

**Maine Quality Forum
Advisory Council**

**Friday, October 14, 2005
Summative Minutes of Meeting**

Members present: Lisa Miller, Dr. Stephen Shannon, Catherine Gavin, Daniel Roet, Dr. Jeffrey Holmstrom, David White, Dr. Richard Bruns, Dr. Robert Keller, Dr. Robert McArtor, Rebecca Colwell, Frank Johnson, Dr. Paul Tisher, Becky Martins, Jonathan Beal and Dr. Laureen Biczak. Dr. Dennis Shubert was also present.

Chair Dr. McArtor called the meeting to order at 9:15AM.

Minutes

The Council approved September's meeting minutes.

Dirigo Health Update

Daniel Roet provided an update on the progress of the Dirigo Health workgroup. The Dirigo Health workgroup was tasked with addressing three areas in addition to Savings-Offset Payment or SOP (an area on which it did not reach consensus): administrative expenses (of Dirigo Health, not including the MQF), the definition of subsidy, and implementing and invoicing for the SOP. The workgroup reached consensus on all three areas.

For administrative expenses, the workgroup agreed that the Agency use cash on hand through the 2006 fiscal year. Beginning with state fiscal year 2007, up to 4% of the premium paid out by the agency may be added to the SOP amount to be used for general administrative expenses, not including the MQF. . Any additional administrative funds necessary would be built into the monthly coverage costs. Mr. Roet estimated the 4% to be 3.5 million dollars.

The workgroup agreed that the definition of subsidy should exclude Healthy Maine, but include sliding scale subsidies for coverage costs as well as for deductibles and out of pocket maximums along with the experience modification program (an outcome-sharing arrangement with Anthem). The workgroup agreed that SOP invoicing consist of self-billing that is subject to periodic audits.

Mr. Roet reported that the Dirigo Health Board adopted the state's recommended SOP methodology and that several groups intervned on behalf of payors. As a result, an adjudicatory hearing will be held on October 24, 27, and 28 (if a third day is needed). After the hearing, the Bureau will select the SOP methodology.

Old Business:

Quality Measurement & Behavioral Health

Dr. Tisher gave on overview of quality measurement and behavioral health. He conveyed the significance of the relationship between psychiatric health and physical

health by pointing out that major depression is linked to other chronic conditions such as diabetes, obesity, and heart disease. Additionally, smoking-related illnesses are linked to schizophrenia. He also noted that five of the top ten handicapping diseases are psychiatric. In Maine, bipolar disorder (cycling between major depression and mania or agitation) is more prevalent than one would expect it to be.

Dr. Tisher demonstrated how Acadia Hospital was using the outcome measure, Basis-32 to measure the performance and quality of his institution both with inpatient and outpatient services.

Basis-32 (Behavior and Symptom Identification Scale)Dr. Tisher agreed to send Council Members a copy of Basis-32. Dr. Tisher also agreed to provide MQF with psychometric data validating the study.

MQF Update: Serious Event

Dr. Shubert provided an update on the ad-hoc Serious Reportable Event Committee created by the Council at the September meeting. On September 20, the Committee held an organizational meeting to outline its goals. The first full meeting will be held on October 26.

Dr. Shubert also reiterated some of the changes that have occurred since the Maine statute on serious event reporting was adopted:

- The National Quality Forum has endorsed a list of serious events and has endorsed taxonomy from the Joint Commission on Accreditation of Healthcare Organizations, which enables data to be aggregated.
- The federal government passed the Patient Safety Act, which also enables serious event report data to be aggregated.

Contracts Update

Chris McCarthy reported that MQF is finalizing negotiations with Health Dialog about the paid claims database. MQF hopes to have data from the Maine Health Data Organization next month. Chris reported that MQF is also working on a culture of safety project that would provide a cost-effective method for hospitals to complete culture of safety surveys.

New Business:

NQF Activity Update

Dr. Shubert reported that the National Quality Forum held its Annual Meeting last week; discussion topics at the meeting included patient taxonomy and the implementation of NQF practices. Also mentioned at the meeting was Norton Healthcare, a leader in NQF-practice implementation. The website for Norton Healthcare (<http://www.nortonhealthcare.com>) includes Quality Reports with safety and quality data

for five Louisville, Kentucky hospitals. Dr. Shubert demonstrated the Norton website to the Advisory Council.

Certificate of Need

Dr. Shubert distributed information he received from the Commissioner about Certificate of Need (CON) activity letters of intent, along with a list he created of potential indicators of safety, quality and utilization for CON applicants, based on the letters of intent. Dr. Shubert noted that he needed Council feedback by the end of the meeting.

The Council agreed that it wants to be involved in advising the CON process and endorsed Dr. Shubert's proposed indicators. The Council agreed it is also comfortable commenting on the quality and safety programs of applicants. The group agreed that the Safety Star should not be mentioned specifically in questions to applicants. Additionally, the Council agreed that recommendations would need to be more specific in the future, and that the development of indicators needs to be ongoing.

Dr. Shubert agreed to initiate a conflict policy for the Advisory Council for its potential future deliberations.

Dr. Roet suggested that applicants base their estimations of demand for bed on trends in medicine as opposed to current practice. Dr. Keller recommended that applicants commit to conducting long-term measurements and following through. He also suggested that applicants provide justification for any capacity increases, given the stability of Maine's population. Lisa Miller recommended that MQF suggest an increase in CON office staffing to manage the needs of long-term measurement and follow-up. Dr. Tisher suggested that perhaps the number of identical or similar facilities in any given area be limited. David White noted the importance of being made aware of new technology embedded in applications.

Wennberg & Variation Analysis, Informing the State Health Plan

Due to time constraints, Dr. Keller and Dr. Shubert agreed to postpone their presentation on Wennberg and variation analysis until the next meeting.

November Meeting Decision

The Council agreed not to hold a November meeting unless necessary for MQF operations.

Election of Chair and Vice-Chair

The Council elected Rebecca Colwell the new Chair. Dr. McArtor nominated and the Council elected Dr. Keller to be Vice Chair. The new Chair and Vice Chair are effective October 15, 2005. In honor of Dr. McArtor's work with MQF and the Advisory Council, Dr. Shubert presented him with a plaque and tennis balls signed by all members of the Advisory Council. Dr. Shubert thanked Dr. McArtor for the guidance and leadership he has provided over the past two years as the first Council Chair.

Public Comments

Sandy Parker noted that the Joint Commission on Accreditation of Healthcare Organizations of the Maine Hospital Association has submitted for public comment on an inpatient behavioral health quality tool. Ms. Parker requested that MQF submit a comment and perhaps recommend the Basic-32 tool utilized by Dr. Tisher.

Daniel Roet reminded everyone that the Quality Counts Conference is December 6 and encouraged everyone to register and attend.

Dr. McArtor adjourned the meeting at 12:10 PM.