**MAINE HEALTH CARE INNOVATION MODEL: DRIVERS FOR SUSTAINABLE REFORM**

| **ACTIONS** | | |  | **SECONDARY DRIVERS** |  | **PRIMARY DRIVERS** |  | **TRIPLE AIM GOALS** |
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| **Workforce Development**  (Training and Technical Assistance to Improve Competencies and to Implement Emerging Best Practices) |  | * Leadership Training * ACO Peer-to-Peer Support/Learning Collaborative * Community Health Worker Pilot * Primary Care Learning Collaboratives * Training for Primary Care Providers in Behavioral Health (ASD, DD) * Training for Behavioral Health Providers in Physical Health * Shared decision making/Patient decision aids training (roll out to begin with PCMH/HHs) * Diabetes Prevention |  | **SERVICE DELIVERY REFORM**  **PAYMENT REFORM**  **REFORMED HEALTH CARE EXPERIENCES**   * **VBID: CONSUMER PORTION OF PAYMENT REFORM** * **PCMH HH (PMPM COST FEES)** * **IMPLEMENTED ACOS/ACCOUNTABLE COMMUNITIES** * **PATIENT ENGAGEMENT** * **DATA** * **PCMH/HH MODEL** * **INTEGRATION OF BEHAVIORAL AND PHYSICAL HEALTH** * **PATIENT ENGAGEMENT** * **COORDINATION WITH PUBLIC HEALTH AND SOCIAL SERVICES** * **DATA-INFORMED POLICY, PRACTICE, AND PAYMENT DECISIONS** * **INTEGRATED, COMMUNITY BASED CARE MANAGEMENT** * **EDUCATED HEALTH CARE CONSUMERS** |  |  |  |  |
|  | Maine will transform health care to achieve the “Triple Aim” of improvement: advance population  health,  improve the experience of care, and reduce health care costs |
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| **Social and Financial Incentives**  (Motivations for Change in Provider, Patient, System Behavior) |  | Educate/Engage Public on Reform Efforts   * Transparency through Reporting of Outcomes/Cost * Engagement: Employers and Payers, Consumers   + broaden MHMC Employee Activation Group and other consumer education initiatives   + Focus on MaineCare Population |  |  |  |
|  | Expand Payment Mechanisms   * Link Payment to Cost and Quality Outcomes * Enhanced payment for Health Home providers * ACO/Accountable Communities (Public) * Formation of Private Pay/Multi-payer ACOs * VBID (Value Based Insurance Design) * Alignment of State Level Policy Levers to Address sustainability * Cost Savings Study (Evaluation) |  |  |  |
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| **System Processes**  (Shared Values, Alignment, Leveraging) |  | Align Priorities   * Coordination of Public and Private Insurance Payers through common measures and payment strategies * Focus on Long Term Care (Medicaid Population) * Mindfulness of Underserved and Special Populations * Address Chronic Conditions/High Cost Procedures   + Focus on: Care Transitions, ED Use, Avoidable Readmissions   + Implement shared decision making tools (for certain populations or conditions?)   + Examine Specialist Cost categories * Identify/address Barriers to integration of BH and Primary Care (incl. information exchange processes and competencies) * Maximize Allied Health Workforce (use of community resources) in support of health promotion   + Ambulatory providers for homebound, at-risk-of-ED-use patients |  |  |  |  |
|  | Leverage Existing Work (not complete list)   * Balancing Incentives (OADS) * Health Care Cost Workgroup (adding BH subgroup) * ACI Workgroup * PCMH/HH Infrastructure (CCTs) * HMC Employee Activation Group and other consumer education initiatives |  |  |  |
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| **Meaningful Data**  (Driving Decisions for Policy, Practice, and Payment) |  | Use Data for Practice Decisions   * Primary Care Access to clinical data (HIE) and claims data (MCHC) * Community Care Team/Care Manager Access to HIN (admission, discharge, and ED notifications) for high risk patients * Statewide HIE access by ambulatory providers and PCMH * Blue Button Pilot for Patient Engagement * Practice Reports |  |  |  |  |
|  | Use Data for Policy Decisions   * Public Reporting of Cost, Care Quality, Health Outcomes (incl. Patient Experience of Care (CG-CAHPS) * HIN Clinical Dashboard for MaineCare on population health, utilization and clinical outcomes for Medicaid patients |  |  |  |
|  | Monitor Project Progress   * Public Private Governance Body * Evaluation of Model Test and Cost Savings * Common process and outcome measures across providers |  |  |  |