

**Maine Quality Forum
Advisory Council**

**Friday, August 12, 2005
Summative Minutes of Meeting**

Members present: Jonathan Beal, Dr. Richard Bruns, Rebecca Colwell, Catherine Gavin, Frank Johnson, Dr. Robert Keller, Becky Martins, Dr. Robert McArtor, Charles Morrison, Dr. Paul Tisher, David White (telephonic) and Dr. Janice Wnek. Maureen Booth, Muskie School of Public Service and Dr. Dennis Shubert were also present.

Chair Dr. McArtor called the meeting to order at approximately 9:00 AM.

Introductions and Minutes

Dr. McArtor welcomed the three new Advisory Council Members: Catherine Gavin, Dr. Paul Tischer, and Dr. Bob Keller, who briefly introduced themselves. Dr. Shubert introduced new MQF Research Associate, Carrie Hanlon. The other AC Members and public guests also introduced themselves.

The Council approved June's meeting minutes.

Dirigo Health Reform Update

Trish Riley discussed recent developments in the State Health Plan, along with the roles of the Advisory Council and Maine Quality Forum in developing the State Health Plan.

Recent work of the Governor's Office of Health Policy and Finance has concentrated on Savings-Offset Payment.

Ms. Riley stated that longer-term solutions provide an important area of healthcare savings. By changing course on a specific issue (infant mortality) and working together, Maine dramatically changed and improved health care. Maine must do this again now.

The legislature created a workgroup of 5 Dirigo representatives and 5 employers/insurers to work out the details of the savings offset plan; the workgroup is determining what subsidies will pay for and how savings will be generated and measured.

Ms. Riley outlined areas where she would value the input of Maine Quality Forum and the Maine Quality Forum Advisory Council: statutory requirements of the Maine Quality Forum supporting the Certificate of Need process, addressing medical errors (Safety Star is a step in the right direction), and analysis of provider variability (educating the public about evidence-based practices).

Ms. Riley explained the ongoing State Health Plan process. She explained that there will be two follow-up focus groups to the Tough Choices group meetings to discuss participants' thoughts and recommendations. Ms. Riley apologized for not previously

distributing the Tough Choices results summary and explained that she would soon send the Council the results of the Tough Choices Group.

Ms. Riley said a series of seven public regional meetings are being planned across the state to gather as much information as possible from people about their health care. The complete list of meetings will be ready next week; these three-hour sessions will begin after Labor Day.

The overall schedule for the 2005-2006 version of the State Health Plan is:

- Last week of September: follow-up meetings
- October 14: Draft State Health Plan to be completed
- November 3 and 4: public hearings about State Health Plan

Charles Morrison agreed to help Ms. Riley coordinate an employer focus group.

Healthcare expenditure and resource data (divided into state regions) will be available next week. It shows that great commonalities and differences exist across Maine.

ANA/NDNQI Update

Chris McCarthy explained that the National Database of Nursing Quality Indicators (NDNQI), at the University of Kansas, collects, for the ANA, indicators on nursing quality across the country. Maine Quality Forum is in the process of facilitating a group purchase of the NDNQI data submission interface and reporting functions on behalf of Maine Hospitals. The NDNQI system will allow hospitals to more easily report required data to MHDO as well as have more national comparative data and comprehensive quality improvement reports for their own use. There is no contract yet, but the goal is achieve a discounted rate increasing the opportunity for lower per hospital costs.

Safety Star Program Update

Dr. Shubert gave an overview of the Safety Star Program and explained that it is based on twenty-eight of the thirty National Quality Forum safety practices; the intensivists care and the CPOE practices will not be used this year. A key Safety Star Program component is a peer validation process to referee and validate the award.

Dr. Shubert stated that hospitals awarded the Safety Star will lose the award if a wrong site surgery, wrong patient surgery, or wrong procedure occurs. Maine Quality Forum will not publicize the loss of the award, but the hospital will no longer be able to use the Safety Star Logo.

Becky Martins expressed concern that this process might deceive patients into selecting a hospital based on the Safety Star, when it has, in fact, lost the award. Dr. Shubert explained that Maine Quality Forum will maintain an up-to-date list of Safety Star hospitals on its website.

Dr. Shubert conveyed concerns raised by the Safety Star Validation Group about two Safety Star practices. The culture of safety practice requires hospitals use the AHRQ

survey, which overlaps with the IHI survey already conducted by hospitals. Dr. Shubert said Maine Quality Forum will cross walk the two surveys to determine how much overlap there is. The Council agreed that if the two surveys are essentially the same, Safety Star applicants should be able to use either the AHRQ or the IHI survey to meet the culture of safety threshold.

Dr. Shubert said the challenge of the Safety Star practice regarding pharmacist involvement in medication use is that it needs to be twenty-four hours a day, seven days a week, but there are not enough pharmacists to do that. There is a large group of hospitals in Maine that will not be able to achieve this threshold in the near future. An alternative for a critical access hospital (a rural, 25-bed hospital with an average patient stay of ninety-six hours) would be the utilization of a pharmacy software program that trained, nursing supervisors could use to screen new medication orders for common causes of medication errors.

Nancy Morris of the Maine Health Alliance offered an example of telepresence. She explained that her organization is evaluating three national vendors who conduct off-site reviews of prescription orders. This type of system would enable Maine hospitals to share pharmacists. Ms. Morris said the system cost is reasonable and that it could probably be in place in less than a year. The Council decided it needed to see data showing whether or not pharmacists have more value than nursing supervisors using computer systems. Dr. Shubert said Maine Quality Forum will gather more information for the Advisory Council and make a recommendation.

Chris McCarthy and Carrie Hanlon summarized the first meeting of the Safety Star Validation Group, held on August 10. Six members (volunteer representatives from Maine hospitals) attended. At the meeting, the group detailed how they would validate each Safety Star practice and discussed the application process, site visit procedures, their legal concerns and ideas for recruiting more members. Chris said group members would conduct site visits to validate safety practices; the Validation Group decided each site visit team would include at least three members, including one Maine Quality Forum representative. Chris thanked the Validation Group members for their time and invaluable insight.

The Council advised the Maine Quality Forum to move forward with the Safety Star Program.

Serious Event Reporting

Dr. Shubert asked if the Advisory Council would be interested in convening a forum to examine serious event reporting in Maine, particularly with respect to the new federal patient safety legislation, and make recommendations to the Governor's Office for legislation this winter.

Dr. Shubert reported that in Maine there is obligatory serious event reporting of a list of certain events, protections to the information, which is aggregated, and an annual report. Root cause event analysis occurs at each institution. The recently adopted

Patient Safety Act of 2005 created a voluntary system for people to report serious events and allows for patient safety organizations to collect these reports.

Dr. McArtor agreed that it is important for the Advisory Council to participate and be a presence in shaping the State Plan; he called for two or three Council Members to participate in convening a forum. Becky Martins and David White volunteered.

Legislation Scan

Dr. Shubert highlighted LD 1411, which would tell patients what the typical amount paid for a service is. He stated that the PIC could come up with a list of typical preventative services and care of chronic conditions that are discretionary.

Additional Hospital Indicators

Dr. Shubert highlighted two hospital indicators:

1. Care coordination: (care transition measure or CTM) a thirteen question patient survey that predicts their near-future health. This measure is up for NQF approval.
2. Acute myocardial infarction 30-day mortality: provides better level of risk adjustment to this kind of data (hierarchical risk model). This measure has been recommended for NQF adoption.

MHINT Update

Dr. Shubert explained that MQF is into Phase II of the MHINT project. A RFI has been sent out to national vendors and the first of six meetings providing leadership and corporate structure has been held. There will be a consumer group meeting soon regarding privacy concerns. This work will lead to Phase II implementation by this time next year.

Public Comments

There were no public comments.

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