**The Maine State Innovation Model Subcommittees**

**General Information and Program Requirements**

The Maine State Innovation Model Subcommittees are a critical piece of the SIM Governance structure, as illustrated below:

***General Subcommittee Accountabilities***

1. Inform, advise, and recommend how work from each State Innovation Model partner aligned to sub-committee should proceed
2. Inform and advise on the approach to achieve the deliverables associated with each subcommittee’s scope and bring updates to the Steering Committee, as appropriate
3. Identify and escalate sub-committee risks and issues to the Steering Committee through the Sub-Committee chair

***General Accountabilities of Subcommittee Chairs***

1. Manage the collaboration required between subcommittee members and entities who are executing the SIM deliverables, to ensure achievement of sub-committee objectives
2. Leverage insights from subcommittee membership in delivery approach to maximize solution effectiveness
3. Manage and facilitate the work of the subcommittee, which includes but is not limited to, ensuring collaboration and coordination of all work identified in sub-committee scope, tracking dependencies, escalating issues and risks, and reporting progress through SIM Governance structure.
4. Ensure effective meetings and engagement of subcommittee members, with goal of retaining full membership in subcommittee through course of SIM award.
5. Manage overall composition of subcommittee, ensuring composition requirements are maintained.
6. The Chair shall add additional *ad hoc* members at his/her discretion. If a new, permanent appointment is desired, the chair will bring it to the Steering Committee.
7. The Chair will maintain an interested parties list. Interested parties will receive electronic notices of all meetings and electronic copies of all mailings. Interested parties with specific expertise in a subject germane to the work of the subcommittee may, from time to time, be asked to serve as an *ad hoc* member of the subcommittee.

***Identification of Subcommittee Members***

* Maine SIM Steering Committee will validate and accept key stakeholders for each subcommittee (“Core Members”) representing critical constituencies needed to advise on each subcommittee topic area
* Core subcommittee members shall be appointed and asked to serve for the full period of the State Innovation Model award.
* Subcommittee Core Members are asked to assume a critical role, with attendance and full engagement expected at all subcommittee meetings
* Core Members shall not serve on multiple committees (e.g. Steering Committee and Subcommittee) unless resource limitations, knowledge requirements, or cross committee representation necessitates this representation
* Other interested parties may join subcommittees as “*ad-hoc*” members, and are invited to attend, but their presence is not required for all subcommittee meetings and activities and their attendance will be managed by the Chair

***General Accountabilities of Subcommittee Members***

1. Serve as a liaison to State programs, committees, and organizations to ensure proactive communication of SIM initiatives.
2. Provide expertise and input on SIM activities as appropriate.
3. Engage fully in subcommittee meetings and activities, as identified by the chair

***SIM Subcommittee Program Requirements, managed by Subcommittee*** ***Chair***

* Develop and manage subcommittee work scope, timeframes, dependencies, issues and risks.  Subcommittee reports must be provided to the Program Director as required to support the management of the overall integrated SIM plan
* Identify and create awareness of dependencies and cross subcommittee collaboration needs; support the same as identified by other subcommittees
* Maintain an issue and risk log and provide to Program Director as required, which will roll up to an overall SIM issue and risk log
* Escalate appropriate issues and risks identified in risk/issue logs to the Steering Committee through the Program Director. Each risk/issue must have the following attributes:
	+ A clear definition of the risk/issue
	+ Defined options to address and resolve the risk/issue, including pros/cons associated with each
	+ A recommended option
* Prepare and provide subcommittee status report to the Program Director on a monthly basis
* Facilitate subcommittee meetings on a monthly basis, at minimum, documenting meeting outcomes and providing record to SIM Program Director as required
* Meet with SIM Program Director as required to ensure subcommittee coordination

**Subcommittee Charge and Member Composition Requirements**

The three sub-committees are organized to support work that will test the Maine Innovation Model Hypothesis:

*By providing a cohesive, streamlined framework for health care reform and innovation that includes fostering engaged consumers and communities, transforming delivery systems to support accountable and integrated patient-centered primary care, and aligning public and private payment, accountability, quality and data infrastructure, Maine will realize improved quality of care and service while positively impacting health outcomes, population health and cost.*

**Payment Reform**

*Chaired and Managed by the Maine Health Management Coalition*

***Subcommittee Charge:***  The SIM Subcommittee on Payment Reform will provide guidance and oversight to those aspects of Maine’s State Innovation Model project that support the development and alignment of new payment models; the subcommittee will also assist in ensuring the coordination of the range of SIM-sponsored efforts that impact payment reform. Specifically, the Payment Reform subcommittee will help guide the SIM work related to value based insurance design; work around the identification and reporting of total cost of care, including behavioral health care; an Accountable Care Organization learning collaborative facilitated by the Maine Health Management Coalition; and the development and implementation of alternative, innovative payment models. The subcommittee will develop consensus on core measures sets for ACO performance and will assist in guiding the claims based analytics and performance measures used for public and provider reporting, including payment reform.  This subcommittee will also be concerned with efforts to educate and engage the public around issues related to payment reform in Maine.

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| Government | Provider/Payer | Community |
| Office of Maine Care Services\* | Hospital Reps (3)\* to be nominated by the Maine Hospital Association. Two members are to represent hospitals that are members of two different Systems. The third member is to represent a hospital that is not part of a local, Maine-based System. | Purchasers (3)\* (must include Maine Health Management Coalition and non-MHMC members)  |
| Center for Disease Control | Primary Care and /Specialty practice representation\* (2) | Maine Quality Counts Representative |
| Bureau Of Insurance | Behavioral Health representative\* | Consumer/Advocacy\* (2) |
| Governor’s Office | Long Term Care Provider\* to be nominated by the Maine Health Care Association | Health Info Net Representative\* |
| Legislators | Health Plan Representation (invite all plans (5) )\* |  |
| Medicare/Center for Medicare Services |  |  |
| Quality Improvement Organization |  |  |

\*Core Members

**Delivery System Reform**

*Chaired and Managed by Maine Quality Counts*

***Subcommittee Charge:***  The Maine SIM Delivery System Reform Subcommittee advises on SIM activities related to the scope of delivery system improvements, ensuring that the SIM governance structure is informed on best practices and approaches to accomplish the SIM mission and vision, and identify key dependencies from the SIM Subcommittees for Payment Reform and Data and Analytics Infrastructure. The SIM Delivery System Reform Subcommittee will ensure the coordination and comprehensiveness of key system delivery reform deliverables including, but not limited to, the Learning Collaboratives for Primary Care and Behavioral Health, initiatives for Workforce Development, and supportive services provided through public health and community entities,  in order to  accomplish the strategic objective to “*support accountable and integrated patient-centered primary care in order to realize improved quality of care and service while positively impacting health outcomes, population health and cost.”*

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| Government | Provider/Payer | Community |
| Office of Mainecare Services\* | Hospital System Representatives\* | Purchasers\* (must include Maine Health Management Coalition and non-MHMC members) |
| Center for Disease Control\* | Primary Care and Specialty Practice Representation \* | Health Info Net |
| Substance Abuse and Mental Health Services\* | Behavioral Health Representation\* | Consumer/Advocacy\* |
| Office of Aging and Disability Services\* | Long Term Care Representation\* | Maine Health Access Foundation (MeHAF)  |
| Office of Children and Family Services\* | Health Plan Representation\* |  |
| Legislators | Developmental Disability Provider\* |  |
| Maine Quality Forum |  |  |
| Office of Continuous Quality Improvement |  |  |

\*Core Members

**Data Infrastructure**

*Chaired and Managed by HealthInfoNet*

***Sub-Committee Charge:***  The SIM Data Infrastructure Subcommittee will advise key projects and objectives within the scope of SIM towards improving data infrastructure systems and technology across the state of Maine. Specifically, advising on technical capabilities related but not limited to data infrastructure investments, use of national data standards and clinical and administrative data availability and interoperability. The Subcommittee will advise the SIM partners and the Steering Committee on areas of alignment of SIM data and analytics infrastructure activities with other public and private projects underway across the State.

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| Government | Provider/Payer | Community |
| Office of MaineCare Services\* | Health System Representation(2)\* | Maine Health Management Coalition\* |
| Center for Disease Control\* | Primary Care Practices\* | Purchaser |
| Substance Abuse and Mental Health Services\* | Behavioral Health\* | Maine Quality Counts\* |
| Office of the State Coordinator\* | Health System Representation | Consumer/Advocacy (from HealthInfoNet’s consumer advisory committee)\* |
| Office of Continuous Quality Improvement | Long Term Care | Maine HealthCare Association\*  |
| Maine Health Data Organization |  |   |

\*Core Members