**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**
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|  | Maine will transform health care to achieve the “Triple Aim” of improvement: advance populationhealth, 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
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|  | 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
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|  | 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
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|  | 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
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|  | Monitor Project Progress* Public Private Governance Body
* Evaluation of Model Test and Cost Savings
* Common process and outcome measures across providers
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