

**Maine Quality Forum  
Advisory Council**

**Friday, February 9, 2007  
Summative Minutes of Meeting**

Members present: Dr. Kathy Boulet, James Case, Rebecca Colwell, Dr. Stephen Gefvert, Dr. Jeffrey Holmstrom, Dr. Robert Keller, Lisa Miller, Becky Martins, Dr. Paul Tisher, David White, and Dr. Janice Wnek. Maureen Booth of the Muskie School of Public Service, Brenda McCormick of MaineCare, Al Prysunka of the Maine Health Data Organization, and Karynlee Harrington of Dirigo Health Agency were also present.

Chair Rebecca Colwell called the meeting to order at 9:05am.

**Minutes**

The Council approved the December meeting minutes.

**Dirigo Update**

Ms. Karynlee Harrington reported that after reviewing funding alternatives and market reforms more generally, the Blue Ribbon Commission had presented its recommendations for Dirigo Health Agency (DHA) funding to the Governor.

Among its recommendations:

- Convene a workgroup to explore the feasibility and potential impact of creating an employer mandate in Maine similar to those established in Massachusetts and Vermont.
- Convene a workgroup to explore high-risk pools and their alternatives, such as merging the DirigoChoice small group and sole proprietor markets.
- Fund DHA through the general fund rather than the Savings-Offset Payment (SOP).

Ms. Harrington reminded the Council that the Superintendent of Insurance (SOI)'s year one SOP assessment is still before the court system, with oral arguments scheduled for February 13. She added that collection of the SOI's year two SOP assessment will depend on the court's decision on the legality of the year one SOP.

Ms. Harrington noted that the Commission's report emphasized the importance of affordability, that there is a high rate of not only uninsured and underinsured individuals, but also individuals who go without necessary care and treatment due to the burden of high deductibles for items such as prescriptions in many employer-sponsored plans. She noted that DHA has seen a spike in pharmacy costs among DirigoChoice enrollees, which is evidence that these individuals are now filling prescriptions.

Ms. Harrington also reported that DHA submitted a 2005-2006 Program Overview to two legislative committees, and the document is available online at the DHA website. She stated that DHA is cautiously moving forward with 2007 planning, given the uncertainty surrounding the Agency's sustainability plan. She added that she is considering hiring an interim director for the Maine Quality Forum (MQF) who could work a couple of days a week during this time of transition.

Ms. Harrington noted MQF would be looking to the Council to provide input on tactical planning. Ms. Colwell added that a key area in need of the Council's advice is community activation, including what messages to relay and how best to deliver them to the public. Ms. Harrington stated that this topic would be the focus of a future Council meeting, and expressed her interest in having a facilitator come to help guide that discussion.

## **Old Business**

### **Health Dialog Presentation**

Mike DeLorenzo, Director of Research and Modeling at Health Dialog Analytic Solutions (HDAS), gave a presentation reviewing the completion of the MQF-HDAS project: using MHDO's paid claims data to create and test a patient-centric data warehouse for MQF. Mr. DeLorenzo reminded the Council that HDAS conducted a pilot project that demonstrates that the MQF data warehouse can support a robust set of performance measures. He noted that performance differences across the dimensions of care can be measured and opportunities for improvement identified, and differences in patterns of care at the patient level can be described and analyzed. Mr. DeLorenzo explained that HDAS and MQF can utilize the unwarranted variations in care in the warehouse to pursue MQF's health care quality transformation efforts.

Al Prysunka of the Maine Health Data Organization (MHDO) noted that CMS is conducting six pilot studies creating claims databases that integrate Medicare data, and that he is exploring this opportunity and topic with CMS.

The Council agreed that the Performance Indicator Committee (PIC) should review the detailed HDAS charts taken out of Mr. DeLorenzo's presentation due to time constraints. The PIC will discuss future opportunities for practitioner-level assessment and work with MQF and HDAS staff to design the next phase of analysis. The Council agreed that the PIC could review possible next steps and make a recommendation to the full Council.

### ***In a Heartbeat Update***

Carrie Hanlon began her update by wishing everyone a happy Heart Month. She then provided a summary of the purpose and structure of *In a Heartbeat* (IHB),

and updated the Council on current IHB activities. She reminded the Council that IHB is:

- Creating a statewide heart attack treatment pathway and protocol
- Developing a system to collect EMS and hospital data about heart attack care to assess how well the system is working
- Reaching out to communities to increase awareness about heart attack symptoms and the need to call 9-1-1 immediately

She noted that the Medical Response and Treatment Workgroup is training emergency medical services (EMS) personnel to conduct 12-lead electrocardiograms (ECGs) in the ambulance to expedite early diagnosis of heart attacks, and rolling out a quality improvement tool to evaluate EMS system performance. Ms. Hanlon reported that the Community Engagement Workgroup is publicizing Heart Month (February) with a proclamation by Governor Baldacci, press releases, and op-eds in Maine papers. She added that this Workgroup is also finalizing a timeline for a project to train people (EMS, community educators, etc) to educate large community groups about heart attack symptoms and calling 9-1-1 to ensure consistent messaging across the state.

Chris McCarthy reported that the Metrics and Data Workgroup is finalizing data elements to be collected within EMS, emergency departments and hospitals, and providing feedback to help the contracted vendor (Maine Health Information Center) create a database for heart attack data collection and analysis. He explained that the Workgroup has three main data categories: the essential (core) elements that IHB will need; quality improvement (QI) elements; and the “nice to know” elements that are interesting, but not necessary for the system. Mr. McCarthy explained that IHB wants to reduce the hospital/EMS burden associated with submitting data. He also noted that the Workgroup is working on the data reporting format and frequency with MHIC.

### **Data Website Update**

Mr. McCarthy reminded the Council that a key directive of MQF is to share information derived from health care quality data, and one mechanism for doing this is with the new data website. He noted that the two intended audiences of the data website are the non-clinical community members/members of the public (to stimulate community conversations by increasing awareness) and providers (to stimulate quality improvement by increasing awareness). He shared with the Council revised elements for the website that incorporate feedback from the previous meeting about how data was displayed: a revised speedometer graphic and a revised layout for displaying comparative hospital performance on a selection of measures. The comparative performance displays a hospital’s percentage of measures that are “best,” “like most other hospitals,” and “worst.” Best and worst are determined by presence in the top and bottom ten percent of hospitals on a given metric. The current proposal is to show the hospitals percent distribution via a pie chart. Using this model most hospitals will have most measures fall into the “like most other hospitals” category.

Dr. Bob Keller suggested the speedometer graphic include a marker for median hospital performance. Ms. Colwell recommended a list of the numbers of measures a hospital is best or worst on be added to the “best hospitals” page. Dr. Janice Wnek stated that the graphics should somehow link to a national average, which would demonstrate in some cases that a Maine hospital might be “below average” compared to the rest of the state, but be above the national average. In response to concerns about the confusing nature of multiple markers and pieces of information being added to the speedometer graphic, Dr. Paul Tisher suggested a button be added to the speedometer graphic web pages that would allow the user to add or remove markers (e.g. the median) based on their area of interest.

Ms. Sandra Parker of the Maine Hospital Association (MHA) stated that the MHA was supportive of a revised speedometer graphic with a national average. She stated that the MHA was uncomfortable with the revised pie chart display of “best” and “worst” performers. She noted that even if all hospitals are good performers, some will inevitably be labeled “worst” simply because they perform a little below their peers.

The Council agreed that the PIC should discuss the display of data at its next meeting and bring recommendations to the full Council.

### **Infections Update**

Mr. McCarthy reported that Dr. Dennis Shubert went before the Maine Health Data Organization’s Board of Directors to ask that it consider adding healthcare associated infection (HAI) fields to its database. Mr. McCarthy stated that this recommendation led to many questions and vigorous comment.

Mr. McCarthy further reported that three HAI placeholder bills are in the legislature, and MQF will continue to track them.

### **New Business**

#### **NQF Update**

Mr. McCarthy stated that the National Quality Forum (NQF) is undergoing restructuring to better align itself with its core mission. He noted that MQF has maintained its connection to NQF and continues to vote. He added that a comment period is currently open for substance abuse indicators, and that Dr. Tisher had agreed to provide input.

#### **AHRQ QI Project Update**

Mr. McCarthy reminded the Council that MQF is not publicizing the AHRQ analysis of patient safety indicators and inpatient quality indicators, but had given each hospital its own data to verify its accuracy. He added that MQF/MHDO has received feedback from the hospitals. AHRQ has a validation project underway

(reviewing the algorithms used to analyze the discharge data) and some hospitals in Maine have agreed to participate.

### **Paid Claims Database Update**

Ms. Susan Schow of MHDO reported that she had been working with practitioners to verify the accuracy of patient data in the paid claims database. She explained that practitioners voluntarily checked their claims records against their own files. Ms. Schow stated that the 38 (of 45) reports she had received from practitioners found the database to have excellent accuracy. She noted that the 45 volunteers include family health practitioners, internists, obstetricians, and chiropractors, among others.

Mr. Prysunka stated that his proposal to the MHDO Board of Directors was to make practitioner-level data available for analysis by the public. Dr. Keller expressed concern that anyone would be able to obtain the data and use it for their own purposes. Mr. Prysunka explained that several mechanisms are in place to curb misuse of the data. He stated that MHDO charges a fee for a copy of the data, requires data users to sign a data use agreement, and charges a fee for misuse of the data.

### **Voluntary Practice Assessment Initiative Update**

Gordon Smith of the Maine Medical Association reported that the Voluntary Practice Assessment Initiative (VPAI) currently includes 10 practices and 30 physicians. He stated that the project goal is 50 practices and 100 physicians by the end of April. He stated that the two chart reviewers and program director have been busy with practice visits and reviews, and that things are going smoothly. Mr. Smith noted that the VPAI has experienced a delay in receiving patient satisfaction surveys from patients and that the project leaders are working hard to establish learning networks for the practices.

### **Robert Wood Johnson Grant**

Ms. Harrington reported that the State of Maine, through a primary collaboration between DHA, the Maine Health Management Coalition, and Quality Counts, received one of six Robert Wood Johnson Foundation (RWJF) Aligning Forces for Quality grants. She stated that the \$600,000 grant (to encompass the next three years) was awarded to align efforts relative to the implementation of the chronic care (or planned care) model in Maine within and across the following market areas:

- Public reporting of provider quality measurement
- Improving opportunities for providers to improve the quality of care they deliver
- Helping patients and consumers understand and take a more active role in recognizing and demanding high quality care.

Ms. Harrington added that project leadership will be provided via a Leadership Team and an Executive Leadership Team, both of which include an array of stakeholder representatives. Mr. McCarthy noted the Executive Leadership Team is conducting a search for a Project Director and that CV's should be sent to Jean Eichenbaum.

**Public Comments**

Becky Martins noted that National Patient Safety Awareness Week is March 4-10, 2007, and that this year's theme is "A Road Taken Together."

The meeting adjourned at 12:20pm.