

SUMMARY NOTES
Maine Quality Forum Advisory Council
November 18, 2011

Present: Kathy Boulet, DO, Alexander Dragatsi, Karynlee Harrington, Becky Martins, Sue Henderson, Robert Keller (Chair), Brenda McCormick, Elizabeth Mitchell, Al Prysunka, and David White

Item	Discussion	Decision/Action
Minutes of 9.9.11 Meeting	Due to absence of a quorum, no action was taken on the minutes of the September 9, 2011 meeting.	Hold for next meeting
Attendance at MQF Advisory Council meetings	Bob Keller expressed concern about diminished attendance at MQF Advisory Council meetings and requested that a letter be sent to all members to encourage their participation. Karynlee noted that there may be a misperception about the agency's ongoing role given that its current structure will be phased out in 2014. As it is, the agency has an ambitious agenda in the coming year that greatly depends on the input and advice of members. Elizabeth Mitchell suggested that the letter reference the huge quality component of the Health Care Exchange and that the aspects of the MQF will likely continue. Sue Henderson suggested that summary notes be included on the agency's website, along with major reports.	Joint letter from Karynlee and Bob Keller be sent to all members indicating the value of their attendance and that members should notify the agency if they are no longer able to participate so that a replacement can be found. Post summary notes of meetings on DHA website.
Dirigo Health Agency Update	Karynlee updated members on agency activities since the last Advisory Committee meeting: <ul style="list-style-type: none"> • An application for Level I funding was submitted to CMS for continued development of a health insurance exchange in Maine. \$5.8M was requested, the majority of which will be used to develop technology to support the exchange. The grant would also include funds to travel within the state to raise awareness about the health care 	Information only; no action required

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	<p>exchange. In response to a question raised by Bob Keller, Karynlee felt optimistic about federal approval of the funding request.</p> <ul style="list-style-type: none"> • Prior to submitting a request for Level II funding in June 2012, Maine must pass legislation on the creation of a health insurance exchange. The Governors Advisory Committee working on the Exchange submitted model legislation and recommendations in September 2011; the Insurance and Financial Services Committee met in early November to invite public comment. The committee will meet again in December 2011 to review comments. Federal law requires state exchanges to be certified by December 2013 or run the risk of having the exchange run by the federal government. • It is anticipated that the DirigoChoice product will be closed to new members in 2012 although the exact date is somewhat fluid depending on projected revenues. A no-cost extension for the voucher program was approved by CMS. This program largely affects seasonal and part-time employees and is expected to end in December 2013. 	
Shared Decision Making	<p>Neil Korsen reported on the status of a pilot that was proposed as part of last year's report to the Legislature. Neil reviewed major components of a concept paper that was being developed by the agency's Shared Decision Making Work Group:</p> <ul style="list-style-type: none"> • Focus on integration of SDM into provider practices and financial sustainability. Less focus will be given to the clinical efficacy of SDM which has already been studied in other pilots. • Up to five sites will be selected which will together provide sufficient patient volume for research and evaluation purposes. • Sites will select from among a menu of decision aids based on the composition and needs of a practice's population. • Clinical practices will be asked to apply for pilot participation in partnership with a payor. Start up funds will be available through the Dirigo Health Agency; long term it 	Karynlee to follow up with the Maine Health Management Coalition to incorporate a SDM pilot into their CMS grant request.

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	<p>is expected that funding mechanisms will be worked out with payors.</p> <p>Questions were raised about whether funds for the pilot could be included under the CMS Innovation grant under consideration by the Maine Health Management Coalition. Elizabeth Mitchell indicated that solicitation guidance includes SDM as a priority and fit into the model being proposed for practice transformation at the site level. Sue Henderson noted that many consumers were understandably confused by the concept of SDM and how it was different than informed decision making. Bob Keller encouraged the Dirigo Health Agency to work closely with the Maine Health Management Coalition to incorporate SDM into their proposal while at the same time be prepared to proceed independently if the grant request is not approved. Members agreed given the high level of competition for this grant.</p>	
Consumer Experience Survey	<p>Alexander Dragatsi reported that the agency has been working with Maine Quality Counts and the Maine Health Management Coalition to administer a statewide survey to patients served by primary care and specialty practices within the state. Participation will be voluntary by patients and practices; practices agreeing to have their results publicly reported may be eligible for a stipend to help cover the cost of survey administration. The Muskie School is providing staff support to the Steering Committee and Dale Shaller is providing technical assistance through the Aligning Forces for Quality initiative.</p> <ul style="list-style-type: none"> • A decision has been made to use the CG-CAHPS instrument, a nationally recognized and tested survey that will allow Maine results to be compared with other national benchmarks. Staff will work with the Patient Leadership Group within Maine Quality Counts to help select optional survey questions that may have particular relevance to Maine patients, such as shared decision-making. • Brenda McCormick asked whether it was possible to over-sample patients with high use rates of the emergency room. Maureen Booth noted that this was not likely given the sampling methodology. • Bob Keller inquired as to whether sampling is truly random. Maureen noted that the 	Information only; no action required

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	<p>vendor will be required to follow strict guidance available from the Agency for HealthCare Research and Quality.</p> <ul style="list-style-type: none"> • Alexander Dragatsi pointed out that a leveraged approach is being planned which hopefully will build on existing survey efforts by the health systems. • Kathy Boulet asked about the anticipated response rate. Maureen indicated that CG-CAHPS typically had a 30% response rate to its surveys, which included both phone and mail follow up. Sandy Parker indicated that this compares favorably with the 20% response rate to H-CAHPS in the hospital setting. • Brenda McCormick wondered if there were opportunities to provide incentives to patients for completing the survey. None have been discussed to date. Karynlee noted that there will be an extensive public awareness campaign before and during survey administration on the importance of hearing directly from patients. <p>Karynlee reinforced the value of the survey effort as providing important information on Maine practices that assesses the quality of their performance from the perspective of patients. Karynlee reminded members that the MQF is charged with monitoring quality; this will be the first effort undertaken by the agency to look specifically at physician practices.</p>	
Matrix of Quality Measures Collected and Reported in Maine	Maureen Booth distributed a compilation of measures currently collected in Maine, organized according to domains proposed by the National Quality Forum. The purpose of the matrix is to assess whether all domains of interest are currently being addressed and if there are areas of duplication that can be eliminated. Karynlee also pointed out that some measures may no longer be of interest or, if not being used or reported by anyone, could be considered for deletion. Findings of this assessment will inform the Dirigo Health Agency's recommendation on hospital data collection requirements spelled out in Chapter 270.	Information only; no action required
Physician Database Pilot	Maureen Booth described work that is currently underway to study options for creating a longitudinal physician directory that links physicians to practices. While many agencies and organizations have done parts of this work, no one has a universal directory that can be	Inventory existing DHA activities; develop plan for transition.

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	<p>sustained over time. A Work Group has been meeting to review research on other national models and Maine-based efforts to determine the scope, content and functionality of a proposed database which ideally will leverage existing efforts. This work is being conducted in close coordination with the Office of the State HIT which is required to prepare a report to CMS which, in part, must describe efforts to integrate financial and clinical data. Reception to the concept of a physician database has been very positive as a way to reduce substantial duplication and to support public and private quality improvement and payment reform efforts by providing timely assignment of physicians to individual practices.</p>	
Healthcare Associated Infections	<p>Karynlee reported that the agency will be submitting its legislative report on the status of HAI in Maine in January.</p>	<p>HAI Legislative report due in January 2012.</p>
QIO	<p>After an initial appeal, the Northeast Quality Foundation was awarded the QIO contract for Maine and New Hampshire. Karynlee proposed and members agreed that DHA should convene a meeting of Maine stakeholders and Northeast to review their scope of work and to discuss its potential alignment with other Maine-based activities.</p>	<p>Dirigo Health Agency to convene a Stakeholder meeting with Northeast Quality Foundation and Maine providers.</p>
Recognition	<p>Andy McLean, Vice President of the Maine Medical Association, asked to publicly address the group. Andy announced that it is tradition for the MMA to recognize physicians on their 50th anniversary of medical school graduation. In making its award, the MMA commended Bob on his long history of trail blazing in Maine, including his positions as founder and director of the Maine Medical Assessment Foundation and past president of the MMA.</p>	<p>Information only; no action required.</p>
Next Meeting	<p>The next meeting of the MQF Advisory Council is scheduled for Friday, February 10, 2012.</p>	