Section F – Other Health Care Innovation Activity

This section includes other healthcare innovation activity as reported by the various partners currently involved in the SIM project as they relate to the larger goal of health care reform.

There are many efforts focused on health care reform under way in Maine that do not specifically fall under the SIM umbrella, but which are related to our efforts. While some are broad based, others are very narrowly focused – sometimes confined to a practice group – but still represent relevant work. For example, we have recently become aware of an initiative being undertaken by Athena Health, which has a large campus in Belfast, Maine, involving the company locating an office of a progressive primary care practice on its premises. This will not only make primary care easily accessible to employees, but is also intended to serve as a laboratory where Athena can test tech innovations it is working to develop, especially with regard to its EHR offerings.

One of the partners, The Maine Health Management Coalition is participating with NRHI and four other regional health collaboratives across the country on a RWJF-funded project called the Healthcare Regional Cost Measurement and Transparency Pilot. This project is focused on measuring and publicly reporting on total cost of care *in a standardized manner,* across five regions, so as to allow benchmarking for multi-payer, commercial health care costs. The project also aims to identify effective approaches to sharing cost information with stakeholders to facilitate identification of cost drivers and the development of strategies to reduce cost, as well as working with providers to assist them in using cost information in actionable and meaningful ways. The Coalition is serving as the technical lead on this project, building on the expertise developed around the TCI/RUI which we have been engaged in.

Many of the health systems around the state are engaged in innovative work, as well. MaineHealth's work around deepening their understanding of practice cost structure to facilitate their assessment and structuring of opportunities to take on risk-based capitation contracts is described elsewhere in this report. This type of effort represents the type of hard, on-the-ground, fundamental work required to allow providers to adapt to new payment models.

In the most recent legislative session ending in May 2014, the Maine Legislature enacted LD 1760 (PL2014 c. 515), which included statutory changes that are intended to enhance health care price transparency. Beginning August 1st, Maine hospitals and surgi-centers must provide an estimate of the total price of services or procedures planned to be rendered to that individual by that health care provider, when a request for that information is made. The Legislature also enacted (on a veto override) LD 1642 (PL 2014 c.560), which requires health care practitioners to have available to patients the prices of that entity's most frequently

provided health care services and procedures; this includes services and procedures that were provided by the entity at least 50 times during the previous calendar year. Providers are also required to tell patients about the availability of this information and prominently display the information.

Several of the Maine SIM partners are also involved with the AF4Q initiative, which is led by Maine Quality Counts, and which is funded by RWJF. Working with key stakeholders, this initiative aims to improve health and health care by aligning forces across the state working to promote quality. This includes work around performance measurement and public reporting of quality data; building quality improvement into practice in a sustainable manner; engaging consumers to become more active participants in their own care; and reforming the ways in which we pay for care.

The Choosing Wisely Initiative has been established statewide with 4 primary care practices involved: Oxford Family Practice, Penobscot Community Health Center, PenBay Medical Center and Winthrop Family Medicine.

SAMHSA grants to Community Health and Counseling Services in Bangor regarding integrated on-site primary care in the mental health setting. Maine Health Access Foundation grants to four nonprofit community mental health organizations to improve how basic primary care services are provided for people experiencing serious mental illness. The MeHAF grants are part of the foundation's long-term commitment to improve the coordination of primary care services with behavioral health services, medical specialty care, and oral health.

In Piscataquis County, the Charlotte White Center in Dover-Foxcroft is working on a project that will link adults with serious mental illness and children with serious mental disturbance with many primary care providers in the area. Physical health screenings, coordinated referrals and follow up, care coordination, wellness, and self-management activities will be conducted.

In Kennebec and Somerset Counties through MaineGeneral Community Care and Mid Maine Behavioral Health, have established four community mental health and substance abuse treatment organizations will implement two models of Behavioral Health Home in Kennebec and Somerset Counties using common protocols, system support tools, and regional coordination. The four organizations are Crisis & Counseling Centers, Kennebec Behavioral Health, Motivational Services and MaineGeneral. They are working with Kennebec Regional Health Alliance, Redington Fairview Healthcare and a network of primary care practices.

For Cumberland County, The Opportunity Alliance in Portland had developed a BHH in Portland that will meet the primary care, behavioral health, and community living needs of those living with severe and persistent mental illness and other chronic health conditions. Services include comprehensive care management, care coordination through individualized treatment plans,

health promotion, transitional care, individual and family support, referral to community and social support services, nurse education, primary care, and a full continuum of behavioral health services.

Finally, in Androscoggin County, Tri-County Mental Health Services located in Lewiston, has developed a team-based approach will be used to coordinate and integrate services for people with severe and persistent mental illness by incorporating services of a Nurse Practitioner into the Bartlett Street Community Mental Health Center in Lewiston and by integrating care with area primary care providers and community supports. The project will promote wellness and a whole-health approach. In year two, TCMHS will launch a Behavioral Health Home for children and eventually expand to five offices in four counties.

The State of Maine, through Maine Quality Counts continues to participate in the MAPCP Demonstration (PCMH Medical Home Pilot).

HealthInfoNet continues to support HIT education to the primary care health reform "base" in the state of Maine by partnering with Maine Quality Counts. In June, HIN leveraged MQC's first "all Health Homes" learning collaborative to provide education related to health information exchange and how HIN's HIE Clinical Portal services can be used to support their larger population health reform efforts.

HIN is currently working with the Maine Veterans Administration hospital and nine primary care sites to connect them to the statewide health information exchange. This will close a care coordination gap for approximately 12% of the population of Maine, between VA and non-VA providers of care in Maine. We received feedback from Health Homes' practices that their lack of access to Veteran's medical information is a concern. We are hopeful to address this concern in this project.

Under DP13-1305 U.S. CDC funding opportunity the Maine CDC Diabetes Prevention and Control Program (DPCP) has begun work within health care settings to facilitate the adoption of pre-diabetes/diabetes treatment and referral algorithms. This will be implemented following policy/protocol changes in practices so that providers are doing early identification of high risk and/or pre-diabetes in patient populations; then using NDPP as the evidence based/first line approach for patients who present with these risks or diagnosis. These changes in practice settings will be complimentary to the VBID/ACO efforts under SIM/NDPP, and will facilitate demand for more CDC-Recognized NDPP provider sites and trained NDPP Lifestyle Coaches.

The CHW Initiative has aligned with both national and regional efforts that are focused on CHWs not only as a means to supporting the Triple AIM but also in supporting ACA's outreach and enrollment activities and capacity building at a systems level. For the Maine CHW Initiative this has included participating in OMH's Regional Health Equity Council (Region 1), and co-

chairing its CHW Subcommittee. In addition, the project director also participates on the New England CHW Coalition which has a significant focus on shared learning amongst CHWs across the region and in particular those involved with ACA outreach and enrollment activities to racial and ethnic minorities.