

**SUMMARY NOTES**  
**Maine Quality Forum Advisory Council**  
**September 9, 2011**

*Present:* Kathy Boulet, Alexander Dragatsi, Karynlee Harrington, Stephen Gefvert, Sue Henderson, Jeff Holmstrom, Frank Johnson, Robert Keller (Chair), Brenda McCormick, , Al Prysunka, and David White

<b>Item</b>	<b>Discussion</b>	<b>Decision/Action</b>
Minutes of 4.8.11 Meeting	Review and action of the draft summary notes of the June meeting of the MQF Advisory Council was postponed due to lack of a quorum.	Action on June Summary Notes at 11/19/11 mtg
Dirigo Health Update	<p>Karynlee Harrington reported on the status of Dirigo Health.</p> <ul style="list-style-type: none"> <li>• Legislation passed that terminates the primary funding mechanism of the Dirigo Health Agency as of December 31, 2013. Up until that point, the agency will receive reduced funding each year. The Dirigo Board is reviewing options to determine how best to move forward on agency priorities in the intervening period before the agency terminates. The priorities of the MQF will continue to be funded through this period. Work plans and transition plans will be developed over the next several months.</li> </ul>	Information only; no action required
Patient-Centered Medical Home Pilot	<p>Lisa Letourneau reported that Maine is one of eight states to be awarded a grant to participate in a Medicare pilot program to support patient centered medical homes. Funding in Maine will be used to establish eight community care teams to provide intensive care management to patients with multiple chronic conditions or complex care needs who are served by the 26 pilot practices. Private payors have agreed to continue their participation in Maine's PCMH pilot for the additional time period of the Medicare demonstration. Care teams have been selected as a result of a competitive process; discussions are currently underway with Medicare on the actual start date.</p>	Inventory existing DHA activities; develop plan for transition.

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Quality Improvement Organization	<p>Lisa updated the Council on Maine’s application for federal designation as a Quality Improvement Organization (QIO). Maine is currently one of three states without a state-based QIO. Lisa reported that CMS approved Northeast Quality HealthCare Foundation as the designated QIO for Maine. Organizers of a Maine-based QIO initiative have requested a debriefing with CMS regarding their application.</p> <p>Karynlee offered to convene a meeting of Maine stakeholders and Northeast Quality HealthCare to discuss the 10<sup>th</sup> scope of work and how best to align those activities with work currently underway in Maine. Council members agreed that this invitation should come under the leadership of Bob Keller.</p>	DHA to plan a meeting of stakeholders and Northeast Quality HealthCare Foundation to discuss 10 <sup>th</sup> scope of work.
Consumer Engagement	<p>Lisa Letourneau described a statewide campaign being developed by Maine’s Aligning Forces for Quality to get consumers more actively engaged in improving their health care and to learn more about successful strategies to improve health care quality, access and inflation. Proposed actions are intended to help people address some of the most common problems (e.g., fragmented care, cost of care) and to align those messages with Maine Health Management’s Coalitions “Get Better Maine” public reporting website.</p> <p>Members raised several questions to Lisa:</p> <ul style="list-style-type: none"> <li>• Stephen Gefvert suggested that the campaign be directed at high cost users. While admitting they were a huge problem, Lisa indicated that this campaign had a more general audience.</li> <li>• Bob Keller proposed coordinating the campaign with organizations that have large constituents in Maine, such as the AARP and Area Agencies on Aging.</li> </ul>	Information only; no action required.
Shared Decision Making	Maureen Booth reviewed the current status of the shared decision making pilot. A work group is being established to guide the design and implementation of the pilot. Meanwhile, DHA staff met with the Maine Health Management Coalition to discuss broad concepts for the	Information only; no action required

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	<p>pilot and how it could be used to advance delivery and payment system reform. Based on these discussions, a preliminary decision was made to create the pilot around the concept of a partnership between providers and payors. The pilot would focus on operational and payment options for shared decision making rather than focus on clinical efficacy of specific shared decision making processes and tools. These ideas will be further explored at the work group's first meeting on November 7, 2011.</p> <p>Jeff Holmstrom asked if the pilot would focus on specific conditions or if that decision would be left up to the applicant partnerships. Bob Keller indicated that those decisions had not been made but that it was his recommendation that the pilot limit the number of SDM processes/tools so that a more meaningful participation rate could be achieved. Mitchell Stein asked what role the PCMH practices would play in the pilot. While acknowledging the logical fit with the PCMH practices, Lisa Letourneau questioned whether there was sufficient critical mass and also expressed concern that the PCMH practices were already overloaded and that additional expectations may not be reasonable. Jeff Holmstrom agreed but proposed that consideration be given to how the community care teams being developed for the PCMH pilot could serve a potential role under a SDM pilot as well. In response to questions about whether the pilot should focus on integrating SDM into primary or specialty care, Jeff Holmstrom indicated that a California demonstration looked at SDM across the entire continuum.</p> <p>Stephen Gefvert advocated that the pilot focus on conditions which account for the greatest health care expenditures, such as end of life care. While SDM processes are being developed for end of life care, Lisa Letourneau indicated that they were still in development.</p>	
Physician Data Base	Maureen Booth described another major DHA priority which is to review the options for creating a longitudinal physician directory that links physicians to practices. While other agencies and organizations have made substantial commitments to creating such a database, no one has a universal directory that can be sustained over time. A Work Group is being established to review research on other national models and Maine-based efforts to	Members should let DHA know if they wish to serve on the work group

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	<p>determine the desired scope, content and functionality. Karynlee suggested that any member interested in the project would be welcomed to serve on the work group.</p>	
<p>Consumer Experience Survey</p>	<p>DHA has a statutory mandate to monitor the quality of health care, including that of physicians. DHA is working in close collaboration with the Maine Health Management Coalition and Quality Counts to initiate a statewide survey of consumers experience with primary and specialty care in Maine. Consumer experience is a critical dimension of quality and one that studies have shown to be linked to improved patient self-management and compliance as well as health outcomes. This project, funded by DHA and operating under the auspices of Maine’s Aligning Forces for Quality (AF4Q) initiative, will be the first effort to solicit consumer feedback on their care encounters with physicians and to publicly report the findings at the practice level. A small steering committee has been working with national AF4Q consultants to determine a feasible approach for conducting this work on a voluntary basis. While many decisions remain, a preliminary decision has been made to use a version of the Consumer Assessment of HealthCare Providers and Systems (CAHPS) survey specifically designed for administration at the primary and specialty care levels.</p> <p>Sue Henderson asked whether survey findings would be publicly reported at the individual physician level. Maureen explained that, although no final decisions have been made, thinking has been that this initial survey would sample at the individual physician level but publicly report only at the practice level. Data at the individual physician level would be shared confidentially with each practice to help guide quality improvement efforts. Mitchell Stein stressed that the real value of the survey to consumers is at the individual physician level and that DHA should withhold subsidizing the effort if providers refuse to allow data to be reported at that level. While acknowledging the value of individual provider data, Frank Johnson emphasized that reporting even at the practice level represents a huge sea change and that, at this stage, preference is to get good participation and set the path for further reporting in subsequent years.</p>	<p>Information only; not action required</p>

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	<p>Questions were also raised about whether the DHA is the most appropriate sponsor for this work. Karynlee emphasized the statutory responsibility of the agency to monitor quality and the alignment of this work with the National Quality Forum's emphasis on consumer engagement and the need for better quality data to support provider tiering.</p>	
<b>Next Meeting</b>	<p>The next meeting of the MQF Advisory Council is scheduled for November 18, 2011.</p>	