

**Maine Quality Forum
Advisory Council**

**Friday, December 8, 2006
Summative Minutes of Meeting**

Members present: Dr. Kathy Boulet, James Case, Rebecca Colwell, Dr. Stephen Gefvert, Frank Johnson, Dr. Robert Keller, Lisa Miller, Chip Morrison, and David White. Maureen Booth of the Muskie School of Public Service, Al Prysunka of the Maine Health Data Organization, and Dr. Dennis Shubert were also present.

Chair Rebecca Colwell called the meeting to order at 9:20am.

Minutes

The Council approved the October meeting minutes.

Dirigo Update

Ms. Karynlee Harrington reported that the Blue Ribbon Commission would be meeting on December 11, and then again on December 19, which is past the deadline set by the Governor for the submission of the Commission's report. She noted that due to the complex nature of the topics being discussed by the Commission, its members felt another meeting was necessary to complete their report. Ms. Harrington stated that the Governor would be revising the executive order that created the Commission to extend the deadline for its report to the end of December.

Ms. Harrington stated that the next Commission meeting would include a discussion about the individual market and different options to increase affordability, along with system-wide strategies for cost containment. She added that there would also be a presentation by the Muskie School of Public Service about reinsurance. Ms. Harrington explained that there seems to be consensus among Commission members about the need for funding from more than one single entity, but there does not appear to be agreement on what those funding entities should be.

Ms. Harrington also reported that DirigoChoice enrollment is approximately 12,400 as of November 1, 2006, and the Agency will continue to enroll new members. She added that since the addition of the call center, there has been an increase in membership, supporting the idea that this is an effective way of reaching out and connecting to small businesses.

In other news, Ms. Harrington stated that Dr. Dennis Shubert would be stepping down as Director of the Maine Quality Forum at the end of the year. She thanked Dr. Shubert for his crucial work establishing the Forum's infrastructure, and also promoting the Forum's key goals and mission. She read a letter from Governor Baldacci commending Dr. Shubert for his success in moving the State

of Maine closer to a system of higher quality, safer health care. Ms. Harrington noted that Dr. Shubert would continue to provide clinical expertise to the Forum as a part-time consultant around areas such as the Certificate of Need process. She added that other consultants might be hired to provide additional clinical expertise. Ms. Harrington stated that the Agency will engage in a national search for Dr. Shubert's successor once the Agency's sustainability plan has been completed. She announced her intention to involve the Advisory Council in the selection process.

Transitions

Ms. Colwell reported that while the Council had intended to transition to a new Chair in 2007 that she would continue to serve as Chair with Dr. Keller as Vice-Chair at the Council's pleasure. The Council voted unanimously to support this decision.

Old Business

Data Website Update

Dr. Shubert explained that Christopher McCarthy would be sharing a demonstration of a mockup of the new data website, which is targeted to the average person on the street. He noted that MQF desired feedback with regard to how well the site conveys information to the public. Mr. McCarthy navigated through the data website mockup, explaining that each hospital's performance is displayed on meter with an arrow pointing to one of three sections ("below average," "average," and "above average"). By clicking on the meter, the user brings up a list of the number of measures in each category of measures that the hospital has and the performance rate. From there, users can access numerator and denominator level data. He noted that if a hospital does not have one of the services, its average for all measures is substituted in, effectively holding the number constant so as to avoid penalizing small hospitals for not providing specific procedures. He pointed out that users have the ability to compare a hospital's performance to similar hospitals (those in the same peer group) or all hospitals. Additionally, users can click on a link to see which hospitals are "best" performers (based on the number of measures that each hospital performed "above average"). Mr. McCarthy demonstrated a link with explanations for how to interpret the meters and what each part of the page means. He noted that the site is designed to work well with dial-up internet connections.

Dr. Keller expressed concern that the meter had been changed to have three distinct positions as opposed to allowing for variation within each part of the meter (within "average" for example).

Dr. Larry Ramunno of the Northeast Health Care Quality Foundation commented that small hospitals, having many measures with insufficient data, appear to be unfairly represented in the "best" list of hospitals.

Several members wondered what the general public would do once they had the information. Dr. Shubert commented that this is a larger issue in need of attention, but noted that the rest of the MQF website provides resources for the public, including questions to ask one's provider.

Statistical Analysis

Dr. Shubert stated that the statistical analysis used for the data website does not always work (bring up data), a product of the limited numbers of cases. Mr. McCarthy explained that a regression analysis model was used, which uses one variable to predict another variable. He noted that the difference between what the predicted value would be and what the value actually is (the "residual"), is then examined. He added that a Glimmx technique is used to account for small cell sizes and insufficient data. Mr. McCarthy noted that one drawback to the approach utilized is that continuous variables (set positions on the meters) are lost. He emphasized that the statistical analysis was recommended by a Ph.D. level statistician consulted by Medstat, and that the webpage design was nationally vetted and extensively researched by AHRQ.

Dr. Ramunno suggested MQF consider a comparison to national data in a addition to or in place of state comparisons. He expressed concern that the small number of hospitals within each comparison group means a little bit of change can cause a hospital's meter to change a lot, based on how its reference group changes.

New Business

Variation Data

Dr. Shubert reported that variation data has been collected long enough to show what impact its public dissemination has had on variation. Using a sample chart with hysterectomy rates by hospital service area, Dr. Shubert explained that the data shows that public reporting has not had an impact on variation. He then outlined a series of possible options of how MQF could proceed with regard to disseminating variation data:

1. Continue to disclose the data via the MQF website and provider newsletter
2. Reach out to media in outlier communities to help garner attention to variation
3. Collaborate with advocacy groups (e.g. women's groups, hysterectomy) to engage communities and share information about alternatives to surgery
4. Use claims data to pilot a predictive modeling project to help primary care providers reach out to those patients by providing profiles of patients who might have selected procedures/tests (e.g. hysterectomy) and provide them with information about options to pass along to patients

Dr. Robert Keller suggested that for the hysterectomy procedure, MQF should reach out to OB/GYNs.

Dr. Kathy Boulet stressed the importance of taking into account the limited number of providers utilizing certain new technologies, and the lack of access to those few providers in certain areas of Maine.

Mr. James Case recommended MQF collaborate with advocacy groups.

E Prescribing

Dr. Shubert reminded the Council that e prescribing is the focus of HealthInfoNet's first project. He reported that MQF was approached about being the convener/facilitator for the practice end of this project, and has been offered funding to do so. Dr. Shubert presented an article by the Center for Studying Health System Change showing that small practices use e prescribing far less often than large practices.

Annual Report

Dr. Shubert stated that MQF would be producing a standard report as part of the Agency's annual report. MQF's section of the report would describe who the Forum is and what it has done, in addition to describing the quality of care in Maine by utilizing international, national and state-level data. Dr. Shubert reported that the Maine Health Access Foundation has offered MQF funding to disseminate the data component of the report to communities using the focus group model that MeHAF has developed. He noted that the hope is for the Community Engagement Committee to be very participatory in that process and provide needed feedback.

MHA Letter

Dr. Shubert presented a letter from the president of the Maine Hospital Association (MHA) outlining concerns with MQF's utilization and analysis of administrative data, along with the Forum's response to MHA. He pointed out that the use and analysis of administrative data helps improve care in many ways. He noted that the Maine Health Data Organization (MHDO)'s inclusion of a present on admission indicator will make it possible to more accurately track what happens in medical institutions. He explained that hospitals do not usually have the chance to review the "big picture" impact of their coding procedures and that MQF's current analyses of administrative data has helped hospitals uncover coding aberrations.

Al Prysunka of MHDO stated that the use of the term "claims data" in the MHA letter is inaccurate because the data in question came from hospital submission forms (hospital billing and coding departments), not payors.

Dr. Ramunno expressed his concern that MQF contacted the Department of Licensing based on analysis of administrative data. Dr. Shubert stated that MQF

has two options with regard to possibly significant specific quality concerns arising from administrative data analysis: MQF can make the data public even though it can not verify its accuracy or it can relay the information to those entities with the regulatory authority to establish the meaning of the information and act accordingly.

Meeting Schedule

Dr. Shubert noted that the next Advisory Council meeting is February 9, 2007.

References Presented

Dr. Shubert presented a letter sent to Trish Riley of the Governor's Office of Health Policy and Finance regarding the Capital Investment Fund calculation, along with a summary of MHDO's proposed rules for Chapter 270. He also shared with the Council a list of national voluntary consensus standards for ambulatory care currently under consideration by the National Quality Forum. These measures range from priority areas such as bone and joint disease to diabetes, heart disease, prenatal care, and mental health and substance use disorders.

Public Comments

Vigorous public comment was enjoyed through out the meeting.

Ms. Colwell presented Dr. Shubert with a cake and golf balls autographed by Council and MQF staff members in appreciation of Dr. Shubert's performance and hard work.

The meeting adjourned at 12:30pm.