

Project	Purpose	Expected Project End	Current Status
<p>Patient Centered Medical Home and the Medicare Demonstration (MAPCP)</p>	<p>The patient centered medical home is a model of delivering primary care that increases the partnership between patients and primary care physicians. There is considerable evidence that this model improves access to care, increases patient satisfaction and reduces cost. MAPCP has extended the lifespan of the original project and expanded the scope of the medical home to now include Medicare patients.</p>	<p>October 2014</p>	<p>MAPCP grant was applied for and was awarded to Maine. Dirigo's MQF, by virtue of being the grant applicant and the State contact agency in the pilot and the, will administer this grant for Maine. Dirigo's MQF and our PCMH convener partners (Quality Counts, Maine Health care Management Coalition) continue to be involved in negotiations with CMS to finalize contract with federal government, agree on the parameters data transfer and working to set the stage for project implementation and evaluation.</p>
<p>Patient Experience of Care</p>	<p>DHA's Maine Quality Forum is sponsoring a statewide, practitioner-level patient experience of care survey, using the publicly available CGCAHPS survey tool and publicly reporting its results at the practice level to start and at the provider level at a later stage.</p> <p>Improved patient experience at the care-giver site reduces cost, and improves outcome. Patients with good experience of care are more compliant with treatment recommendations, and generally have better outcomes. The survey enhances the culture of quality which is, in turn, correlated to lower staff turnover and higher employee</p>	<p>1<sup>st</sup> phase: December 2013 (establishing long term sustainability)</p>	<p>Project management and oversight currently underway. Maine AF4Q has just completed a pilot study with Eastern Maine Healthcare and others and lessons from that study are being applied to this project. MQF staff have also consulted with similar national projects and have incorporated their experience into the Maine plan.</p>

	<p>satisfaction.</p> <p>Patients with good experience of care are also less likely to engage in malpractice suits, and are more loyal to the care setting. Administering this survey and enabling practices to improve patient experience of care reduces costs to the system and improves the quality of care.</p>		
Shared Decision Making	<p>Shared Decision Making is an approach to assist patients to make informed decisions about their care. There is some evidence to suggest that when given the tools to fully understand the implications of a medical/surgical decision, patient actually often choose a less invasive or less costly treatments. By and large, this approach is thought to empower patient to take more control of their health and to reduce costs.</p>	December, 2013	<p>Report to the legislature completed: recommendations include initiating a new pilot project that will apply Shared Decision Making to an insured segment of the population to document effect on cost and quality. Planning is underway.</p>
Physician Database	<p>Physicians change place of practice and may often practice at more than one site. This creates a major difficulty in trying to assign costs to a physician while doing quality/cost analysis. This project would allow the creation of a database of physicians which ideally is populated and updated every time a physician is renewing or updating their license information.</p>	December, 2013	<p>Solicited Muskie school to inventory states undertaking similar efforts and do the literature review as the initial effort in planning. Muskie also is compiling an inventory of Maine databases and data sources that can be consolidated/ utilized in designing this dataset. Collaborating with our partners in the AF4Q initiative to draft protocols of data use and seeking input and partnership with professional licensing boards.</p>

<p>Healthcare Associated Infections</p>	<p>Health-care Associated Infections are a group of initiatives undertaken by the Maine Quality Forum to address one element in patient safety . HAIs are a significant source of added burden to patients who are already battling other conditions. Furthermore, they present a significant added financial cost to both the patient and the system at large.</p> <p>Federal CDC estimates that 1/20 hospitalized patients will contract such an infection at a conservatively estimated national cost of \$5.7- \$6.8 Billion. HAI initiatives aim at preventing these events, and ensuring patient safety in hospitals and healthcare settings.</p>	<p>December 2013</p>	<p>As planned, Dirigo’s Maine Quality Forum reconvened the Multi Drug Resistant Organisms Subgroup and reported on MRSA prevalence study. MQF also presented its annual report on HAIs to the legislature in January.</p> <p>The Maine Quality Forum staff continue their active involvement with the Maine Infection Prevention Collaborative and its Coordinating Committee alongside hospital infection prevention professionals , Maine CDC and others.</p> <p>MQF also plans to continue authoring the Annual Report on Healthcare Associated Infections in Maine, presented yearly to the Maine Legislature’s Joint Standing Committee on Health and Human Services . This report is a summary of statistics reflecting Maine’s experience with HAIs in the previous year. It also summarizes efforts among healthcare providers in the State aimed at improving patient safety by reducing HAI incidence. The report is normally published in January.</p>
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