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**Section I. Purpose & Legislative Responsibilities**

**Purpose:**

The Maine Quality Forum (MQF) was established in 2003 per 24-A Chapter 87 Section 6951 to monitor and improve the quality of health care in the State.

**The MQF’s Legislative Responsibilities as described in 24-A, Chapter 87 §6951.**

**1. Research dissemination.**  The forum shall collect and disseminate research regarding health care quality, evidence-based medicine and patient safety to promote best practices.

**2.** **Quality and performance measures.**  The forum shall adopt a set of measures to evaluate and compare health care quality and provider performance. The measures must be adopted with guidance from the advisory council pursuant to section 6952. The quality measures adopted by the forum must be the basis for the rules for the collection of quality data adopted by the Maine Health Data Organization pursuant to Title 22, section 8708-A.

**3.** **Data coordination.**  The forum shall coordinate the collection of health care quality data in the State. The forum shall work with the Maine Health Data Organization and other entities that collect health care data to minimize duplication and to minimize the burden on providers of data.

**4.** **Reporting.**  The forum shall work collaboratively with the Maine Health Data Organization, health care providers, health insurance carriers and others to report in useable formats comparative health care quality information to consumers, purchasers, providers, insurers and policy makers. The forum shall produce annual quality reports in conjunction with the Maine Health Data Organization pursuant to Title 22, section 8712. No later than September 1, 2010, the forum shall make provider-specific information regarding quality of services available on its publicly accessible website.

**5.** **Consumer education.**  The forum shall conduct education campaigns to help health care consumers make informed decisions and engage in healthy lifestyles.

**6.** **Technology assessment.**  The forum shall conduct technology assessment reviews to guide the use and distribution of new technologies in this State. The forum shall make recommendations to the certificate of need program under Title 22, chapter 103-A.

**7.** **Electronic data.**  The forum shall encourage the adoption of electronic technology and assist health care practitioners to implement electronic systems for medical records and submission of claims. The assistance may include, but is not limited to, practitioner education, identification or establishment of low-interest financing options for hardware and software and system implementation support.

**8.** **Annual report.**  The forum shall make an annual report to the public. The forum shall provide the report to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs, health and human services matters and insurance and financial services matters.

**9.** **Health care provider-specific data.**  The forum shall submit to the Legislature, by January 30th each year beginning in 2009, a health care provider-specific performance report. The report must be based on health care quality data, including health care-associated infection quality data, that is submitted by providers to the Maine Health Data Organization pursuant to Title 22, section 8708-A. The forum and the Maine Center for Disease Control and Prevention shall make the report available to the citizens of the State through a variety of means, including, but not limited to, the forum’s publicly accessible website and the distribution of written reports and publications.

**10.** **Infection prevention activities.**  The forum and the Maine Center for Disease Control and Prevention shall, by January 30th of each year beginning in 2009, report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on statewide collaborative efforts with health care infection control professionals in the State to control or prevent health care-associated infections.

**Key Initiatives to support 24-A, Chapter 87 §6951**

The MQF has financially supported a number of initiatives over the years that support its legislative duties and aligns with the needs of the market as it relates to advancing the Institute for Healthcare Improvement (IHI) triple aim.

1. Improving the patient experience of care (including quality and satisfaction);

2. Improving the health of populations; and

3. Reducing the per capita cost of health care.

The MQF Board of Trustees has supported the following six areas of focus:

1. Support the advancement of primary care

2. Define, collect and report healthcare quality measures

3. Promote public transparency of health care quality in the State of Maine

4. Reduce the rate of Health Care Associated Infections in the State of Maine

5. Support the cost of patient experience surveys for physician practices and publically report the results

6. Promote culture of safety in physician practices

**Section II. MQF Budget breakdown**

The Insurance and Financial Services Committee unanimously approved the proposed MQF budget for FY16-17. The proposed budget for FY18-19 is relatively flat; there are modest increases in the personal services line to account for increases in healthcare costs/benefits. The “all other” category continues to remain flat (no increases in last four years).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget** | **FY16 (approved)** | **FY17 (approved)** | **FY18 (proposed)** | **FY19 (proposed)** |
| **Personal Services** | $297,168 | $290,283 | $313,217 | $315,457 |
| **All Other** | $1,027,590 | $1,027,590 | $1,027,590 | $1,027,590 |
| **Total** | $1,324,758 | $1,317,873 | $1,340,807 | $1,343,047 |

**Budget Breakdown: (The following represents FY16 budget. The final MQF budget breakdown between ongoing and new projects for FY18-19 will be authorized by the MQF Board once the FY18-19 budget is finalized)**

**Personal Services: $297,168**

2 Full Time Employees

1-Public Service Executive III

1-Public Service Manager I

The salary ranges for these positions are established by the bureau of human resources. The two employees in these positions are long term, one with over 13 years and the other with close to10 years and are at the higher end of the salary range. The baseline Personal Service budget line is determined by the Bureau of Budget based upon data extracted from the Human Resources System. The proposed FY 18-19 budget for MQF has no initiative associated with this budget line (no requests to hire additional staff).

In 2012 the Board Chairs of the Maine Quality Forum (MQF) and the Maine Health Data Organization (MHDO) executed a Memorandum of Understanding (MOU). Under the terms of the MOU, MQF provides the management services to the MHDO as of May 2012.

**MQF’s two FTE’s support the following key activities:**

* Day-to-day management of operations and administrative services, including financial and budget management, project management, contract management, data request management, execute agency rulemaking as approved by the board to allow the agency’s to meet its legislative obligations as defined in Statute for both the MQF and MHDO.
* Led the team that designed and created the website CompareMaine - Website that lists healthcare costs and quality measures where applicable for over 200 health care procedures.
* Staffs the Consumer Advisory Group (bi-monthly meetings with one conference call on the off month).

Group Charge: The Consumer Advisory Group gives input and guidance to the MHDO and MQF on its efforts to provide and integrate comprehensive and useful health care cost and quality data through its publically accessible website-CompareMaine. The Consumer Advisory Group serves in an advisory role and provides recommendations.

* Staffs the Data User Group (bi-monthly meetings and on the off month attends meetings of the subcommittees).
* Co-Chair of the Healthcare Associated Infections (HAI) Collaborating Partners Committee (meets quarterly) and provides the staff support.

Mission:

The HAI Collaborating Partners Committee will assess and analyze the status of infection prevention and control in the state of Maine and make recommendations on state strategies for the reduction of healthcare associated infections across all healthcare settings.

Objectives:

1. Provide guidance to the Maine Quality Forum (MQF) for the reporting of metrics related to healthcare associated infections for Chapter 270.
   1. Evaluate the completeness and the accuracy of reporting requirements.
   2. Establish priorities for external validation studies.
   3. Recommend additions and deletions of HAI related metrics.
2. Evaluate successfulness of the State HAI Plan and update as needs/priorities demand.
   1. Review infection prevention and control data on a state level.
   2. Develop mitigation strategies for addressing identified gaps in infection prevention and control.
   3. Analyze healthcare associated infection data by region to assess infection/pathogen threat.
   4. Provide guidance to address potential emerging threats.

* Member of the Medicare Proposal Oversight Committee.

Group Charge: a multi stakeholder group that was convened by the Commissioner of DHHS to develop a proposal to submit to CMS for Medicare alignment with new payment models that currently exist in the state.

* Newly elected board member of the National Association of Health Data Organizations (NAHDO)-this opportunity will give us a national platform to promote the importance of the transparency of healthcare costs and quality data
* Partnered with the University of Southern Maine’s Muskie School of Public Services and Quality Counts on examining new ways of informing patients about the cost and effectiveness of different treatment options for low back pain.
* Leads the team that works on developing the annual Healthcare Associated Infections Report (HAI) which is a detailed report to the Health and Human Services Committee on compliance and performance rates in the aggregate and by hospital. Report provides trend lines and last year the conclusion at large was that Maine hospitals continue to show progress in reducing the incidence of healthcare associated infections.
* Led the team that designed and developed and maintains the website mainepatientexperiencematters. The data on this website are based on responses to a voluntary, statewide survey of patients who received care at healthcare practices in Maine. The most recent survey was completed over a four-month period in late 2014 and early 2015 by randomly selected adult patients and parents of children receiving care in one of 336 participating primary care, pediatric and specialty care practices. This is the second statewide survey of patients’ experiences in Maine, and provides important information from the patients’ perspective about the care they receive. The first survey was conducted in late 2012 and early 2013. MQF required practices to use standardized survey instruments that have been scientifically tested and developed by the federal Agency for Healthcare Research and Quality (AHRQ). The survey’s- the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) and the Patient Centered Medical Homes CAHPS (CAHPS PCMH) 2.0 surveys – ask patients about aspects of their healthcare experience that are closely linked to quality, such as access to care and the strength of the doctor-patient relationship.
* Led the team that designed and developed the Maine Infection Prevention Forum an eight-hour Healthcare Associated Infection program for extended care facilities. The curriculum is divided into six stand-alone modules to be completed at the convenience of the participant. **Content areas include**: general infection control and prevention practices; common infectious diseases; Isolation/transmission precautions, surveillance and data collection; performance improvement, and antibiotic stewardship.  In addition to the stand-alone modules there is a comprehensive set of resources that have been organized by topic that are accessible to the facility.
* Partnered with the Muskie School of Public Service we will add two new modules to our HAI web-based training module that are specific to high-priority topics that address current long-term care employee health and safety risks: blood borne pathogens and biologic hazards.  The module for blood borne pathogens was recently approved by OSHA and includes the following topics:
* Hepatitis B and C
* HIV
* emerging bloodborne diseases
* hand washing
* personal protective equipment
* fingernail length
* sharps safety
* drug diversion
* blood glucose monitoring
* skin care
* laundry
* cleaning/contamination
* disposal of regulated waste
* exposure control plan
* reporting requirements

**All Other: $1,027,590 (Proposed FY18-19 is the same dollar amount that was approved and budgeted for FY16-17)**

**Breakdown:**

**Contracts-(summary of key projects and deliverables)**

University of Southern Maine-$406, 902 (includes supporting the technical development of the annual HAI report; produces ad-hoc quality data reporting as requested by external stakeholders for example falls with injury by hospital; Develop the final evaluation of the Patient Centered Medical Home Pilot; staff the Patient Centered Medical Home Summit; staff the HAI Collaborating Partners quarterly meetings; work with staff to develop a two year operations plan FY18-19; administers on behalf of MQF the patient experience matters initiative; works with staff to maintain and update both the [www.mainepatientexperiencematters.org](http://www.mainepatientexperiencematters.org) and [www.maineinfectionpreventionforum.org](http://www.maineinfectionpreventionforum.org)

Avatar, NRC Picker and Metrix Matrix- $119,854 (these firms administered the patient experience surveys for the 350+ physician practices that participated in the MQF patient experience matters initiative. The $119,854 was paid to the practices to offset the administrative costs of the survey administration)

Lisa Letourneau, MD-$110,000 (project director for the patient centered medical home and for the Multi-payer advanced primary care practice demonstration (MAPCP) which brought in over $22 million dollars in new money paid to the primacy care practices and community care teams participating in the demonstration)

John Snow, Inc. - $53,296 (provided external validation of data submitted by 19 hospitals for Catheter Associated Urinary Tract Infection (CAUTI), Surgical Site Infections of the Colon and Surgical Site Infections after a hysterectomy)

CompareMaine-$75,000 (expense budgeted in both years in FY17-18 $300,000)

APCD data to support PCMH final evaluation and SIM Evaluation -$10,000

**Total: $775,052**

**Internal State Support-**

Office of Information Technology (OIT) and Department of Administrative and Financial Services (DAFS)-$62,000

**Rent**-

$24,000 (shared with MHDO 50/50)

**General Ops**-

postage, print, office supplies, insurance, travel-$1,500

**Total: $87,500**

**All Other Total:** $862,552 + $297,168 **Personal services=$1,159,720**

**Section III.**  **Websites and Reports MQF is responsible for**

[www.CompareMaine.org](http://www.CompareMaine.org) (in partnership with MHDO)-healthcare costs and quality data

[www.mainepatientexperiencematters.org](http://www.mainepatientexperiencematters.org) –patient experience survey results at over 350 physician practices

[www.maineinfectionpreventionforum.org](http://www.maineinfectionpreventionforum.org) -8 hour training module designed for extended care facilities on infection control and prevention activities. Adding two new modules this year-blood borne pathogens and biologic hazards.

**Reports:**

[Final Evaluation Report of the Maine Patient Centered Medical Home Pilot 2010-2012](https://mhdo.maine.gov/_externalReports/Final%20PCMH%20Eval%20Report%20Final_2016Nov.pdf) prepared by the Muskie School of Public Service for the Maine Quality Forum - November 2016

[Healthcare Associated Infections in Maine, 2016 Annual Report](https://mhdo.maine.gov/_externalReports/2016%20HAI%20Annual%20Report_Final%202016-03-31.pdf) prepared by the Maine Quality Forum in collaboration with the ME-CDC and Muskie. - April 2016