

SUMMARY NOTES
Maine Quality Forum Advisory Council
March 13, 2009

Present: Kathy Boulet, DC, Josh Cutler MD, Director; W. Stephen Gefvert DO; Frank Johnson; Robert Keller MD (Chair); Maureen Kenny; James Leonard, MQF staff; Rod Prior MD; Doug Salvador MD; Al Prysunka; Becky Martins, David White; and Jan Wnek MD. Karynlee Harrington, Executive Director of the Dirigo Health Agency, was also in attendance.

Item	Discussion	Decision/Action	Date Due
January 9, 2009 Minutes	Minutes of the January 9, 2009 meeting of the Maine Quality Forum were reviewed.	Minutes approved as distributed.	
New Members	Josh Cutler introduced three candidates whose appointment to the Maine Quality Forum is currently pending: Elizabeth Mitchell, Director of the Maine Health Management Coalition; Sue Henderson, Director of the Maine Nurse Association; and Peter Schultz, Owner of Dirigo Stitching, Inc.	Governor appointment; expected by next meeting.	
Dirigo Update	<p>Karynlee Harrington discussed proposals to ease the cost of health care coverage for laid off workers and their families. President Obama announced a new federal initiative that will provide subsidies covering up to 65 percent of COBRA premiums. Governor Baldacci is proposing using federal stimulus funds to subsidize the remaining 35 percent using a sliding fee method to be administered by the Dirigo Health Agency. Subsidies will be available back to March 1, 2009 with a look-based period of September 2008. The bill will allow workers who did not elect COBRA during that time to pick it up under terms of the new program.</p> <p>For employees laid off who are not eligible for COBRA (those working in firms with fewer than 20 employees), temporary continuity of coverage will be made available through the Dirigo Health Agency.</p> <p>In his State of the Union message, the Governor pledged to invest \$3.5 million for scholarships to Maine students attending medical school in the state. Under his plan, Tufts University would partner with Maine Medical Center in Portland, and the University of Vermont would join with Eastern Maine Medical Center in Bangor and the University of</p>	Proposed federal and state legislation forthcoming.	

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	<p>Maine at Orono to create medical schools. The Governor also introduced Maine’s Universal Wellness program, a preventive health program that will offer free, confidential risk reviews and link people to local resources to help them improve their health.</p> <p>Ms. Harrington reported that the Dirigo Health Agency is advocating for a change in state law allowing for savings offset payments to be made monthly to enable the Agency to meet its monthly payment obligations to Harvard Pilgrim. Without such change, the Agency must continue to borrow from the State to correct this cash flow problem.</p> <p>The Board of Trustees for the Dirigo Health Agency are working on options to both make the product more affordable through benefit modifications and administrative streamlining. Until such changes are put into affect along with more stable funding sources, no new members will be enrolled. In effect, this means that enrollment will actually continue to decrease since members lost through voluntary disenrollment are not being replaced.</p>		
Patient-Centered Medical Home	<p>Josh Cutler reviewed the status of a project to demonstrate the value of medical homes in promoting higher quality, improving patient satisfaction, and lowering overall healthcare costs compared to usual care. Fifty-one practices responded to an open solicitation to participate in Maine’s Person-Centered Medical Home three-year pilot. Based on selection criteria (e.g., open access, electronic medical records, demonstrated leadership, community engagement, evidence of meeting basic features of a medical home as determined by the National Committee for Quality Assurance), 15-20 sites will be selected. Payment arrangements will be negotiated between each site and its major payors.</p> <p>In his State of the State address, the Governor allocated \$500,000 to be administered through MaineCare to support the demonstration. When matched by federal dollars, this support will increase to close to \$2.0M.</p> <p>The Muskie School has developed a concept paper for evaluating the pilot potentially in coordination with similar demonstrations in the</p>	Information only; no action required	

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	northeast.		
Health Information Technology	<p>Jim Leonard reported that \$34B for health information technology were being made available to physicians and providers as part of the federal recovery bill. This new development raises questions about the relevancy of the Medicare demonstration, of which Maine is a participant, which planned to offer financial incentives to practices that established electronic medical records. The MQF recently sent out a Request for Proposals to support the recruitment of 200 practices to participate in the Medicare demo. With the federal recovery now supporting financial incentives for all practices with electronic medical records, it is no longer clear whether the demo has value. The MQF is awaiting further word from the Centers for Medicare & Medicaid Services prior to taking action on applications to provide technical assistance.</p> <p>In addition to the \$34B incentive program, the federal recovery includes \$2B to:</p> <ul style="list-style-type: none"> • Fund regional extension centers to non-profit groups to provide HIT technical assistance to providers; • Match state-funded loan funds for HIT, similar to that proposed by the Maine Health Access Foundation (MeHAF). • Provide grants to states for health information exchange and HI technology. To be eligible, states must develop a plan for HI technology. The MQF is working with the Governor’s Office, HealthInfoNet, MaineCare and MeEHAF to develop a vision for how information technology and systems for connectivity can promote healthcare improvement. 	Information only; no action required	
Healthcare Associated Infections	In response to a request from the Maine State Legislature, the MQF submitted a report on hospital performance related to healthcare associated infections, collaborative efforts to control these infections, and recommendations for additional reporting requirements being considered by the MQF. Measures for patients with pneumonia and those related to surgical care showed Maine’s performance above or near	Information only; no action required	

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	<p>that of top performing hospitals in the country. For indicators of performance on prevention of hospital-acquired bloodstream infections and prevention of pneumonia in patients won artificial ventilation, there is more variation in performance, although overall Maine’s averages compare favorably with national benchmarks. Measures for assessing performance came from mandatory data reporting defined under Chapter 270.</p> <p>The report described the work of the Maine Infection Prevention Collaborative (MIPC) with membership from all 39 Maine acute care hospitals. Efforts of this group focus on:</p> <ul style="list-style-type: none"> • Development and implementation of a hand hygiene assessment tool; • Administration of a survey to assess infection control capacity in Maine hospitals; and • Work with the statewide professional association for hospital pharmacists to consider the development of a antibiotic stewardship program. 		
Cost Drivers	<p>Dr. Cutler noted that the original contract between MQF and Health Dialog was intended to test the strength and viability of using Maine’s all payer data base to assess healthcare quality in Maine. Following a request from the Legislature to the Advisory Council on Health Systems Development, the focus of the contract was redirected to address major cost drivers in Maine and opportunities for reducing healthcare spending.</p> <p>A final report will be published in April. Dr. Cutler reviewed major conclusions of the report:</p> <ul style="list-style-type: none"> • High costs are largely driver by chronic-illness (such as asthma, hearth disease and diabetes) and inefficient use of care that does not improve health. • There is significant variation in health care efficiency across 	Information only; no action required	

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	<p>the state.</p> <ul style="list-style-type: none"> • The study estimated that over half of Maine’s emergency department visits could be avoided through less costly primary care visits. <p>Dr. Cutler reviewed the major levers that the State can use to reduce unwarranted variations across the state and reduce total healthcare spending. These include:</p> <ul style="list-style-type: none"> • Public health – design of preventive measures to reduce the incidence and impact of chronic diseases • Introduction of incentives that award efficiencies in the system and use of high quality providers • Use of regulatory systems, such as certificate of need, to reduce supply in high use areas. • Define and replicate throughout the state features of high quality and efficient health care systems. • Support payment reform that shifts reimbursement from pay-for-activity model to pay-for-value model. 		
Next Meeting	The next meeting is scheduled for May 8, 2009		