

**SUMMARY NOTES**  
**Maine Quality Forum Advisory Council**  
**March 8, 2013**

*Present:* Robert Keller (chair), Becky Martins, Lisa Miller, Glenn Mower, Michele Spekhardt, Laurie Williamson and Karynlee Harrington.

NOTE: This meeting of the MQF Advisory Council also served as a public meeting to discuss design features of the website that the Dirigo Health Agency will develop to post results of its patient experience matters initiative. Interested providers and members of the public were encouraged to attend to discuss the options and implications of various design features. Approximately 20 individuals and provider organizations attended in person or via phone.

Item	Discussion	Decision/Action
Welcome and Introductions	Robert Keller, MD opened the meeting, welcomed members and asked members and the public in attendance to introduce themselves.	
Patient Experience Matters	<p>Maureen Booth and Kim Fox of the Muskie School updated the Council on progress under the Patient Experience Matters initiative which will collect and publicly report survey data on the perspectives of patients served by Maine primary care and specialty care practices. A total of 284 practices, representing over one-third of Maine physicians, have agreed to collect the survey data through designated vendors. Council members noted that these practices are leaders in making this information transparent and should be acknowledged by DHA and others for their leadership. Lise Rybowski and Dale Shaller, consultants to the national CAHPS Database, joined the meeting by telephone to share their experiences in public reporting and potential implications that Maine should consider in its efforts:</p> <ul style="list-style-type: none"> <li>• Have a clear purpose and audience for the public reports. In Maine, this would mean distinguishing the role that DHA intends to play from that of other public reporters, such as the Maine Health Management Coalition.</li> <li>• Too much information is as much of a problem as no information. Lisa and Dale supported DHA's decision to report at the composite level with the option for users to get a complete download of the detailed survey data.</li> <li>• Some context is necessary to explain the data and should be included or otherwise referenced</li> </ul>	<ul style="list-style-type: none"> <li>• DHA should find ways to acknowledge the leadership of participating practices</li> <li>• Decisions made during the meeting should be used to inform the RFP that will be sent to potential web designers.</li> </ul>

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	<p>in on the public website. Specifically, it will be important for users to know about the CAHPS survey tool that was used to collect the data and how ratings are calculated.\</p> <ul style="list-style-type: none"> <li>• Thought should be given to whether state or national benchmarks should be included as a reference point for comparing data. While consumers frequently prefer state benchmarks, practitioners generally prefer national.</li> <li>• CAHPS currently reports only the “top box” score as a way to simplify presentation. While there are other approaches to displaying the data, it is important to keep the primary audience and purpose in mind.</li> <li>• The functionality of the site will be key to who uses the site and how often it is used. At a minimum, there should be an ability to search by physician and practice, geography and primary versus specialty care.</li> <li>• Marketing the site should be considered either directly by the DHA or other organizations that see its value.</li> </ul> <p>Based on the input from Lise and Dale, the Council made the following design decisions with respect to the public website:</p> <ol style="list-style-type: none"> <li>1. The site should be a repository of survey results and not focus on any one audience.</li> <li>2. Data will be reported at the practice site level; no roll up will be provided by medical group or hospital. The Muskie School is currently in contact with the survey vendors to obtain a listing of all physicians within participating practices.</li> <li>3. Functions will allow search on primary/specialty, physician, practice and geography.</li> <li>4. Practice site ratings will be compared to the statewide average. The national average will also be included as a reference but not as a basis for statistical comparison.</li> <li>5. Reporting will be at the composite level with the option to download all survey items.</li> <li>6. Top Box scores will be displayed (e.g., the percent of patients responding “always” to a survey item”)</li> <li>7. The site will be available for a minimum of 12 months; future consideration will be given to</li> </ol>	

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	<p>housing the site at an alternative location once DHA ends.</p> <p>8. Context should be sufficient to inform the reader about interpreting the results (e.g., statistical significance) and where additional information can be found.</p> <p>Questions were raised Maine General Hospital about whether characteristics of each practice would be included that may influence survey results (e.g., residency program where there is more turnover or rotation of physicians). Staff indicated that practice site information was not readily available and would not be included in the website. Several members and those in attendance stressed the importance of visual appeal and accommodations for persons who may be color blind.</p>	
Get Better Maine	<p>Nancy Morris of the Maine Health Management Coalition (MHMC) reviewed their website whose purpose is to rank physician practices on the basis of their performance, including patient experience survey data. The MHMC works with employers to use this information when selecting their preferred provider network and with consumers to assist in selecting physicians and practices. Practices will have the option to include their survey results from the DHA initiative on <i>Get Better Maine</i> and be recognized for their efforts. To the extent that it would be useful, Nancy suggested that DHA consider testing some of their concepts with a consultant who is working with MHMC on its website.</p>	<p>Consider value of working with MHMC consultant in testing key concepts of DHA website.</p>
DHA Update	<p>Karynlee Harrington provided an update on the status of the Agency. As has previously been announced, the agency is funded through 2013. She summarized the budget request for FY14 and 15 which includes continuing the work of the MQF until the Agency's cash runs out. The DHA Board of Trustees unanimously supported the budget request and believes that the MQF should continue as long as the market finds value in its activities. In addition Karynlee shared a copy of the LD 1818 Report and highlighted the recommendation of the LD 1818 workgroup made in their final report:</p> <p><i>Continuing the positions the Maine Quality Forum (MQF) within MHDO in order to support ongoing data projects focused on quality improvement across the Maine health care delivery system; maximizing the public use of existing and future data assets of the MHDO; and providing an opportunity for multi-stakeholder engagement. This recommendation is conditioned on the availability of funding, and on an analysis of administrative efficiencies and staffing needs.</i></p> <p>The public hearing on the DHA budget will most likely be scheduled soon before the Appropriations and Insurance and Financial Services Committees in April.</p>	<p>Information only; no further action required.</p>

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MHDO	Karynlee described the feasibility study that is looking at the technical challenges of linking the MHDO claims data (which is de identified data) with the clinical data that is sent to HealthInfoNet (which is identified data). This work is governed by a contract between the MHDO and HealthInfoNet. HealthInfoNET received funding from the Maine Health Access Foundation for this project. Lisa Miller suggested that care be given to distinguishing these different purposes and use since they frequently get confused with the Maine State Legislature.	Information only; no further action required.
Healthcare Associated Infections	As required by the Agency's governing statute an annual report on the status of healthcare associated infections within Maine hospitals is being prepared and will be submitted to the Joint Standing Committee of Health and Human Services in April.  Staff distributed a document which outlined the Purpose and Charge of a MQF-AC Subcommittee on Healthcare Associated Infections (HAI). Refer to document. The subcommittee would be co-staffed by the Maine CDC and MQF. The MQF-AC has two nominees in the category of consumers. The MQF-AC supported the development of the HAI subcommittee and nominated Kathy Day and asked Ms. Harrington to connect with an organization representing consumers for the second nominee.	Submit consumers nominations to the HAI Sub-Committee
Next meeting	Next meeting tentatively scheduled for Friday, April 12.*	

\*This meeting was subsequently changed to June 14, 2013