

SUMMARY NOTES
Maine Quality Forum Advisory Council
April 8, 2011

Present: Kathy Boulet, DC, Alex Dragatsi, Karynlee Harrington, Stephen Gefvert, Sue Henderson, Frank Johnson, Robert Keller, Becky Martins, Rod Prior, Al Prysunka, Ellen Schneider, Peter Schultz, Paul Tisher, and David White

Item	Discussion	Decision/Action
Minutes of 2/11/11 Meeting	Ellen Schneider noted that corrections were made to prior Summary Notes correcting the spelling of Jeff Holmstrom's name. A motion was made and seconded to approve the Summary Notes from the February 11, 2011 meeting.	2.11.11 Summary Notes were approved as distributed
Medicare Medical Home Demonstration	<p>Ellen reminded members that Maine is one of eight states participating in a three-year Medicare Medical Home demonstration. Following negotiations, Medicare has agreed to pay \$9.90 per Medicare member per month to support pilot practices and community health teams that are being established to support pilot practices; \$6.95 pmpm will be paid by CMS to the pilot practices and \$2.95 pmpm will be paid the CHT supporting the practice the member is attributed to. Lisa Letourneau, director of Maine's medical home pilot, is working with Medicaid and other payors (Anthem, Harvard Pilgrim, and Aetna) to extend their financial support for the project an additional 21 months to bring the duration of Maine's original medical home pilot into alignment with the timeframe of the Medicare demonstration; the commercial payors have all agreed to the time extension. MaineCare's agreement to the time extension will be contingent on the availability of appropriations. Commercial payors must also agree to support the CHTs with pmpm payments, in order that Medicare make CHT payments. Payors currently participating in the PCMH pilot have agreed to this in principle, but are in the process of gaining final approval from their administrative officers. Lisa is also in discussion with Cigna to reconsider their earlier decision not to participate in the medical home pilot. Rod Prior noted that financial support from Medicare and other payors does not address the substantial administrative costs of running the pilot. To date, administrative costs have been borne solely by the MQF. Ellen stressed that the goal of the pilot is to determine the true costs of implementing the medical home concept and that any long term plan for continuation would need to address associated administrative costs.</p> <p>A Request for Information will be issued shortly to solicit feedback from organizations about</p>	No action required

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	their interest and capacity to become a community health team in accordance with criteria established as part of the medical home pilot. A Request for Proposals will quickly follow with the goal of having community health teams in place by October 1, 2011.	

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Quality Improvement Organization	<p>Lisa Letourneau discussed a proposal being considered by the Board of Directors of Quality Counts to apply for federal designation as a Quality Improvement Organization (QIO). In making its decision, the Board was seeking broad stakeholder engagement in determining whether the concept makes sense, is aligned with existing Maine-based activities, and has the support of the provider, consumer, and payor communities, including the Maine Quality Forum.</p> <p>Currently, Maine is served by the Northeast Quality Foundation QIO in New Hampshire, one of 53 contracts awarded by CMS covering all US states and territories. Maine is one of only three states without a state-based QIO (others include Vermont and South Carolina). According to CMS policy, organizations from states without a state-based QIO can apply to become a QIO when a new federal scope of work is issued.</p> <p>Several states are served by QIOs that are state-based but operate under an “umbrella” regional collaborative, such as HealthInsights (serving UT, NV, NM); Quality Insights (serving WV, DE, PA); and Qualis Health (serving ID, WA). Collaborative QIOs have central infrastructure but also have a presence in each of the participating partner states.</p> <p>Lisa described the factors leading to Quality Count’s decision to consider an application:</p> <ul style="list-style-type: none"> • The scope of activities proposed in the QIO’s 10th Scope of Work match closely with Quality Count’s existing efforts to lead, collaborate and align improvement efforts in Maine. • The nature of the 10th Scope of Work, with its emphasis on consumer engagement, practice improvement, health promotion, requires the close collaboration and credibility of a state-based organization. • There is an encouraging opportunity to partner with an existing QIO <p>Response from Advisory Council members was positive. While acknowledging the challenges of unseating Maine’s existing QIO, members felt strongly that the State</p>	Voted in favor of an application from Quality Counts to be a Maine-based QIO.

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	would be better served by in-state presence. In response to Bob Keller’s request for a straw poll, members voted 10-0 in support of a QIO application from Quality Counts.	

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USM/Dirigo Cooperative Agreement	<p>Maureen Booth described projects being conducted by the Muskie School under this year’s Cooperative Agreement between the Dirigo Health Agency and the University of Southern Maine. Established by the Maine Legislature in 1989, the Cooperative Agreement allows direct contracting between a unit of state government and the state university system on project where there is mutual advantage. Eight projects are included in the 2011 Cooperative Agreement:</p> <ul style="list-style-type: none"> • <i>MQF Support</i> – provides routine statistical support, research, and policy analysis to the MQF. • <i>Critical Access Hospital Patient Safety Collaborative</i> – Explores best practices and identifies areas in which education, data collection, and quality improvement activities will advance patient safety in Maine’s rural communities. • <i>Integration of Clinical Care and Public Health</i> – In collaboration with the Maine CDC, focuses on identifying effective community strategies for reducing avoidable hospitalizations through partnerships between public health initiatives, clinical providers and hospitals. • <i>Shared Decision-Making</i>- Per a legislative resolve, provides staff support to a Study Group to advise the MQF on the practice and implementation of shared decision-making. • <i>Reducing Duplicative Lab Tests and Advanced Imaging</i> – Evaluates whether and how the HealthInfoNet pilot reduced duplicative lab tests and advanced imaging and the perspectives of providers and patients in the pilot process. • <i>Physician Data Base</i>- Reviews options and develops a concept paper for designing a comprehensive physician data base that meets the needs of providers, payors, researchers 	Information only; no action required.

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	<p>and policymakers.</p> <ul style="list-style-type: none"> • Health Data Roadmap – Develops a health data and data use proposal for Maine’s State Health Information Technology (HIT) plan. • Inventory of Patient Safety Initiatives – Documents the current patient safety efforts in Maine and compares Maine’s patient safety efforts to similar efforts in other states. • Patient-Centered Medical Home Evaluation – Supports the design and initial administration of an evaluation of the 26 practices participating in the PCHM pilot. • Ad Hoc – Provides technical, research and policy assistance to the Dirigo Health Agency in response to unanticipated legislative and other requests. 	
Mapping Maine’s Hospital Quality Indicators	Stuart Bratesman described work that he is doing under the Cooperative Agreement to map quality indicators that are currently collected in Maine within a taxonomy developed by the National Quality Forum (NQF). The mapping also identifies the source of each indicator, the Maine-based or national sponsor, and whether the indicator is currently publicly reported. Maine (through the efforts of the MQF, Quality Counts and Maine Health Management Coalition) is one of three states working with NQF to test their proposed taxonomy.	Information only; no action required
Dirigo Health Agency Update	<p>Karynlee Harrington reported that the Governor’s proposed budget reduces the agency’s access payments beginning in July 2011 and continuing until July 2013 at which time the access payment is eliminated. Access payments are used to support the Maine Quality Forum, DirigoChoice subsidies and administration of the agency. In its preliminary discussions, the Dirigo Board expressed intentions to continue funding the Maine Quality Forum at levels necessary to achieve its goals over the next 30 months. The Board currently is reviewing options for accommodating the estimated 43 percent reduction in revenue that will result. For example, do we make plan design changes in DirigoChoice to reduce costs so that plan can remain open longer or cap the DirigoChoice program at the end of the year? Issues the Board will need to grapple with.</p> <p>The decision to phase-out access payments by 2014 leaves open the question of whether the</p>	Information only; no action required

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	<p>Dirigo Health Agency will transition into Maine's health insurance exchange in accordance with provisions of the ACA. The Dirigo Board has been very supportive of such a transition.</p> <p>Karynlee described two bills which will go before Health and Human Services Committee.</p> <ul style="list-style-type: none"> • LD 267, introduced by Representative Adam Goode of Bangor, would strengthen laws pertaining to MRSA by requiring hospitals to screen specified categories of high risk patients. • LD 1212, introduced by Representative Malaby of Hancock, would require hospitals to report data on the incidence of MRSA to the National Healthcare Safety Network and that such information be shared with Maine Centers for Disease Control and the Maine Health Data Organization for public reporting. 	
Clinical Support for MQF	Ellen reported that Neil Korsen has agreed to provide clinical support to the Maine Quality Forum for two days a month for six months. Shared decision making will be the primary focus of his work during that time.	Information only; no action required
Other Comments	Rod Prior indicated that this would be his last meeting since he was no longer medical director of MaineCare. After discussion, it was agreed that Rod filled a public payor position on the Council that did not require him to be medical director. Ms. Harrington also informed the Council that two new members had been appointed to the Dirigo Board: Douglas Carr and Robert Harmon.	Information only
Next Meeting	Bob Keller asked Council members if they wished to meet in August. Members agreed to cancel the scheduled August meeting. The next meeting of the Maine Quality Forum Advisory Council is scheduled for June, 2011.	August meeting of MQF Advisory Council cancelled.