

SUMMARY NOTES
Maine Quality Forum Advisory Council
December 14, 2012

Present: Stephen Gefvert, Karynlee Harrington, Sue Henderson, Robert Keller (chair), Marcia Kyle, Becky Martins, Lisa Miller, Elizabeth Mitchell, Glenn Mower, and Michele Spekhardt.

Item	Discussion	Decision/Action
Welcome and Introductions	Robert Keller, MD opened the meeting, welcomed members and asked members and the public in attendance to introduce themselves.	
Patient Experience Matters	<p>Karynlee introduced Kim Fox and Maureen Booth of the Muskie School who led a discussion on how patient experience survey results would be publicly reported by DHA. Joining the discussion via phone were Dale Shaller, Principal of Shaller Consulting Group and Lise Rybowski of The Severyn Group – national consultants who have been advising the DHA on its survey initiative. Alexander Dragatsi of MQF reminded members that DHA has contracted with three vendors to administer a nationally recognized survey instrument to primary care and specialty care practice sites. DHA is offering subsidies up to 90% of survey costs to practices which voluntarily opt to participate in the survey initiative and have their survey findings publicly reported. To date, 284 practice sites, representing over one-third of all physicians in Maine, are participating. Alexander underscored the importance of recognizing the leadership represented by participating practices which agreed, in advance of seeing their survey results, to public reporting. Alexander also reviewed decisions that have been made to date regarding public reporting of beneficiary survey results:</p> <ul style="list-style-type: none"> • Public reporting on the DHA website should complement, not duplicate, other national/Maine websites beneficiary survey results. • DHA, Maine Quality Counts and the Maine Healthcare Management Coalition, the conveners of Maine’s beneficiary survey initiative, should publicly acknowledge the leadership of participating practices. • Public reporting should be at the practice site level; no respondent or individual clinician level data will be reported. 	<p>See bold areas for specific actions. Further action to be taken at February meeting on scoring and display of website for public reporting.</p>

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	<ul style="list-style-type: none"> • Public reporting should use analysis conducted by the National CAHPS Database. • Benchmarks should be used to compare survey results whenever available. <p>Lise connected the work being conducted in Maine with other national and state efforts to collect and report patient experience data. Lise congratulated Maine on undertaking this major initiative which has few comparable states-sponsored models. Lise emphasized the value of aligning DHA’s public reporting with that of the MHMC so as not to confuse consumers and others who may access the site.</p> <p>Kim reviewed the major items that must be addressed when designing a public reporting site for the survey results. Following is a summary of each item and actions taken by the MQF Advisory Council.</p> <p>Audience The site should be a repository of survey results and focus on any one audience. Other sites, such as <i>Get Better Maine</i>, are better positioned to apply survey results to the needs of specific audiences.</p> <p>Level of reporting List practice sites by medical group and/or health system but do not develop an aggregate score for the group or system. This will alleviate issues when not all practices within a group or system participated and/or when data are not available to weight aggregate scores by size of practice.</p> <p>Grouping of Results Separately report adult/primary care, adult/specialty care and child surveys. Use benchmarks from comparable groups when available.</p> <p>Measures to be reported Report at the composite level with a link to individual items. This allows viewers to see easy summary data while also making full information available to those who wish to see the detail.</p> <p>Scoring The Advisory Council reviewed options for reporting scores by full distribution, “top box” and average scores. Members decided to hold final decision until the next meeting.</p> <p>Benchmarks and comparisons Compare to CAHPS benchmarks where available and Maine aggregate.</p> <p>Level of It will be important to set the context for why and how this initiative</p>	

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	<p>contextual information was undertaken, the value of patient experience, and the method of survey administration. Acknowledge the leadership of those who participated. Use short version of labels describing survey composites and items. Provide links for more detailed descriptions of the instrument and its use. Distinguish between MQF reporting and PTE through narrative and cross links.</p> <p>Functionality In keeping with its primary purpose as a repository, do not invest in significant functional enhancements. Include downloading and search functions by practice name and location.</p> <p>Duration Post for a minimum of 12 months.</p> <p>Display Mock-ups of the website will be reviewed with the MQF Advisory Council and stakeholders before posting. Staff anticipates that mock-ups are likely to be presented to the Council at their April meeting.</p> <p>Further discussion on scoring and display will be scheduled for the next MQF Advisory Council meeting. In the interim, DHA will meet with the other conveners to discuss strategies to acknowledge the leadership of participating practices.</p>	
Chapter 270	Karynlee briefed the Council that she submitted the Advisory Council’s recommendations to the Maine Health Data Organization (MHDO) Board of Directors. The MHDO Board accepted the Advisory Council’s recommendations and released proposed rule changes for public review. A public hearing on the changes was held on December 6, 2012. Karynlee summarized the public comments submitted (as well as provided the written comments via e-mail to the members of the AC) and proposed several modifications to the proposed changes based on the public comments for the Advisory Council to consider. Refer to discussion document.	Refer to revised discussion document with

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Healthcare Associated Infections (HAI) Sub-Committee	<p>Alexander Dragatsi noted that the Maine Infection Prevention Collaborative (MIPC), representing hospital infection control clinicians from across the state, has been working for several years to prevent healthcare associated infections (HAI). To broaden input and awareness of HAI, the MIPC is proposing that the MQF establish a sub-committee to include consumers and other healthcare professionals whose experience and skills are important in developing a comprehensive strategy to address HAI. The MQF and Maine CDC would jointly staff the sub-committee.</p> <p><u>Recommendation:</u> Establish an HAI sub-committee and develop a charge that clarifies and aligns its responsibilities with the MIPC.</p>	Establish HAI Sub-Committee; develop charge statement.
AHRQ Culture of Safety Survey	<p>Karynlee reminded the Council that Muskie prepared a report for the Agency on patient safety activities in the state of Maine and that in October, 2012 they reviewed the report with the council. At that meeting, Council members identified several priorities to advance patient safety and requested staff to further develop the concepts and assess their viability with respect to time and resources. Karynlee shared with the council that the Agency is moving forward with one of the priorities identified-the patient safety culture survey. Maureen Booth of the Muskie School discussed in more detail – the administration of a nationally tested patient safety culture survey to staff working at primary and specialty care practice sites. The survey captures areas of their experiences in the office setting that are known to relate to patient safety (e.g., open communication among team members). The goal of the project is to train staff on the administration and use of the survey and help in the design of strategies to address weaknesses identified through survey results. The Muskie School will develop a repository of survey results that would allow practice sites to assess their performance against other Maine-based practices.</p> <p><u>Recommendation:</u> Proceed as planned and report back on progress</p>	Periodic reports on progress
Next Meeting	The next meeting is scheduled for Friday, February 8 from 9-noon at the DHA offices.	