Maine Child Health Improvement Partnership (ME CHIP) Advisory Group
Friday, October 9, 2015, 12-2 pm

ME CHIP and the First STEPS Learning Initiative is part of the Maine Improving Health Outcomes for Children demonstration grant awarded by the Centers for Medicare and Medicaid Services to MaineCare in partnership with the Maine Center for Disease Control and Prevention, the Muskie School of Public Service at the University of Southern Maine, Vermont’s Medicaid Program, and the University of Vermont.

Maine Quality Counts, Hanley Room, 16 Association Drive
Webinar/Phone Available
Webinar: www.readytalk.com 5493654
Audio: 866.740.1260, Access Code: 5493654#

ME CHIP Meeting 10/09/2015

ME CHIP Agenda

• 12:00  Welcome and review of minutes
• 12:05  New Things on the Horizon: CMMI: Transforming Clinical Practice Initiative (TCPI)
• 12:15  Debrief Help Me Grow Technical Assistance Site Visit in Maine on Sept. 15-16
• 12:35  ACEs work and ACEs Summit in November
• 1:00   Next Steps in Immunizations Work in Maine
• 1:30   Preview of a few charts & graphs from IHOC’s upcoming Immunization Brief and 2014 Pediatric Quality Measures Summary
• 1:50   Team STEPPS, New AAP Algorithm for the Assessment and Management of Childhood Obesity, Maine Opiate Collaborative, and Next Steps
• 2:00   Adjourn

ME CHIP Priority Areas: 2014-2016

CMMI: Transforming Clinical Practice Initiative (TCPI)

Northern New England Practice Transformation Network (NNE-PTN)

Lisa M. Letourneau MD, MPH
October 2015

What are the emerging goals of Transforming Clinical Practice?

- Support more than 150,000 clinicians in work to transform their practices by moving through 5 phases of progress.
- Reduce unnecessary hospitalizations for 5 million Medicare, Medicaid and CHIP beneficiaries.
- Generate $863 million in savings to the federal government over a period of 4 years.
- Position the nation to rapidly scale this work to the remaining 765,000 clinicians.
- Ready providers to participate in incentive programs and practice models that reward value.
Transferring Clinical Practice Initiative (TCPI)

• TCPI will test 3-pronged approach to national technical assistance to enable large-scale transformation of thousands of clinicians to deliver better care & result in better outcomes for Medicare, Medicaid, & CHIP beneficiaries (i.e. adults + children)
• 3 components
  – Aligned federal & state programs & resources moving toward common transformation goals
  – Practice Transformation Networks (PTNs)
  – Support & Alignment Networks (SANs)

Overall Goals of TCPI

1. Support more than 150,000 clinicians in work to achieve practice transformation;
2. Build evidence base on practice transformation so that effective solutions can be scaled, if successful;
3. Improve health outcomes for 5 million Medicare, Medicaid and CHIP beneficiaries
4. Reduce unnecessary hospitalizations and other overutilization of other services for 5 million Medicare, Medicaid and CHIP beneficiaries;
5. Sustain efficient care delivery for Medicare, Medicaid and CHIP beneficiaries by moving at least 75% of clinicians that complete TCPI phases of transformation to participate in incentive programs and practice models that reward value upon completion of TCPI; and
6. Generate savings to federal government over years through reduced Medicare, Medicaid and CHIP expenditures.

(In addition, we believe commercial payers may experience savings as a result of this model.)

What are the 5 phases of TCP?

- Set Aims
- Use Data to Drive Care
- Achieve Progress on Aims
- Benchmark Status
- Thrive as a Business via Pay for Value Approaches

Two Opportunities

- Practice Transformation Networks (PTNs)
  – Serve as trusted partners to provide clinician practices with QI expertise, best practices, coaching, and assistance as they prepare and begin clinical and operational practice transformation
- Support & Alignment Networks (SANs)
  – Formed by professional associations and others that align their memberships, communication channels, CME credits, and other work to support PTNs and clinical practices

TCPI Model Framework

<table>
<thead>
<tr>
<th>Phase</th>
<th>Practice Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>Setting aims &amp; developing basic capabilities; submits plan with aims, goals; conducts self-assessment; trains 50% staff in QI; est’s measures, plans for minimizing unnecessary testing &amp; procedures; addresses needs of patients &amp; families</td>
</tr>
<tr>
<td>Phase 2</td>
<td>Reporting &amp; using data to generate improvements; starts capturing &amp; analysing clinical, utility, &amp; cost data; improves care transitions; provides care management for ≥50% high-risk pts; uses at least 3 care management strategies</td>
</tr>
<tr>
<td>Phase 3</td>
<td>Achieving aims of lower costs, better care, &amp; better health; optimizes registry; reduces unnecessary testing &amp; hospitalizations by ≥25% (1) from baseline; uses shared care plans, has formal care coordination plan; 24/7 access</td>
</tr>
<tr>
<td>Phase 4</td>
<td>Getting to benchmark status; tracks utilization; submits utilization monthly; reduces unnecessary testing &amp; hospitalizations by 20% from baseline; provides care management for ≥75% high-risk pts</td>
</tr>
<tr>
<td>Phase 5</td>
<td>Demonstrating capability to generate better care, better health, &amp; lower cost through sustainable improvements; dev’t business acumen on alternative payment models</td>
</tr>
</tbody>
</table>
PTN Expectations/Key Attributes

- Recruit clinician practices & build strategic partnerships (with at least 20% small, rural, or serving underserved populations)
- Serve as champions for continuous improvement, culture change, and patient & family engagement
- Facilitate improved clinical practice management
- Use quality measures & data for improvement
- Collaborate with CMS on transformation activities & provide ongoing feedback towards goals

PTN Expectations: Data Collection & Reporting

- Must demonstrate established data sharing capabilities with clinicians
- Must include ability to collect, hold & evaluate personally identifiable information (PII)
- Must provide (at minimum) quarterly to CMS aggregate data on clinician/practice data – i.e.
  - Clinical data
  - Operational data
  - Financial improvement results/outcomes

PTN Expectations: Data Collection & Reporting

- Must have established systems & measures in pace for assessing & sharing monthly quality improvement data and results from practices
- TCPI will require ongoing reporting of key measures from practices – i.e.
  - Population health improvement measures
  - Quality indicators (e.g. Million Hearts)
  - Cost & utilization measures (to include total cost of care, Choosing Wisely)
  - Patient-centered outcomes
  - Patient satisfaction (CAHPS)

Northern New England PTN (NNE-PTN)

- QC led ME-NH-VT application as NNE PTN
- One of 29 PTN awards nat’ly (coop agreement)
- $15M/4 yrs (1 yr contract, renewable annually)
- Will fund…
  - PTN Learning Collaborative
  - QI Specialists / Practice Facilitators to work locally with primary care & specialty practices (1:30)
  - Technical expert consultants

NNE-PTN Partners

- Funding will support subcontracts with multiple partners
  - NH, VT PTN leads
- QI Support/ Practice Facilitators
  - ME Primary Care Assn (FQHCs)
  - 4 health systems/ provider grp’s (TBD)
  - Maine AHEC
- Data partners: MHMC, PQRS Solutions (Mingle Analytics)

NNE-PTN Timeline

- Application submitted Feb 2015
- Awards announced by CMS Sept 28, 2015
- Contract live Sept 29, 2015
- Practice recruitment strategy due to CMS within 45 days!
Nan Simpson, MSW, Maine Quality Counts

DEBRIEFING THE HELP ME GROW TECHNICAL ASSISTANCE VISIT

What is Help Me Grow?

- A system that connects at-risk children with the services they need
- Assists states in identifying at-risk children, then helps families find community-based services and programs for children birth-age eight
- Does not provide direct services. System for improving access to existing resources
- Builds collaboration across sectors (child health care, early care and education, and family support)
- Core components and structural requirements

What are the Core Components?

- Child health care provider outreach to support early detection and intervention
- Community outreach to promote use of HMG and to provide networking opportunities among families and service providers
- Centralized telephone access point for connecting children and their families to families to services and care coordination
- Data collection and analysis to understand all aspects of the HMG system, including identifying gaps and barriers

What are the Structural Requirements?

1. An organizing entity
2. A strategy for expanding statewide over time
3. The implementation of a continuous quality improvement plan

Debriefing of Visit

- What did you think of Help Me Grow?
- Thoughts after the site visit?

Update on DSI Work “Completing the Loop”

- 3 Community Pilots selected to work across early childhood sectors on developmental screening; first set of trainings completed; initial data due Feb 15th
  1) Mid-Coast area
  2) Waterville Area
  3) Bangor area
- Exploring ASQ online
- Last tri-Community training is October 14
- Tentative Plan for 2015-16
Plan after the visit

- We will distribute the Help Me Grow Report to ME CHIP members for review.
- We will be reviewing the report and recommendations with the DSI-SAIEL Team at the Oct 21st DSI meeting and December ME CHIP meeting.
- We will be contacting other states using the HMG model to see how they implemented it and talking to 211 in Maine.
- Report will be reviewed by senior leaders at the DOE, DHHS and the Maine CDC to see if it fits into their strategic priorities. Many were present at a HMG presentation on Sept 16th at DHHS.
- We welcome feedback from ME CHIP members on the recommendations and report—please contact Nan (nsimpson@mainequalitycounts.org).

ACES Priority Areas

1. Develop a common message to use across sectors
2. Plan and execute ACES/Resiliency Summit with MRBN, Bingham, MAAP and partners on Nov. 3 and 4 at Point Lookout
3. Develop at least one funding proposal about how to do intergenerational work around relational health and ACES
4. Develop a funding proposal about how to do learning collaborative around ACES and relational health in a rural state including metrics, tools, and evaluation

ACES Registration so far

- Totals: November 3rd – 154
- November 4th - 145
- Networking event with Paper Tigers movie (http://www.papertigersmovie.com/): 42 attending
- 15 Breakout session with 45 Panelist participating

ACE to Resilience: Promising Practices from Thriving Communities

November 3 and 4, Point Lookout, Northport, ME

The first Annual Thriving Maine Communities Conference featuring Dr. Robert Anda, Dr. Ken Ginsburg and Jane Stevens as keynote speakers on Adverse Childhood Experiences (ACE) and Resilience.

Breakout sessions will include presentations that reflect a range of approaches to using data, stories, policy change, and collaborative action to drive change in the following areas:

- Awareness/Education
- Screening/ID
- Intervention/Treatment
- Prevention

Registration is open: Click here for more information:
http://www.mainequalitycounts.org/page/1309/thriving-maine-communities

ACES WORK AND ACES SUMMIT

Sue Mackey Andrews and Amy Belisle, MD

NEXT STEPS FOR IMMUNIZATION WORK

Cassandra Cote Grantham
How Maine Compares to the U.S. in 2014

Percent of 19- to 35-Month-Olds Up-to-Date for a Series of Seven Immunizations

(Slide courtesy of Tim Cowan, MaineHealth)

In response to a national shortage of Haemophilus Influenza B vaccine in 2009, clinicians were encouraged to delay booster shots. These delays reduced Up-to-Date rates for the series graphed above.

In 2009, the National Immunization Survey began reporting a measure that more accurately estimated the true Up-to-Date rate in each state. These more accurate estimates (lines from 2009-2014) are not directly comparable to the older measure’s rates in 2007-2008.

Current Immunization Projects

- HPV project with NIPA/NIPN/MAAP - 9 practices in the state working on a virtual project
- Updates from the MaineHealth Immunization Task Force and Maine Immunization Coalition
- Updates from the Maine Vaccine Board

Biggest Challenge and Opportunity

SUSTAINABILITY and NEW SHINY THINGS

Clinical

- Standardized processes for reminder/recall, standing orders, and competency training
- Provider/family conversations and scripting, micro-level training for entire office teams
- HPV - reframing to cancer vaccine and other techniques
- FOCUS ON OUR TEENS, but don’t give up on our littles!
Community
- Large scale/local research into parental perceptions and beliefs
- Social marketing campaign built off of that research, targeted at a community level – BIG $$$
- Involving the “herd” – how do we use social norming?

Policy
- 127th Legislative Session
  - LD 471
  - LD 473
  - LD 1076
  - LD 1218
- Up Next?
  - Rule making – monitor and inform/educate
  - Legislator education and advocacy
  - Media and community organization
  - Preparing for next full session – LD 471

Policy – To Watch
- Other organizations are starting to target Maine for legislative priorities in immunization – if you hear or see anything, let Maine Immunization Coalition know (Caroline Zimmerman or Cassie Grantham)

PTE – New Metrics for Pediatric Immunizations

MenB – ACIP/CDC Guidance

Considerations for Use of Serogroup B Meningococcal (MenB) Vaccines in Adolescents
Estimated Average Annual Cases, Deaths, and Sequelae by Age Group and Serogroup, 2009–2013

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cases¹</th>
<th>Deaths²</th>
<th>Sequelae³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serogroup B</td>
<td>&lt;5 years: 76-84</td>
<td>7-14</td>
<td>7-19</td>
</tr>
<tr>
<td>11–24 years: 56-67</td>
<td>5-10</td>
<td>5-15</td>
<td></td>
</tr>
<tr>
<td>All ages: 202-203</td>
<td>20-39</td>
<td>20-50</td>
<td></td>
</tr>
<tr>
<td>Serogroups C &amp; Y</td>
<td>&lt;5 years: 34-43</td>
<td>3-4</td>
<td>3-9</td>
</tr>
<tr>
<td>11–24 years: 62-77</td>
<td>6-12</td>
<td>6-15</td>
<td></td>
</tr>
<tr>
<td>All ages: 202-203</td>
<td>21-69</td>
<td>21-79</td>
<td></td>
</tr>
</tbody>
</table>

- The majority (~60%) of serogroup B cases that occur in 11–24 year olds occur in older adolescents and young adults aged 16–24 years.

Average Annual Cases, Deaths, and Incidence from Serogroup B, 2009–2013

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cases¹</th>
<th>Deaths²</th>
<th>Incidence per 100,000³</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 18–23 year olds</td>
<td>36</td>
<td>5</td>
<td>0.14</td>
</tr>
<tr>
<td>College students²</td>
<td>14</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>Non-college students²</td>
<td>22</td>
<td>3</td>
<td>0.21</td>
</tr>
</tbody>
</table>

Work Group Interpretation: Burden of Disease

- Incidence of disease has declined for all meningococcal serogroups, including serogroup B.
  - Currently at a stable low in disease incidence.
- Approximately 55–65 cases of serogroup B meningococcal disease occur in adolescents and young adults each year.
  - The majority of these cases occur in older adolescents and young adults aged 16–24 years.
  - Approximately 40–70% of serogroup B cases in 18–23 year olds occur in college students.
  - Incidence in college and non-college students is similar.

MenB – Category A and B Recommendation

- A serogroup B meningococcal (MenB) vaccine series may be administered to adolescents and young adults 16 through 23 years of age to provide short term protection against most strains of serogroup B meningococcal disease. The preferred age for MenB vaccination is 16 through 18 years of age. (Category B)

MenB - Guidance for Use

- MenB should be administered as either a 2-dose series of MenB-4C or a 3-dose series of MenB-FHbp.
- The same vaccine product should be used for all doses.
- Based on available data and expert opinion, MenB-4C and MenB-FHbp may be administered concomitantly with other vaccines indicated for this age, but at a different anatomic site, if feasible.
- No product preference to be stated.

Trumenbco

- First to market to market from Pfizer/Wyeth, approved October 29, 2014. US is first approval.
- Three doses over six months, $95.75/dose (CDC price)
- Two components—subfamilies of factor H binding protein (97% of Menning B)
- Used in Providence College and U of Ore
- Approved for 10-25 y/o
- In 5 and 10 dose boxes

Comparison of Formulations

Bexsero

- Second to market, from GSK (Novartis), approved Jan 23, 2015. Previously approved in Canada, Europe, Australia
- Two doses, one month apart $122.95/dose (CDC price)
- Four components—proteins expressed on surface
- Used in Princeton outbreak
- Approved 2 months+, but no data >50 y/o
- In single dose package
Use In Maine

- Maine Vaccine Board approved the addition of both formulations of MenB vaccination to Maine’s Universal Childhood Immunization Program
- Available to order from Maine Immunization Program
- When ordering, practices will be asked patient-specific questions to determine need – similar to situation with PPSV-23
New AAP Algorithm for the Assessment and Management of Childhood Obesity

TeamSTEPPS for Primary Care
TeamSTEPPS in 10

- Handouts with TeamSTEPPS tools to be introduced monthly, as a "tool of the month"
- October’s One-Page TeamSTEPPS Core Tools by Dr. Dora Anne Mills at UNE
- St. Louis University (SLU) Online TeamSTEPPS Module: The Essentials
- Monthly Team Exercises – Paper Chain
- For more information on the TeamSTEPPS program please visit
  http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/primarycare
- To order TeamSTEPPS pocket guides: http://teamstepps.ahrq.gov/abouttoolsmaterials.htm

Maine Opiate/Anti-Heroin Taskforce

- 3 Focus Areas (MMA is helping to organize prevention and treatment workgroups)
  - Education/Prevention
  - Treatment
  - Law Enforcement
- http://www.tinyurl.com/pvpoau
- Meeting 1-2x/month over next several months with an anticipated summit in the spring
- Ideas or thoughts, please contact Amy Belisle (Prevention) or Lisa Letourneau/ Noah Nesin (Treatment)

Upcoming Dates

- Future ME CHIP Meeting Dates (2nd Friday, alternating in person at QC and by phone)
  - Friday, December 11, 2015, 1-2 by phone
  - Friday, February 12, 2016, 12-2 in person
  - Friday, April 8, 2016, 1-2 by phone
  - Friday, June 10, 2016, 12-2 in person
  - Friday, August 12, 2016, 1-2 by phone
  - Friday, October 14, 2016, 12-2 in person
- ME CHIP subgroup on putting together a proposal on an Intergenerational Approach to ACEs: October 15 from 10-11 am by phone
- QC Webinar with AHEC on Raising HPV Rates on October 20th from 12-1
- ACEs Summit: November 3rd and 4th at Point Lookout
- MHMC Pediatric Measures Meeting: Jan 5th, 1:30 in Topsham