

**Maine Quality Forum
Advisory Council**

**Friday, December 9, 2005
Summative Minutes of Meeting**

Members present: Charles Morrison, Lisa Miller, Jonathan Beal, Dr. Stephen Shannon (telephonic), Daniel Roet, David White, Dr. Robert Keller, Rebecca Colwell, Dr. Paul Tisher, and Becky Martins. Dr. Dennis Shubert was also present.

Chair Rebecca Colwell called the meeting to order at 9:25AM.

Minutes

The Council approved October's meeting minutes.

Dirigo Update

Karynlee Harrington reported that DirigoChoice has served 8600 members since January, and of that total, 7400 are presently enrolled. She noted that this reflects higher than normal disenrollment and that she is working with the Muskie School of Public Service to survey disenrollees about their reasons for leaving. Ms. Harrington added that disenrollees cannot reenroll with a discount for a full twelve months; this rule was a conscious effort to prevent members from enrolling only when they anticipated needing services. Ms. Harrington noted that Dirigo Health will also be doing research on the high-risk pool of enrollees.

Ms. Harrington also reported that Dirigo Health is coping with two lawsuits. One lawsuit, on behalf of three groups, appeals the Supervisor of Insurance's Savings-Offset Payment (SOP) decision. The other lawsuit appeals the Dirigo Board's decision that the SOP is 2.408% of 2004 paid claims to be ultimately reconciled on 2006 claims.

Old Business:

Web Site Traffic/Updates

Chris McCarthy reported that traffic to the MQF website increased over the past year, with noticeable spikes in traffic when specific projects were launched, such as the Safety Star Program and the Nursing Sensitive Indicators. Chris noted that the web traffic numbers most likely represent a consistent group of the same people regularly checking the website. He added that MQF needed to do more outreach to increase interest and use of the website.

Hospital Safety Brochures

Chris McCarthy reported that hospital safety brochures created as part of the Safety Star marketing and community education campaigns were distributed to approximately 200 providers for display. The aim of the brochures is to increase the likelihood of safer hospital stays for patients. MQF received two independent, unsolicited requests for brochures from a surgical center and a hospital. Chris reported that MQF would like to

see these brochures in all hospitals and all provider offices, but that distribution is expensive. The feedback from the brochures has been very positive.

Paid Claims Analysis

Chris McCarthy reported that he continues to finalize negotiations with Health Dialog on the paid claims analysis contract, with a call scheduled for later in the day. He reminded the Council that the contract will build a unique data warehouse for HD/MQF analysis. Also the contract calls for variation analysis of advanced imaging use in Maine.

Sentinel Event Update

Jonathan Beal presented the final report of the Serious Reportable Event Ad Hoc Committee for approval and submission to the Governor's office for requested action. The Committee reviewed Maine's Sentinel Event Statute in light of the passage of the federal Patient Safety Act as well as the National Quality Forum's endorsement of a list of serious events and the NQF endorsement of the Joint Commission on Accreditation of Healthcare Organizations' taxonomy. The report includes the Committee's findings and recommendations, along with a minority report on behalf of Representative Trahan.

The findings in the final report are:

- Maine's present sentinel event statute is a tribute to the determination of forward looking dedicated people. The present statute reflects the consensus thinking around sentinel events at the time of its drafting.
- Maine's present sentinel event system with its use of a sentinel event team excluded from other state government functions and protected from public disclosure laws provides the intended mechanism for state support of thorough analysis of reportable events but limited required sharing of learnings among Maine providers.
- The sentinel event definitions in Maine's present statute require two levels of provider judgment (Underlying condition, proper medical care) that introduce opportunity for marked variability that threatens the credibility of the reported sentinel events for the purpose of public accountability at the state health care industry level.
- Presently the Division of Licensure and Certification has not established the level of compliance with Maine statute. The Division's ability to establish compliance is thwarted by the inherent vagaries in the definitions and limitations on state resources that are not likely to change.
- There is a national voluntary consensus standard sentinel event reporting taxonomy available and in the early stages of adoption.
- The National Quality Forum's 27 never events are clear examples of serious reportable events useful for public accountability through public reporting.
- Providing the Maine Sentinel Event team with the ability to forward de-identified descriptions of standardized sentinel events to national patient safety organizations partially fulfills Maine's obligation to the national greater good without imposing any identifiable burden or exposure to Maine's providers.

- The committee is concerned that there is an indeterminate amount of underreporting within Maine's system.

The recommendations in the final report are:

- Add the National Quality Forum's never events to Maine's sentinel event reporting statute.
- The sentinel event team annual report shall confirm completion of planned corrective and preventive actions related to previous reported events.
- Through rule making, require providers to use the sentinel event taxonomy developed by the Joint Commission for Accreditation of Healthcare Organizations and endorsed as a national voluntary consensus standard by the National Quality Forum.
- Allow the state to forward de-identified summaries of Maine's events to Patient Safety Organizations recognized by the Federal Patient Safety Act of 2005.
- Require the Division of Licensure and Certification to adopt a protocol to assess compliance with the sentinel event statute.
- Encourage the sentinel event team to follow up and collect data on implementation of provider planned system corrections to system failures responsible for prior sentinel events.
- Provide the sentinel event team and the Division of Licensure and Certification adequate resources to fulfill these recommendations as well as its existing statutory mandates (Funding request details follow)

Sandra Parker of the Maine Hospital Association expressed the concern that the current Maine Statute is a medical error law and should include the clause regarding proper medical care and underlying condition to filter out those events not due to error.

Becky Martins reminded the Council that from the patient's perspective, sustained change is more important than numbers, that each event is not just a number, but a person.

The Council voted (9 members in favor of, 1 against, and 1 abstaining) to approve the report with a few changes. The abstaining member explained that she would change her vote when she was able to review the final report. The Council felt the report should recognize the role of the current Sentinel Event Statute in changing hospital culture regarding the reporting of events, as well as ensuring the confidentiality of all report information. The Council agreed that Dr. Shubert with Representative Trahan would create and include a minority summary for the final report.

New Business:

Technology Assessment over the Horizon

Dr. Shubert noted that an article in *Health Affairs* discusses major upcoming changes in health care technology over the next twenty years. For example, the article predicts that MRIs will replace diagnostic cardiac catheterizations in the future.

Consulting Staff, Seat for MHDO

Dr. Shubert reported that the Maine Health Data Organization is very involved with the work of the MQF and that it would be wise to create a formal link between the two agencies by creating a non-voting position for the MHDO executive director. The Council selected the title of *MHDO Liaison* for this position.

Look Back/Forward

Dr. Shubert updated the Council on the progress of MQF activities over the past year. He noted that several 2005 tasks were met, including the creation and distribution of a provider newsletter. Other tasks, such as the improvement of the MQF website were not completed. Dr. Shubert noted that a Memorandum of Understanding by and between the Department of Health and Human Services and MQF was created to clarify duties related to the Certificate of Need process.

2006 Work Plan and Budget

Dr. Shubert outlined the MQF projects planned for 2006, as well as the proposed 2006 MQF budget. One quality project planned for 2006 is population based practice assessment, where MQF will work with professional associations to use existing, validated tools to assess and report back to those associations their performance. The intent of the project is to stimulate change among practices. (Appended)

The Council approved the MQF budget requested by Dr. Shubert, who noted that he would go through it and the 2006 Work Plan in much more detail at the next meeting, when more time was available. Dr. Shubert noted that the budget would be submitted to the Dirigo Health Board for approval.

Community Engagement Committee Makeup

The Community Engagement Committee makeup discussion was postponed due to time constraints.

Conflict of Interest Policy

Dr. Shubert requested the Council review the Maine Arts Commission Conflict of Interest Policy.

Public Comments

Ms. Harrington encouraged the Council to look beyond the 2006 budget to think about possible future projects and expenditures in anticipation of next year's SOP discussions and budgetary considerations. Ms. Colwell agreed to incorporate such a discussion at the next Council meeting.

Ms. Colwell adjourned the meeting at 12:10 PM.