

Section M. Care Transformation

Refer to DRR Section M: Care Transformation Plans

Supporting Documentation Available:

M1) Quality Counts (QC) website: www.mainequalitycounts.org;

M2) QC Learning Community web link: www.mainequalitycounts.org/page/896-679/qc-learning-community

M3) QC annual conference, 2013: www.mainequalitycounts.org/page/887-852/qc-2013

M4) QC support for Maine PCMH Pilot practices web link: www.mainequalitycounts.org/page/896-659/patient-centered-medical-home

M5) QC PCMH Learning Session and webinar dates and content of past sessions are available at www.mainequalitycounts.org/page/2-714/pcmh-learning-sessions-and-webinars

M6) QC Initial information/ resources available for Health Homes practices web link: www.mainequalitycounts.org/page/2-851/mainecare-health-homes-information

See also Stakeholder Engagement Plan (See SECTION A Documentation) and Section C documentation

Section N. Sustainability Plans

Refer to DRR Section N: Sustainability Plans

Supporting Documentation Available:

N1) Stakeholder Engagement Plan (See SECTION A5 Documentation)

See all Documentation SECTIONS C and D

Section O. Administrative Systems and Reporting

Refer to DRR Section O: Administrative Systems and Reporting

Supporting Documentation Available:

O1) Website for Maine DHHS contracts & purchases:

<http://www.maine.gov/dhhs/contracts/purchase-rule.html>

O2) Staff & Contractor Recruitment & Training PowerPoint presentation See: SECTION K Documentation)

See: all Documentation SECTION A

Section P. Implementation Timeline

Refer to DRR Section P: Implementation Timeline for Achieving Participation and Other Metrics

Supporting Documentation Available:

P1) Project Plan

P2) SIM Status Report

P3) SIM Issue Log Template

P4) SIM Risk Log Template

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ID	Task Name	Known Risks	Dependency	2013				2014				2015				2016				2017			
				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	
1	HIN																						
2	Objective 1: 2- 13, Provide real-time notifications from the HIE to MaineCare and health system Care Managers when MaineCare members are admitted or discharged from inpatient and emergency room settings across all provider organizations connected to the H																						
3	Send letter to all HIN provider participants informing them of the project and requesting approval for sharing PHI with MaineCare; confirm approval from each participant for this 'Use Case' PHI release (currently approved by the HIN Data Use and Release C	Provider site could deny release of PHI	Provider participants																				
4	Establish BAA /DUA relationship with MaineCare	Delay in contract process	MaineCare contract process																				
5	Identify key MaineCare contacts for member Eligibility file submission and obtain test file for analysis (dependent on MaineCare resources and participation)	Delay in ability for MaineCare to provide the technical pathways that determine eligibility	Dependent on MaineCare resources and participation																				

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
6	Examine eligibility file feed from MaineCare and develop automated submission of file and time line (Monthly, bi-monthly – determined in the pre-testing phase of the project)		Initial Eligibility work must be completed																		
7	Begin processing monthly eligibility feed		Initial Eligibility work must be completed																		
8	Identify key contacts for Care Management access for email notifications by organization/site and determine a method and timeframe for updating these contacts over time (determined in the pre-testing phase of the project and continued quarterly)																				
9	Determine Care Manager users at MaineCare and participating provider sites - to be updated quarterly		Communication of provider sites																		
10	Create user accounts for messaging																				
11	Conduct education seminars (education performed bi-annually)																				
12	Begin production rollout of notifications																				

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
13	Production use of notifications																				
14	Feedback and enhancement review and development of new settings including determining the functional requirements for sending data with messaging (using NwHIN Direct compliant secure messaging services secure messaging NwHIN Direct accounts for up to 100																				
15	Objective 2: 14-28, Provide HIT and HIE adoption incentives to Behavioral Health providers.																				
16	Develop RFP for HIT and HIE adoption incentives:																				
17	Develop scoring criteria in partnership with State of Maine and other SIM Grant partners. (Assure that all federal procurement and state procurement policies are met and that the evaluation is unbiased and fair for any provider looking to participate.)																				

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
18	Release the RFP in September 2013																				
19	Announce awardees in Dec. 2013																				
20	Establish policies, reporting requirements, and audit of awardees and communicate to the stakeholders																				
21	Evaluate RFP Responses																				
22	Announce awardees and establish contact and support functions (technical and educational)																				
23	Begin accepting and reviewing attestations for each milestone, track in Customer Resource Management tool to assure data integrity by organization																				

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
24	Participate in ensuring quality reporting measures are defined for BH providers as submitting specific quality measures as determined by the SIM Steering and Sub Committees through the statewide HIE. (Realistic timeframe dependent on partners, summer idea		Stakeholder participation, input, and consensus																		
25	Communicate quality measures to all awardees																				
26	RFP Milestones: HIT and HIE adoption support incentives – funds paid to up to 20 organizations																				
27	Milestone 1: EHR purchase, implementation, optimization, and/or upgrade - \$35,000																				
28	Milestone 2: Active interfaces with the statewide HIE- \$20,000	Legal risks: 1) 42 CFR-Part 2 limitations as it relates to MH integration, provider side patient	Provider technology resources beyond the grant, patient education to opt-in																		
29	Milestone 3: Quality Reporting/eMeasurement with the HIE- \$15,000	Barriers to data flow	Bidirectional data flow, provider participation																		
30	Begin paying out incentives	Provider inability to achieve milestones	Grant Awardees																		

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
36	Year 2: HIE access, up to 15 year 2																				
37	Year 3: HIE access, up to 15 year 3																				
38	HIN will bi-directionally connect up to 10 organizations over three years: 5 sites in year 1, 7 sites in year 2, and 10 sites in year 3	Legal risks: 1) 42 CFR-Part 2 limitations as it relates to MH integration, provider side patient education to opt-in to their MH data 2) Contract timelines and delays for participation	Provider technology resources beyond the grant, patient education to opt-in																		
39	Year 1: Connect up to 5 bi-directional HIE sites																				
40	Year 2: Connect up to 7 bi-directional HIE sites																				
41	Year 3: Connect up to 10 bi-directional HIE sites																				
42	Evaluate usage of the HIE by site monthly. Provide educational support as needed.																				

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1				
53	Begin technical implementation of discrete medication feeds in October 2013 with go-live targeted for no later than March 2014. [Note: this timeline is dependent on the availability of resources at MaineCare to support this activity]	Medicaid and state vendor, Molina HealthCare, resources available to the project and timeline of those resources	Dependent on ID 43 and 51 the work around state requirements and support available to make this happen																						
54	Objective 5: 50-57, Provide Maine patients with access to their statewide HIE record leveraging the “Blue Button” standards promoted by the Office of the National Coordinator for HIT (ONC). HIN will conduct a twelve month pilot with a provider organization																								
55	During pre-testing phase, identify community pilot site for “Blue-Button” deployment		Provider participant willing and able to implement																						
56	Beginning in October 2013, Conduct 12-month pilot with a selected community/provider(s) to test and modify technical and technology requirements for PHR access using national standards																								

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
57	Engage health care delivery communications and administration teams at pilot site on educating patients on the new PHR Blue Button technology																				
58	Engage Care Managers/health care delivery staff of pilot site on educating patients on how to access and use their record																				
59	Conduct quarterly webinar check-in's to support education and receive implementation feedback as well as supply bi-annual survey to evaluate and measure success of pilot																				
60	Update Transparency and other SIM workgroups regularly on the pilot activities																				
61	Determine specifications that would support future statewide PHR roll out using best practice learning's from the pilot by October 2014.																				
62	Quality Counts																				

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
63	Launch HH practice communication plan	Pending State Approval of Budget and Contracts	Contract and Budget Approval																		
64	Recruit, train and deploy team of quality improvement (QI) professionals and technical assistance (TA) providers to ensure Health Homes (HH) practices succeed in transformation goals	Pending State Approval of Budget and Contracts	Contract and Budget Approval																		
65	Collect, track and manage HH practice key demographics and characteristics	Pending State Approval of Budget and Contracts	Contract and Budget Approval																		
66	Implement data management structure to support HH practice transformation	Pending State Approval of Budget and Contracts	Contract and Budget Approval																		

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
67	Assess HH practice current state: Standardized assessment approach will be developed and formalized to ensure effective current state assessment; NCQA PCMH recognition status will be identified and required support assessed for all HH practices ; Status o	Pending State Approval of Budget and Contracts	Contract and Budget Approval																		
68	Develop and implement HH Education Plan : Education plan will be developed, and implemented to maximize current PCMH Learning Community channels and resources; Distribute HH e-Newsletter outlining educational and QI resources and supports to HH practices	Pending State Approval of Budget and Contracts	Contract and Budget Approval																		

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
69	Collect HH practice Baseline measures on Core Expectations	Pending State Approval of Budget and Contracts	Contract and Budget Approval																		
70	Conduct initial QI outreach to all HH practices: HH Site visit content and logistical planning will be completed by QI team; Develop and communicate end-of-year quantitative and qualitative measures from baseline for HH practices, to ensure effective depl	Pending State Approval of Budget and Contracts	Hiring and Orientation of QI Specialists																		
71	Identify and orient QI coaching support for HH practices: All HH practices will be assessed for internal, external and gaps in QI coaching support; QI coaching support for all HH practices will be identified and oriented to requirements	Pending State Approval of Budget and Contracts	Availability of QI Coaches to be deployed to practices																		

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3
72	Conduct ongoing QI support to HH practices: QI specialists meet regularly with HH teams; support QI coaching action plans; and ensure notification, support and receipt of HH deliverables	Pending State Approval of Budget and Contracts	NCQA Status resolved; Practice Assessments; Educational Plan; Coaching Support																				
73	Conduct ongoing QI support to HH practices: Implement HH Year 2 screening and assessment activity with partners; develop plan to educate and implement new screening activities	Dependent upon final identification of HH screening tools and approach; Practice resources may constrain adoption of new workflows	Identification and endorsement of screening and assessment tools and approach																				

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
74	Implement HH Education plan: Based on HH assessments, Identify educational supports required to get HH practices to benchmark goals; Distribute HH e-Newsletter outlining educational and QI resources and supports to HH practices; Conduct at least one educa	Pending State Approval of Budget and Contracts	Data management infrastructure; Practice Assessments; Educational Plan; Coaching Support																		
75	Implement HH Education plan: Continue to track HH self-assessments and progress against baseline, developing education strategies to address gaps; Distribute HH e-Newsletter outlining educational and QI resources and supports to HH practices; Conduct Lear																				

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
78	Implement HH Education plan: Continue to track HH self-assessments and progress against baseline, developing education strategies to address gaps; Distribute HH e-Newsletter outlining educational and QI resources and supports to HH practices; Distribute H																				
79	Implement HH Education plan: Continue to track HH self-assessments and progress against baseline, developing education strategies to address gaps; Distribute HH e-Newsletter outlining educational and QI resources and supports to HH practices; Conduct mont																				

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
83	Implement HH Education Plan: Conduct LS 6 for HH Practices																			
84	Deploy transformation clinical, leadership and technical assistance to HH practices:Based on HH assessments, Identify TA support and deployment plan to get HH practices to benchmark goals; Deploy TA resources to HH practices based on readiness and need	Pending State Approval of Budget and Contracts																		
85	Ensure data management for HH transformation: Develop and implement data management procedures and processes over HH practice transformation; document and resolve issues; ensure data quality; track and prioritize changes																			

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
86	Support QI Coaching of HH practices: QI Coaches will receive routine forums, education, communication and support to ensure they are equipped to effectively work with HH practices to accomplish goals																				
87	Participate in SIM Governance Structure; Participate in SIM Evaluation Requirements; Report on HH Progress																				
88	Staff, Chair and Support SIM Service Delivery Reform Workgroup		Contract and Budget Approval; Identification of Workgroup membership and requirements; mapping of deliverables to workgroup																		
89	CDC																				
90	National Diabetes Prevention Program (NDPP):																				

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2																							
93	NDPP: Maine CDC, Diabetes Prevention and Control Program, will oversee the written agreements for NDPP delivery, data sharing, evaluation with MaineCare Contractors that are CDC-Recognized NDPP program Provider sites.		In order to qualify for billing the NDPP provider site but be a CDC-Recognized program and entered into a current written agreement with the Maine CDC, Diabetes Prevention and Control Program																																										
94	NDPP: Maine CDC will work with MaineCare to determine the amendments to statutes and or waivers that need to be submitted in order to support the implementation of the NDPP Lifestyle Intervention Program as a covered benefit for MaineCare beneficiaries w/		MaineCare researching NDPP in other State Medicaid programs to determine best options for deployment in Maine market.																																										

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
95	NDPP: will be able to fit in to the PCMH & ACO care delivery systems at part of Population Health Management. Will work with Maine QC on PCMH Pilot Enhancements.		Project aligns with the PCMH & ACO enhancements under SIM. This will allow public health measures related to population health management to be tracked and evaluated for the MaineCare population.																		
96	NDPP: algorithm, referral protocols are utilized to develop the IT systems for prediabetes/diabetes diagnosis, and appropriate referral protocols for people with disease or at high risk (aligns with national standards)		Maine CDC to provide guidance and support for prediabetes/diabetes EMR disease indicator protocols																		
97	Community Health Worker																				
98	Finalize contract with vendor for Project Manager	None Known																			

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
113	Detailed year 2 communication workplan is developed		Consensus on the proposed plan																	
114	Develop, finalize and run second campaign		Time needed to develop, finalization and release the campaign																	
115	Develop, finalize and run 3rd campaign		Time needed to develop, finalization and release the campaign																	
116	Evaluate the processes used in year two																			
117	Detailed year 3 communication workplan is developed		Consensus on the proposed plan																	
118	Develop, finalize and run 4th campaign		Time needed to develop, finalization and release the campaign																	
119	Run the second round of the 1st and 2nd campaigns		Consensus on changes that may need to be made																	
120	Detailed Year 4 communication plan is developed		Consensus on the proposed plan																	
121	Run the second round of the 3rd and 4th campaigns		Consensus on changes that may need to be made																	

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122	MaineCare Services																				
123	Design a data collection tool for coordination of Federal, state, and local initiatives																				
124	Test acceptance of data tool with primary SIM partners and core team.																				
125	Refine Coordination Eco Map tool based upon recommendations made by team and partners in SIM																				
126	Invite project managers from all federal, state, and local initiatives along with select members of the SIM core team and the partners to work through coordination strategies among all the initiatives and SIM.																				

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
127	Hold coordination meeting and using the coordination eco-map establish where the various programs overlap, where there is opportunity to gain efficiency, and where the SIM intersect lie.																				
128	Bring populated Coordination Eco Map to SIM delivery system workgroup and further develop coordination between federal, state, and local programs with the SIM program and develop action steps if necessary.																				

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129	Monitor progress on any identified action steps from delivery system workgroup meeting. Using the Coordination Eco map - continue monthly monitoring and progress reporting on action steps. Coordination activity becomes a standing agenda topic.																				
130	Using information gathered over the past 12 months and tracked in the Coordination Eco map, report the first year of coordination activity with any impact on the SIM or other initiatives resulting from these efforts.																				

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1				
131	Bring populated Coordination Eco Map to SIM system transformation system workgroup and further develop coordination between federal, state, and local programs with the SIM program and develop action steps if necessary.																								
132	Monitor progress on any identified action steps from delivery system workgroup meeting. Using the Coordination Eco map - continue monthly monitoring and progress reporting on action steps. Coordination activity becomes a standing agenda topic.																								

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137	Year 2 of testing the SIM Initiative - Invite project managers from all federal, state, and local initiatives along with select members of the SIM core team and the partners to work through coordination strategies among all the initiatives and SIM.																				
138	Hold coordination meeting and using the coordination eco-map establish where the various programs overlap, where there is opportunity to gain efficiency, and where the SIM intersect lie.																				

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161	Establish BAA and DUA with CMS to ensure availability of Medicare data	Delays in processing agreements																			
162	Establish BAA and DUA with Maine Department of Health and Human Services to ensure access to MaineCare data	Delays in processing agreements																			
163	Establish necessary BAA/DUAs with commercial payers to facilitate access to all commercial claims data																				
164	Maintain agreements with Maine Health Data Organization to ensure access to commercial claims data for all persons receiving care in Maine																				
165	Establish DUA with Dirigo Health Agency for CG-CAHPS data	Delays in processing agreements																			
166	Execute new Scope of Work between MHMC and data vendor, HDMS.	Delays in processing agreements																			

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
167	Obtain MaineCare claims data - transmission of data via secure FTP directly to HDMS	Transmission of data must be designated as a priority by MDHHS' data vendor, Molina																		
168	Obtain Medicare claims data - transmission of data via secure FTP directly to HDMS																			
169	Obtain commercial claims data base from Maine Health Data Organization	Timliness of availability of valid datasets from MHDO																		
170	Providers submit data to NCQA or BTE for selected metrics, or submit data directly to MHMCF	Providers fail to submit data																		
171	MHMCF obtains data from NCQA or BTE	Providers fail to submit data																		
172	Practices submit data fo NCQA or BTE for selected metrics, or submit data directly to MHMCS	Providers fail to submit data																		
173	MHMCF obtains data from NCQA or BTE	Providers fail to submit data																		

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	
178	MHMCf obtains survey data from CMS-CG-CAHPS re: overall patient experience of care; data analyzed by Onpoint																						
179	MHMCf obtains survey data from general CG-CAHPS survey sponsored by the Maine Quality Forum	MQF funding for this initiative runs through CY13; it is unclear how the initiative will be funded after that date																					
180	Data for recognition programs are updated monthly and public reporting is updated each calendar quarter																						
181	Data for this recognition program is updated quarterly and public reporting is updated each calendar quarter																						

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				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
182	Solicit participation for new PTE committee on Behavioral Health	Lack of interest among potential invitees																			
183	Secure professional consultative services from a Behavioral Health clinician	Failure to identify an appropriate consultant																			
184	Convene new Behavior Health PTE Committee																				
185	Selection of Performance Measures - candidate measures proposed by Committee members, staff (others?)	Lack of appropriate candidate measures																			
186	Candidate measures assessed against specification review criteria (importance, scientific acceptability, usability, feasibility, addresses gaps in performance)	Candidate measures fail to meet minimum acceptability criteria																			
187	Clinical review of candidate measures that satisfy specification review criteria	Failure to identify an appropriate consultant																			

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ID	Task Name	Known Risks	Dependency	2013				2014				2015				2016				2017			
				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3
196	Updating on a real time basis of the MHMC provider heirarchy. This includes tracking providers, their site(s) of practice, speciality, health plan affiliation(s), ACO affiliation, and so on.	Inability to appropriately track provider movements and affiliations in a timely manner																					
197	Secure professional consultative services from a Behavioral Health clinician	Timely approval of SIM contract with DHHS; failure to identify an appropriate consultant	All spending on the SIM initiative is contingent upon having an approved contract in place																				
198	Convene new Behavioral Health PTE Committee	Failure to identify interested individuals willing to participate																					

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ID	Task Name	Known Risks	Dependency	2013				2014				2015				2016				2017
				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
210	Surviving candidate measures to MHMCF Board for review; ensures purchaser buy in																			
211	Board-reviewed metrics to PTE Steering Committee for review and approval																			
212	PTE Steering Committee approved metrics to Board for final approval																			
213	Approved metrics incorporated into rankings and published																			
214	Candidate metrics failing to receive Board approval may be published to SIM website																			
215	Preparation and dissemination of practice reports																			
216	Construction, implementation of provider portals																			

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ID	Task Name	Known Risks	Dependency	2013				2014				2015				2016				2017
				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
222	Identification of candidate measures for benchmarking on cost of care and relative resource use for primary care practices, to be accomplished through the Health Care Cost, VBID and ACI Workgroups. Focus on identifying areas demonstrating high variation, t																			
223	Coordinate the work of Health Care Cost, Behavioral Health Care Cost, ACI and VBID groups with the CEO Summits, to inform decision makers of the opportunities for cost reduction and to engender consensus and commitment to agreed upon cost control strategi																			

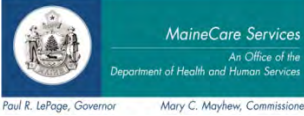
SIM Project Plan 07-19-2013.mpp

ID	Task Name	Known Risks	Dependency	2013				2014				2015				2016				2017
				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
224	Workgroups develop candidate interventions intended to impact cost of care																			
225	MHMC staff model and project PMPM impacts of candidate interventions																			
226	Workgroups prioritize interventions to focus total cost of care reduction																			
227	Aligned implementation of strategies by purchasers																			
228	Trend and benchmark performance of intervention strategies of population health care costs to monitor effect of trends over time																			

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ID	Task Name	Known Risks	Dependency	2013				2014				2015				2016				2017			
				Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3
233	Identify performance targets																						
234	Measure performance targets against actual experience																						
235	Workgroup to identify and establish NQF and CMS endorsed ACO performance measures for clinical quality, care delivery, patient experience and reduced costs																						
236	Assess any change in readmission rates; care management of high cost/high utilizing patients; e-visits; and pharmacy management																						
237	Track additional metrics adopted by workgroup and approved by MHMC Board.																						

E

	Name: Maine SIM Project Weekly Status Meeting Date: Time: Location:
Purpose of Meeting:	Weekly Workgroup Project status meeting
Note Taker:	
Attendees:	List attendees at weekly status meeting
----- AGENDA -----	
Overall Project Status: Green (on target), Yellow (areas of caution), Red (behind schedule)	
Goals for This Week: <ul style="list-style-type: none"> ▪ List Project Goals Here 	

Progress Against Goals for this week: <ul style="list-style-type: none"> ▪
Barriers to Progress: <ul style="list-style-type: none"> ▪
Goals for Next Week: <ul style="list-style-type: none"> •

Issues or Risks Identified this week (must be entered in issue and/or risk log and forwarded to Program Director: <ul style="list-style-type: none"> •
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Additional Project Information:

Project Name:
Project ID:

Issue Log Template

Issue ID	Issue	Issue Category	Issue Owner (Project Manager)	Status:	Creator (Originator)	Date created	Updated by (name)	Date last updated	Target resolution date	Priority	Issue Details (free form)	Impact Description (free form)	Primary Domain Impacted	Release / Program Impacted	Resolution	Resolution Results

Project Name:
Project ID:

Issue Log Template

Resolution Date

