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|  | **SIM Steering Committee****Wednesday, September 11, 2013****10:00 a.m. – 1:00 p.m.****State House, Room 228****Augusta** |

**Attendance:**

Kristine Ossenfort, Anthem

Shaun Alfreds, COO, HIN

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

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

Lisa Letourneau, MD, Maine Quality Counts

Lynn Duby, CEO, Crisis and Counseling Centers

Rhonda Selvin, APRN

Rose Strout

Jack Comart, Maine Equal Justice Partners

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

**Absent:**

Representative Richard Malaby

Noah Nesin, MD

Stefanie Nadeau, Director, OMS/DHHS

Sara Sylvester, Administrator, Genesis Healthcare Oak Grove Center

**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. |  |
| **Discuss and Accept Minutes from 7/29, 8/14, and 8/28** | Corrected minutes were distributed and accepted for 7/29/13. 8/14/13 and 8/28/13 minutes were accepted with change noting that Kristine Ossenfort was present in person (not via phone). |  |
| **CMMI Operational Plan Feedback** | Dr. Flanigan reviewed the agenda. The “CMMI Operational Plan Feedback” item will be discussed first as Fran Jensen, CMS, would not be available to participate in the entire meeting.Fran noted how much CMMI appreciates all Maine’s hard work and wished to say “Thank you” to everyone involved in the process. She confirmed that CMS will continue to work with Maine as much as possible to insure this initiative is successful.Maine’s Operational Plan has been thoroughly reviewed by CMS, their contracted technical assistance agency, and the CMS’ partner agencies. Areas needing additional clarification and target goals have been identified and the information requested is due by October 1, 2013. The Maine SIM Core group will be participating via conference call with CMS, their contracting expert, and CMS’s partner agencies; to conduct a step-by-step discussion regarding the details and format needed for Maine to complete the operational plan insuring understandability. Fran reassured members that this is doable and reaffirmed that CMS will be available to work with Maine. |  |
| **Sub-Committee Updates*** **Membership**
* **Interested Parties**

**Sub-Committee Updates Cont.*** **Membership**
* **Interested Parties**
 | Next Dr. Flanigan provided a summary of the previous meetings discussions regarding work group membership, subcommittee members and interested parties lists:Four identified groups/committees are:1. Payment Reform – Frank Johnson, MHMC, Chair
2. Data Infrastructure – Katie Sandze, HealthInfoNet, Chair
3. Delivery System Reform – Lisa Tuttle, Maine Quality Counts, Chair
4. Evaluation Ad-hoc Committee – Jay Yoe, Continuous Quality Improvement, DHHS, Chair

The Steering Committee will play a role in approving the list of “core” seats on the Payment Reform, Data Infrastructure and Delivery System Reform subcommittees. Steering Committee will approve the slate of members only pulling out names needing further discussion. Options after discussion would be to agree to appoint, or return for new name. Ad hoc members, based on expertize or interest will be appointed by the chair of the subcommittee for a specific period of time based on their interest, knowledge and expertise. Chairs will provide a list of ad hoc members to the Steering Committee.Questions/concerns/discussionMembers would like information on how each member’s name was recommended when reviewing the list, such as: recommended by a group/organization, individual made contact, known to the CommitteeSteering committee members also requested a list of those not selected. Members felt it important that “Core” subcommittee members understand the obligation required as a core member.Will subcommittee meetings be open to the public? *Sub-committee meetings will be open to the public. Details have not been decided but are being developed and will be made available.* | Chairs will provide the list of ad hoc members to the Steering Committee.Chairs are maintaining lists of interested parties and will provide these to the Committee. |
| **Review Sub-Committee Scope Grid and Review Sub-Committee Nominees****Review Sub-Committee Scope Grid and Review Sub-Committee Nominees Cont.****Review Sub-Committee Scope Grid and Review Sub-Committee Nominees Cont.****Review Sub-Committee Scope Grid and Review Sub-Committee Nominees Cont.****Review Sub-Committee Scope Grid and Review Sub-Committee Nominees Cont.****Review Sub-Committee Scope Grid and Review Sub-Committee Nominees Cont.** | Frank Johnson, MHMC, Payment Reform Chair reviewed the “SIM Sub-Committee – High Level Scope Grid Draft” document, “SIM Key Strategies” in the Payment Reform Subcommittee column.**PAYMENT REFORM** **Scope Discussion**:“Inform Development of MaineCare Accountable Communities initiative” - *work with MaineCare and Commercial payors to inform the development.*“Inform the process/system for reporting health care costs (to include Behavioral Health) - *link with other work groups particularly health care reform and Office of MaineCare.*Members had questions regarding the public health scopes items specifically mentioned in the “Grid” “Community Health Worker Pilot” and the “National Diabetes Prevention Program initiative” when all other scope items are more generalized or big picture rather than specific diagnosis. *Response - both Community Health Worker Pilot and Diabetes Prevention were specifically mentioned in the grant so need to be included in one of the work groups, but the primary focus is the overall scope.* Steering Committee members were concerned that the appointed subcommittee members would not understand why the two specific public health issues are identified. *Dr. Flanigan informed the group that he will be conducting several webinar SIM Grant trainings for appointed members which will provide an overview of the grant, the governance structure, specific deliverables, etc. Steering Committee members were invited to participate.*Members cautioned that subcommittees should not get ahead of the development of the Behavioral Health Homes. It was noted that there needs to be an informed, thoughtful process in developing these homes.Next Frank walked members through the Payment Reform **Nominees** list. **Government Members Review and Discussion:**There was a very brief discussion regarding DHHS/State staff participants noting that the Governor’s office does not have the available resources to participate on the subcommittee; however Holly Lusk, Governor’s office, Health Policy Advisor, is the Chair of the SIM Leadership team. Members felt that SAMHS staff and possibly OCFS staff should participate as core or ad hoc members replacing the “Governor’s office” member. Dr. Bill Kessler was mentioned as a possible core member.**Provider/Payor Members Review and Discussion:**Hospital System Reps (3) and Primary Care Practice/Specialty Practice Reps - How were these three names submitted? *They were recommended by the Maine Hospital Association.* Concerned was raised that large provider organizations appeared to be over represented. *This was purely coincidental as members tried to be sensitive to interest and on-going initiatives.* Members expressed concern that some groups were not represented within the core membership such as: nurse practitioners. *The Work Group* C*hairs have the ability to appoint ad hoc members with specific interests and expertise as issues arise or perspectives are needed to inform the process.*How was the “Behavioral Health Representative selected? *She was one of the first to contact the work group chair with a strong interest.*  Why was the individual selected for the “Long Term Care Provider? *The Long Term Care Provider was recommended by Rick Erb as a strong representative of 12 long term care facilities.* The “Health Plan Representatives” were identified as they are familiar with risk sharing, aware of all measures and have a strong connection with the provider community.**Community Members Review and Discussion:**Three “Core Members” represent “Purchasers” in the public sector, the large private sector, and a mid-size private organization. Member from Maine Quality Counts and HealthInfoNet were also selected.Why only two members were recommended for the “Consumer/Advocacy” “Nominees. *Concern was expressed regarding one member also being a business owner. This was strictly coincidental and the individual was strongly recommended by other members of the Steering Committee. Members also agreed by consensus that a* ***Medicare Recipient*** *will be added as a core member of the work group to insure that Medicare and the MaineCare population is kept in the forefront.* Concern was expressed that discussions from previous meetings identified the need to develop a standardized process for recommending and selecting core members and some felt this was not how the current list of members was developed. Worry was expressed that this may pose a problem in the future.Members also expressed concerned that the subcommittees not become too large to manage and accomplish goals.**By consensus the slate of core members of the “Payment Reform” subcommittee was approved to be invited to participate.****----------------------**Following this lengthy discussion, only 10 minutes remained to discuss the Data Infrastructure and Delivery System Reform draft scope grid and core member nominees so members elected to remain another hour.----------------Katie Sendze reviewed Data Infrastructure Subcommittee documents:**DATA INFRASTRUCTURE****Scope Grid:** The only changes from the last version were the language to informing and advising related to the SIM work plans versus oversight. There was one addition to the grid was related to the Blue Button capability.Questions/Concerns discussed: Will Medicaid data be aligned to the all-payer claims database? *MHDO items have come up, as of today, no activities related to MHDO are under Data Infrastructure. This is a question that HIN has asked and is worth a discussion at a future Steering Committee meeting.*  Is there a role for MHDO, and what is it under SIM? *MHDO is doing everything possible to get data updated, not part of SIM but relevant to SIM going forward.* *It is likely that greater involvement of MHDO is necessary.*  *For now, MHDO will continue as a member on the Data Infrastructure subcommittee*.Katie then reviewed the subcommittee **“Nominees”**:**Government Members Review and Discussion:**There was a question regarding Luke Lazure from MaineCare and what experience he had to serve. *It was felt that he has data analytics experience and is a good fit.*  **Provider/Payor Members Review and Discussion:**One of two “Health Systems” identified representatives will be replaced by MHA, due to no capacity to serve. A Nurse Practitioner will be nominated to back up the MHA recommendation for the “Primary Care Practices” Why the difference between a “Health System Rep” listed at the top of the Provider/Payer section vs. the “Health System Representation” at bottom of the nominee grid? *The difference was Core vs. Non-Core membership* Concern was felt that there were too many Health System Reps on the subcommittee, why? *Trying to fully appreciate the challenges on Data Infrastructure and the need to engage the many levels of expertise to inform data capture efforts and workflow.*  Members felt we should reiterate as a steering committee that we will be reaching out to include others from interested Parties/ad-hoc member lists to ensure that the right people are being brought into the process as appropriate.Members agreed with the process for expanding through the Chair’s ability to appoint ad hoc members as needed but also reiterated the expectation of core members’ ability to reach out to the their communities and constituents to ensure that they are representing them well.There was acknowledgment of the absence of a “Health Plan” representative. *The focus of Data Infrastructure is clinical data, not necessarily claims but we need to have the discussion to determine direction.*  Should “Health Plan Providers” be added? Some felt they should be included and some questioned why some “Health System were core and some are not – *response to keep the size of the subcommittee management. Members moved to replace a Health Systems representative with a Health Plan Representative.***Community Members Review and Discussion:**How was Wayne Gregerson selected? *He was nominated based on his experience*Again concern was expressed regarding the lack of a formal process to staff the subcommittees and the need to have the process that was used documented. Some felt the process was that the Chairs were enabled to come up with members that would maximize their chance to achieve the objectives of SIM.Discussion regarding what the recommendation process was and what the process for replacing members will be, as it is unlikely that all members will be to serve for the full three years, needs to be added to the next Steering Committee meeting agenda. ------------------ Lisa Tuttle provided an overview of the Delivery System Reform subcommittee materials:**DELIVERY SYSTEM REFORM****Scope Grid:** Scope grid was reviewed with no comment.  Lisa Letourneau next presented the **“Nominees”** list**Provider/Payor Members Review and Discussion:**Concern was expressed regarding the ability of core members to attend meetings, as schedules are challenging. It was mentioned that only one community based behavioral health provider didn’t seem sufficient, and that another should be added. *Response – there is solid representation and there are many others who may be invited to participate as ad hoc members from the interested parties list.* A comment was made that there were 5 hospitals represented, and for balance we needed to have more community based providers.Mr. Bowers from MaineHealth was recommend for the “Payment Reform” subcommittee but it was determined by the Chairs that it made more sense for him to serve on “Delivery System Reform”.  **Community Members Review and Discussion:**Concern was expressed that consumer representation falls short*. Response - Additional names were requested by none were recommended by the council. The recommendation was to perhaps replace Bob Downs since he was selected as a member of the “Payment Reform” committee.* Additional community based provider representation will also be provided as it was felt that one was not enough.  Should the “Delivery System Reform” committee be expanded by one core member to include a behavioral health representative? No consensus was reached Before closing Steering Committee members were reminded to provide names to the Chairs. | Deb Wigand and Lisa Letourneau will edit the wording to better reflect/clarify the Diabetes and Community Health Worker Scope itemsAdd MHDO involvement with the SIM Grant to a future Steering Committee agenda.Katie, Luke and Randy Chenard to meet and discuss on Monday, 9/16. Rhonda Selvin will recommend a potential Nurse PractitionerKatie Sendze will ask Katherine Pelletreau to nominate a Health Plan rep.Discussion of recommendation process will be added to the September 25th Steering Committee meeting.Rose Strout will recommend additional names. Jack Comart and/or Dale Hamilton will provide names for additional representation. |
| **Public Input** | None  |  |
| **Next Meeting** | The next meeting of the Steering Committee is scheduled for September 25, 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. |