You are receiving this newsletter because of your valued involvement in the Maine Health Management Coalition (MHMC) or MHMC Foundation. This monthly Member Update is designed to keep you and your colleagues informed about all MHMC initiatives.

Thank you for your continued support of the Coalition.
Sincerely,

Elizabeth Mitchell, CEO

Aligning Forces for Quality AF4Q Update

National Experts Work with Coalition Staffers to Update and Improve MHMC’s Website

One of the many benefits of the Coalition’s participation in Maine’s AF4Q grant, is access to national communication experts who help provide insight on how to impart information on quality to the people who get care, give care and pay for care. The Coalition’s most recent windfall, in this regard, was 63 pages of consumer focus group results outlining what consumers need to understand quality metrics and the help of 8 outstanding individuals from the American Institutes of Research www.airweb.org, who offer proficiencies in health literacy, medicine, website maintenance, qualitative and quantitative research and data visualization. The summary of results for the research was presented to the Pathways to Excellence Steering Committee and Foundation Board.

This team will help guide Coalition staffers as they work to redesign the website to meet multiple goals including but not limited to:

- Engaging consumers to take on new and expanded roles in their own care
- Providing information to help select high quality care
- Improving provider performance
- Developing fair and useable methods for presenting data including composite measures

Consumer and provider testing of multiple iterations of the website will occur in the coming months with the goal of having a new website design in place by the end of the August 2010. Please visit the member website for updates on the process or contact Nancy Morris nmorris@mehmc.org for more information.

MHMC and Consumer’s Union Explore Working Together to Publish
Quality Data

The nation’s most revered source of trusted information for consumers has reached out to AF4Q sites like Maine that publish data on health care quality and has suggested ways to expand the reach of the information they make available to consumers. One proposed method is the periodic publication of community performance data within Consumer Reports linked to a shared web site with additional data.

Since 2007, Consumers Union has been building a health presence in its established publications and creating a new health focus at www.ConsumerReportsHealth.org.

Should both parties agree to join forces, the results of their efforts are likely to become public in late 2010 or early 2011. For more information contact: Ted Rooney at trooney@healthandhandiwork.com or Nancy Morris at nmorris@mehmc.org.

Employee Activation Users Group

When It Comes to Employee Benefits …L. L.Bean Believes in Evolution Not Revolution

Enthralled attendees at this month’s Employee Activation Committee learned about L.L. Bean’s evolutionary five year plan to prepare employees for the benefit landscape they are likely to encounter in 2012. The plan which began in 2007 was designed to move employees from co-pay only plans back to deductible plans with a high focus on preventive services and wellness. L.L. Bean’s Benefits Manager, Brenda Stevenson told the group that Bean’s wellness efforts were aimed at the whole family and emphasized personal responsibility as a major factor in controlling employees out of pocket expenses.

MHMC staffer, Nancy Morris updated the group on the Coalition’s web redesign progress, its free offer of assistance from the top consumer engagement professionals in the country and its talks with Consumer Reports. Nancy also noted that the “Joe” Videos have been cleared to be played in physicians’ offices. Deb Komich of MEMIC expressed satisfaction over the success of her organization’s efforts to mimic Anthem’s Stairwell program as did, Chris Riendeau when she talked about Mid Coast Hospital’s achievement at encouraging her coworkers to sit down with a wellness coach provided by the hospital. Next month’s meeting will be devoted to completing the Healthy Maine Works Tool, which is designed to help employers plan wellness activities with the help of the Maine CDC.

Full meeting minutes can be found at www.mehmc.org. Questions should be directed to Nancy Morris nmorris@mehmc.org.

Health Action Collaborative Committee Update

State Employee Health Commission and Maine General Health Pilot

On March 2, 2010, the SEHC and MGH had their first steering committee meeting. The multi disciplinary committee met and outlined a 1-year work plan and created a vision statement. For more detailed information about
MHMC News and Resources

5th National Pay for Performance Summit Addresses Payment Reform and System Redesign

The keynote speakers addressed changes necessary to improve the value of healthcare. Janet Corrigan, Executive Director of the National Quality Forum described the ‘epidemic of waste’ in healthcare and the growing public awareness of this problem as evidenced in a recent Kaiser survey. Both Peggy O’Kane, President of NCQA and Arnie Millstein, Medical Director of the Pacific Business Group on Health, said the single most effective way to transform the current system and improve value would be tiered provider networks based on transparent quality and cost information. Gary Kaplan, CEO of Virginia Mason Medical System strongly supported this assertion saying that only then would payment value be aligned and to ‘make value lucrative’ for providers. They further endorsed value based benefit design, payment reform and consumer engagement as the necessary strategies for improvement.

The goal of the 2010 Summit was to continue the important ongoing dialogue about the appropriate role and structure of pay for performance and payment reform in both the private and public sectors. The conference participants explored key policy issues and practical challenges for implementing pay for performance, its potential to achieve meaningful improvements in quality and efficiency, and its influence on payment reform.

Elizabeth Mitchell delivered a presentation at the national conference on “Designing a Statewide Strategy for Value-based Payment in Maine” on March 8th, 2010. She discussed the Coalition’s payment reform, transparency and public reporting efforts as one of the country’s leading examples of the comprehensive changes required.

Data for PCP’s Transferred to Health Dialog

The Maine Health Data Organization has transferred data for 2005-2006, 2007, 2008 and some of 2009 to Health Dialog for immediate analysis. The data will be used in the practice reports for primary care practices to begin to measure quality and efficiency within practices. The Maine Health Management Coalition is also funding the creation of the reports for all other interested practices.

MHMC Foundation Seeks AHRQ Funding to Develop a Systems Transformation Learning Community in Maine

On April 7th, in conjunction with Quality Counts and the Muskie School of Public Health, the Maine Health Management Coalition Foundation will submit a request for grant funding to develop a research program that will test and identify system and payment reforms that produce quantifiable cost savings while maintaining or improving quality.
The Maine ACO Pilot will couple payment reform with support for systems transformation for Pilot participants, providing a coordinating structure and overarching Systems Transformation Learning Community for the adoption of a set of ACO principles, advice on developing a successful ACO, and ongoing education and support. With its statewide and coordinated approach to supporting a range of ACO development, the Maine ACO Pilot differs from those designed for a single multidisciplinary healthcare system, such as that of the Geisinger Health System. The application will note that although Maine is a rural state with a wide variation in health system / provider organization size and focus, a limited and shifting range of employers and payers, a high incidence of chronic illness, and a limited amount of resources it also offers a highly collaborative approach to healthcare reform, as evidenced by a number of nationally recognized initiatives. As a test of a novel design, the Maine ACO Pilot will contribute to knowledge surrounding the efficacy of adopting coordinated support for different ACO models in such an environment.


The Daniel Hanley Center for Health Leadership and the Institute for Civic Leadership are accepting applications for Maine’s fourth statewide Health Leadership Development (HLD) class.

Thirty-two experienced leaders will be selected in the HLD class that kicks off its 15 day program in late September, 2010 in Hallowell. Nearly 100 leaders from across the state have participated in the HLD program since its creation in 2007.

Coalition members are encouraged to apply for the HLD course. For the past two years the Coalition has provided tuition assistance to MHMC members who have been accepted into the program.

HLD alumni include the current and past chairs of the Coalition: Christine Burke of MEA Benefits Trust and Chris McCarthy of BIW as well as John Benoit (EBS), Kawika Thompson (UMS), Mary Doyle (MEA), Laura Peterson (Barber Foods) and others.

Visit www.hanleyleadership.org for more information, including program dates.

Contact Jim Harnar at jharnar@maine.rr.com for an application. Deadline for applications is late April.


News and Research

Consumer Report’s Story on Hospital Infection Rates

Consumer Report’s story on hospital infection rates spawned a flurry of articles and support statements.

http://www.consumerreports.org/health/doctors-hospitals/hospital-
infection/deadly-infections-hospitals-can-lower-the-danger/overview/deadly-infections-hospitals-can-lower-the-danger.htm

Here are just a few:
CDC Favors Public Reporting of Healthcare Associated Infections
http://www.cdc.gov/media/pressrel/2010/s100202.htm

Society for Healthcare Epidemiology of America Favors Transparent Public Reporting of Healthcare Infections Rates
http://www.huntingtonnews.net/columns/100204-staff-columnsinfectionrates.html

Hospitals Must Learn from Errors

A Conversation with Peter J Provost: Doctor Leads Quest for Safer Ways to Care for Patients

How we can save billions by cutting out unnecessary procedures that kill tens of thousands a year?
http://www.mehmc.org/mhmc-news-/view-category.html

The Community Guide: What Works to Promote Health-Worksite Health Promotion
http://www.thecommunityguide.org/about/task-force-members.html

Pathways to Excellence Hospital Committee Update

Slow Down, Then Really Accelerate

In 2007, the Maine Health Management Coalition Executive Committee adopted a policy that the Coalition would post all performance measures produced by national or regional entities unless there was a compelling local reason not to. There are hundreds of endorsed measures that examine hospital and health care services but only a small sampling can be found on the Coalition’s website, www.mhmc.info.

In an effort to accelerate the vetting process within the PTE Hospital Committee and meet the 2007 directive, the Foundation Board approved a policy in December 2009 to limit the PTE approval process to 6 months. At the February meeting, the Committee heard a presentation from Maine Health’s Vance Brown, MD, recommending the group seek outside assistance to develop an acceptable methodology for weighting metrics in order to assure fairness to hospitals and actionable information for consumers. An RFP to secure such services has been developed by MaineHealth for approval by the Foundation Board. The Steering Committee agreed that with outside expertise and advice on the methodologies, the expansion of measures could accelerate. The group agreed that once additional expertise is secured they will use the findings presented to promptly vet the numerous metrics available.

Draft minutes of the meeting are posted on www.mehmc.org and
Pathways to Excellence Physician Practice Steering Committee Update

Ideas to Measure Patient Centered Medical Homes Considered and More!

Pathways to Excellence Physician Steering Committee participants normally tackle a jam-packed agenda and February’s meeting was no exception. The group considered a strategy to recognize two levels of patient centered “medical homeness” by measuring a combination of office systems surveys, outcomes, patient experience, charges and referral patterns.

Participants received an update from the Maine Health Data Organization (MHDO) about the transfer of commercial data from 2005-up to early 2009 for Health Dialog to use to generate practice reports. Elizabeth Mitchell and Ted Rooney shared a presentation about the Coalition’s plans for website redesign. The research found that consumers want comparative reporting on individual physicians which the PTE Steering Committee supported. Over the next few months the PTE group will identify ways to report both individual and practice level data. This will necessarily include an examination of current use restrictions of MHDO data. The redesign also includes plans to provide pathways to patients so they can have written self care instructions to support their own outcomes.

Representatives from three specialty committees gave updates on their progress. The cardiology survey is currently being tested and will hopefully be fielded in the next month. Good progress is also being made on gastroenterology metrics, with a dedicated group of gastroenterologists, staffed by Mark Souders of MGH, meeting regularly.

MMCPHO representatives shared their primary/specialty care service agreement which outlines referral patient management, availability and education guidelines. The agreements were strongly endorsed by the group, with one specialist noting that he expects them to reduce unnecessary visits and testing. Current estimates of inappropriate referrals are around 50% according to MMCPHO. They agreed to make the contracts available statewide if the content remains unchanged. The PTE Steering Committee endorsed developing a ribbon for use of service agreements and will consider options for this recognition at their next meeting. A copy of this master service agreement and specialty referral form is available on the MHMC website: www.mehmc.org.

For more details please see the meeting minutes posted at www.mehmc.org and/or contact Ted Rooney at trooney@healthandhandiwork.com

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Patient Centered Medical Home

Maine Patient Centered Medical Home Pilot Tackles Waste Reduction in Primary Care

Too much money has been wasted on avoidable hospitalizations and
emergency department visits; unnecessary use of expensive medical tests such as MRIs for low back pain or headaches; and unnecessary use of specialty services—all forms of waste that we simply cannot afford and that sometimes expose patients to harm.

The 26 practices participating in the 3-year Maine Patient Centered Medical Home Pilot confirmed their commitment to reduce waste through a written “Memorandum of Agreement”, which outlines the anticipated benefits and expectations for primary care practice sites participating in the Pilot. Commitment to reducing unnecessary healthcare spending, reducing waste, and improving cost-effective use of healthcare services, is one of a set of ten “Core Expectations” that Pilot practices committed to achieving within 12 months of beginning their participation in the Pilot.

The core expectation related to waste reduction is defined as follows:

- The practice makes a clear and firm commitment to reduce wasteful spending of healthcare resources and improving the cost-effective use of healthcare services by targeting at least 1-3 specific waste reduction initiatives – i.e. practice commits specific resources or processes in the practice towards… (e.g.)
- Reducing avoidable hospitalizations
- Reducing avoidable emergency department visits
- Reducing non-evidence-based use of expensive imaging – e.g. MRI for low back pain or headache
- Working with specialists to develop new models of specialty consultation that improve patient experience and quality of care, while reducing unnecessary use of services
- Directing referrals to specialists who consistently demonstrate high quality and cost efficient use of resources

All twenty six practices will convene at the June 11th, 2010, Learning Session, where the focus will be on working internally and with other parts of the primary care system to reduce waste and optimize the healthcare dollar. For more information please contact: Sue Butts-Dion at sbutts@maine.rr.com

Public Policy Committee Update

A Legal and Policy Review of the Issues Surrounding Health Payment and Delivery System Reform in Maine Soon to Be Available

At their March 4th, meeting Public Policy Committee members reviewed the first draft of a comprehensive report, commissioned by the Maine Health Management Coalition, designed to explore the multiple legal and regulatory issues surrounding health care payment and delivery reform in Maine. Issues addressed include antitrust, Stark laws and Maine Rules 750 and 850. Although generally pleased with the report, members requested additional edits before the report could be recommended. For more information please contact Elizabeth Mitchell at emitchell@mehmc.org