

**SUMMARY NOTES
Maine Quality Forum
Advisory Council
January 11, 2008**

Present: James Case, Rebecca Colwell; Josh Cutler MD, Executive Director; W. Stephen Gefvert MD; Jim Leonard, MQF staff; Lisa Miller; Al Prysunka; Rod Prior MD; Doug Salvador MD, Paul Tischer, MC; and David White. Also in attendance were Karynlee Harrington, Executive Director of the Dirigo Health Agency and Maureen Booth of the Muskie School of Public Service.

Rebecca Colwell, serving as Chair in the absence of Robert Keller, called the meeting to order at 9:05 a.m.

Minutes – December 14, 2007

The minutes of the December 14, 2007 meeting were approved as distributed.

Presentation

Dr. Cutler, on behalf of the Dirigo Health Agency and Maine Quality Forum, thanked Ms. Colwell for her service as Chair of the MQF Advisory Council. A plaque was presented extending appreciation for her contributions during a time of transition for the agency.

Dirigo Health Agency Update

Ms. Harrington personally thanked Ms. Colwell for her guidance and contributions as Chair of the MQF Advisory Council.

- *Legislative session:* The Dirigo Health Agency went before the Insurance and Finance Committee. While in the past much of the discussion of this group centered on cost, there is a growing awareness of the role that quality plays in impacting costs. Dr. Cutler will be meeting with the Committee to review the efforts of the MQF.
- *State Health Plan.* The work of the MQF Advisory Council and others have been essential in assisting the Governor's Office of Health Policy and Finance complete the State Health Plan in time for publication in March.
- *High risk pool.* After 3 years of operation, State law requires the Dirigo Health Agency to propose legislation for a high risk pool if the experience in Maine for reducing the rate of uninsured and premium costs is less favorable than in states with high risk pools. The comparison of Maine's experience with 31 states with high risk pools was challenged by inconsistent data across the states. However, given its best effort, the Agency found that the rate trend for uninsured in Maine stayed constant between 2003-2006 compared to slight increases in the rates of states with high risk pools. Relative to premiums, rates in Maine are slightly higher than those of high risk pools. Given that Maine did not exceed in both areas of focus (rate of uninsured and premiums) no legislation is being proposed.

- *Dirigo Choice.* Effective January 1, 2008, Harvard Pilgrim Healthcare became the administrator for Dirigo Choice. Both Harvard Pilgrim and Anthem, the previous administrator, have worked hard to effectuate a smooth transition. By all accounts, nearly all enrollees have been blind to the change. Harvard Pilgrim has been aggressively working to expand their provider network to include all physicians now serving as enrollees' primary care physicians. Where this has not been possible, transition plans have been put into place for enrollees to continue to receive the network level of benefit. All hospitals are part of Harvard Pilgrim's network.

Health InfoNet

Jim Harnar, former director of the Maine Health Information Center (MHIC), reviewed the status of HealthInfoNet, a structure for integrating statewide clinical information across providers. After 3 ½ years of planning the system, Mr. Harnar announced that the project has received sufficient funds to move into its implementation phase. Mr. Harnar extended his appreciation to the Maine Quality Forum for its generous and early support for the project.

A 24-month demonstration is being designed with 15 hospitals representing approximately 2,000 providers and 750,000 patients. A major task of the demonstration is the establishment of a statewide master person index to attach the right information to the right person across all major health settings. Health InfoNet has contracted with 3M to build one of the nation's first statewide health information-sharing networks. 3M was selected following an 18-month competitive search process.

Going forward, Mr. Harnar identified the major issues the project must address:

- How to pay for the program on an ongoing basis? A subscription based-revenue stream is the most likely alternative.
- How to develop seamless operations that do not require duplicate actions by practitioners?
- How to build consumer trust and provider confidence? The project is working with an Advisory Council to guide the development of policies to govern security and data changing arrangements.

Questions were raised about the role of the MQF in these developments. The key to success will be the expansion of electronic medical records (EMR) among practices. Currently it is estimated that 20-30 percent of physician practices have EMR. A major problem in adoption of EMR is the lack of guidance on what systems to buy. While there are many vendors, practices often lack the expertise to evaluate their functionality and fit within their infrastructure. Members identified several roles that the MQF could serve in this regard:

- Define criteria and process for selecting EMR
- Establishment of purchasing pools
- Development of revolving loan program to help subsidize costs of purchasing. This was part of the original enabling legislation for MQF but has yet to be acted upon.
- Support user groups to trouble-shoot for institutions.

Hospital Associated Infections

Doug Salvadore, Chief Officer of Patient Safety at Maine Medical Center, presented on the issue of hospital associated infections (HAI). Dr. Salvadore cautioned that, although HAI are one of the top patient safety issues, it is prone to a great deal of misunderstanding as to its causes and cures. A four-point strategy was discussed, each involving many strategies and interventions:

- Prevent infections from occurring
- Diagnose and treat infections effectively
- Use antibiotics wisely
- Prevent transmission

The challenge is further complicated within an environment of cost containment given that many strategies require front-end investments. The lack of expertise across the state was seen as another major constraint unless collaborations are formed to educate staff. Many of the fundamental resources for making major inroads are missing in the state, including data infrastructure, staff to oversee the collection, analysis and reporting of data, or staff to manage and coordinate patient safety initiatives.

States have several levers to influence improvement in HAI: regulatory, public education, provider education, and funding. Members discussed potential roles for MQF, including:

- The promotion of provider collaboratives that would help spread expertise across the state.
- Support and tools to build a data infrastructure that can be used in the collection /analysis of data for assessing how well an organization is meeting care standards.
- Publicly reporting data that assess a hospital's performance in this area. Questions were raised about whether reporting should be done at the process (are hospitals complying with standard practices) or outcomes (do they have lower rates of infections? Reporting is complex and can lead to mis-representation of a hospital's performance if not standardized and consistent across all hospitals. Some members felt that ventilator-associated pneumonia was too complex to report on an outcome level and MRSA varies too much relative to how hospitals screen for its occurrence. Central line infections, on the other hand, was seen as easier to report and had less variation in collection across hospitals.

Dr. Cutler reminded members that the State Health Plan is an opportunity to further refine MQF's role in this regard and to gain some critical support for its actions.

Advanced Medical Home

Dr. Cutler advised members to review information in their packet concerning the design of a pilot to demonstrate the supports and funding that are needed to make care management an integral part of primary care practice. The National Committee for Quality Assurance is currently developing definitions for advanced medical homes and metrics for assessing their performance and impact. The MQF is in discussion with MaineCare, the Maine Health Management Coalition, Anthem, Quality Counts and

others to initiative a pilot program in the coming months. Members were asked to respond to Dr. Cutler with their comments.

Crossing the Quality Chasm

David White expressed his interest in using the Institute of Medicine's report, *Crossing the Quality Chasm*, as a tool for creating common vision and language for reforming our health care system. Mr. White proposed that the MQF consider sponsoring a symposium around the *Quality Chasm* aimed at providers, legislators, employers, regulators, consumers and key leaders within the State. Stephen Gefvert agreed to work with David White in proposing a concept paper that could be considered in further detail at the next meeting.

MQF Committees

With Robert Keller now serving as Chair of the MQF Council, the Vice Chair of the Advisory Council and Chair of the Performance Indicator Committee are now vacant. Nominations should be submitted to the MQF.

Next Meeting

The meeting adjourned at 12:230 p.m. The next meeting is scheduled for 9:00 a.m. on Friday, March 14, 2008.