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|  | **SIM Steering Committee**  **Wednesday, August 28, 2013**  **10:00 a.m. – 12:00 p.m.**  **State House, Room 228**  **Augusta** |

**Attendance:**

Noah Nesin, MD

Kristine Ossenfort, Anthem

Rebecca Ryder, Franklin Memorial Hospital

Penny Townsend, Wellness Manager, Cianbro

Deb Wigand, DHHS – Maine CDC

Jay Yoe, PhD, DHHS – Continuous Quality Improvement

Randy Chenard, SIM Program Director

Eric Cioppa, Superintendent, Bureau of Insurance

Michael DeLorenzo, Interim CEO, MHMC

Dr. Kevin Flanigan, Medical Director, DHHS

Dale Hamilton, Executive Director, Community Health and Counseling Services, via phone

Frances Jensen, MD, CMMI, Project Officer, via phone

Lisa Letourneau, MD, Maine Quality Counts, via phone

Stefanie Nadeau, Director, OMS/DHHS

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

Lynn Duby, CEO, Crisis and Counseling Centers

Rhonda Selvin, APRN

Michelle Probert, Office of MaineCare Services

Rose Strout

**Absent:**

Representative Richard Malaby

Shaun Alfreds, COO, HIN

Jack Comart, Maine Equal Justice Partners

Katie Fullam Harris, VP, Gov. and Emp. Relations, MaineHealth

**All meeting documents available at:** [**http://www.maine.gov/dhhs/oms/sim/steering/index.shtml**](http://www.maine.gov/dhhs/oms/sim/steering/index.shtml)

| **Agenda** | **Discussion/Decisions** | **Next Steps** |
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| **Welcome** | Dr. Flanigan welcomed members with a reminder regarding Microphone use and handouts that are updated from the version available the previous evening.  Randy shared that Maine Quality Counts held an informational session about SIM that is recorded and available for folks to hear from the website. Or email Lisa Tuttle directly. The presentation elicited excitement from the session participants. |  |
| **Accept Steering Committee Minutes** | Postponed. Minutes from the 7-29 and 8-28 minutes will be available for review prior to the next meeting. |  |
| **Operational Plan Comment/Discussion** | Dr. Flanigan reviewed the Operations Plan process and expected timeline for approval from CMS. Any comments can be submitted to Randy Chenard directly. | Updated Operational Plan will be posted at the SIM webpage. |
| **CMMI Operational Plan review timeframe update** | CMMI will be reviewing the document with three concurrent tracks: CMMI, federal partners, and a third party reviewer doing formal review (NORC). As edits and comments come in they will be shared with Maine regularly. Final review comments are planned to happen in advance of the October 1 Testing Start Date. |  |
| **Review Draft Sub-Committee Materials** | Dr. Flanigan provided context for the sub-committee and Steering Committee roles and functions. He emphasized the overlap among the sub-committee  Consensus process for all seats, which are appointed. Each of the sub-committees is chaired by an organization with a seat on the Steering Committee; however, the chair role is held by a non-Steering Committee representative: Katie S: Data Infrastructure; Frank J: Payment Reform; Lisa T: Delivery System Reform.  Randy reviewed the handouts provided:   * Maine State Innovation Model Sub-Committee Sourcing Process * Maine SIM Sub-Committee General Information and Program Requirements * SIM Sub-Committees – High Level Scope Grid   Sourcing Process includes a timeline to complete the process of understanding the charge of each sub-committee, identifying the members, and commencing sub-committee meetings. Names will be provided to the Steering Committee prior to the next SC meeting (on Sept 11) for approval to send letters of invitation to serve on the sub-committee.  Process Questions posed: will individuals be asked about their levels of interest? How will a balance be achieved of member selection and related expertise? What happens if identified persons cannot make the commitment to the sub-committee?  Answer: Acknowledge that there is a delicate balance to this process; clearly, gauging interest up front is needed. Dr. Flanigan noted that the Commissioner will be appointing representation but the Steering committee has the opportunity to approve or question the list of appointments (as a whole).  The sub-committee membership was constructed with a list of “core” members that are necessary on an ongoing basis to achieve the balance of expertise and constituency representation, but there is room for those with specific information to participate on an ad hoc basis.  SC recommendations:   * Include people with boots on the ground information, not those who might be removed from the operational or every day challenges. Acknowledged that the iterative process needs to balance expertise in a specialty and understanding of a topic, but may include CEOs who are champions for change. * Identify non-traditional partners and assure a diversity of perspectives and practical expertise. Note that QC has been reaching out to its networks for the member seats. * Include Long Term care under Core designation in Delivery System Reform Sub-Committee(s).   Comment was made that the “core” and “non-Core” designation of members might feel pejorative.  Randy directed the Steering Committee to the document handouts. | Will update the Sub-Committee listing to include Long Term Care as a core Delivery System reform sub-committee. |
| **Review of Subcommittee Documents: GENERAL INFORMATION** | **General Information**   * Context for governance structure and the relationships among the committees and teams. * Sub-Committee and Sub-Committee Chair Accountabilities * Identification and Accountabilities of Members   + Includes validation by SC of the members   + Core vs. Non-Core designation (perhaps use “ad hoc” members rather than “non-core”) * Program Requirements of the Sub-Committee   *Comments:*  *What will the feedback to the SC look like? Will there be a common format for bringing up issues?*  *There has been discussion about a standard status report template to reflect goals, accomplishments were and expectations moving forward (which is the same format we use for reporting to CMMI).*  **Sub-Committee Charge and Member Composition**   * This language reflects the activities and groups from the driver diagrams in the Operations Plan. Clearly, there is work that is the responsibility of one partner is also under the purview of other sub-committees. * Roster: 27 members listed, 18 of which are “core” (denoted with an asterisk (\*) in the text). The table includes three columns: Government, Provider/Payer, and Community   **Payment Reform**   1. “Hospital representatives” should say: “Hospitals”, not Hospital Systems. These members will be nominated by the types of hospitals. 2. LT care to be nominated by Maine Health Care association 3. Health Plan representatives to be identified by each   *Comments:*   * *Need primary care representation in all of the three committees. Crucial to have physician as well as nurse practitioner.* * *What about self-insurer representative?*   **Delivery System Reform**   1. Still have work to do as an organization about the flow of deliverables among the sub-committees (need cross fertilization) 2. Proposed membership is very similar to the Payment Reform sub-committees. This provides an opportunity to accomplish the reach to get the right pockets of expertise.   *Comments:*   * *Are there numbers associated with the categories? (14 or so stakeholder slots)* * *Should those who are expected to participate ongoing be considered “ad hoc” really? (Lisa Letourneau: The challenge is the real-time participation commitment from primary care.)* * *How do we assure integrative care (not just primary care)? How to assure inclusion of specialty areas (esp. when it comes to the purchase of specialized EHRs that don’t have an opportunity to connect with other services)?*   **Data Infrastructure**   1. Partners have had lots of conversation around the scope of each sub-committee, esp. data, which is informing and supporting the work of the other sub-committees and workgroups. 2. This group is focused on technology and infrastructure, which will need guidance and input from the systems administrators and the primary care providers. Sub-Committee should be a unique forum for experts from accountable care as well as providers who are actually entering the data into the EHRs, e.g., RN, physician, ACO level familiar with quality and practice; specialty provider with unique data challenges.   SC Comment: Goes back to the Communication Plan concern to assure communication of the metrics and strategies. This is a shared concern among the sub-committee chairs, but that is why they are sitting on each other’s sub-committees.  Communications consistency issue: task of educating and renting the members to the larger SIM effort and then to the specific and complex work of the sub-committees. The partners are thinking about a shared orientation process.  The identified risk is to assure that data requirements from the ACA and how that burden might affect the interventions that this project is proposing.  SC Comment: Still question the number of primary care representatives on the Sub-committees.  Need to change Office of Special Counsel to Office of State Coordinator in the Data Infrastructure Committee.  Positive feedback about the opportunities this grant represents. | Add language that includes the addition of members on an “as needed” basis. Should review the workgroups to note alignment of membership there as well.  Dr. Flanigan summarized the discussion:   * Agree with the lists provided and will assure that Long term care included in all three groups. * Ad hoc members can be added for periods of time at the discretion of the chairs; if permanency is desired, the chair will bring it to the SC. * Need significant engagement of the boots on the ground level personnel. |
| **Review of Subcommittee Documents: HIGH LEVEL SCOPE GRID** | **High Level Scope Grid**   * Shows the connections among the Sub-Committees to support each of the primary drivers. * Note the interrelationships among data and quality and practice. Each of the sub-committees must remain in step. |  |
| **Public Input** | None |  |
| **Next Meeting** | The next meeting of the Steering Committee is scheduled for September 11, 10:00 am. – 12:00 p.m., Room 228, State House (Capitol Bldg.), Appropriations’ Committee room. Audio Link is:  <http://www.maine.gov/legis/ofpr/appropriations_committee/audio/> | Meeting reminder and materials will be sent and posted (if available) by Denise prior to the meeting. |