

**SUMMARY NOTES**  
**Maine Quality Forum Advisory Council**  
**June 10, 2011**

*Present:* James Case, Alex Dragatsi, Karynlee Harrington, Stephen Gefvert, Sue Henderson, Robert Keller (Chair), Becky Martins, Brenda McCormick, Lisa Miller, Elizabeth Mitchell, Al Prysunka, and David White

<b>Item</b>	<b>Discussion</b>	<b>Decision/Action</b>
Minutes of 4.8.11 Meeting	Draft summary notes of the 4.8.11 meeting of the MQF Advisory Council were approved as distributed.	4.8.11 Summary Notes approved
	<p>Karynlee Harrington reported on the status of Dirigo Health.</p> <ul style="list-style-type: none"> <li>• The budget bill phases-out DHA’s primary funding mechanism (assessment on paid claims)with an end date of the Agency scheduled for 12/31/2013, at which time federal financing of subsidies for individuals under 400% FPL takes over through the health insurance exchanges. The budget bill also directs a portion of the DHA assessment to cover Medicaid parents between 133-150-% FPL. The budget will be sent to the Legislature and ultimately the Governor for final approval later this month.</li> <li>• The DHA Board of Trustees is working to reset priorities based on the proposed budget adjustments. First, deductibles will be increased by \$250 for an estimated savings of \$600,000 over the next 30 months. The majority of members do not hit the current level; the other alternative was to eliminate members. The Board is exploring changes to subsidy levels without disrupting coverage for those in greatest need. Third, the board supports the following MQF program priorities: patient experience of care; a pilot on shared decision making; and the Patient-centered medical home pilot, including Medicare.</li> <li>• The Financial Services Committee had two bills in this session related to the establishment of a health insurance exchange in Maine per requirements of the federal Affordable Care Act. Tthe Committee decided to table the bills and instead passed a Resolve to establish an Advisory Committee to review options for a Maine health insurance exchange, considering the views of the health care industry and other stakeholders, and report back to the Governor and the Joint Standing Committee on Insurance and Financial Services no later than September 1 2011 with its findings and</li> </ul>	Information only; no action required

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	<p>recommendations. In addition to DHA staff, the Committee will be supported in its efforts through a \$1M federal grant award to assist states in the health insurance exchange planning efforts. An internal Steering Committee made up of cross-agency representatives was also established and has been meeting weekly to identify and work through the operational considerations of a health insurance exchange. The current plan is that by the end of September, Maine will apply for a Level I Establishment Grant which provides states with additional funds to focus on 11 core areas related to the planning and implementation of health insurance exchanges. The State is also currently planning for a Level II submission in March 2012.</p> <ul style="list-style-type: none"> <li>• Massachusetts in collaboration with the other New England states received a \$35M Early Innovator grant. The focus of the grant is on the significant technological issues related to a health insurance exchange. The steering committee established under this grant will allow New England states to benefit from the development of generic components without each having to reinvent the wheel.</li> <li>• Governor LaPage recently appointed Katrin Teel as his Senior Health Policy Advisor. In prior positions, Katrin has had a strong focus on prevention and wellness.</li> <li>• LD 1467 establishes a Health Information Database Advisory Group to make recommendations for improving timely access to data. The charge for this 17-member committee includes a review of the operations of MHDO and Onpoint; legal issues regarding the release of identifiable data; and timeliness of data access. The Committee is required to report its recommendations by January 1, 2012.</li> </ul> <p>Advisory Council members raised several questions. David White suggested the value of having a member of the former Advisory Council for Health Systems Development serve on the Advisory Committee established under the Resolve. Karynlee noted that membership was specified in the Resolve. Sue Henderson noted that recent changes to the state's certificate of need law are not well understood by the public. Sue expressed concern that hospitals were not in a position to do objective community health assessments and that increases to the capital expenditure thresholds for when a CON was needed could increase health costs in the state. Lisa Miller noted the absence of legislators on the newly established Advisory Committee. Karynlee responded that there will be a formal process for reporting back to the Legislature and that Dirigo Health will use its distribution list to notify interested parties. Elizabeth Mitchell emphasized the need to align Maine's health insurance exchange efforts with purchasing</p>	

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	strategies of the Maine Health Management Coalition, including the use of comparable metrics.	
Departure of Ellen Schneider	Bob Keller expressed his disappointment over the departure of Ellen Schneider who resigned her position as Acting Director of the MQF to accept a position as Vice President of Administration and Finance at the University of Maine/Augusta. Ellen accomplished a great deal during her brief tenure and her loss is very unfortunate. Bob requested that Karynlee send a card to Ellen expressing the Council's appreciation for her outstanding service.	Karynlee to send card of appreciation to Ellen Schneider.
Healthcare Associated Infections	Alexander Dragatsi updated the Council on two bills, LD 267 and LD 1212, both of which were developed in response to the HAI prevalence study conducted by the MQF. LD 267 died in Committee and would have required Maine hospitals to perform targeted surveillance for MRSA in high-risk populations, report findings to the MQF for public disclosure. LD 1212 passed and calls for hospitals to report MRSA data for all inpatients on a monthly basis to the National Healthcare Safety Network in accordance with protocols defined by US CDC. The Maine CDC and MHDO will have access to the NHSN data for facility-specific public reporting purposes. Bob Keller acknowledged Kathy Day, a patient safety activist, who asked to address the Council on this matter. Kathy noted that many infections will be missed under this new legislation as it does not require active surveillance and currently applies only to hospitals and does not include nursing facilities. Bob Keller suggested that many hospitals, without being mandated to do so, conduct active surveillance. Stephen Gefvert questioned the usefulness of colonization data at nursing facilities and if screening was appropriate. Becky Martins asked whether funds are available to support hospital surveillance efforts; Bob indicated that Doug Salvado, who was not present, would be in the best position to know. Kathy Day inquired whether there has been a reduction in nosocomial MRSA in Maine since 2010. Sandy Parker from the Maine Hospital Association indicated that there is an ideological split in whether screening works and that national comparative studies are inconclusive.	Information only; no action required.

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QIO	Bob Keller reported that Maine submitted an application to become a federally designated Quality Improvement Organization (QIO). Regardless of outcome, Bob congratulated Lisa	Information only; no action required.

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	Letourneau on her herculean effort to develop this proposal.	
Shared Decision Making	<p>In March, the MQF submitted its final report to the Legislature on the status of shared decision making and options for its promotion in Maine. The report included a recommendation that a pilot study be designed to better understand the unique circumstances and strategies for implementing shared decision making in Maine. The Dirigo Health Agency has contracted with Neil Korsen to help guide the design and development of a pilot. Neil reported that internal discussions are taking place to define the core objectives of a pilot and possible funding sources. Sue Henderson questioned why a pilot was needed given that physicians are now more actively involved in informed consent. Neil noted that informed decision making refers to building patient knowledge of their health and health care while shared decision making applies to situations where there is no single best treatment and where a patient's values and preferences dictate the course of treatment. In response to Becky Martins' question if the pilot would focus on primary or specialist care, Neil indicated that it would likely include both. Elizabeth Mitchell encouraged the MQF to leverage the PCMH demonstration where possible in the pilot. Karynlee stressed the importance of shared decision making in the National Quality Strategy and the availability of funds to promote its expansion. Elizabeth Mitchell noted that the Maine Health Management Coalition was encouraging purchasers to create incentives to support shared decision- making.</p>	Information only; no action required
Physician Data Base	<p>Karynlee Harrington reported that the agency's cooperative agreement with the Muskie School has been revised to review existing efforts to develop a centralized physician data base in the State and to develop design specifications for its creation. Elizabeth Mitchell indicated that the MHMC has made a substantial financial commitment to establish a data base and that any future effort should take that into consideration. Karynlee agreed that all efforts should be reviewed and leveraged as appropriate.</p>	Consider existing MHMC efforts to design physician database when moving forward with project.
Next Meeting	<p>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 for September 9, 2011.</p>	August meeting of MQF Advisory Council cancelled.