

## SUMMARY NOTES

### Maine Quality Forum Advisory Council January 9, 2009

*Present:* Kathy Boulet, DC; Josh Cutler MD, Director; Jeff Holmstrom MD; Frank Johnson; James Leonard, MQF staff; Rod Prior MD; Doug Salvador MD; Paul Tisher MD; Al Prysunka; Becky Martins; and Jan Wnek MD (acting Chair). Karynlee Harrington, Executive Director of the Dirigo Health Agency, was also in attendance.

Item	Discussion	Decision/Action	Date Due
<b>November 14, 2008 Minutes</b>	No discussion	Minutes approved as distributed	
<b>Dirigo Update</b>	<p><b>Savings offset Payment:</b> Kayrnee Harrington reported that the Board of Trustees for the Dirigo Health Agency set the Year 04 savings offset payment at \$42M, \$6.7M less than what was approved in aggregate measurable cost savings by the Superintendent of Insurance. The reduction was due to the MLR savings initiatives that totaled \$6.6M which has already been returned by Aetna to the appropriate policyholders.</p> <p><b>Alternative sources of funding:</b> With the rejection of the beverage tax, the Agency continues to work with the Governors' Office of Health Policy and Finance and others to find an alternative funding mechanism for Dirigo. The SOP is expensive and contentious with limited prospects for ever reaching consensus on how savings should be measured. Law suits and hearings only serve to distract from the Agency's primary goal of expanding access and quality. Finding a legislative solution remains the Agency's highest priority. Approximately Ninety percent of the Insurance and Financial Services Committee, which is the legislative committee of oversight for the product side of Dirigo Health Agency, is composed of new members. The Agency conducted an orientation with the Committee and will do so again in late January with the Health and Human Services Committee, the legislative committee of oversight for the quality initiatives of Dirigo Health Agency.</p>	Information only; no action required.	

Item	Discussion	Decision/Action	Date Due
<p><b>Patient-Centered Medical Home</b></p>	<p>Josh Cutler reminded members that the MQF is partnering with Quality Counts, the Maine Health Management Coalition and others in establishing a demonstration of the patient centered medical home. Through the Coalition of the Advancement of Primary Care, a multi-stakeholder steering committee, the project aims to transform primary care practice through learning collaboratives, technical support and payment reform. While no single payment method has been agreed to by Maine’s four major payers, most agree that payment reform must address investments in infrastructure, gain sharing for reducing total healthcare costs, and quality incentives. Given the lack of consensus on a single payment method, each participating practice will be required to negotiate individually with payers.</p> <p>Request for proposals to participate in the demonstration was released on January 5. Selection will be limited to approximately 20 practices who can demonstrate that they can meet core features of a medical home as defined by the National Committee on Quality Assurance (NCQA) self assessment tool. The project hopes to collaborate with similar projects in Massachusetts and New Hampshire in evaluating the demonstration.</p>	<p>Information only; no action required</p>	
<p><b>Electronic Health Records</b></p>	<p>Jim Leonard described Maine’s participation in a Medicare demonstration to enhance implementation and payment for practices with electronic medical records. Participation requires that the State recruit 200 practices, half of which will serve as a control group. To support this major initiative, the MQF has worked to build a data base of primary care practices within the State, an effort that integrates and reconciles data that are presently stored through multiple sources. Also, Health InfoNet recently commissioned a study by the University of Massachusetts to examine the sustainability of EHR and its projected cost savings to the system. Findings estimated the value of EHR and health information exchange at \$10M per year for the first few years of implementation.</p> <p>The project will be further advanced through the recent announcement by the Maine Health Access Foundation to establish a \$750,000 loan program for the purchase of EHR. The loan fund will be administered by FAME and will require that candidates participate in the Medicare demonstration.</p>	<p>Information only; action required.</p>	

<b>Variation Analysis</b>	<p>Josh Cutler reported that the Maine Health Data Organization (MHDO) successfully linked Medicaid and Medicare claims data in December 2008 and that the all payer data base was now ready for analyses by Health Dialog. The MQF re-directed Health Dialog to use this powerful new data base to analyze major cost drivers in the system. The report, due to the Legislature by March 1, 2009, intends to assess services, diseases, and providers that account for a disproportionate share of health costs.</p> <p>Jim Leonard shared a workplan identifying intermediate steps required to meet this ambitious deadline. A special meeting of the Maine Quality Forum and/or open meeting will be held in late February to vet the report prior to its release.</p> <p>Dr. Cutler presented findings from MQF analyses using the MHDO's inpatient discharge data. Data show large differences in hospital procedures and admissions in 12 clinical areas (e.g., general digestive medicine, respiratory medicine, cardiology, hysterectomy, etc.) across hospital service area. Methods used for this analysis are the same as those used by Dartmouth Atlas as part of their examination of variations in Medicare services. Dr. Cutler underscored that while the data raise questions as to why variations exist, they are only the starting point for fully examining and addressing the underlying reasons for the variations.</p>	MQF members and other stakeholders to be invited to special meeting to review preliminary report prior to release to the Legislature.	Late February
<b>Healthcare Associated Infections</b>	<p>Dr. Cutler reported that six quarters of data for 2007-2008 are now available on five measures (2 measures on rates of infection; 3 process measures) comparing Maine hospitals to peer groups. For the first time, this data will be posted on the MQF website. Susan Schow, from MHDO, presented these data to the group in a slide presentation. This information will also form the basis of a report on HAI to the Legislature's Joint Standing Committee on Health and Human Services, due January 30. A discussion ensued on possible reasons that compliance with preventive processes for central line associated bloodstream infection has not resulted in elimination of these infections in Maine's hospitals.</p>	Information only; no action required	
<b>Next Meeting</b>	<p>The next meeting of the MQF Advisory Council is scheduled for Friday, March 13, 2009.</p>		