

**SUMMARY NOTES**  
**Maine Quality Forum**  
**Advisory Council**  
**March 14, 2008**

**Present:** Kathy Boulet; Josh Cutler MD, Director; W. Stephen Gefvert MD; Robert Keller MD (Chair); James Leonard, MQF staff; Al Prysunka; Rod Prior MD (via telephone); 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.

**Minutes – January 11, 2008**

Dr. Keller indicated that minutes of the January 11, 2008 meeting were not available and would be distributed separately.

**Dirigo Health Agency Update**

**LD 2247:** Ms. Harrington discussed LD 2247, "An Act To Continue Maine's Leadership in Covering the Uninsured" that is currently before the Insurance and Financial Services Committee. The bill would authorize the Superintendent of Insurance to approve pilot individual insurance policies aimed at persons under 30 years. Currently the individual market is disproportionately older, thereby increasing the risks of that group and the costs of insurance premiums. The goal of the pilot program would be to temper the aging of that pool and to provide coverage to large share of the uninsured market. Of Maine's estimated 120,000 uninsured, approximately 24 percent are under the age of 30.

The bill also would expand the age band currently used in the non-group market for community rating with the goal of reducing premiums for those under 30 years of age without adversely affecting premium costs for others. To do so, the bill calls for the creation of a re-insurance pool which would offset premium price increases for older persons as a result of the expanded age bands.

The pilot insurance programs and reinsurance pool would be available to any carrier in the non-group market who meets the criteria of the bill. Funding for the bill would be covered through a surcharge on paid claims and a \$0.50 per pack tobacco tax.

**Dirigo Health Funding:** Stakeholders have been meeting to consider alternate funding for Dirigo Health. A compromise proposal was developed that called for a tax increase. The Governor, while supportive of finding alternate funding sources, recommended that action be postponed pending the approval of the budget. In lieu of any change to the current law, the Dirigo Health Agency will continue to prepare for the fourth year of funding through a savings offset payment.

**Maine Quality Forum: Status Report**

Dr. Cutler reviewed the status of MQF projects:

- **State Health Plan:** Members were encouraged to review the draft State Health Plan that is currently out for public comment:

<http://www.maine.gov/tools/whatsnew/attach.php?id=51941&an=1> . In addition to an important analysis of Maine's cost drivers, the draft Plan identifies the MQF as assuming primary leadership responsibility for a number of activities. These include patient centered medical home, variation analyses, hospital associated infections, and other patient safety initiatives.

- **All Payer Data Base.** Over a year ago, the MQF contracted with HealthDialog to conduct a pilot study to determine the feasibility of using the all payer claims database for measuring quality at the provider and patient levels. Based on favorable results from studies conducted in the areas of primary and cardiac care, Health Dialog has been instructed to update the data and continue their analysis on additional clinical areas. This has been a costly investment and raises questions about the long term sustainability of supporting analytic capacity. The MQF is working to identify others with an interest in the all payer data base and whether analysis can be conducted more efficiently through a cooperative effort. There also are emerging interests within New England states to assess funding opportunities for implementing a regional research agenda.
- **In a Heart Beat.** This project focuses on standardizing protocols for cardiac care from the point of onset to treatment. Metrics have been selected for tracking changes in the time required to get appropriate treatment. The MQF is in discussion with hospitals about legal ramifications of submitting data to the Maine Health Data Organization to generate these metrics. Dr. Cutler reported that he expects impediments to be worked out in two to three months.
- **Aligning Force for Quality.** The MQF serves as fiscal agent for a grant from the Robert Wood Johnson Foundation (RWJF) to assess and report how communities can drive quality improvement in their areas through the use of publicly reported data. Administered by Quality Counts, the project focuses on primary care and chronic illness. MQF is working with Quality Counts to respond to another RWJF grant initiative focused on achieving positive care transitions between inpatient and outpatient settings.
- **Patient-Centered Medical Home:** The State Health Plan identified chronic illness as a major cost driver. This fact, coupled with the looming crisis of inadequate primary care practitioners in the state, has led the MQF to working with the Maine Health Management Coalition, Martins Point, MaineCare, Anthem and others to develop plans for piloting the patient centered medical home concept. The pilot would identify the structural changes and reimbursement needed to better support practices and their communities in addressing chronic illness. A concept paper is being developed for dissemination to potential funders.
- **Quality Improvement Organization (QIO):** Jim Leonard reported that the federal government's present contract with the Northeast Healthcare Quality Foundation, the QIO serving Maine, New Hampshire, and Vermont, was due for renewal in August, 2008. Historically there has been interest in creating a Maine-based QIO and questions arose whether this was an opportunity for the MQF to apply for designation. Under the direction of the Centers for Medicare & Medicaid Services (CMS), QIOs work with consumers and physicians, hospitals, and caregivers to

improve care and. The Program also safeguards the integrity of the Medicare Trust Fund by ensuring that payment is made only for medically necessary services, and investigates beneficiary complaints about quality of care. After considering the requirements to apply for designation as a QIO, the decision was made not to proceed with an application but to collaborate with the Northeast Healthcare Quality Foundation in implementing components of the QIO's required scope of work that align with the MQF mission. It was also suggested that the MQF provide more lead time if it wishes to be favorably positioned to apply for designation when this next contract terminates in three years.

***Chartered Value Exchange:*** The MQF was recently designated a Chartered Value Exchange by the Agency for Healthcare Research and Quality. As a Chartered Value Exchange, the MQF will gain access to performance information from Medicare that, when combined with Medicaid and private-sector data, produces a comprehensive consumer guide on the quality of care available. As a designated entity, the MQF will also join a nationwide Learning Network providing peer-to-peer learning experiences and access to a private Web-based knowledge management system.

### **Quality Chasm Seminar**

David White reported that Quality Counts has expressed interest in his concept to use Quality Chasm as the basis for a seminar at its 2009 conference. More work is needed to determine the structure of the session and its sustaining value beyond a one-day session.

### **Patient Safety Projects**

Dr. Cutler introduced Judy Tupper, Research Associate at the Muskie School, to report on her work in patient safety in Tennessee and Maine. Ms. Tupper described a recent initiative in Tennessee to test the feasibility and impact of implementing a set of patient safety interventions with a group of small, rural hospitals. Using the Patient Safety Culture Survey as its gauge for impact, the hospitals identified two collaborative interventions: implement personal digital assistant (PDA) devices by practitioners and design a protocol for use by the hospitals's emergency department. Pre and post assessments found major improvements in each area despite initial resistance to change.

Ms. Tupper described a grant from the Donaghue Medical Research Foundation to Goodall Hospital to implement and evaluate Crew Resource Training (teamwork) as a strategy to enhance patient safety. Working with the technical support of the Muskie School, Goodhall Hospital will focus its efforts on enhancing teamwork among the emergency room staff and other hospital units.

A patient safety collaborative among 14 of Maine's 15 critical access hospitals is currently underway with funding from the MQF and the Maine Health Access Foundation. The goal of this project is to enhance patient safety through self-assessment, the application of best practices, shared resources, benchmarking and policy development. Three focus areas have been identified which, through direct funding of hospital efforts by MEHAF, will be subject of quality improvement. These include medication reconciliation, high alert medications, and health literacy. Using models

developed in acute general hospitals, the project will adopt and adapt strategies for application in small rural hospitals.

### **Next Meeting**

The next meeting is scheduled for Friday, May 9, 2008.