

**Maine Quality Forum
Advisory Council**

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

Members present: James Case, Rebecca Colwell, Dr. Stephen Gefvert, Dr. Jeffrey Holmstrom, Dr. Robert Keller, Lisa Miller, Daniel Roet, David White, and Dr. Janice Wnek. Maureen Booth of the Muskie School of Public Service, Brenda McCormick of MaineCare, and Dr. Dennis Shubert were also present.

Chair Rebecca Colwell called the meeting to order at 9:10am.

Introductions/Council Appointments & Reappointments

Dr. Shubert introduced two new Council members present for the meeting and reviewed the Council appointments and reappointments that resulted from the October 10 Health and Human Services Committee Meeting.

Dr. W. Steven Gefvert of Cumberland Foreside fills the vacancy of Dr. Stephen Shannon. Dr. Gefvert recently retired from gastroenterology practice and is past President of the Maine Osteopathic Association. Filling the consumer/organized labor seat is James Case, Esq. a partner in McTeague, Higbee, Case, Cohen Whitney & Toker.

Dr. Shubert noted that Dr. Kathy Boulet, a chiropractor for over fifteen years, would be filling the non-physician provider seat, Maureen Kenny, Manager of Integrated Health Services at General Dynamics-Bath Iron Works, would represent large businesses. Dr. Shubert stated that David White, Chip Morrison, and Dr. Lauren Biczak were reappointed to the Council.

Minutes

The Council approved the July and September meeting minutes.

Dirigo Update

Ms. Karynlee Harrington reported that the Blue Ribbon Commission met the previous week. At the meeting, Steve Hinckley of Hinckley, Allen & Tringale (HAT) gave a presentation about cost-containment initiatives, and Karen Quigley (also of HAT) gave a presentation summarizing early responses from legislators about a survey about the DirigoChoice product. Ms. Harrington noted that the next Blue Ribbon Commission meeting is scheduled for October 24.

Ms. Harrington reported that she has met with the Governor's Office of Health Policy and Finance (GOHPF) to begin work on a grant awarded to Maine by the National Governors' Association (NGA) to develop and implement a worksite wellness toolkit for small businesses. (The grant is part of the NGA's Healthy America initiative). Ms. Harrington explained that the toolkit will be piloted with

DirigoChoice businesses to ensure that it enables small businesses to implement and measure the success of wellness programs. She added that she will be working with GOHPF to create standards so that MQF can potentially award Wellness Stars to small businesses. Ms. Harrington asked for a volunteer from the Advisory Council to work on the steering committee for the Wellness project. Ms. Lisa Miller volunteered.

Ms. Harrington also reported that DirigoChoice enrollment is approximately 11,500 as of September 1, 2006.

Old Business

CON Process Review

Ms. Barbara Shaw, Esq., from Muskie, explained that MQF is in the process of creating internal policies for its interaction with the Certificate of Need (CON) process and provided an overview of the role of MQF and the Council in the CON process. Ms. Shaw stated that MQF serves as a consultant to the CON Unit by reviewing letters of intent and completed applications. She noted that all communication received by MQF relative to CON applications will be directed to the CON Unit. She stated that MQF staff will communicate with applicants only through the CON unit. The Advisory Council has no direct role in the any CON application evaluation, but advises MQF on the criteria and framework for an application evaluation examining issues of quality and safety. Ms. Shaw noted that once the drafted policy has been reviewed the Attorney General that MQF will have a finalized document to distribute to the Council.

Dr. Shubert reported that the role of the Council is to assist in the construction of evaluation criteria, currently in the form of a grid that is posted on the MQF website. Dr. Shubert added that should a CON application include emerging technology, the Technology Assessment Committee and the Advisory Council will review research and take testimony on the efficacy and appropriateness of new technology for Maine.

Dr. Shubert also provided a snapshot of the type of feedback he has provided to the CON Unit about applications:

- The appropriateness of private rooms for infection control
- The inclusion/omission of data about past unit performance
- The omission of utilization data for specific procedures
- A lack of information about safe practices and quality data
- Review and present metrics of quality and safety as they apply to an individual applicant

Advanced Imaging Analysis

Dr. Shubert reviewed an Advanced Imaging (CT and MRI) Analysis prepared for MQF by the Center for Outcomes Research and Evaluation, Maine Medical Center, but first provided an overview of variation analysis. He noted that Maine

was at the forefront of variation analysis when it first began and that comparisons are based on hospital service areas (HSAs), also called health service areas. He explained the three types of variation analysis:

1. *Effectiveness care* (treatment for which there are established guidelines, such as the use of anti-hypertensive medication or colonoscopy for patients over the age of 50)
2. *Patient-centered care* (treatment that may vary based on patient preference, but that will vary less if patients are provided with neutral information about their choices, such as hysterectomy for benign reasons)
3. *Supply-sensitive care* (treatment for which there are vague or no guidelines, such as cardiologist follow-up visit frequency and there is direct correlation between supply and utilization)

Dr. Shubert noted that advanced imaging is an example of supply-sensitive care. He stated that the data analyzed in the report is from the commercial portion of the Maine all-payer database and covers the time period of January 2003 to June 2005. The analysis examines rates of advanced imaging by modality (test type), body region (back and pelvis/abdomen), and modality and body region. Additionally, adjusted rates (for age, gender) are included.

Dr. Shubert explained that the analysis identified two HSAs (Presque Isle and Caribou) that utilize advanced imaging more frequently than the state average, and that the higher utilization areas are also quicker to use advanced imaging within 90 days of visit for new diagnosis of pelvic/abdominal pain or back pain. Geographic (coloration) maps graphically illustrated the variation in advanced imaging by HSA.

Council Members discussed possible causes for the variation, including: easy access (supply excess, no cost barrier, no administrative barrier such as prior authorization), local medical culture, lack of understanding about appropriate indications, public demand for reassurance and inability of providers to say no to friends and neighbors.

Dr. Shubert noted that MQF has contacted individual high volume prescribers to attempt to identify explanations for their identification that would relate to billing issues or clinical issues.

Dr. Shubert asked the AC for suggestions for what the public message should be derived from this study.

Dr. Wnek recommended MQF explain the process that leads to the decision to obtain an imaging study. What is the question that the imaging study is being used to answer. If the study provides only reassurance and is not expected to

change clinical management, then that fact should be identified and dealt with. Ms. Colwell suggested MQF publish clinical guidelines for the tests and educate patients about use of guidelines. Nancy Morris of the Maine Health Alliance suggested patients be educated about the risks and potential complications of radiation.

Budget

Dr. Shubert gave an overview of the fiscal year 2007 budget for MQF initiatives, noting that a key objective for the next year will be connecting what MQF has developed with the public. The analysis of the budget demonstrated that 46% of the budget will be devoted to data analyses and information, 18% will go to best practice promotion/implementation, and 36% will go toward community engagement/public education initiatives.

Data Website Update

Mr. Christopher McCarthy updated the Council on the status of the data website. He noted that roll ups (which include multiple metrics) would be used for heart care (a roll up of acute myocardial infarction and heart failure metrics), nursing sensitive indicators (one roll up for nursing sensitive patient-centered metrics and another for system-centered measures), and surgical infection prevention indicators (which will be split into two roll ups). Chris explained that each metric will be assigned a score based on hospital performance compared with a reference group (e.g. peer group), and the sum of scores to be included in a roll up generates a roll up score that will determine what the hospital's comparison meter looks like. Chris noted that standard error for the measures will be calculated using the conservative standard used by AHRQ for other similar projects. He added that one challenge has been determining how to account for a standard error of zero. . A mockup of the website is expected soon and Chris agreed to share it with Council members electronically.

Safety Star Update

Ms. Carrie Hanlon stated that the Safety Star Validation Team (VT) met on September 26 to prepare for potential upcoming applications and provided constructive feedback about Safety Star Standards, Validation Criteria, and the validation process. She noted that the VT explained that the hospital community assumed that 100% compliance (perfection) was required for every Safety Star Standard, a message MQF had not intended to convey. Carrie explained that the confusion was a result of seven standards that did not specify compliance levels because they required quality improvement systems of continuous assessment and response to measurements. Carrie reported that the VT also made changes to simplify the site visit process. As a result of the meeting, MQF revised the Safety Star Manuals and sent letters to hospital CEOs clarifying that while MQF supports 100% compliance with all Safety Star Standards; it also understands that exemplar institutions need not perform perfectly to be outstanding.

Carrie also reported that DHA has proposed agency rules for the awarding of the Safety Star. She noted that the public hearing for the rules is October 30 at 1:30 at MQF and that the public comment deadline is November 10. She added that both the proposed rules and the updated Safety Star Manuals are posted on the MQF website.

New Business

ePrescribing/HealthInfoNet Update

Dr. Shubert announced that HealthInfoNet is considering constructing a state wide eprescribing system as its first initiative.

Meeting Schedule

The Council agreed to forgo a November meeting since the scheduled meeting falls on a holiday. The next meeting is December 8, 2006.

Announcements

Dr. Shubert reminded the Council that a statewide heart attack protocol would be presented at the *In a Heartbeat* AMI Conference on November 9.

References Presented

Dr. Shubert presented a potentially preventable adverse events chart from the Commonwealth Fund that shows increases in major categories since 1997 through 2003.

Public Comments

There were no public comments.

The meeting adjourned at 12:00pm.