

**Maine Quality Forum  
Advisory Council**

**Friday, January 13, 2006  
Summative Minutes of Meeting**

Members present: Jonathan Beal, Dr. Richard Bruns, Rebecca Colwell, Dr. Jeffrey Holmstrom, Frank Johnson, Dr. Robert Keller, Becky Martins, Charles Morrison, Dr. Paul Tisher, David White, and Dr. Janice Wnek. Maureen Booth of the Muskie School of Public Service, Al Prysunka of the Maine Health Data Organization, and Dr. Dennis Shubert were also present.

Chair Rebecca Colwell called the meeting to order at 9:15AM.

Ms. Colwell announced that Dr. Stephen Shannon had relocated to Maryland to begin a new position and therefore resigned from the Council.

**Minutes**

The Council approved December's meeting minutes.

**Dirigo Update**

Karynlee Harrington began by emphasizing that the Dirigo Health Agency (DHA)'s responsibilities go beyond the DirigoChoice product to include quality. Ms. Harrington then reported that DirigoChoice has served around 8675 members since January 2005, with approximately 7435 members enrolled at the end of 2005. Forty-eight percent of those members are small groups.

Ms. Harrington discussed the Experience Modification Program (EMP), noting that DHA paid \$8.2 million to Anthem and expects \$7.5 million back; these numbers mean that DirigoChoice is running under an eighty percent medical loss ratio for the first settlement period of twelve months. Ms. Harrington emphasized that the medical loss experience is quite immature given the recent debut of the plan.

Ms. Harrington reported that research conducted by the Muskie School of Public Service provides information about DirigoChoice members. First, around 480 DirigoChoice members fall into the high-risk pool. Additionally, a Muskie telephone survey determined that in the first quarter of 2005, forty percent of members were previously uninsured. That number increased slightly over the second and third quarters of 2005.

Ms. Harrington informed the Council that DHA was exploring the possibility of offering a Health Savings Account (HSA) option to DirigoChoice members. Thus far, the Agency had determined that HSAs would be a great option for those members ineligible for discounts, but would cost more money for those members with a discount.

Ms. Harrington reported that the stay request to the DHA Board had been denied for the three groups who appealed the Supervisor of Insurance's Savings-Offset Payment (SOP) decision. Ms. Harrington also noted that the DHA Board's SOP request for 2006 must be submitted by April 1. The DHA Board may consider emergency legislation to change the April 1 date to September given that the SOP process requires adjudicatory hearings and that the 2005 SOP process remains unsettled. She also pointed out that data necessary to support the SOP analysis would not be available until after the statutorily required date.

### **Wennberg Analysis**

Dr. Keller gave an overview of Dr. Jack Wennberg's research on small area variation analysis. Dr. Wennberg's research resulted in the concepts of patient-centered care and delegated (or shared) decision-making. Dr. Wennberg's research, which has often focused on the State of Maine, is the foundation of much of the work of MQF.

Dr. Shubert presented data and information regarding variation in medical care in Maine and across the United States. Some of the information presented also appears in the December 2005 edition of the MQF newsletter.

The Council agreed that future topics for MQF research might include incenting specific physician behavior, along with uncovering the effect of a patient's paid amount for care on variations or changes in treatment decisions about that care.

### **Annual Quality Report**

Dr. Shubert noted that MQF has a statutory obligation to provide an Annual Quality Report to the people of Maine. He suggested the Report focus on the issue of acute myocardial infarction (AMI) or heart attack care. The key messages would be: recognizing symptoms, not waiting to get help, calling 911 instead of driving to a hospital, and understanding treatment options. Information about the quality of AMI care across Maine would also be included. Dr. Shubert suggested a different format for the Report: a two-sided newspaper insert made of heavier paper with a poster on one side and race car imagery throughout. As a poster, the insert could also be distributed to hospitals. Dr. Shubert explained his belief that a poster insert with clear, plain language, rather than a lengthy, data-heavy publication would reach the intended target of the person on the street.

Dr. Holmstrom suggested the possibility of creating cable television advertisements, which are relatively inexpensive compared to newspaper advertisements and reach many more people.

Chip Morrison noted that an email chain with AMI symptoms could be an effective addition to whatever format is ultimately chosen.

### **2006 Work Plan**

Dr. Shubert reviewed the 2006 MQF work plan, which includes projects related to: communication (e.g. website, newsletter, Annual Report), data (e.g. paid claims

analysis), electronic technology (e.g. EMR, MHINT), quality recognition (e.g. Safety and Wellness Stars), and quality projects (e.g. practice assessment, cardiac care). Chris McCarthy noted that he needed more input from the Council on the MQF website to help inform the RFP process for the new website. Dr. Shubert explained that HealthDialog has the paid claims data and will evaluate the database. He also noted that he would distribute a list of the newly appointed MHINT Board Members to the Council.

### **Conflict Policy/CON**

Dr. Shubert explained that Council Members may have a conflict of interest with Certificate of Need (CON) applications. Council Members will be responsible for reviewing CON applications and submitting questions they believe the applicants should answer. Dr. Shubert recommended that Council Members state and make public any potential conflicts of interest. To help clarify the CON process, Maureen Booth offered to find and share minutes from an earlier Council meeting about the CON process led by a representative from the Attorney General's office.

Dr. Shubert asked Council Members to review a CON application submitted by Eastern Maine Medical Center's Cancer Care of Maine for the next meeting. He also asked Members to complete a grid he created to rate the quality of applications (e.g., how safe, timely, effective, efficient, equitable, and patient-centered they are) and offer feedback on the format and content of the grid at the next meeting. Additionally, Dr. Shubert created a summary of the application for Members.

In keeping with the conflict of interest discussion, Dr. Tisher noted that a percentage of his income comes from Eastern Maine Medical Center.

Mr. Beal noted that in order to review CON applications, Council Members would need information about the resources currently available in each applicant's community.

### **Public Comments**

Becky Martins reminded the Council that March 5-11 is National Patient Safety Week and directed Members to [www.npsf.org](http://www.npsf.org) for more information. Ms. Colwell noted that MQF should publicize and/or recognize National Patient Safety Week.

Ms. Colwell adjourned the meeting at 12:05PM.