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|  | ***SIM Steering Committee***  ***Wednesday, September 24th , 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

Lynn Duby, CEO, Crisis and Counseling Centers

Kristine Ossenfort, Anthem (via phone)

Deb Wigand, DHHS – Maine CDC

Jack Comart, Maine Equal Justice Partners

Eric Cioppa, Superintendent, Bureau of Insurance

Lisa Letourneau, MD, Maine Quality Counts

Rose Strout, MaineCare Member

Andrew Webber, CEO, MHMC

**Interested Parties:**

Katie Sendze- HIN

Lisa Tuttle- Maine Quality Counts

Frank Johnson, MHMC

Ellen Schneiter

Andy McLean

James Leonard

Representatives from Lewin Group

**Absence:**

Representative Richard Malaby

Representative Matthew Peter

Stefanie Nadeau, Director, OMS/DHHS

Shaun Alfreds, COO, HIN

Dale Hamilton, Executive Director, Community Health and Counseling Services

Penny Townsend, Wellness Manager, Cianbro

Rebecca Arsenault, CEO, Franklin Memorial Hospital

**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 :*  Minutes were accepted with some edits and a request that the minutes in general be more summarized. That request was unanimous and Dr. Flanigan let the Steering Committee know that next month the minutes will reflect this request. | The format of the minutes will be shorter and more summarized as requested. |
| **2- SIM Program Highlights** | * *SIM Year Two Operational Review Highlights* * *SIM Risk Process and Report* * *Answer questions from Subcommittee Reports* * *Annual Meeting – By-laws updated*   *Looking ahead to October/November Steering Committee meetings:*   * *Total Cost of Care Discussion* * *SIM funding request process* * *SIM Public Reporting* * *SIM Strategy Definitions* * *Acceleration of Primary Care Payment Reform (Risk 24)* * Randy let the committee know that they did submit the Ops plan for year two of the SIM grant. CMMI had responded back with some questions, which they were able to answer and they have since been approved by CMMI to receive the funding for year two. * The bylaws have been updated to reflect a change to the date of the annual meeting. * Looking ahead at the TCOC discussion, they are figuring out a definition and getting clarity on issues brought up in the last meeting. This will be discussed next month. * Working on a funding reallocation process that the Steering Committee can follow to make specific recommendations to the SIM funding structure. * They will start to discuss Public Reporting for SIM, what it should look like. * More work needs to be done on defining the SIM strategies, what the vision is, and where it will lead us in a few years. Randy will be requesting help from the TAs to give a starting point. Lewin will also be involved, helping to show if current SIM funding allocations align with its goals. | Randy will request assistance from TAs to define SIM strategies, vision, what healthcare will look like a few years after SIM. |
| **3- SIM Leadership development initiative** | *Review SIM Leadership Development Options and gain consensus on direction*  Dr. Flanigan summarized that this initiative was put into place as a mechanism to aid providers as they deal with the challenges of transitioning to a team-based approach to healthcare. In last month’s meeting it was asked that Dr. Flanigan do a gap analysis of what is needed out in the field for Leadership Development, and what opportunities are currently available and whether those two things align. Dr. Flanigan explained the Leadership Development handout and give a breakdown of the two types of providers he encountered that would need training; 1.) those that know change is happening and realize they will be asked to fill a new type of role, but not sure what sorts of skills they will need in this new role and aren’t sure of what will be expected of them, and 2.) The other group has more experience in leadership and know what skill set they will need to acquire to be effective in the new role. There are several training programs in the state, and region, including ones currently in development. Dr. Flanigan felt that there were some that could be expanded upon. He said that this should be a two-tiered approach.  There was a comment made about having currently leaders buy into the training program, it needs to be driven from the top level or it won’t be sustainable. There was also concern about whether or not the providers in most need of this training will get the opportunity to participate, that it was important to develop clear guidelines for what SIM means to accomplish so that the right people will sent to the training. It was suggested that they should be convening a group of current leaders in the healthcare field to discuss what the RFP should include. It was decided by consensus that the RFP for this objective will go out to the CDC’s Pre-Qualified Vendor List/ | SIM will use the CDC’s Pre-Qualified Vendor list to shorten the RFP process. A stakeholder group will be convened to decide what should be included in the RFP. |
| **4 – Risk #27: Core Measure Set Alignment Risk Mitigation Plan** | *Review Risk Mitigation plan and obtain approval from Steering Committee*  Katie Fullam-Harris gave an update on this risk. She stated that measure alignment workgroup was working very diligently to develop a single set of measures across the different payers. She said that there are some concerns from the participants that the commercial payers are not going to adopt the measures. Further, there is a strong movement at the federal level to develop a core set of measures and she is wondering if they should be spending a great deal of time developing a set of measures at the state level that may not even be accepted by all payers. Maybe it would be best to wait and see what comes out of the efforts at the federal level.  Frank explained that for claims-based measure set, some stakeholders are in favor of aligning with CMS ACO measures. There is an issue with reporting on the commercial side. He said the workgroup is planning to move forward with a temporary set of measures, and the second stage of their work will be to evaluate what is being adopted at the federal level and keep track of the commercial side’s ability to report. He said that commercial payers will not commit to adopting a set of measures without know what they will end up being and whether they will be capable of reporting on them. He said that right now they are looking at all measures being used, about 180 of them, and whittling that list down by extracting measures that are used by two or more payers. He said there will be more discussion in the workgroup in October will discuss further how to get all payers onboard and operationalizing the adoption of measures. He said they will be reminding the stakeholders of the importance of alignment, even if this is a stop-gap measure set as they wait to see what come out of the federal efforts. Andy Webber stated that federally aligning measures has been a battle for many years and that it would be a shame for states to wait on the sidelines, but they should be paying attention to the activity happening on the federal level.  Katie’s concern is that there is just a lot of work going into this effort and she pointed out that not even MaineCare aligned with the measures put out by CMS. She clarified at the request of Dr. Flanigan that the Health Home measures are aligned, but the Accountable Communities are not aligned, giving the example of the Ha1C measure. Frank explained that the core measure set for the ACs was not intended to be all-inclusive, and pointed out the MaineCare has a different population in general than Medicare and commercial payers. He explained they aren’t intending to limit commercial plans on metrics, but supplement contracts they have in place with providers. | Frank will report further on this risk at next month’s meeting. He will continue to promote the effort on the commercial side. Randy will place holders on the October and November agendas for updates. |
| **5 – Care Coordination (Risk 21)** | *Review of subcommittee recommendations for addressing the Care Coordination gaps*  Lisa let the Steering Committee know that Care Coordination hasn’t been discussed in the Payment Reform subcommittee; she plans to work with Frank to get this on to their agenda. Data Infrastructure has discussed it, and agreed that there was a possibility to alleviate the problem through technology, but there are not specified funds to pursue this solution at the moment. Katie Sendze will be going to present to the Delivery System Reform on the possible solution that HIN could provide.  Dr. Letourneau requested that Katie give data on how many providers are connected to HIN currently and how many are actively using it. She also pointed out that the new chronic care code coming out of CMS to help support team-based activities require that providers have a shared care plan and access to EMRs. She asked if a shared care plan could potentially be implemented into HIN. Katie said that there was not an identified funding source, she said that HIN is aware of the needs and agrees with the need, but movement on this cannot begin until funding for it is secured. She said there is another issue which is connectivity to HIN and lack of funds for some practices and providers to get connected.  It was asked what is the cost to get Long Term Care and Support Services connected, because the link between the hospitals, primary care, and nursing facilities are very important. Katie let the Steering Committee know that Shaun Alfreds has discussed quantifying the scope of work to present to SIM that would meet the most immediate needs. It was also stated that in January primary care providers will face this next challenge of making sure they have access to an EMR in order to be able to use the new CMS code.  Dr. Flanigan asked that the three chairs of the subcommittees craft a presentation on this risk for the Steering Committee. | Payment Reform Subcommittee will discuss this in their meeting and will report back to the Steering Committee. Once the discussion has happened in all three subcommittees it will be requested that they present their mitigation plan to the Steering Committee. |
| **6 – Evaluation Process Overview** | *Lewin representatives to review the SIM evaluation methodology, approach, process and subcommittee*  Representatives from the Lewin Group presented to the Steering Committee the SIM evaluation methodology, approach, and process. It was expressed from some Steering Committee members that they should be taking advantage of efforts that are currently in place across the state. For example, instead of creating another survey tool, they should look into using CG-CAHPS, and not confusing the market, as there is a lot of fatigue in the market related to designing and responding to surveys.  Evaluators said they will be meeting with SIM partners again to get more specific information on the initiatives and capture the nuances. They are currently trying to identify key measures to go on the quarterly Evaluation Dashboard. Once they have developed the dashboard they will be presenting it to the Steering Committee. It was also brought up that they should really be looking at measures for the cost effectiveness of SIM objectives, looking at the return on investment. Evaluators are currently working on a logic model and where they will be able to extract data for specific measures. The Evaluation Subcommittee will be vital to the evaluation work, it is very important to have stakeholder involvement in this process, and to think through the information coming out of the evaluation. Membership to the subcommittee has not been finalized but the buckets to be filled have been identified. It was offered that the Partners can help with collecting some of the data, as there are a lot of analytics currently happening. The Steering Committee will be presented with a draft of the Subcommittee roster once it’s available and can make recommendations on the final list. | Lewin Group will present the Steering Committee with their Evaluation Dashboard once the measures have been chosen. The Steering Committee will also get a draft of the subcommittee roster once it’s available. |
| **7 – Meaningful Consumer involvement in SIM (Risk 28)** | *Presentation to SIM Steering Committee of prioritized action steps as recommended from SIM DSR subcommittee on how to mitigation risk*  Lisa explained the Risk 28 handout Lack of Meaningful Consumer Involvement and gave an overview of the recommendations. She stated that if SIM doesn’t find mechanisms to engage consumer interventions may not be successful. SIM needs to be supportive of consumers that are donating their time to attend some of these meetings. One of the recommendations was to have a group of consumers come to the Steering Committee and give a presentation. There was some discussion on what was meant by the word “consumer”. There are consumer reps and consumer advocates on the different committees. Lisa said that this particular recommendation is specific around SIM governance and initiatives; the importance of making sure MaineCare members participating in Health Homes, Behavioral Health Homes, and Accountable Communities are properly engaged. It was stated that inviting more members from the mental health side is important because they are underrepresented.  Dr. Flanigan offered to have a discussion with the Partners and create a risk mitigation report out of that discussion to bring back to the Steering Committee. Several Steering Committee members were in agreement that the consumers should also be invited to give a presentation at a future meeting date. | Dr. Flanigan will discuss this risk further with the Partners and bring back a risk mitigation report to the Steering Committee. The consumers will also be invited to present at a future meeting. |
| **8 – Quick review of Risks “owned” by Steering Committee** | *Review risks assigned to SIM Steering Committee, as outline in SIM Risk report and make decisions on status*  Randy informed the Steering Committee that last month they introduced the Risk Mitigation Report that is now produced on a monthly basis to keep a tally of the risks and where they currently stand. It also informs which entity owns the risks. The Steering Committee owns six risks, some are being actively discussed and some have fallen below the waterline. Randy wanted to see if any of these can be removed from the report.  He asked about the risk around Barriers to sharing Behavioral Health information, and it was decided that this topic is actively being discussed at a national level and it would be worth having a discussion on this topic in a future Steering Committee meeting.  Risk 25, Gap in Primary Care to the HIE, MaineCare has asked HIN to do a gap analysis on Health Homes and active use of HIN, and practices that aren’t connected. Katie Sendze will be reporting on this to the DSR subcommittee and recommended that this remain on the log for now.  The risk around Patient Education, there are no updates to that risk, but should stay on the log. | Randy will leave all risks owned by the Steering Committee on the log for now, some to be discussed at future Steering Committee meetings. |
| **9- 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*  Dr. Flanigan asked if there were any new risks identified that should be added to the log.  Katie Fullam-Harris stressed the importance of accelerating primary care payment reform was brought up, especially in connection with current SIM funds and maybe reallocating some of the budget to focus on this work. This issue needs to be constantly revisited, as it’s essential to the success of SIM, and the transformation of healthcare in Maine. Dr. Letourneau offered to bring to the Steering Committee the white paper that will be coming out TAs around this issue in order to accelerate this discussion. | Dr. Letourneau will bring paper from TAs to the Steering Committee once it’s available. |
| **12- Public Comment** | Jim Leonard commented that he felt that consumer involvement in SIM and understanding SIM activities was very important, especially as healthcare plans are changing. Consumers have a much greater responsibility to understand what they are buying for healthcare. There should be a greater focus on consumer outreach. |  |