

SUMMARY NOTES
Maine Quality Forum Advisory Council
September 18, 2009

Present: Jeff Holmstrom DO; Frank Johnson; Robert Keller MD (Chair); Becky Martins; Roderick Prior, Medical Director, DHHS; Kathy Boulet, DC; Maureen Kenney; Douglas Salvador, MD; Paul Tisher, MD; Elizabeth Mitchell; Peter Schultz; Sue Henderson, RN; Al Prysunka (MHDO), Steven Gefvert, DO.,and Jan Wnek MD;. MQF Staff: Josh Cutler MD, Director; James Leonard, Program Manager

Item	Discussion	Decision/Action	Date Due
March 13, 2009 Minutes	Minutes of the May 8, 2009 meeting of the Maine Quality Forum were reviewed.	Minutes approved	
Dirigo Health Agency Update	<p>Karynlee Harrington provided an update on behalf of the Dirigo Health Agency. A brief history: The board of trustees has been looking at how to redesign the Dirigo Health products, including the asset test, voucher program and community outreach.</p> <p>A grant has been awarded to the Governors’ Office to help redesign the Dirigo product and expand enrollment by 30-40 percent. Maine is one of 13 states to receive the grant, all focused on expanding access to health insurance. The grant funds are available up to \$8.5M, each year for up to 4 years. The grant will allow the creation of two new programs. The first will be directed at the unemployed, seasonally uninsured, low income and part-time employees in firms of 50 or more employees. The second program, which will begin July 2010, is targeted at seasonal workers with multiple employers. The goal is to bring employees & employers together and subsidize their current health care plan. Advisory groups will be formed to create a roll-out plan. The hope is to reach 3500 individuals over the next 22 months.</p>	Future updates will be provided at future meetings	NA
Health Care Disparities Analysis Using MaineCare Data	<p>Ted Rooney presented data outlining the results from Aligning Forces for Quality (AF4Q), a Quality Counts initiative in partnership with the Maine Quality Forum and Maine Health Management Coalition, funded by the Robert Wood Johnson Foundation. Ted reported that the following goals have been met to date::</p> <ul style="list-style-type: none"> • The number of Alliances submitting a plan to establish sustainable local capacity for ambulatory quality improvement efforts in the AF4Q, has been met. 	<p>Updates for future meetings:</p> <ul style="list-style-type: none"> • Quality Initiative Next Steps: • Better documentation • Work with MHA & Hospitals 	

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	<ul style="list-style-type: none"> • Number of hospitals in the AF4Q regions that have enrolled in quality improvement collaborative to reduce disparities or make care more patient-centered; • Number of Alliances that have an approved plan to collect self-reported patient race, ethnicity and language; and • Number of ambulatory and inpatient providers and staff in the AF4Q regions that have been trained on the standardized collection of self-reported race, ethnicity and language data. <p>The next major goal is to obtain racial distribution at intake in MaineCare and Emergency Room registration at the local and regional level. Currently, Ted reported that studies conducted by the Muskie School show that racial disparity data are misleading given the large number of members with unknown background.</p>	<ul style="list-style-type: none"> • EMR Pilot • Focus QI on MaineCare Overall 	
Patient Centered Medical Home Pilot; Practice Transformation Update	<p>Sue Butts-Dion presented on the Maine PCHM Pilot, a project to provide comprehensive primary care through linking patients with a team of individuals who coordinate and oversee their medical needs. Twenty-six pilot practices have been approved, representing all but two counties in the state. Outreach efforts are currently underway to provide potential pilot practices in Washington and Aroostook counties. The pilot is expected to begin on November 1, 2009 but meanwhile practices are receiving direct support from pilot project staff and have attended meetings to orient them to the goals and expectations of the pilot. Sue identified major features of the pilot:</p> <ul style="list-style-type: none"> • Engage patients & families in the care process • Promote integration of behavioral and physical health • Conduct rigorous outcomes evaluation • Support practice transformation and learning 	None required; for information only.	
Heart Failure Discharge Planning and Readmission	<p>Susan Schow of MHDO and Deb Mattin, consultant, presented on Chapter 270 data to explore the link between hospital performance on heart failure (HF-1) and care transition measures (CTM) and hospital readmission rates. The HF-1 measures focus on self-care and six areas that must be addressed prior to a patient's discharge: medication, diet,</p>	No action necessary; updates to be presented at future MQF meetings.	

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Project	<p>activity, follow-up, weight monitoring and management of worsening symptoms. Data evaluation from 9 out of 36 acute care hospitals, representing 6 out of the 8 Maine Health Districts (excluding Aroostook and Central Maine) show:</p> <ul style="list-style-type: none"> • One year of CTM data (3-question patient survey) now available. Questions identify whether appropriate transitional care was provided. • CTM scores show differences between discharged patients with and without subsequent ED visit/re-hospitalization for their index condition. • Evaluation of HF-1 showed discharge instructions as an area for potential improvement. • Evaluation of CTM data showed variation in patients' perceptions of how prepared they felt for transition • Hospitals with mean scores significantly different than their peer groups for both measures have been identified for potential opportunity to improve the level of "transitional care" given to patients prior to discharge <p>Work done under this project dovetails closely with the publication by CMS of 30-day Readmission Rates for Heart Failure. The purpose of this MQF project is to identify best practices by asking top performers to share process improvement strategies at a future winter summit, along with any potential barriers/gaps. Opportunities for improvement will also be identified through an on-site process review meeting with heart failure teams.</p>		
Patient Decision Aides	<p>Josh Cutler reported that the Maine State Legislature issued a resolve in last year's session requesting that the MQF study the issue of shared decision making aides and their impact on reducing preference sensitive care variations. Specifically, the Resolve requires the MQF to establish an Study Group to: identify the preference sensitive care areas that may be positively influenced through the use of shared decision making aides; identify the available of decision aides and methods for evaluation and assess potential barriers and incentives to implementation. A Study Group has been established and a first</p>	<p>Members wishing to participate on the Study Group should contact Josh. Status reports from the Study Group will be presented at future meetings.</p>	

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	meeting will be held on October 13, 2009. A preliminary report is due to the Legislature in January 2010 with a final report a year later.		
Healthcare Associated Infections (HAI)	In accordance with legislative action, efforts currently are underway in Maine hospitals to develop a plan for preventing and controlling healthcare associated infections and to create a screening program for high risk groups. Funds are also available through the Recovery Act to enhance or build capacity in this area. The MQF is working with others to create a state wide coordinator position who can support Maine hospitals in this effort.		
Health Information Technology	The American Recovery and Reinvestment Act (ARRA) of 2009 has made health technology a huge priority and will be awarding \$40B in the coming months to achieve major advancements in this area. Josh reported that Maine is positively positioned to receive a grant given the substantial investments already made through HealthInfoNet – a statewide exchange among health care providers. Successful applicants must have a strategic plan for implementation, a task that is currently underway and is expected to be completed in time for submitting a proposal in October, 2009.	No action required; for information only.	
Nurse Sensitive Indicator Reporting	Questions were raised about what to do with all the data being collected on nurse sensitive indicators. Josh indicated that data is publicly available to benchmark Maine hospitals to national performance.		
Next Meeting	The next meeting is scheduled for November 13, 2009.		