

SUMMARY NOTES

Maine Quality Forum Advisory Council September 12, 2008

Present: Kathy Boulet, DC, Josh Cutler MD, Director; W. Stephen Gefvert DO; Robert Keller MD (Chair); Maureen Kenney; James Leonard, MQF staff; Lisa Miller; Doug Salvador MD, Paul Tisher MD; Al Prysunka, Frank Johnson, Becky Martins, and Jan Wnek MD. Karynlee Harrington, Executive Director of the Dirigo Health Agency, was also in attendance.

Item	Discussion	Decision/Action	Date Due
May 09, 2008 Minutes		Minutes approved as distributed	
Dirigo Update	<p><i>Dirigo Board membership.</i> Karynlee Harrington reported that three new Dirigo Health Board members have been appointed in response to legislation expanding Board membership from five to nine members: Joseph Bruno, Sara Gagne Homes and Marianne Ringel. Ellen Schneiter will serve as an ex-officio member for Commissioner Lowe, Department of Financial Services.</p> <p><i>Savings offset payment.</i> The Dirigo Board submitted their estimate of Year 04 savings to Insurance Superintendent Mila Kofman who, after reviewing arguments from all parties, will determine the size of the Savings Offset Payment (SOP) by December 2008. Ms. Harrington reminded members that the SOP will represent the revenue source for all Dirigo programs (including the MQF) if a proposed people's veto passes in November 2008 to rescind taxes on beer, wine and beverages. Reliance on the SOP will likely mean cuts in all programs, including MQF, and a cap on program enrollment. If the people's veto fails, sufficient funds should be available to open up enrollment in Fiscal Year 2010 when a full 12-month cycle of revenue would be available.</p> <p><i>Dirigo Cash Position.</i> Ms. Harrington clarified press reports regarding the agency's cash position. She acknowledged a cyclical, not structural deficit, brought on by constraints of the SOP which requires 24 months to collect 12 months of revenue. A line of credit will be paid back, with interest, as revenue comes in.</p>	No action required.	

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Resignation	Dr. Robert Keller announced that Rebecca Colwell resigned from the MQF due to increased professional responsibilities at Maine General. Dr. Keller acknowledged the major contributions Ms. Colwell made in the early days of MQF and in her position as Chair for the past two years.	The Agency will initiate a nomination process to replace Rebecca Colwell.	
Award	Dr. Josh Cutler congratulated Dr. Keller for receiving the President's Award for lifetime contributions from the Maine Medical Association at its annual meeting.	.	
UPDATE: All Payer Claims Data Base	Dr. Cutler reviewed the current status of the all payer claims data base which has been a major initiative of the MQF. All commercial claims are available through 2007. Medicare claims –will start with 2003-2004. Medicare data are in process of being included. Medicaid claims are complete for 2002 with efforts underway at the Maine Health Data Organization and the Muskie School to reconcile areas where Medicaid claims fail to meet required edits to enhance compatibility with other payers. Lack of Medicaid data has meant that contracted work to be performed by Health Dialog is not likely to systematically start until December 2008	MHDO and Muskie to resolve outstanding issues in incorporating Medicaid data into all payer data base.	Dec. 2008
UPDATE: PCMH	Dr. Cutler reported that the MQF has contracted with Dr. Lisa Letourneau to facilitate the design and implementation of a three-year pilot to assess the desired elements of a primary care medical home concept and a related reimbursement strategy. A pilot was supported through the State Health Plan which recognized that many health care cost drivers relate to complications that could be avoided through a more effective primary care system of care. Maine's major commercial payers and Medicaid are participating in a payment reform work group and are joined by employers, providers, consumers, and advocates on a Planning Group for the pilot. External funding is being sought to support the pilot and to conduct an evaluation. Pending agreement on the design and payment model, it is expected that a solicitation to seek the participation of 10-20 primary care sites will be made in early 2009.	Those interested in joining the Planning Group or Work Groups should contact Josh Cutler.	Ongoing

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UPDATE: Critical Access Collaborative	Fourteen out of 15 critical access hospitals (CAH) are participating in a Collaborative to advance patient safety and quality. The initiative is supported by the MQF with funding from the Maine Health Access Foundation which has made grants of \$10,000 to each participating hospital during the planning phase and up to \$50,000 each during implementation. Medication management is the focus of the initial quality improvement project.		Ongoing
UPDATE: EHR	<p>In June 2008 the MQF was named one of 12 sites to participate in a Medicare demonstration project that offers incentives to physicians for using electronic health records (EHR) to improve patient care. There is no support under this project for technical assistance, but MQF is trying to develop ways of coordinating that for practices.</p> <p>Several members advocated that the MQF help guide practices, especially those that are not hospital affiliated, as they consider EHR options. Many systems are out there, some more effective than others. The suggestion was made to develop criteria that practices can apply in a systematic way when evaluating systems and to show side-by-side comparisons of the systems.</p>		
UPDATE: MQF Website	<p>Mr. James Leonard presented new design features of the MQF website with focus on how mandatory quality indicators are reported by and across hospitals. Members agreed that the website should:</p> <ul style="list-style-type: none"> • Compare hospitals to national benchmarks whenever available • Focus the content of this site on data that is not otherwise available within the state. 	Jim to continue to work with consultants to finalize the web site; members invited to provide feedback.	

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UPDATE: Hospital Associated Infections	Doug Salvador, Associate Chief Medical Officer/Patient Safety Officer at MaineMedical Center, reported on efforts to design regional strategies for addressing HAI. A Steering Committee has been established representing a broad spectrum of providers, primary care practitioners, long term care providers and hospitals. Every hospital is being encouraged to link with a northern or southern collaborative that will work to design regional solutions to the many faceted aspects of HAI. The Steering Committee, with recommendations from regional collaboratives, will work to adopt a single observation tool to collect data on HAI throughout the state. Data would be analyzed and vetted internally before information becomes public. It is expected that baseline data will be collected in Fall 2008 and used internally by each collaborative to assess consistency and opportunities for quality improvement. Findings from this initiative will form the basis for recommending legislation on any new HAI measures to be added to Chapter 270.	Data collection to be started by HAI Collaboratives	Data to be collected in Fall, 2008; recommendations for measures to be included in Chapter 270 in Winter, 2008
UPDATE: Pressure Ulcers	A workshop is planned for October 3, 2008 to bring together hospitals, home health agencies and long term care facilities to review data on the incidence of pressure ulcers, identify challenges and best practices, and design quality improvement initiatives that recognize the cross-setting issue and the need for a concerted effort and documentation by all parties.		October 3, 2008
UPDATE: AHRQ Pediatric Indicators	Dr. Cutler reported that efforts to report hospital performance data to date have focused on adults. Using the AHRQ pediatric measure set, the MQF will begin reporting four composite measures and individual measures by hospital and hospital service area.		

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TeamSteps	Last year, the Maine Medical Center joined with the Maine Department of Financial and Regulatory Services under an AHRQ grant to focus on patient safety and care improvement. As part of their grant award, the two parties agreed to put on a conference to help train CEOs, Board members, physicians and staff on the TeamSteps program, an evidence based team building program to enhance patient outcomes by improving communications and teamwork within hospitals. The meeting of CEOs and Board members is scheduled for September 30; a follow-up meeting will take place on October 29 with nursing and patient safety staff. ...		
Next Meeting	The next meeting is scheduled for September 12, 2008		