SIM Steering Committee

Wednesday, September 20, 2017
9:00am-12:00pm
Ice Vault
Conference Room 2

Attendance:
Kristine Ossenfort, Anthem
Dale Hamilton, Executive Director, Community Health and Counseling Services (via phone)
Shaun Alfreds, COO, HIN
Larry Clifford, Maine Quality Counts
Noah Nesin, MD (via phone)
Penny Townsend, Wellness Manager, Cianbro
Sara Sylvester, Administrator, Genesis Healthcare Oak Grove
Rhonda Selvin, APRN
Stefanie Nadeau, Director, OMS/DHHS
Gloria Aponte Clarke, SIM Director
Dr. Fran Jensen, CMMI

Interested Parties:
Lisa Nolan, MHMC (via phone)
Lise Tancrede
Katie Sendze
Nate Morse, CDC
Nicole Breton, CDC
Elizabeth Mann (via phone)
Katherine Pelletreau (via phone)
Kathy Woods, Lewin
Randal Chenard, Health Doers
Liz Mann, The Opportunity Alliance
Gordon Smith, MMA
Allison Kenty, HIN
Danielle Torino, SAMHSA
Mitchell Berger, SAMHSA

Absence:
Mary Pryblo, St. Joseph's Hospital
Michael DeLorenzo, CEO, MHMC
Rose Strout
Katie Fullam Harris, VP, Gov. and Emp. Relations, MaineHealth
Amy MacMillan, MaineCare
Jack Comart, Maine Equal Justice Partners

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	*Approve Steering Committee minutes from September Steering Committee meeting* Minutes were approved as presented.	
2- SIM effects- Health Care Delivery Transformation	*Objective: Discuss SIM impacts, and additional needs from CMMI* Dr. Jensen said this is her last year as project officer for this award, and that it has been a fun experience and she would like to keep the momentum toward innovation. Dr. Jensen highlights Maine's vast accomplishments with her colleagues at CMMI frequently. She reports the new administration has committed publicly to supporting states with local and state innovation, and capitalizing on state flexibility. She discussed the difficulty of measuring the SIM investment, that the investment was like seed money to spark innovation and Maine succeeded. The CMMI budget team thinks very highly of Alan and how he has managed the contracting and budgets. CMMI is assessing how to continue to push the work forward. The successes of other SIM states were reviewed. Maine highlights are SIM governance, which encouraged active stakeholder engagement. Dr. Jensen stated that Maine is a leader among the SIM states for using data to drive improvement. Dr. Jensen received an email from Katie Fulham Harris regarding maternal substance use, a cost driver for Medicaid. Fran indicated that this is a potential area where CMMI and Maine can work together. Highlighting the relationships built through SIM that will endure.	
3- New Data Available from Maine CDC	*Objective: Discuss impact and possible use cases of public facing vital statistics data*	

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	There is new public data available through Maine CDC website, birth and death data can be accessed. CDC is invested in continuing to publically report on data. Shaun Alfreds suggested that birth rates would be helpful, and not only the raw numbers. http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/births.shtml http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/deaths.shtml	
4- Quality Counts Final Wrap Up	*Objective: Discuss the "playbook" and the results of the regional forums and the Quality Improvement work* Lisa discussed the final year's work for Quality Counts through SIM which was the Data Focused Learning Collaborative (DFLC). Interventions were focused on onsite Quality Improvement with practice facilitators on site at health home and behavioral health home practices. DFLC activities were approved by MaineCare. Networking between Health Homes and Behavioral Health Homes, through convening regional forums in the 8 public health districts. Through the DFLC work, Quality Counts developed a playbook for Maine's Value Based Purchasing programs that included best practices, promising approaches, and work flows. Quality Counts will be disseminating the playbook to DFLC participants later this week. Lise shared some "bright spots" from DFLC participants including that many stated they developed a better understanding of using the VMS portal, and appreciated the participation of MaineCare in the regional forums. Lise discussed their key takeaways for building more successful integrated teams. A lot of work involved improving communication between the Health Home and Behavioral Health Home models. Developed a bi-directional tool for communication. Dr. Jensen said she will take the playbook back with her to show colleagues at CMMI. There was some discussion around leveraging HIN for increased communication. Dr. Jensen asked if they would be willing to talk to other states about this work, in order to share experiences. The new Executive Director for Quality Counts said that they would be willing, but would appreciate discussing details offline.	Gloria will e-mail link to Playbook to Steering Committee.

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5- HIN Final Wrap Up	*Objective: Discuss and update* Shaun Alfreds introduced the HIN presentation. Discussed work with MaineCare, to provide access to clinical information. The connection to Prior Authorization vendor is very exciting. HealthInfoNet is now able to deliver a much more complete patient record. Dr. Jensen stated that she visited a Behavioral Health Home and heard glowing reviews about use of Health Information Exchange data and serving their patients. Katie Sendze reviewed the different partnerships that have been built in the last year. She discussed the HealthInfoNet objectives with SIM. The pre-authorization vender- KEPRO -data went live May 1st for Behavioral Health Homes. Demonstrated usage trends around patient records accessed and reviewed. HealthInfoNet will be creating a final report around efforts on this objective. Discussed the Behavioral Health Quality Project Goals, after the 12-month project ended workflow are continuing. Demonstrated reduced Emergency Department utilization due to Health Information Exchange usage for MaineCare members. 69% of members saw reduced Emergency Department utilization. Randy Chenard asked about sustainability for Behavioral Health Organizations access to Health Information Exchange, Health Info Net described a subsidized subscription rate for these organizations. No organization has said that they are discontinuing subscriptions. Dave Hamilton said that HIN has been great, very important to get information into the Health Information Exchange so other providers can view and access the information. Community Health and Counseling Services is continuing with HealthInfoNet. The MaineCare Claims and HIE Clinical Data Integration results were discussed. HealthInfoNet thanked the technical staff at the Office of MaineCare Services and Molina in order to facilitate this project. Highlighted 5 projects that occurred through this work. Reviewed Design for the Predictive Analytic Model. Claims data provided more detailed information about MaineCare patients and more accurate tool set for providers to identify “at-risk” patients. Need both clinical and claims data to come together. Discussed the Predictive Analytic Project, carried out in three Primary Care Physician practices with 8 Primary Care RN/MA Care Managers, responsible for 18,000+ attributed patients. Demonstrated the aggregate view for the tool. Discussed utilizing this tool, applying risk stratification and creating more efficient work flows. Showed individual patient risk summary. Discussed work with MaineCare Utilization Reporting Tool. Shaun discussed the	

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	work that went into creating the dashboard, with some intricacies around MaineCare eligibility. Rhonda Selvin stated how valuable this tool is for a Primary Care practices. Katie discussed the data and access parameters. Shaun discussed the importance of testing a platform and a production platform. Talked about the MaineCare User Interface Design, and demonstrated the Interactive Visuals that can be accessed through the tool. They are developing a user manual. Discussed the KEPRO integration pilot, why they integrated the Prior Authorization information in Health Information Exchange. Worked with KEPRO to assess what data they had and what would be useful to the end-users. Needed to block Substance Abuse and HIV data, unless they opt-in to share all information. Demonstrated full patient record and what it looks like in the system.	
6- TA for Substance Abuse Confidentiality Regulations- 42 CFR Part 2	*Objective: Technical assistance- Planning for allowable scenarios for sharing information* Gloria said SIM requested technical assistance from SAMHSA regarding 42CFR Part 2 and collected questions from SIM stakeholders. Danielle from SAMHSA and Mitchell Berger joined the meeting. They stated that SAMHSA is working on releasing regulatory guidance to the public soon. Question 1: The 2017 rulemaking made relatively modest changes to the actual rule. They are working on guidance around sharing substance abuse data (SUD) with contractors and subcontractors. It was stated that they did not add anyone to the list of "Part 2 providers", and it was also stated that for information that originates from a provider that is not considered a Part 2 provider is not considered protected under 42CFR Part 2. Question 2: We know that researchers obtained data through ResDAC, CMS has reversed their previous position on this, and there are some ongoing discussions around this in SAMHSA around ResDAC filter. In the meantime have developed a "Consent to Share" to be incorporated in EHRs to track consent. Dr. Jensen said CMMI is working very closely with SAMHSA on how to make information as useful as possible for improved care coordination. Question 3: It was stated that only the rule only applies to information originating in a "Part 2" covered program, not applicable to records originating not in a "Part 2" program. Gordon Smith asked for an example of a non-part 2 program: they provided the example of	They will keep us updated as guidance becomes available.

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	information originating in an Emergency Room, anything from private payer might not be covered by "Part 2". What would be a part 2 program, anyone what accepts federal funding or grants, any CMS program, and several others. Q4: If a patient is receiving care through a Primary Care Provider, not a Substance Use specific provider, might not be a part 2 provider. Depends on how you are advertising your practice services and on your funding. Noah Nesin asked a question about Primary Care, around stance for a specific bill. SAMHSA is not taking a position on a particular bill. A lot comes down to patient consent. Technology vendors are capable of helping to ensure data that shouldn't be shared, isn't. Karynlee Harrington stated that the real issue is identifying accurately who is considered "Part 2 programs", with all of the pressure around access to data; she feels that the payers are being conservative and removing far more data than is necessary. Asked SAMSHA to clarify in their forthcoming Guidance what specifically is a "Part 2 programs". Creating a path for a standardize filter for what exactly which information to remove would be helpful, because it is chaos currently. Shaun said they defer to providers to define themselves as "Part 2 programs", but there is a different interpretation as to how long consent is active. It was stated that consent to share is considered active until they withdraw consent.	
7- Transitions of Care SIM Sub Committee Portal & MaineCare PA Data	*Objective: Progress and future work of group* Sara Sylvester discussed the Transitions of Care subcommittee. She discussed the importance of data/information and patient care plans access. 80% of patients are MaineCare members at Genesis. She reviewed the content and scope of data needed for patients transitioning care as determined by participants of the subcommittee. She would like to continue this Transition of Care work which would ultimately improve care for patients and control costs. This subcommittee is eager to move forward with this work as soon as a funding source becomes available.	
8- Recommendation to address Maternal Substance Abuse- by Katie Fullam Harris	*Objective: Progress and future work of group* Maine CDC provided details regarding different entities in the Maine CDC that are currently working to address Maternal Substance Use and the different stakeholder groups. It was stated that Dr. Jensen also had a conversation with Katie Fullam Harris about the issue. Katie Sendze stated she would like to see more efforts or focus on prevention and what the State	

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	is doing to prevent this issue. It was pointed out that Maine Medical Association has been addressing this issue. Gordon Smith discussed the Maine Opioid taskforce, which has a focus on maternal drug use.	
9- Thank You to SIM Steering!	*Objective: Discuss and identify next steps* Dr. Jensen stated that SIM was an experiment for the federal government. Dr. Jensen asked for feedback on what could be improved in the future. Dr. Jensen discussed the goal of attaining 80% of CMS beneficiaries in an alternative payment method. She said that CMMI is listening, and asked that SIM Stakeholders provide comments on the Request For Information, especially on how the Innovation Center can be more helpful. Comments are looked at closely. She also asked for feedback on what SIM has done for the State of Maine, or for individual organizations.	Gloria to send RFI to SIM Stakeholders
6- Public Comment	Gordon Smith gave an update on Dr. Flanigan (former SIM Steering Committee Chair), who says he is impressed with the SIM work and that California has not succeeded in SIM like Maine. Randy reiterated that point, especially around SIM governance. Nate discussed the National Collaborative around research, one of the natural experiment activities they are researching is SIM., One of the takeaways from the study by University of California Berkley, was that the governance structure was a positive experiment around making sure the best value was achieved. (Natural Experiments for Translation in Diabetes 2.0 (NEXT-D2) website: https://uclahealth.org/nextd2/body.cfm?id=1	

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