

**Summary Notes  
Maine Quality Forum  
Advisory Council  
June 10, 2005**

Members present: Dr. Robert McArtor, Dr. Janice Wnek, Dr. Richard Bruns, Dan Roet, Becky Martins, Jonathan Beal, and David White. Maureen Booth of the Muskie School of Public Service and Dr. Shubert were also present.

Dr. McArtor brought the meeting to order at approximately 9:15 AM.

A quorum was not in attendance so this was an informational meeting.

**Dirigo Health Update:**

Karynlee Harrington, Executive Director of Dirigo Health gave the council a brief update on what is occurring within the Dirigo Health Agency.

As of June 1, 2005 there are approximately 7,300 members. There still exists a wait list for individuals and sole proprietors. Dirigo Health is in talks with Anthem to double the cap so that more members can be added. Starting January 1, 2006 there will not be a cap on how people may sign up for DirigoChoice for all categories.

The LD1577 amends Dirigo Health Agency statute. The changes are contentious and the LD not yet finalized.

The Saving Offset Payment will ultimately fund the DirigoChoice subsidies and the Maine Quality Forum. The goal is to have the SOP in place by April 2006.

Ms. Harrington also pointed out that the Muskie School of Public Service is working on a survey to see what percentage of plan members have been previously uninsured.

The State Health Plan is due to be finished in about 6 months. Trish Riley of the GOHPF would like to attend July's Advisory Council meeting to speak to MQF about the State Health Plan.

**Karen Davis Speech:**

Dr. McArtor explained that he wanted to establish how the 10-point transformational change fit into the MQF approach and plan.

The first point of the 10 points discussed was Agree on Shared Values and Goals. Ms. Davis pointed out that the nation needed to agree on shared goals and interim goals before it could pursue them.

The second point discussed was Organize Care and Information Around the Patient. The Maine Quality Forum is supporting this point by its support of care of chronic conditions model and the medical home model.

The third point discussed was Expand Use of Information Technology: The MQF is supporting the Maine Health Information Network Technology effort for health information interconnectivity. In addition, MQF is strongly supporting collaborators working on barriers to adoption of electronic medical records.

The fourth point discussed was Enhance Quality and Value of Care: Many of the Maine Quality Forum initiatives support this goal.

The fifth point discussed was Reward Performance: The group discussed how MQF was supporting the principle of rewarding innovators by its efforts to recognize innovators.

The sixth point discussed was Simplify and Standardize: The group readily agreed with the five areas of standardization including payment methods, benefits, claims administration, provider credentialing, and quality standards.

The seventh point of Expand health insurance and make coverage automatic was supported but discussed as not a goal specific to MQF itself.

Because of time pressures the discussion around points eight, nine and ten were truncated. The points are Guarantee affordability, Share responsibility for health care financing and Encourage collaboration.

### **Provider Group Update:**

Chris McCarthy gave an update on the Provider Group meeting that was May 25, 2005.

Chris offered emerging themes associated with the Appreciative Inquiry session. He cautioned that the themes were not yet complete or validated by the participants. Chris read a statement summarizing the group's vision of health behavior and healthcare interactions relative to an informed and activated citizenry. Emerging themes appear to be: Healthcare interactions as relational transactions, symbolic interaction (interacting as people rather than roles), person/environment fit (people within context), management of expectations, and collaborative accountability/responsibility.

When theming is complete, the write up will be sent to Dr. Elkin who will present it to participants for validation and forward it to the rest of the provider group for continuing discussion and planning.

Mr. McCarthy said the meeting was energetic and produced rich information.

### **Legislative Update:**

Dr. Shubert gave the council a legislative update concerning MQF.

The achievements of the MQF are:

- Access to provider identification within MHDO databases
- Data collection rules for: acute myocardial infarction, congestive heart failure, pneumonia, surgical infection prevention and nursing sensitive indicators.

There have been some issues that were not achieved:

- Program for reducing borrowing costs for EMR
- Healthcare associated infections
- Bond funding for MHINT

Pending is the data flow rules within the agency, the agency rules rather than the statute. This is to be started within a few months.

Dr. McArtor asked the advisory council to review the strategic initiatives and reflect back on the meeting on what they have done and what they have done that has helped address and move along those strategic initiatives.

Dr. Bruns stated that he thought that the Advisory Council was successful in verbalizing its consensus goals.

Dr. McArtor offered that the ongoing AC self-education was very helpful and a significant achievement in light of each AC member's other obligations. Dr. McArtor asked if educational activities are helpful and if the content of the agendas helping in roles of advisory council members. The members agreed that they were.

Mr. Beal suggested coordination of the documents outlining the strategic direction and daily tasks of the MQF.

Dr. Wnek added she would like to review progress towards MQF goals.

Dr. Shubert thanked the Advisory Council for its continuing political support of MQF. He discussed how the efforts of MQF and the AC were achieving cost

savings to the healthcare system thus allowing room for the savings offset payment necessary to the ongoing support of MQF.

### **Public Comments:**

Dr. McArtor asked if the public had any comments.

Doug Libby of the Maine Health Management Coalition stated that Michigan hospitals reduced ICU stays by ½ day and saved 73 lives. He noted that this achievement affected their revenue and how similar efforts may be able to help Maine.

Mr. Libby observed that if this occurred in Maine, how much would that save the Medicaid program. If you calculated the savings and then take 10% of that to fund Maine Quality Forum activities there would be adequate amounts of money.

Pat Philbrook of the Maine State Nurses Association stated that looking for funds for Maine Quality Forum; they should look at the statistics. Tough choices asked the public their opinion and the result was that, forty-eight percent support single payer. She suggested that if you took away profits of the Maine hospitals, which have the highest profit margins of all New England hospitals, there would be more than enough funding for the Maine Quality Forum.

There were no more public comments.

Dr. McArtor adjourned the meeting at 12:00 noon.