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| **MAINE HEALTH CARE INNOVATION MODEL: DRIVERS FOR SUSTAINABLE REFORM** | | | | | |
| **ACTIONS** | **SECONDARY DRIVERS** |  | **PRIMARY DRIVERS** |  | **TRIPLE AIM GOALS** |
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| * Health Information to Influence Market Forces and Inform Policy * Value-Based Payment * Multi-Stakeholder Coalition Building and Support | Data-Informed Policy, Practice and Payment Decisions | **PAYMENT REFORM** |  | **By 2017,**  **Maine will transform its state’s health care to achieve the “Triple Aim”:**  **reduce health care costs, advance population health, and improve the experience of care.**  *By 2017, the total cost of care and commercial health care premiums in Maine will fall to the national average*  *By 2017, Maine will improve the health of its population in at least four categories of disease prevalence (such as diabetes, mental health, obesity, and tobacco usage)*  *By 2017, Maine will improve targeted practice patient experience scores by 2%  from baseline for participating practices that participated in the 2012 baseline survey (using CG-CAHPS survey tool)*  *By 2017, Maine will increase from 50% to 66% the number of practices reporting on patient experience of care using CG-CAHPs* |
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| Aligned Payment Models |  |
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| Consumer Engagement |  |
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| * Health Information to Influence Market Forces and Inform Policy * Health Information to Manage Care, Plan Provider and Patient-level Interventions * Workforce Education and Development * Community Linkages * Value-Based Payment * Consumer Education/ Access to Information | Data-Informed Policy, Practice and Payment Decisions |  | **REFORMED SYSTEM DELIVERY** |  |
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| Improved Continuum of Care |  |
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| Consumer Engagement |  |
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| * Health Information for Consumers * Health Information to Manage Care, Plan Provider and Patient-level Interventions * Workforce Education and Development | Consumer Education/ Access to Information |  | **CONSUMER ENGAGEMENT** |  |
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| Improved Continuum of Care |  |
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| Patient/Family Centeredness of Care |  |