

Project	Purpose	Current Status- September 2012	Significant Deliverables Achieved this Period	Expected Project End
Patient Centered Medical Home and the Medicare Demonstration (MAPCP)	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>107 eligible practices applied for and 50 were selected as practices to participate in the next phase of the PCMH/ MAPCP pilot. The 57 practices that were not selected will be offered the opportunity to become health homes under Maine's Medicaid program. On November 16th, the pilot will host an all day meeting in Augusta for new practices.</p> <p>Currently, the pilot is exploring how the 50 new practices align with the existing community health organizations. A few geographic areas (2-3) have been identified (northern ME, mid-coast and in the Portland area) where a new CHO will be needed. This should be completed in the next few weeks.</p>	<ul style="list-style-type: none"> • New Practices selected for participation in PCMH • New CCT selection underway 	December 2014

Project	Purpose	Current Status- September 2012	Significant Deliverables Achieved this Period	Expected Project End
Patient Experience of Care	<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 satisfaction.</p> <p>Patients with good experience</p>	<p>DHA’s Maine Quality Forum put out a request for proposals seeking to designate vendors that will be eligible to allocate subsidy to practices who contract with them to administer patient Experience surveys. Four vendors were designated.</p> <p>DHA-MQF has started engaging providers, health systems and others to encourage participation in this process. The survey is expected to be in the field in October.</p>	<ul style="list-style-type: none"> • Preferred vendors Designated • Marketing efforts underway • Solicitation of practices underway 	<p>1st phase: December 2013 (establishing long term sustainability)</p>

Project	Purpose	Current Status- September 2012	Significant Deliverables Achieved this Period	Expected Project End
	<p>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>			
<p>Shared Decision Making</p>	<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>	<p>The CMMI grant awards were announced early in June. Unfortunately the collaborative that includes DHA was not one of the awardees. DHA-MQF is in the process of reconvening the SDM workgroup to discuss the feasibility of an SDM pilot.</p>	<ul style="list-style-type: none"> • No Developments for this period. 	<p>December, 2013</p>

Project	Purpose	Current Status- September 2012	Significant Deliverables Achieved this Period	Expected Project End
Physician Database	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.	Muskie has drafted a report which will provide an inventory of currently existing directories and a blueprint of the data elements and resources needed for the building of a provider database. Major stakeholders and organizations with their own provider databases have been surveyed on the data elements that will be needed to populate this database. Workgroup continues to discuss elements of the database, hosting options and capabilities and practical applications and integration into the wider data needs in the state. Discussions have also focused on the costs of implementation.	<ul style="list-style-type: none"> • Final draft of report completed. 	December, 2013

Project	Purpose	Current Status- September 2012	Significant Deliverables Achieved this Period	Expected Project End
Healthcare Associated Infections	<p>Health-care Associated Infections (HAI) 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>We met with MHDO and MeCDC to discuss proposed rule change to Chapter 270 (rules governing hospital submissions of quality metrics). Several metrics are currently being reported to the National Health Safety Network (NHSN), a federal CDC internet-based surveillance system. We are proposing the following</p> <ul style="list-style-type: none"> • All hospitals report CLABSI to NHSN • To discontinue reporting CL bundles and VAP bundles • To continue MRSA HAI measure • To convert Cdiff HAI reporting to Cdiff Lab ID • All hospitals report CAUTI to NHSN (details to follow) • All hospitals report SSI to NHSN 	<ul style="list-style-type: none"> • MIPC Meetings continue • Hand Hygiene, Antibiotic stewardship and other MIPC projects continue 	December 2013