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|  | C:\Users\Lisa Tuttle\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\PRDJM42I\QC logo.jpg | **SIM Delivery System Reform Subcommittee Report to Steering Committee****Date: 12/9/13** |

**Chair and Staff: Lisa Tuttle, MPH; Lise Tancrede**

*Subcommittee documents available at***:** <http://www.mainequalitycounts.org/page/2-961/system-delivery-reform-subcommittee>

Delivery System Reform Subcommittee Status Summary:

The DSR Subcommittee established a recurring meeting schedule of the first Wednesday of each month from 10am – noon. The Subcommittee met on the following dates:

October 31, 2013

November 6, 2013, and

December 4, 2013

The October meeting followed the SIM Annual Meeting and primarily focused on introduction of members, discussion of subcommittee charge and structure, and responsibilities in the larger SIM Governance Structure. The November meeting focused primarily on meeting structure and process, reviewed a drafted Subcommittee charter, explored role types and responsibilities and began to review the Subcommittee scope and projected timeline. The December meeting began to explore key content areas and initiatives under the Subcommittee scope, including the model of enhanced primary care advanced through the Maine Patient Centered Medical Home Pilot, the MaineCare Health Homes initiative and Learning Collaborative, the Community Care Team model and the Community Health Worker Pilot Initiative.

Future meetings will package both education on critical content areas as well as actions on initiatives under the DSR Subcommittee scope. The January meeting will occur a week off-schedule due to the New Year holiday, on January 8, 2014 and will include a focus on the MaineCare Behavioral Health Home initiative and Learning Collaborative. The February meeting will include a focus on the Maine CDC’s National Diabetes Prevention Program as well as other content.

Following are the key Risks and Dependencies tracked in the DSR Subcommittee meetings to date:

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| **Delivery System Reform Subcommittee Risks Tracking** |
| **Date** | **Risk Definition** | **Mitigation Options** | **Pros/Cons** | **Assigned To** |
| 12/4/13 | Continuation of enhanced primary care payment to support the PCMH/HH/CCT model is critical to sustaining the transformation in the delivery system | 1) State support for continuation of enhanced payment model |  | **Recommended: Steering Committee** |
| 12/4/13 | Understanding the difference between the Community Care Team, Community Health Worker, Care Manager and Case Manager models is critical to ensure effective funding, implementation and sustainability of these models in the delivery system | 1) Ensure collaborative work with the initiatives to clarify the different in the models and how they can be used in conjunction; possibly encourage a CHW pilot in conjunction with a Community Care Team in order to test the interaction |  | **HH Learning Collaborative; Behavioral Health Home Learning Collaborative; Community Health Worker Initiative** |
| 12/4/13 | Tracking of short and long term results from the enhanced primary care models is critical to ensure that stakeholders are aware of the value being derived from the models to the Delivery System, Employers, Payers and Government | 1) Work with existing evaluation teams from the PCMH Pilot and HH Model, as well as SIM evaluation to ensure that short term benefits and results are tracked in a timely way and communicated to stakeholders |  | **HH Learning Collaborative; Muskie; SIM Evaluation Team** |
| 12/4/13 | Gap in connection of primary care (including PCMH and HH practices) to the Health Information Exchange and the associated functions (e.g. notification and alerting) will limit capability of primary care to attain efficiencies in accordance with the SIM mission/vision and DSR Subcommittee Charge. |  |  | **Data Infrastructure Subcommittee** |
| 11/6/13 | Confusion in language of the Charge:  that Subcommittee members may not have sufficient authority to influence the SIM Initiatives, in part because of their advisory role, and in part because of the reality that some of the Initiatives are already in the Implementation stage. Given the substantial expertise and skill among our collective members and the intensity of time required to participate in SIM, addressing this concern is critical to sustain engagement.  | 1) clarify with the Governance Structure the actual ability of the Subcommittees to influence SIM initiatives, 2) define the tracking and feedback mechanisms for their recommendations (for example, what are the results of their recommendations, and how are they documented and responded to), and 3) to structure my agendas and working sessions to be explicit about the stage of each initiative and what expected actions the Subcommittee has. | **Pros: mitigation steps will improve meeting process and clarify expected actions for members;****Cons: mitigation may not be sufficient for all members to feel appropriately empowered based on their expectations** | **SIM Project Management** |
| 11/6/13 | Concerns that ability of the Subcommittee to influence authentic consumer engagement of initiatives under SIM is limited.  A specific example was a complaint that the Behavioral Health Home RFA development process did not authentically engage consumers in the design of the BHH.  What can be done from the Subcommittee perspective and the larger SIM governance structure to ensure that consumers are adequately involved going forward, and in other initiatives under SIM – even if those are beyond the control (as this one is) of the Subcommittee’s scope. | 1) ensure that in our review of SIM Initiatives on the Delivery System Reform Subcommittee, we include a focused criteria/framework consideration of authentic consumer engagement, and document any recommendations that result; 2) to bring the concerns to the Governance Structure to be addressed and responded to, and 3) to appropriately track and close the results of the recommendations and what was done with them. | **Pros: mitigation steps will improve meeting process and clarify results of subcommittee actions;** **Cons: mitigation may not sufficiently address consumer engagement concerns across SIM initiatives** | **SIM Project Management** |
| 10/31/13 | Large size of the group and potential Ad Hoc and Interested Parties may complicate meeting process and make the Subcommittee deliberations unmanagable | 1) Create a process to identify Core and Ad Hoc consensus voting members clearly for each meeting | **Pros: will focus and support meeting process****Cons: may inadvertently limit engagement of Interested parties** | **Subcommittee Chair** |

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| **Dependencies Tracking** |
| **Payment Reform** | **Data Infrastructure** |
| Critical to ensure that the enhanced primary care payment is continued through the duration of SIM in order to sustain transformation in primary care and delivery system | Gap in connection of primary care (including PCMH and HH practices) to the Health Information Exchange and the associated functions (e.g. notification and alerting) will limit capability of primary care to attain efficiencies in accordance with the SIM mission/vision and DSR Subcommittee Charge. |
| Payment models and structure of reimbursement for Community Health Worker Pilots |  |