

SUMMARY NOTES
Maine Quality Forum
Advisory Council
Friday, November 9, 2007

Present: Rebecca Colwell, Chair; Josh Cutler MD, Executive Director; W. Stephen Gefvert MD; Jeffrey Holmstrom MD; Frank Johnson; Maureen Kenney; Robert Keller MD, Co-chair; Rebecca Martins; Lisa Miller; Rod Prior MD, and Janice Wnek MD. Also in attendance were Trish Riley, Director of the Governor's Office of Health Policy and Finance; Karynlee Harrington, Executive Director of the Dirigo Health Agency and Maureen Booth of the Muskie School of Public Service.

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

State Health Plan

Ms. Colwell welcomed Trish Riley, Director of the Governor's Office of Health Policy and Finance (GOHPF). Ms. Riley was asked to discuss the State Health Plan (SHP), how it is prepared and the role of the MQF Advisory Council in its development. Ms. Riley reviewed the origins of the State Health Plan. The Dirigo Act required the GOHPF to establish a SHP that would set priorities for the state, not only state government, which would lead Maine to become the healthiest state in the nation. The Advisory Council for Health Systems Development was set up to advise the GOHPF on the SHP. In turn, the MQF recommends to the Advisory Group priorities for the SHP related to quality. Ms. Riley commended the MQF Advisory Council on the significant work they have done in advancing the quality agenda and collecting standardized indicators for measuring quality. She encouraged the Council to focus future efforts on helping the State understand what the data tell us and what needs to be done to improve performance

In last year's session, the Maine State Legislature added five additional legislators to the Health Systems Development Advisory Group, and a representative each from the insurance industry, large and small businesses. In addition, the Legislature charged the GOHPF to study major cost drivers in the State and to make annual recommendations, beginning in March, on how to bring health cost increases down to the level of inflation. Currently, health care costs increase at twice the rate of inflation.

Ms. Riley reviewed recent findings from United Health and the American Public Health Association ranking Maine the 7th healthiest state in the nation, compared to #9 in the previous year. While Maine has made progress, Ms. Riley presented statistics showing how Vermont (the #1 ranked state) does better than Maine in several important areas, such as avoidable hospitalizations and premature deaths due to cancer.

For the past months, GOHPF staff have been conducting public forums throughout the state to make everyone aware of the issues faced in Maine and opportunities for improving both health care outcomes and costs. Data presented at these forums come from reports published by McKinsey Global comparing the US to other developed countries and CMS showing trends in health care costs. Major highlights from these slides include:

- The US spends twice what other developed countries do on health care. Even so, nearly 47M people are uninsured and our outcomes and health are no better.
- One in 8 jobs in Maine is in health care. Thus, one person's method for cost containment can be another's salary cut.
- Unit costs of health care accounts for approximately 25 percent of all costs; how often we use services accounts for nearly 75 percent of total costs.
- There are significant variations in length of stay across Maine hospitals for the same condition and treatment activities.
- Despite average deductibles of \$1700 and charity care policies at most Maine hospitals that serve persons at 200 percent the poverty level, charity care and bad debt have decreased in Maine. This is largely seen as a result of expansions of the MaineCare program and the availability of Dirigo Health.
- The rate of outpatient visits is increasing faster in Maine than elsewhere in the US. The increasing rate of emergency visits are particularly disturbing given that Maine has one of the nation's lowest rates of uninsured and highest number of primary care physicians. The lack of 24/7 coverage at federally qualified health centers and mental health centers was raised as a possible explanation.
- Thirty-seven percent of the increase in health care spending is attributed to chronic illness. Maine has many activities addressing these issues. In two areas, however, we are losing ground – teens who are overweight and adults lacking physical activity.
- The McKinsey study reports that if the supply of health care services, payment to providers and use patterns in the US mirrored that of other industrialized nations, the US could save up to \$477B a year.
- MRI capacity in Maine is one of the highest in the country and 8 times that of New Hampshire. The number of old CT scanners and MRIs that are in operation without state licensure raised as a question for quality oversight. Ms. Riley reminded members of the MQF's role in technology assessment and the need to be thoughtful in anticipating how new technologies should be incorporated into the health care system.

These and other issues raised in the work of the MQF and elsewhere will serve as basis for next year's State Health Plan. A Summary of Progress to Date since last SHP was distributed to members indicating advancements in the areas of the uninsured, quality, and certificate of need. Major activity has also taken place in public health with the creation of comprehensive health planning coalitions in 8 districts focused on prevention and health.

The MQF's recommendations for the SHP are due in January for incorporation into a final document by the end of March. Ms. Riley requested that the Advisory Council consider specific programmatic activities that should be undertaken to address both quality concerns and cost containment. Ms. Riley underscored major issues raised in the course of this meeting: rise in emergency room use, mental health services and interface with medical care, reimbursement models that affect the quality of care, the future of advanced medical homes and the chronic care model, public health and its intersection

with primary care, variations analyses and technology assessments. She asked that the Council focus on concrete actionable recommendations that would move the agenda forward. Ms. Riley noted that a Data Book was being prepared on cost drivers; copies to be distributed to the MQF Advisory Council. Members thanked Ms. Riley for attending the meeting and encouraged her to return often.

Minutes - September 14, 2007 Meeting

The minutes of the September 14, 2007 MQF Advisory Council were approved as distributed.

Dirigo Health Update

Karynlee Harrington, Director of the Dirigo Health Agency, announced that the Senate recently confirmed two new members to the Dirigo Board of Trustees (formerly known as the Board of Directors). They are Mary McAleney and Mary Anne Turowski. The State Treasurer has also joined the Board as an *ex officio* member. Four additional members are likely to be appointed during the next session.

At the last MQF meeting, Ms. Harrington announced the Board's decision to end the contract with Anthem Blue Cross and Blue Shield for the Dirigo Health product effective at the end of this year. In October, the Board approved a contract with Harvard Pilgrim Healthcare to administer the product. The Dirigo Agency is working with Anthem and Harvard Pilgrim HealthCare to assure a smooth transition of all members effective January 1, 2008. A new site has been added to the website on the transition for members and providers. In response to questions about the provider network, Ms. Harrington indicated that there is a large overlap of providers between the two insurers and that expect minimal disruption. Harvard Pilgrim is committed to bringing primary care physicians into the network and will arrange payments for a period of time if a member's current PCP is not part of the provider network.

Ms. Harrington reported that the primary focus of the agency during next year will be to secure alternative funding for the agency, which includes support for the Maine Quality Forum.

MQF Activity Update

Josh Cutler, Director of the Maine Quality Forum, reviewed the status of activities:

- **Chapter 270.** This is the rule under which the MQF recommends data reporting by hospitals. No recommendations are pending at this time. In the past legislative session, a resolve was made that the MQF consult with the Maine Health Data Organization to choose a nurse satisfaction instrument that the hospitals would be required to submit as part of the State's effort to assess nurse sensitive quality issues. The content of the advice from MQF on this matter is that there is no known connection between nurse satisfaction and quality outcomes.
- **Health Dialog.** MQF's contract with Health Dialog has been renewed to continue work on the paid claims data base for use in analyses of variation, care effectiveness and cost. Mike DeLorenzo, project director, will be meeting with the MQF

Performance Indicator Committee later in the day to discuss methodologies used by Health Dialog in their analyses which do not always match quality indicators adopted by the MQF.

- **Critical Access Hospitals.** The MQF has embarked on a project in collaboration with the Maine Hospital Association and the Maine Office of Rural Health to work with State's Maine's critical access hospitals. With support from the Maine Health Access Foundation, Judy Tupper of the Muskie School will be providing staff support to identify and improve areas where small, rural hospitals face unique challenges. The overall focus of the initiative is on patient safety with an initial emphasis on medication reconciliation.
- **Voluntary Practice Assessment.** This initiative is being conducted by the Maine Medical Association under contract with the MQF. The focus of the project is to identify and offer a means to assess quality improvement opportunities (*e.g.*, diabetes care, asthma care, heart care) in small, unaffiliated primary care practices throughout the State. Based on chart abstractions, the project would report its findings back to practices and connect them to larger learning communities for follow up. There was limited recruitment of practices in the first year of the project. John Barry has been recently hired to direct the effort and there is expectation that greater participation will follow.
- **MQF Staffing.** A position has been posted to replace Chris McCarthy who resigned in August and the initial pool of applicants looks encouraging. Dr. Cutler hopes to be able to announce the hiring of a new staff member at the next meeting.

Next Meeting

Despite plans to begin meeting every other month, the Council decided to go forward with its previously scheduled meeting on December 14, 2007 to discuss its recommendations for the State Health Plan. Prior to that meeting, members will receive the Data Book being prepared for the Governor's Office of Health Policy and Finance.