

Summary Notes
Maine Quality Forum
Advisory Council
January 14, 2005

MQF Advisory Council members present: Jonathan Beal, Rebecca Colwell Jeffrey Holmstrom, Frank Johnson, Rebecca Martins, Robert McArtor, James McGregor, Lisa Miller, Steve Shannon, and Janice Wnek. Dennis Shubert, Maine Quality Forum, Karynlee Harrington, Dirigo Health Agency and Maureen Booth, Muskie School of Public Service were also in attendance.

The minutes of the December 10, 2004 meeting were approved as distributed.

Recognition

On behalf of the Maine Quality Forum Advisory Council, Dr. McArtor presented Jonathan Beal a letter of appreciation for his work in preparing the Council's report to the Legislature on LD 616.

Dirigo Health Reform Update

Dr. Shubert reported on recommendations contained in a draft report of the Commission to Study Maine's Hospitals which included:

- Amend the Hospital Cooperation Act to facilitate hospital cooperation and collaboration by reducing concerns relative to anti-trust.
- Support statewide implementation of electronic medical records under the leadership of the Maine Quality Forum, with some state financial support.
- Strengthen the Certificate of Need program by enhancing staff capacity. The Department of Health and Human Services should develop a plan to enhance the capacity of CON staff to conduct reviews, conduct follow-up on approved CONs, and improve the CON hearing process.
- Require Maine's hospitals to submit annually to the Maine Health Data Organization individual hospital standardized financial information in an electronic format, to facilitate public understanding of hospital finances.
- Improve the timeliness of payments by which hospitals receive payment, for services provided to MaineCare members.

Karynlee Harrington reported on the Governor's Press Conference on January 3, 2004 to announce the effective start date Dirigo Choice. As of January 1, 2005, Dirigo Choice had 1800 members composed of 132 small businesses and 612 sole proprietorships. An additional 1100 members are anticipated for the February 1 effective date.

Ms. Harrington indicated that improvements have been made in the program's discount estimator which directs consumers through the process of determining discounts. Council members raised several questions for clarification:

- Reported concerns from consumers having difficulty reaching Anthem representatives.
- In response to a question about the confidentiality of employee information during the application process, Ms. Harrington indicated that the application process was designed to protect employee information from employers.
- From an employer perspective, there are many benefits to participating in Dirigo Choice: the \$250 deductible is a better product than most employer-sponsored plans; job recruitment and retention is helped by offering a superior product such as Dirigo Choice
- A marketing brochure should be available within the next month.

National Quality Forum (NQF)

Dr. Shubert discussed his appointment to the Steering Committee established by the NQF to oversee hospital performance measures. The role of the Steering Committee, with consultation from a Technical Advisory Panel, is to solicit measures, assess their validity and scientific basis, and make recommendations for adoption following several rounds of public and expert review. This initiative will begin by focusing on rural sensitive care and mortality rates for acute MI.

Work Plan

Dr. McArtor reviewed the process used at the December MQF Advisory Council meeting to assess the Council's past performance and develop priorities for the coming year. (See Appendix A for summary of planning process.) Based on the feedback from Council members and the audience, Dr. McArtor summarized two important lessons reflected in the comments:

- Process cannot be ignored. Given the complexity and importance of the work being considered by the Council, it is important to leave sufficient time to engage in the review from the perspectives of the many perspectives represented on the Council
- Giving that there are so many moving parts to the Council's work, it is not possible to over-communicate. Redundancy in both internal and external communications is a good thing.

There was consensus as well about the major accomplishments of the past year, most notably developing an organizational structure and process for tackling an ambitious agenda, establishing the Provider Group, getting the website up, and responding to the Legislature's request on LD 616.

The purpose of today's meeting was to identify 3-5 strategic objectives that would focus resources and time for the coming year. More detailed work plans would be developed for each strategic objective once priorities were established by the Council. Each of the 5 strategic areas that were identified at the December meeting were discussed with respect to current activities underway at the MQF:

Patient Safety: This objective would encompass activities to prevent and reduce adverse events and medical errors. Examples of current activity in this area include the reduction of hospital-based infections and enhancing provider awareness about the NQF 30 safe practices. The Council suggested that a program to recognize providers for implementation of the NQF 30 safe practices should be the first priority in this category.

Activated Consumer: Work is underway at the MQF to develop a curriculum to assist consumers in health care education and self management. The Council supported this effort as its first priority in this category.

Health Information Technology: The MQF is one of three organizations funding a study to assess the feasibility of developing an electronic health information data exchange. The Dirigo Board will be considering investment in further study.

Quality Improvement Initiatives: Many opportunities for improvement have been identified. Members agreed that criteria should be adopted to guide the selection among options. Suggested criteria included:

- Where MQF can have the most influence
- Prevalence of the problem
- Opportunity to leverage with other state/national activities
- Strong evidence-base available.

Statutory Obligations: Many of the activities of the MQF are not discretionary but are governed by statute and the legislative process. These include: review and advise on technology components of certificate of need applications; contributing to the State Health Plan; pursuing funding opportunities to implement priorities. Members expressed particular concern that adequate time be left to conduct these activities and that a process be worked out whereby there is maximum lead-time to effectively do this work. Dr. Shubert indicated that he was meeting with the Governor's Office of Health Policy and Finance to review the processes for engaging the MQF in the CON and State Health Planning processes.

Dr. Shubert proposed that he and Chris McCarthy report back to the Advisory Council at the next meeting on a proposed work plan that incorporates the above strategic objectives, the associated work activities and resources to accomplish the activities.

Performance Measurement Committee

Dr. Jan Wnek reported that the Committee submitted recommendations to the NQF on their proposed home health measures.

Legislative Changes

Dr. Shubert briefly summarized proposed legislative changes that would provide direct access to MHDO databases for MQF. There would also be a clear process for the analytical methodologies used to analyze the data to be reviewed before the derived information could be made public. Another change proposed would allow MQF to grant funds.

There being no public comments, the meeting adjourned at 12:00 noon.

APPENDIX A: Themes from December 10, 2004 Planning Process

Major Accomplishments of the MQF and its Advisory Committee in 2004

1. Developed a cohesive, effective and open Advisory Council capable of articulating and executing a common quality agenda.
 - A. Established, staffed and institutionalized MQF Advisory Council
 - B. Created a supportive and trusting environment
 - C. Developed committee structures (Technology Assessment Committee; Performance Measurement Committee)
 - D. Sustained interest in a challenging environment
 - E. Grew the common knowledge base within the Council and with the public
 - F. Sought public opinion
2. Developed broad partnerships and collaborations with individuals and organizations to advance quality in the State.
 - A. Developed linkages with other organizations
 - B. Recruited and convened diverse Provider Group
 - C. Joined National Quality Forum
 - D. Supported Quality Counts
 - E. Coordinated with other Dirigo committees
3. Established a framework for the selection and reporting of standard quality measures.
 - A. Played leadership role in hospital measurement consensus group with MHMC and MHA
 - B. Became significant source of healthcare information for public, legislature and providers
 - C. Drafted rules for submission of performance data sets
4. Developed and implemented a website to maximize transparency and utility of quality information for providers and consumers.
5. Clearly identified and addressed specific issues impacting healthcare quality.
 - A. Prepared response to Legislature on LD 616
 - B. Advanced the concept of health care ‘connectivity’

Missed Opportunities in 2004

1. Failed to have meaningful input into the State Health Plan and the Dirigo Plan.
2. There was insufficient consumer and public health education regarding quality, the health care system, and the role of the MQF and Dirigo.
3. Need for broader effort to reach out to provider community
 - A. Council must become more visible and respected liaison with provider community
 - B. Find ways to reduce the time it takes to adopt evidence-based practices
 - C. Disseminate quarterly newsletter on activities of MQF
4. Should have been better educated about existing quality efforts in the State and elsewhere, such as:
 - A. Value of the NQF could offer to serve as foundation for State Health Plan
 - B. Learning from experts about quality from multiple perspectives
 - C. Failure to harness power of health disparities collaboratives
 - D. Consumer attitudes and needs
5. Should have focused activities on specific objectives, such as:
 - A. Comparative indicators to measure provider performance
 - B. Electronic medical record campaign
 - C. Doing outreach and communications with providers
 - D. 1-2 top priorities
 - E. Examination of medical technologies
 - F. Chronic disease management
 - G. Securing grants
 - H. Standardize staffing plans
 - I. Compare nurse indicators to outcomes, not just staffing levels
6. Membership and use of Provider Group
 - A. Too narrowly engaged
 - B. No dental hygienist or dental assistant

Priorities for 2005

Strategic Initiatives	
Patient Safety	
Activated Consumer	
Specific QI initiatives	
Health Information Technology	
Statutory Obligations	
Tools/Methods	
Align activities with other health reform efforts	<ul style="list-style-type: none"> • State Health Plan • Dirigo Choice
Improve communications	<ul style="list-style-type: none"> • Make website more user friendly • Further develop website • Find other ways to communicate with consumers • Research effective ways to reach consumers and employers • Create newsletter
Develop/use quality indicators	<ul style="list-style-type: none"> • Establish standard process and measures across system of care • Collect and implement statewide • Develop measures for 3 chronic conditions • Document nurse indicators over time • Require reporting of hospital infections/medical errors • Work with Licensure to document nurse staffing ratios
Assess technology	<ul style="list-style-type: none"> • Scan emerging technologies • Advance EMR agenda; interface at national level • Underwrite infrastructure improvements • Focus on technologies that impact cost, quality and access • Develop proactive CON review process
Collaborate with stakeholders	<ul style="list-style-type: none"> • Implement MHINT program • Avoid duplication • Gain provider buy-in • Reach providers at all levels • Develop partnership with data organizations to ensure ready access • Disseminate evidence-based protocols • Engage non-traditional providers (FQHC, rural health clinics)

<p>Improve organizational processes</p>	<ul style="list-style-type: none"> • Proactively identify issues for focus • Pursue funding opportunities • Improve communication with GOHPF • Develop prospective work plan • Develop criteria for project selection • Develop process for CON
<p>Evaluate</p>	<ul style="list-style-type: none"> • Validate Dirigo program value to members, employers, providers, state, and payors