Stefanie said it was understood that some people around the table aren’t going to support the recommendations so it is not planned to reach consensus on everything, but these recommendations will go to the MLT, and it will be highlighted to the MLT which recommendations did not have consensus.  Andy Webber said he felt that the ultimate goal is unassailable; but he did want to talk about process. He explained that MHMC did meet with the SORT committee on September 18th, and he would have liked to respond to the recommendations and have the opportunity to talk to the SORT committee before coming to this very open forum. Some of these comments detailed here were not brought up in the presentation and he felt like it would have been best to have a private conversation first.  Stefanie informed Andy that Randy did bring forward the request for a private conversation, but it had been decided that everyone have access to the comments and questions that stemmed from those presentations, that there is an open and transparent conversation involving all of the Steering Committee members.  Andy stated that they have different perspectives and that he felt having a discussion between presentations and today would have improved the recommendations and this document. He also said there should have been an employer at the table.  Jay said there was a lot of effort from everyone to be as fair and objective as possible; looking at the activities and listening to the presentations, and determining whether this current approach is moving toward SIM goals. They really focused on if these things are moving the bar, which is part of the test. He felt it was done fairly.  Andy said as president and CEO of MHMC he wanted to highlight his concerns about the process.  Dr. Letourneau expressed concern about the lack of consumer voice on the SORT and the fact that the consumer engagement activities were given a No, that they aren’t something that should be continued and she looks forward to seeing alternative recommendations for engaging consumers, because there is very little funded by SIM at this point.  Stefanie said they are playing it by ear how far through these recommendations they can get today. It seems late in the SORT process to start voicing concerns about the composition of SORT, which has been known for several months. Everyone should recognize that participation was voluntary, and that concerns about the composition should have been voiced before the recommendations were released.  Sara said she felt that the recommendation document was informative and that it is appropriate to have the whole Steering Committee participate in this discussion.  Rose pointed out that when it comes to mental health, the consumers are their own experts, and there isn’t anybody else. They should be kept as part of the process as much as possible.  Noah thanked Katie and Randy for the tremendous amount of work,that is not to say that the process couldn’t have been better. He understands that the partners would like their voice heard more completely. SORT had attempted to assess each initiative and the value of those to SIM, and the comments look messy on paper. Understanding the composition of the committee gives context to the output of the committee. He explained that the “grades” just their evaluation of the activities and value to SIM.  Katie said That the SORT process was developed to ensure how we use this scarce resource to best serve the State of Maine, and the SORT recommendations represent the outcomes of that work.  Fran Jensen offered her support for the SORT process, stating that this work is a key component ofinnovation, figuring what does and does not work which can be a large part of the SIM Sustainability Plan which is a very important component of the SIM requirement.  Randy said they would start with the CDC. He gave an orientation on the format of the recommendation document and explained that the CDC has two high level objectives with hypotheses. The hypothesis is very important part of the SORT review. An important lens for assessment. Maine CDC’s first objective received was a Yes to continue and an A (no change recommended).  Rose pointed out that what was missing here is the engagement with people that already have diabetes; many don’t know much about diabetes, and how to change their diet, etc.  Rhonda said that was and important point, the delivery of education in a broader way, and it’s not built into a typical visit.  Jack asked, as a consumer, where would he find an NDPP site.  Deb answered that there are NDPP sites around Maine, some in health systems and some in community settings across Maine. The NDPP is a yearlong process where you go to a class and life style coaches assist you to assess your diet, lifestyle, etc. It is a specific curriculum, in order to provide this program you need to have specific trainings and hold fidelity trainings.  Dr. Letourneau reiterated the need for more consumer engagement in SIM, highlighted here and as a broader issue across SIM.  Andy expressed strong support for this recommendation, in discussions with Anthony Anderson who runs NDPP at BIW, and the Coalition is in discussions to have him spearhead efforts to encourage other employers to implement this program.  Randy asked for any further comments on this recommendation, receiving none, **consensus was reached on the SORT recommendation on Maine CDC Objective 1**.  Randy read hypothesis and comments, and SORT recommendations for Objective 2: CHW Pilot Project. The recommendation was that it should continue with a change in focus. It had been discussed that now was an appropriate time to assess the four different approaches and focus more on the ones that are most successful.  Deb said she would have to understand criteria for how to evaluate and change.  Noah explained that there were discussions about use in areas of special populations, but the SORT wanted to look at how these overlap with practice-based care managers, in order to reduce duplicative efforts.  Deb said they do want to make connections with the CCTs, and see what it is that CHWs do that is distinct; they wanted to see how employing CHWs could change the healthcare environment in Maine and what is their appropriate role. She said they could ask their evaluators for help with this. She said she would need a clear transparent way to make changes in deciding who should stay and who should go. There needs to be a better understanding of how the SORT would like to see more focus, and then discuss this further.  Dr. Letourneau said that the evaluators don’t need to prove that CHWs work, many federal studies have already proven that it does. The question is how they work best in Maine and how can they be sustained. There needs to be a focus on what is the sustainability strategy for these CHWs, it would not be fair to end any pilots early. If they don’t come out of this with a funding source for this pilot then it will just be a good pilot that has ended.  Stefanie said that they should try to understand where CHWs overlap with other efforts, like CCTs.  Dr. Letourneau pointed out that there is no further funding for CCTs after December 2016, with just Medicaid left.  Sara- big gap in this with LTC, I don’t have folks to connect residents to. Not a lot of support for these people, big problem and a lot of ED usage in this population.  Noah said that SORT was not recommending ending any of the four pilots, but instead looking at best practices and sharing recommendations among them.  Deb said they have monthly meetings with the pilots and they do talk and learn from one another, and there is technical assistance, there are definitely standards, but they each have a different focus.  Randy asked for any comments before endorsing the SORT recommendation.  Rhonda asked what a “B” would mean for Deb and her project?  Deb said she was going to take the comments back to her team, talk to the evaluator, then talk to people in DHHS to discuss possibilities for sustainability, and then come back to the Steering Committee to discuss further.  Stefanie said it was important to close the loop, she asked that Deb come back after discussing with their team with some recommendations for improvements for the program. Then the Steering Committee can make a more informed decision on whether to request any alterations of this objective. She asked that they have something prepared for the December meeting.  **Consensus reached on the SORT recommendation for Maine CDC Objective 2.**  Randy began with the MHMC SORT recommendations and said he would be displaying presentations that were delivered by the partners to SORT when applicable.  Objective 1, Hypothesis 1: Recommendation that this work should continue, but with a C score, requested that there be an adjustment regarding data verification and vetting of the data since if the data is not valid it compromises work, especially given that it is used for public reporting.  Peter Flotten said they definitely do validation of data, and asked for clarification of the concerns.  Katie explained that since the methodology has changed to give a longitudinal look, SORT wants to ensure that there aren’t fluctuations in the data, because this is being publically reported, and they want to make sure that this data is meaningful and consumers get accurate information.  Peter explained that this goes beyond just the TCOC, that the Coalition has a lot of different methodologies.  Andy said that the Coalition has had many critical conversations about data infrastructure, making sure it’s robust and well maintained and make sure they deliver the information in a timely fashion.  Katie said that the concerns don’t really revolve around the data warehouse itself, rather the output from the warehouse.    Stefanie said that with MHMC presentation to the MLT the same day (Sept 18), there was confusion about what this objective was accomplishing, since the data warehouse has already been stood up there needs to be now a focus on the outputs. Important to determine whether the data is accurate, valuable, and actionable.  Peter said he needed to understand what information the Steering Committee needed so they can come back and further explain.  Stefanie said that this is about validation and methodology. The Steering Committee needs an understanding of what QI is being done on the data, how it’s vetted, to inspire confidence. **She would like them to bring that process back and she would like more information on what is being publically reported. Before coming to consensus on the recommendation the Steering Committee needs this information from the Coalition**.  Objective 1, Hypothesis 2: Randy went over recommendations and grades. Recommendation is that work should cease on the Data Work Book and the CEO Summits, as it was unclear how these actually provide value.  Randy pulled up the MHMC presentation provided on this hypothesis and how it influenced SIM Core measures.  Lisa Nolan said some of the comments on the recommendations document reflected similar sentiments of the Coalition. They agree that twice a year is too much for the Data Work Book, as the data doesn’t change enough in that six month period. She would like to offer to change to every other year.  She said that with the CEO Summits, first they had a broad focus with a lot of participation. They have started doing regional forums, trying to bring in large and small purchasers to providethem with regional data, and help them to make decisions and address particular regional issues. Lisa expressed that she thought it would be helpful for smaller employers to hear about the data and regional wellness strategies. The Coalition envisions doing these regional forums in a more streamlined, less expensive way, as they share the concerns that SORT raised.  Andy Webber stated that the orientation of these summits have been more focused on purchasers, in the Bangor meeting we had presentations from EMHS, Penobscot valley, etc and that information was well received.  Jay said with both the CEO Summits and the Data Workbook, while it’s great to disperse information, he wasn’t sure that the outcomes from those activities are impacting what SIM is trying to achieve.  Lisa Nolan spoke of the general challenge in undertaking convening activities is that to see definitive impacts in a short time frame. Very difficult to see direct and immediate impact on results through convening stakeholders. Additionally, even if there are results that are achieved, it is challenging to tie them back to these convening efforts. However, we should be very careful to not say that this type of activity is not valuable and doesn’t have very positive impacts on direction over time.    Noah asked if they have had success bringing medium and smaller purchasers to the table.  Lisa said that in the last meeting they worked with the chamber of commerce to spread the word their members. Next meeting at Bowdoin they are working with the mid-coast chamber to get attendees.  Stefanie posed the question whether these activities are the responsibility of this group or this grant, or is this something that should be happening outside of SIM. What is the role of this grant in convening these types of meetings? Is this the responsibility of the employer community as the whole?  Lisa said one of the main goals of SIM is to reduce cost; and this strategy could help that. She said that, for a not huge investment, they can convene these groups and get folks talking.  Sara said that as a smaller employer she didn’t really see the value in these meetings and felt that the funds would be better served in other areas. Smaller employers don’t have a lot of extra money to offer some of the programs and choices discussed in these meetings.  Stefanie suggested that maybe instead of investing in these summits, SIM consider investing in small business to pilot a wellness program.  Mary Pryblo said she wouldn’t suggest redistributing to something like that, put it aside and think what other current activities could use additional money. She does not see the outcomes or metrics that come from this.  Stefanie said that she recognized that this is one where they will not reach consensus and instead will pull together the comments and provide those to the MLT.  Andy said that while Coalition recognizes that this work could be streamlined, he does feel that the engagement of the employer community is essential to trying to achieve triple aim goals, and push issues that impact them.  Katie said she understood the importance of engaging employers, and appreciated that MHMC has already refocused the CEO Summits after the first one, and for her this raises the question about how much latitude thegrantees have to make the changes to their objectives that would better impact SIM goals.  Randy said that the SIM program team has been working with all the grantees, and there are different sizes of adjustments that could be made, but there needs to be transparency in making those determinations.  Mary said she understood that they may not be able to vote on this now, but she felt their role is that they either accept or reject this SORT recommendation.  Stefanie said that was a valid point, they don’t vote here, and it is clear that they aren’t going to reach consensus right now.  Noah said he felt that was a valid approach, when the Steering Committee can’t reach consensus, then is brought to the MLT.  **SORT recommendations on Objective 1, Hypothesis 2 and Steering Committee comments will be sent to the MLT. No consensus reached.**  Objective 1, Hypothesis 3- Went over recommendations and comments: Benefit to having the meetings, but unclear on impact. Work should continue with some adjustments.  Andy summarized that the outcomes from this group are two major recommendations; which have been elevated through MHMC leadership. There are differing perspectives on those recommendations. For the infrastructure work recommendation, he explained this will offer support and criteria to organizations with some major decisions they are undertaking concerning restructuring. The Voluntary Growth Cap is a tool for organizations to use, since there is multi-stakeholder understanding that the state is moving toward AC models and this is a tool that has some potential and ability to build in discipline and help with that direction. MHMC recognizes that ACO contracting is independent and private but organizations involved need to get serious on controlling costs.  Randy said that the Steering Committee hasn’t received feedback from the multi-stakeholder participants in these meetings. He has discussed with Jay and Lewin about a focus on that during the second round of evaluation stakeholder interviews.  Lisa said that the Coalition can help with some of that. Some participants were more supportive than others. She said that they are in a second round of discussions with employers. No one has put this Voluntary Growth Cap in place, but they are in active discussions with their plans and the VGC concepts seem to be infused into thinking during these discussions.    Katie said she has attended every one of those meetings and she is unclear of the amount of resources spent on these meetings and contracting Michael Bailit. She said that she is unsure if this is the best use of these resources to meet the SIM measures, considering the Healthcare Cost Workgroup predated SIM. Part of her concern is that there is value added to every conversation and pointed out that they had spent two or three meetings word-smithing a letter.  Lisa explained that they have been struggling with churn in those meetings, participants change and that can make it difficult to close on an issue. She said she understood Katie’s point, make it balanced and streamlined.  Stefanie said it would be helpful to understand the work plan for those meetings, identify the topics that will be covered, then have a conversation whether those are a value-add. It’s a recommendation that the meetings are beneficial, once the people are in the meeting there are conversations or discussions that happen that are valuable. She suggested that the Coalition creates a work plan.    Lisa said they are trying to get the ideas for most effective topics for the group to take up next, currently there is overwhelming support for consumer engagement discussions.  Stefanie said that to Katie’s point, in order to address the churn issue and participants belaboring the conversations they should set a schedule to help move the dialogue along. She said she would like a work plan on these groups presented to the Steering Committee.  Noah said he struggled with how the SIM investment in this work advances SIM goals over time.  Stefanie said that a C grade essentially recommends thatadjustments are made. The Steering Committee can ask they bring back recommendations, a work plan, get some high level understanding of what else is on the docket and the amount of time will be allotted to those topics. She struggles with understanding the value of these outputs, the Coalition needs to clarify and how they might be used from a contracting, payer perspective.    Dr. Letourneau said she want to keep placeholder for the consumer engagement work, as it is an important topic.  **No decision will be made on recommendations until MHMC presents work plan on these two committees.**  The Steering Committee will continue the MHMC recommendation discussions in December.  Stefanie, as Chair, determined that we could not go forward with review of the remaining MHMC recommendations without more than half the SORT available. Hence, it was decided to move on to the HIN recommendations, as half of the SORT members had left the meeting (Dale, Katie, Kris Ossenfort had to depart at this point leaving a lack of enough SORT representation). .  **Health Info Net:**  Went over first objective, recommendations and hypothesis, this objective should continue with no change recommended.  Stefanie said that MaineCare just did a Lean process to better incorporate this into the workflow of the nurse care managers, they have seen this has a positive change, and look forward to seeing the outcomes using this.  Dr. Letourneau said she would underscore importance of this, that it is such a valuable tool, especially for primary care practices, looking forward would suggest MaineCare work with HIN to outreach more Primary Care offices.  Sara said the tool is great and Long Term Care is just beginning to use it and she would like to see access expand.  Katie Sendze said they are working with QC to get the information out there. Notification services are available as a core service, so anyone that has a contract with HIN can access the notifications. The momentum HIN has seen with Primary Care is growing and Long Term Care providers are starting to come in. , For those that don’t have a contract or the tools/resources, HIN is always look for funding and grants to reach those falling into the cracks.  **Consensus on first recommendation reached.**  Objective 2- Randy went over the hypothesis, recommendation, and assessment: Yes, given a B.  Noah explained that Behavioral Health providers are tenuously attached to EHRs and HIE, and need ongoing support to where this meaningfully impacts their work and there are structural barriers as well.  Stefanie said the objective is to provide HIT and HIE adoptions incentives, however what we need is to understand the barriers and the “use rate”, ie better understandthe gaps for these providers using HIE. She did not support a change to the objective, but would like to get “lessons learned” summary in order to understand things down the road. She recommend a Yes and A , and request additional information on the lessons learned.  Shaun said without these incentives the organizations would not be able to connect to the HIE. This objective is focused on the financial help to get their EHR updated and get them connected to the HIE. The challenge they are seeing is sustainability, when SIM ends they will have a difficult time getting Behavioral Health organizations connected because there is just no money. He would like Steering Committee to consider how the State of Maine can support them becoming interoperable to the benefit of the healthcare system.  Stefanie said she also want to put emphasis on how to gain more support for Behavioral Health providers, which is important when looking at healthcare system in the State of Maine. Need to find multi-stakeholder support, it can’t just be Medicaid at the table to sustain this.  Katie Sendze said that HIN will bring forward the barriers, lessons learned in a presentation to the Steering Committee.  **Steering Committee reached consensus on this objective, Yes and A, which changed from the original SORT recommendation grade of B.**  Objective 3: Went over hypothesis, recommendation, and assessment. Yes, B, SORT asking for strategies to overcome interoperability issue solutions.  Katie S said they have seen the Behavioral Health organizations and EHR vendors struggling to implement the technology in order to have bidirectional connection. ICD-10 also impacted this. This is cutting edge work for behavioral health vendors. Their greatest challenge is with the national EHR vendors, where the providers only have influence vs control. HIN hasa monthly webinar that discusses barriers and what is occurring.  Jay- Just getting Behavioral Health organizations connected is just one part, the other part of that discussion is what they need to be getting that will be most beneficial to their work. That is critical for driving SIM outcomes.  Katie said they have begun that process, focusing on integrated care goals across the state. They have to start with accessing other people’s data, and then you slowly build in valuable data input. She said that HIN is prepared to present on this piece as well.  Stefanie asked if there an agreement, knowing that HIN will be bringing back a larger presentation discussing a lot of the information on the barriers.  **It was decided to hold off on voting to accept the recommendation until HIN presents to the Steering Committee**.  Objective 4:  Randy reviewed the objective, hypothesis, and recommendation.  Stefanie said that since MaineCare has not yet gotten this dashboard or it’s so new, she wasnot comfortable assessing it when it hasn’t been integrated into workflow. The value at this time is unclear. She said that yes, the work should continue and wait to assess once there are more results.  Shaun said this is part of the test, HIN integrated the data into the HIE, and going into Year Three they can begin to evaluate the value.  **There was consensus reached on the recommendation that this continue in Year Three, but Steering Committee was unable to agree to the assessment until this is evaluated**.  Objective 5: Blue Button Pilot. It was reiterated that this pilot, and therefore objective, has concluded.  Stefanie asked for a report out on results of the blue button pilot.  Katie said they have a presentation prepared for this as well, but the Behavioral Health piece was prioritized due to the SORT recommendations.  **Consensus was reached on the recommendations and Stephanie asked that they come back with a presentation to the Steering Committee.** | The CDC will prepare a presentation with more information on the CHW Pilot Project for the December Steering Committee meeting.  The Coalition will return to the Steering Committee with a presentation explaining what is being publically reported, as well as the QI process for their data/methodologies. They must also come back to present a work plan for the Healthcare Cost Workgroup.  HIN will return to the Steering Committee and present barriers/lessons learned connecting Behavioral Health providers to the HIE. They will also provide a presentation on the results of the Blue Button Pilot Project. |
| **3- SIM Core Evaluation Measures: Medicare and Commercial Target Development** | *Present project plan for Medicare and Commercial target development process* |  |
| **4 - SIM Activities Communication**   |  | | --- | |  | | *Obtain input from SIM Steering Committee regarding updated SIM monthly progress summary*   |  | | --- | |  | |  |   Randy said all Steering Committee members were sent this document so everyone can track what’s going on in SIM, via email. Also emailed the detailed SIM program plan, as well as the SIM executive summary. He asked for feedback, if this is not valuable please let him know. |  |
| **5 – Subcommittee Reports** | *Provide subcommittee updates and answer any questions*  Didn’t get to this, can email any questions or concerns. |  |
| **6- Health Resource Infrastructure Review Process** | *Discuss health resource infrastructure review process* |  |
| **7 – Key Evaluation Findings** | *Discuss Lewin Evaluation findings* |  |
| **8 – Population Health Plan** | *Provide an overview of the plan and the potential strategies related*  Randy explained that part of federal requirements of grant is to develop a population health plan.  The Population Health plan created by the CDC did have some guidance from feds.  Chris Pezzullo gave presentation on the Population Health Plan, State Health Improvement plan which is on CDC website, filled with objectives.  Dr. Letourneau clarified that Medicaid Health Homes, are not required to report on clinical measures, the PCMH pilot participants are, but not on the particular measure that they has been chosen.  Jim Leonard said they have been getting reengaged with ONC on the issues of reporting on clinical measures; there are national discussions happening. ECQM approach may be able to help get that data. He suggested creating a subgroup to discuss how to further define goals, and he would be willing to facilitate a connection with ONC that has offered to bring in resources.  Amy asked if they can use any of the meaningful use measures.  Dr. Letourneau said this is a short term and a long term goal. They could limit to just the Health Homes that are also participating in PCMH, and look how we can further move this down the road. In the short term narrow the focus.  Stefanie asked if is there value in creating a subgroup to look at clinical data.  Deb said the plan was to get some reactions today, they aren’t talking long term right now as they need to get an implementation plan finalized.  Stefanie said that if this is going to be sent out via email, the background information would be helpful in order to discuss further.  Amy said she had some suggestions on the measures; Dr. Pezzullo will reach out to follow up with her and Jay.  Deb will send an email out to the Steering Committee, and asked that Steering Committee members respond with any concerns or comments. | Dr. Pezzullo will coordinate with Amy and Jay on the measures.  Deb will send out an email to the Steering Committee members providing more information on the Population Health Plan. |
| |  | | --- | | **9- SIM Annual Meeting** | | *Review draft agenda and suggestions*  The date is December 8, bulk of the time will be looking at evaluation results. Please comment on draft agenda.  Dr. Letourneau mentioned she didn’t see a lot of time for engagement. She suggested they send out the evaluation results before the meeting so attendees aren’t being talked at for an hour. She said she was willing to work with Randy to come up with some other ideas.  Dr. Yoe said that there was a lot to report out to the attendees on the evaluation. |  |
| **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** | Gordon give an update on Dr. Flanigan. Left to be a CIO, CFO, CMO of a critical access hospital in Bishop, CA. Now the interim CEO of the hospital. Been thrown into the middle, baptism by fire but doing well.  Judiann requested that for those people who received invites to the reconvene happening Tuesday Nov. 17th at 2:00 at the Bangor Savings Bank in Augusta, that they register soon. |  |

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