

**Maine Quality Forum
Advisory Council**

**Friday, June 9, 2006
Summative Minutes of Meeting**

Members present: Dr. Richard Bruns, Rebecca Colwell, Frank Johnson, Dr. Robert Keller, Dr. Paul Tisher, and David White. Maureen Booth of the Muskie School of Public Service, Brenda McCormick of MaineCare, Al Prysunka of the Maine Health Data Organization, and Dr. Dennis Shubert were also present.

Chair Rebecca Colwell called the meeting to order at 9:05am.

Minutes

The Council postponed the approval of May's meeting minutes since a quorum was not present.

Dirigo Update

Ms. Harrington updated the Council on DirigoChoice enrollment. She stated that current enrollment is just below 10,111. Individuals continue to enroll at a higher rate than small groups, so the Dirigo Health Agency (DHA) will be convening focus groups about attracting small groups to balance DirigoChoice membership.

Ms. Harrington reported that LD 1845 and 1935 were defeated in the legislature, which means DHA is collecting the full Savings Offset Payment (SOP); DHA has received \$1.8 million of the SOP so far. Ms. Harrington further reported that the DHA Board adopted savings of 42.2 million for 2007. The Superintendent of Insurance will hold a hearing regarding that decision on July 12. Additionally, DHA continues to await a circuit court decision regarding the challenge to last year's SOP finding.

Old Business

Remote Physiologic Monitoring

Dr. Shubert reported on new technology called remote physiologic monitoring (RPM), which is supported by the New England Health Care Institute and appears to be a very successful disease management tool for patients with heart failure, chronic obstructive pulmonary disease and diabetes. However RPM is not presently reimbursed. Dr. Shubert discussed that this issue was an offshoot of the examination of Maine's relatively low performance on home health care quality as determined by CMS. Maine was rated low in readmissions with the Council's discussion leading to uncovering the factors of poor quality discharge and readmission for conditions of CHF. Ms. Colwell at the last meeting pointed out the advantages of remote physiologic monitoring in helping to lower CHF readmissions. The Council discussed the need to achieve reimbursement for

RPM and decided that Medicare and MaineCare (long-term providers) would be the best targets.

Maureen Booth offered to conduct research on activity and reimbursement across the United States relative to RPM, with an emphasis on Medicaid, and report back her findings to the Council.

HDAS Report: Paid Claim Analysis

Dr. David Wennberg from Health Dialog Analytic Solutions (HDAS) gave a presentation on the creation of a member-centric database intended to improve care and reduce unwanted variation in Maine. Dr. Wennberg gave an overview of the warehouse construction. He noted that the database will provide longitudinal records, which will allow for evaluation of care for patients over time. By appropriate grouping of patients, the quality and efficiency of care can be analyzed at the physician, hospital, and region levels. This will enable provider and system evaluation.

Dr. Wennberg stated that there are three types of raw data included: member eligibility data, paid claims data, provider data. Al Prysunka noted that Medicare/MaineCare data will be available in about 2 weeks. The MQF data shows 720,000 members per month, with \$140 million paid per month. The data is from January 2003 to June 2005. Dr. Wennberg pointed out that a database that included one half of Maine's population was of more than sufficient relative size to assess system and provider performance with consistency and accuracy.

Dr. Wennberg reported that the data passed all quality control checks conducted by Health Dialog. He noted that the data will provide a lot of insight into care, especially care in outpatient settings.

Maine continues to be a leader with variation data, the data discharge database, and an all-payer claims data set. Maine will be the first state to have this comprehensive of a database up and running.

Dr. Wennberg addressed the issue of practitioner identification. He pointed out that 95% of claims had been mapped to a servicing provider. However in some hospital systems such as Eastern Maine Healthcare, global billing was being used which would preclude certain analyses requiring identification of servicing provider. Consensus of the group was that the global billing practice was interfering seriously with the public interest as represented by MQF and others activities.

Tripartite Update

Dr. Shubert updated the Council on the activity of the tripartite group convened by Dr. McArtor. The May meeting included a discussion of how to roll up provider scores on best practices and present the information to employees. The group

also started the discussion as to which quality indicators they would like to see used next.

Project Updates:

NSI

Chris McCarthy reported that the finalized version of the nursing sensitive indicators (NSI) manual is going out for revisions, and that it closely resembles the JCAHO manual. Also, Hospital data from one quarter is now available for analysis. MQF will circulate a NQF NSI survey to Maine hospitals which will help inform the NSI guideline process. Dr. Shubert noted that the Performance Indicator Committee will be working later this summer on how to report the NSI data.

In a Heartbeat

Dr. Shubert informed the Council that the *In a Heartbeat* Executive Committee met a couple of weeks ago, and the dynamic workgroups have been established. In the future, Dr. Shubert will distribute minutes from workgroup meetings to the Council.

New Business

Strategic Plan

Dr. Shubert explained that the Council would spend segments of three meetings updating the MQF strategic plan:

Meeting 1: Review and update 2004 plan and five-year goals

Meeting 2: Conduct a success and failure analysis of MQF activity; evaluate progress.

Meeting 3: Create a work plan for calendar year 2007.

At the current meeting, the Council reviewed the 2004 strategic plan and five-year goals. The 2004 strategic plan, which in addition to longitudinal goals and outcome objectives includes MQF's legislative intent, mission, and vision.

Dr. Keller suggested the Council revisit the vision statement ("Mainers will enjoy the best health and the best health care in the nation") since even the best health care in the United States is inferior to that of other countries. Dr. Tisher recommended the following language: "Mainers will lead the nation in improving health care."

The Council discussed the need to reword the following statement in the strategic plan: "The MQF believes that consumer access to quality information will generate competition." David White recommended MQF add to its five-year goals a measurement of progress on promoting patient-centeredness.

Dr. Shubert asked members to bring other suggestions to the next meeting and reported that MQF will revise the strategic plan for the next meeting.

Summer meeting plans

The Council agreed to plan on meeting in July, but forego an August meeting. Ms. Colwell stated that a reminder about the July meeting will be sent out and any conflicts will be addressed then.

Vacancies

Ms. Colwell reported that Jane Kirschling, former RN faculty member for the Provider Group, nominated Maryanne Robbins to fill her vacant seat. Ms. Colwell reported that she supports the nomination, citing Ms. Robbins' great clinical and educational background. A vote was postponed since a quorum was not present.

Public Comments

David White and Karynlee Harrington reported that Charlene Rydell, DHA Board Member, had passed away. Her presence and crucial work will be deeply missed. The service will be June 25 at Mid Coast Hospital.

The meeting adjourned at 12:05 pm.