

**Maine Quality Forum
Advisory Council
January 30, 2004
Minutes of Meeting**

The Maine Quality Forum (MQF) Advisory Council met on January 30, 2004 in the offices of the Maine Department of Human Services, Augusta. Chair Bob McArtor called the meeting to order at approximately 9:00 a.m. Other members in attendance included Jonathan Beal, Lauren Biczak, Richard Bruns, Rebecca Colwell, Frank Johnson, Becky Martins, Jim McGregor, Lisa Miller, Charles Morrison, Dan Roet, Steve Shannon, Janice Wnek and David White. Tom Dunne, Executive Director of the Dirigo Health Agency, and Maureen Booth, of the Muskie School of Public Service, were also in attendance.

Minutes of the January 16 meeting were accepted, noting that the date in the first paragraph should be changed from December 9 to January 16, 2004.

Communication and Coordination within Dirigo Health

Bob McArtor raised a question about how to formalize communications across the many activities under Dirigo Health. As the number of work groups expands, members concurred that it was important to stay well informed on the issues and the potential impact decisions in one area may have on another. Several strategies to improve coordination were discussed:

- Committee members were encouraged to participate in other Dirigo activities and to report back to the MQF Advisory Council.
- Regular meetings should be held with the chairs of the Dirigo Board and advisory groups.
- Key individuals periodically should be invited to address the MQF Advisory Council on relevant issues.
- The MQF director should serve as the primary liaison for information on the status of other Dirigo-related activities.

It was agreed that 10-15 minutes of each meeting would be devoted to a briefing on key Dirigo-related issues. It was also agreed that the Chair may sign off on the minutes for distribution to interested parties prior to the meeting.

Recruitment of MQF Director

Tom Dunne reported that a short list of candidates would be available shortly and that the position could be filled within a month.

Provider Subgroup Report

Rebecca Colwell presented the report of the Provider Subgroup which proposed a group of core members from each of the statute's mandated provider categories. Several issues were raised for clarification and discussion.

- The primary role of the Provider Subgroup would be to serve as a sounding board on ideas and approaches being examined by the MQF and its Advisory Council.
- It is envisioned that the Provider Subgroup would have regular meetings (initially these may be monthly) and may be called together on an ad-hoc basis as needs arise.
- The term potential “sponsors” was meant to mean potential sources for seeking nominations and not representatives from individual organizations.
- Provider types may be too discreetly defined (e.g., physical therapy vs. rehabilitation medicine) in some cases and too broadly defined in others (e.g., mental health clinics vs. psychiatrist or social worker).

Members agreed with the general approach proposed by the work group but asked that they reconvene to: (1) articulate more clearly the purpose of the Provider Subgroup; (2) propose criteria for membership; and (3) clarify the nominating process. Members of the Advisory Council were encouraged to participate in work sessions on these matters.

Mission Statement Subgroup

Jonathan Beal reported the Subgroup’s recommendations on a Mission Statement for the MQF Advisory Council. Members adopted several amendments to the proposal:

- Insert – “Develop methods to assess and report comparative quality data and implement sustained strategies to inform citizens.”
- The Mission Statement should incorporate a definition of quality as a preamble once one is adopted by the MQF Advisory Council (see following discussion).
- Technology assessment is understood to be included within the charge relating to recommending priorities in quality assurance and quality improvement.

Definition of Quality

Members reviewed several national definitions of quality. While members generally favored the Institute of Medicine definition, there was concern that it did not adequately take into account issues of affordability and cost efficiency. Members agreed that more discussion should occur at the next meeting and that, prior to that time, comments should be submitted to Maureen Booth (maureenb@usm.maine.edu) for compilation.

Member Representation

Mr. Beal proposed the following resolution: “The individual members of the Committee have been appointed by the Governor based on their experience and commitment to the aims of the Dirigo Health Plan, and not to protect or advance the interests of the organizations which may have nominated them.” Lacking statutory guidance on the succession of members, the proposal intended to make clear that members sit at the pleasure of the Governor and are not appointed as representatives of a particular organization or interest. The proposal lacked support as a formal resolution since for many members it stated the obvious and was not necessary. One member voiced concern that it was not possible or desirable to detach oneself from one’s affiliations and, to do so at meetings, would weaken the perspectives that needed to be aired on issues. Members did agree to authorize Tom to represent to the Dirigo Board their position that they serve as qualified individuals not organizational representatives on the Advisory Council.

Goals/Measures of Success

Dr. McArtor invited members to identify 3-4 top priorities that they wanted to achieve and measures for evaluating the success of those initiatives. The following priorities were identified as short term goals:

- Provide input into the State Health Plan regarding QA/QI priorities (e.g., clinical condition).
- Select performance measures and national benchmarks against which Maine's performance can be evaluated. In the short term, this would include fact gathering on available measures, selection of key measures, and the development of work plan for analyzing and reporting results.
- Design a strategy for scanning the environment on emerging technologies and making recommendations to the CON process regarding proposed technologies. Defining "technology" will also be critical so that the MQF does not become mired in this task. Dr. McArtor proposed that a working paper prepared by Maureen Booth be distributed prior to the next meeting as a framework for discussion on the topic.
- Develop a structure for managing and conducting the activities required of the MQF and its Advisory Council.
- Identify 1-2 areas for quality improvement and plausible interventions that can make a difference without duplicating existing efforts.

Members also identified several longer term priorities:

- Seek input from the public health community to better understand the health issues facing the State and preventive strategies that could be endorsed through the MQF. Dr. McArtor requested Lisa Miller to think about how to proceed on this goal.
- Work with the MHDO and other organizations in the collection, analysis and reporting of selected performance measures. Dr. McArtor will appoint a council member to lead a subgroup to think through how best to approach the MQF's responsibilities regarding the selection and reporting of performance measures.
- Merge cost and quality data to look at the *value* of health care.
- Standardize the collection of cost data so that accurate facility comparisons can be reported.
- Solicit feedback from the public and providers on the performance of the MQF.

Dr. McArtor thanked members for their ideas and proposed that there be a process to periodically check back at the Council's progress.

Next Meeting

Dr. McArtor identified the following items for the agenda of the next meeting:

- Overview of other Dirigo-related activities
- The MQF role of Technology Assessment
- Adoption of a definition of quality
- Provider Subgroup Report
- Action plans for short term initiatives

The next meeting is scheduled for Friday, February 13, 2004 at the Muskie School of Public Service, 295 Water Street, Augusta. (Members unable to attend due to the long weekend were encouraged to notify staff as soon as possible.) Until further notice, future meetings will be the second Friday of each month.

Public Comments

Members of the audience were invited to address the Council.

- Bob McAfee, Chair of the Dirigo Board, cautioned that the use of performance measures should result in real change and not simply the production of paper reports. On the issue of sponsorship, Dr. McAfee stressed the value of members playing an ambassadorial role in taking the message back to constituents where the ultimate success of Dirigo must play out.
- Joel Johnson proposed that the Provider Subgroup specify practicing nurses with experience in quality metrics on its list of members. Mr. Johnson further proposed that at least one nurse come from an ambulatory setting.
- Gordon Smith reinforced the Advisory Council's position that the nominating organization cannot dictate a member's position but stressed the value of having members with ties to professional organizations so that they can articulate broader perspectives in their deliberations.

Adjournment

There being no further business, the meeting adjourned at 12 noon.