



JANET T. MILLS
GOVERNOR

Maine Quality Forum

— MEASURING TO IMPROVE —

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TO: Senator Sanborn, Representative Tepler and Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services

CC: Colleen McCarthy Reid, Esq.,
Joseph Bruno, Chair Maine Quality Forum Board of Trustees

FROM: Karynlee Harrington

DATE: January 17, 2019

RE: Maine Quality Forum Briefing Memo

Please find enclosed a briefing memo that describes the legislative duties of the Maine Quality Forum and several key initiatives the agency has invested in. I look forward to reviewing the highlights with the committee during the orientation session.

Maine Quality Forum

— MEASURING TO IMPROVE —

- 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 is an independent executive agency that operates under the supervision of a multi-stakeholder Board of Trustees. The Governor appoints the members of the board and the Senate confirms. There is also a structure for an advisory council that is tasked with providing advice to the forum.
- The MQF has been involved in several initiatives over the years that support its legislative duties (listed on pages 4-5) and aligns with the needs of the private sector as it relates to advancing the Institute for Healthcare Improvement (IHI) triple aim. The triple aim is a framework that describes an approach to optimizing health system performance:
 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 is part of the baseline general fund budget with an annual budget of approximately \$1.2M.
- Legislative Committee of oversight is the Joint Standing Committee on Health Coverage, Insurance and Financial Services.
- MQF drives health care quality improvement by working collaboratively with our private and public-sector partners. MQF's key initiatives over the last several years have been focused in the following areas:
 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
- After a competitive bid process, MQF entered into a contract with the University of Southern Maine, Muskie School of Public Service for analytic support on several key initiatives, including defining and measuring healthcare quality for public reporting and the technical support for the HAI Annual Report and staffing/supporting HAI Collaborating Partners meetings.
- The MQF was one of the four conveners for the States Patient Centered Medical Home Pilot and was the party responsible for the agreement (one of eight states selected) with the Federal Centers for Medicare and Medicaid Services (CMS) for the Multi-Payer Advanced Primary Care Practice (MAPCP) demonstration, which brought the Medicare beneficiaries into the PCMH pilot (both ended in December 2016). The MAPCP brought in over \$15.8 Million in new money to

Primary Care Practices participating in the pilot to support better ways to deliver more effective/better outcomes care and over \$6.7 Million to Community Care Teams for a total of over \$22 Million.

- The MQF's Maine Patient Experience Matters initiative was the first statewide survey of patients' experience in Maine. The website <http://www.maine-patient-experiencematters.org/> provides information from the patients' perspective about the care they receive at adult primary care, specialty and pediatric practices across the State for two survey cycles (2012 and 2014). The website allows consumers to compare results across participating practices in the State. Our website also includes a Toolkit which provides practices with an easy-to-navigate list of evidence-based quality improvement strategies and related resources from literature to help improve performance for specific patient experience measure categories. The parties agreed to hold on the ongoing funding of this type of initiative until it becomes clearer what if any federal requirements will be in place for measuring and reporting patient experience.
- In March 2016 MQF released a report title Maine Patient Experience Matters- Analysis of Patient Experience Over Time, 2012 and 2014 which can be found here: <http://www.maine-patient-experiencematters.org/resources.php>
 - The report contains an executive summary which summarizes the key findings of the initiative. Bottom line, over time, patient experience in Maine adult primary care practices improved in nearly all areas between 2012 and 2014.
- The MQF is required to submit an annual report in collaboration with the Maine CDC on the state of Healthcare Associated Infections (HAI) in Maine hospitals to the Joint Standing Committee on Health and Human Services. Hospital HAI data submitted to the MHDO and or NHSN (national data repository) per MHDO Rule Chapter 270, *Uniform Reporting System for Health Care Quality Data Sets*, is one of the data sources MQF uses to develop its annual HAI report. MQF makes recommendations to MHDO on the content of Rule Chapter 270.
 - The 2018 Annual Report can be found here: https://mhdo.maine.gov/external_reports.htm
 - The 2019 Annual Report will be available by the end of April 2019
- HAI Collaborating Partner Committee: This committee is chaired by a representative from the Maine Center for Disease Control (Maine CDC) and the Maine Quality Forum (MQF). The Committee was established to 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. This committee began its work in 2015 and successfully submitted recommendations for the States HAI Plan 2015-2018. The membership of the committee and meeting notes and documents including the States HAI plan 2015-2018 can be found here: <https://mhdo.maine.gov/haiCPcommittee.htm>
 - The Collaborating Partners Committee plans to continue its work in 2019 and assist in the development of the 2019-2022 State HAI/AR Plan. This group is

also taking on the issue of Antibiotic Resistance (AR) which has been described by the CDC as *one of the biggest public health challenges of our time. Each year in the U.S., at least 2 million people get an antibiotic-resistant infection, and at least 23,000 people die.* MQF has determined working with the Maine Health Data Organization (MHDO) and the Maine CDC that MHDO claims data, which includes medical and pharmacy prescription drug data can be linked together to better understand the prescribing patterns (reason for and the different types) of antibiotics. Together we are creating an infrastructure (with a data analytic platform) where we will be able to input a diagnosis code, ex. common cold and run a query to pull all medical claims with a diagnosis of the common cold where an antibiotic was prescribed and filled. This type of information will provide the type of insight that is needed in order to develop targeted strategies to address the issue of AR in the State of Maine.

- MQF supported the initial development and maintenance of an eight-hour Healthcare Associated Infection program for extended care facilities which can be found here: <http://maineinfectionpreventionforum.org/> .
 - 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.
 - As of December 31, 2018, there are 313 employees (primarily infection preventionists registered nurses and nursing directors) representing 143 extended care facilities that have engaged in the training. As of December 31, 2018, 145 employees have completed the training and have received a signed certificate of completion from the executive director of MQF and the Commissioner of DHHS.
- The U.S. Department of Labor's Occupational Safety and Health Administration awarded one-year federal safety and health training grants to 77 nonprofit organizations nationwide. The grants provide training and education for workers and employers on the recognition, avoidance, and prevention of safety and health hazards in their workplaces. Muskie School of Public Service was one of the grant awardees and in partnership with the Maine Quality Forum developed two new modules for our HAI web-based training program on high-priority topics that address current long-term care worker health and safety risks: **blood borne pathogens and biologic hazards**. <http://maineinfectionpreventionforum.org/>
- In 2014 the Maine Quality Forum partnered with the Maine Health Data Organization (as required by statute) to work on enhancing efforts on promoting the transparency of healthcare cost and quality data. With the support of two federal grants and several external partners a new website www.CompareMaine.org was launched in the fall of 2015.

- CompareMaine reports the average cost for over 200 health care procedures at 155 facilities by the top 5 commercial payers in the State.
- CompareMaine reports on several health care quality measures including patient survey ratings, preventing serious complications and preventing healthcare associated infections.

← Back to search results	<p>Compare these facilities on the cost of:</p> <h2>Colonoscopy with biopsy for noncancerous growth</h2> <p>CPT Code: 45380 Showing average total cost filtered by All Payers Learn About the Data</p> <p><small>This estimate is for a 1-day episode of care. It includes related medical services the day of the surgery such as surgeon fees and anesthesia. The services included in this estimate are provided by a variety of doctors and facilities. The estimate is attributed to the facility that was paid the most, usually the one where the surgery took place. The episode of care was created using the MEG grouper software. Estimates are for outpatient procedures.</small></p> <p><small>Sometimes one type of general surgery can be identified by many CPT codes that have small variations from each other, for example, whether or not a biopsy is taken. For this procedure, episodes are identified by one of the following CPT codes: 45380, 45383, 45384, 45385, 45388</small></p>		
	<p>Central Maine Medical Center 300 Main St Lewiston, ME 04240-7027</p>	<p>Cary Medical Center 163 Van Buren Rd Caribou, ME 04736-3567</p>	<p>Franklin Memorial Hospital 111 Franklin Health Commons Farmington, ME 04938-6716</p>
Cost Procedure			
Average Cost of: Colonoscopy with biopsy for noncancerous growth	\$3,282	\$3,825	\$2,724
<u>Maine State Average</u>	\$2,877	\$2,877	\$2,877
Quality Measures			
<u>Patient Experience</u>			
<u>Maine State Average</u>	N/A	N/A	N/A
<u>Preventing Serious Complications</u>			
Rate per 1,000 eligible hospital discharges. A lower number is better.	1.33	0.91	0.91

- The April 2019 release of CompareMaine will include the addition of the following quality measures:
 - Falls with Injury
 - Pressure Ulcers
 - Hospital-Wide All-Cause Unplanned Readmission

- Staff is working on a strategy to continue to increase the number and variety of healthcare quality indicators reported on CompareMaine by the Institute of Medicine's (IOM) domains of health care quality (i.e. safe, effective, patient-centered, timely, efficient). We are exploring including quality measures that are publicly available as well as testing other measures that may be generated from MHDO data.

- After a competitive bid process MQF entered into a contract with John Snow, Inc. (JSI), to conduct external validation of HAI data submitted by Maine hospitals. The first HAI data validated was calendar year 2017 Central Line Associated Blood Stream Infection (CLABSI) data. The report will be finalized by the end of January 2019.

- With the support of the MQF board of trustees, MQF is researching the feasibility of accessing a data analytic tool which would allow for more timely access to information regarding costs and utilization.

Duties of the MQF

Below is a list of the duties of the MQF as described in Title 24-A, Chapter 87, §6951. Maine Quality Forum:

- 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. State health plan. [2011, c. 90, Pt. J, §23 (RP) .]

9. 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.

10. 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.

11. 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.