

Tasks	Due Date	Responsibility
Patient Centered Medical Home		
<u>Development of a Patient Centered Medical Home</u> <ul style="list-style-type: none"> • Formation of a wider steering group to guide the pilot. • Identification of key principles for a Maine-based model which is consistent with emerging national models and supports principles that are unique to Maine. • A structured process for obtaining direct input from patient and consumers about their vision for the medical home. • Identification of clear goals for the pilot. • A framework for evaluation of the pilot, including specific performance measures and data sources. • Maine Quality Forum will evaluate the capability of the paid-claims database and other datasets to measure improvements in unwarranted care variation as a result of adoption of the medical home model. • Convening of all major private and public payers in Maine to discuss a common framework of reimbursement policies and methods. • Exploration of the opportunity to participate in the planned Medicare medical home demonstration project. • Recommendations for benefit design elements needed to support effective implementation of the medical home. 	Oct 2008	MQF
Reducing Variation in Medical Practice		
<u>Areas Where There Are National Consensus Standards about "What Is the Right Rate"</u>		
<ul style="list-style-type: none"> • Analyze Maine variation in primary care and cardiac care practice—areas where there are national consensus standards about "what is the right rate"—through the all payor claims database. 	July 1, 2008	MQF
<ul style="list-style-type: none"> • Once the analysis is complete, MQF will convene a workgroup consisting of members of the Pathways to Excellence primary care and cardiology providers group and other interested practitioners to develop strategies to promote the right rate of care in all communities. 	Sep 30, 2008	MQF
<ul style="list-style-type: none"> • Activities will then be ongoing. • Process for measuring progress will be ongoing analysis of the claims database (on a biannual basis). • As new consensus standards relevant to other medical specialties emerge at the national level, MQF will develop plans to measure and promote the right care in those specialties as well. 		MQF
<u>Areas Where There Are Not Yet National Consensus Standards</u>		
<ul style="list-style-type: none"> • MQF's 11 "Butterfly charts" <ul style="list-style-type: none"> ○ Update all charts data to include 2004-2007 data. 	End of 2008	MQF
<ul style="list-style-type: none"> ○ Determine which services are high priority/short term focus areas, based on consideration of gain in both patient safety and costs savings, as well as changes from the 1999-2003 data. 	March 2009	MQF
<ul style="list-style-type: none"> ○ Convene appropriate stakeholders to generate discussion about lessening the variation for the designated high priority/short term focus areas. 	May 2009	MQF
<ul style="list-style-type: none"> ○ Activities will then be ongoing. ○ Process for measuring progress will be ongoing analysis of the claims database (on a biannual basis). 		MQF
<ul style="list-style-type: none"> • Data from the District Healthcare Utilization Profiles: Hold forums in each of the 8 HHS Districts with District Coordinating Councils (DCCs) to review District Health Utilization Profiles (see data chapter), to engage stakeholders (e.g., Healthy Maine Partnerships, Quality Counts, and others) in addressing district-specific issues, and get input regarding specific actions that ACHSD can recommend in its future recommendations. 	Spring 2009	ACHSD, MQF, and Maine CDC/DHHS

Prototypes for Evidence Based Medicine-In A Heartbeat and Stroke Systems of Care		
<ul style="list-style-type: none"> Spokespersons in community organizations will be trained through train the trainer model. MQF, CDC/DHHS Cardiovascular Health Program, Active Community Engagement Workgroup. 	March 2008	MQF, CDC/DHHS Cardiovascular Health Program, Active Community Engagement Workgroup
HealthInfoNet		
<ul style="list-style-type: none"> Convene a broadly representative stakeholder group representing the Governor's office, HIN and its consumer advisory committee, MQF, FAME, Maine Medical Association, Maine Hospital Association, and Maine Osteopathic Association and the Maine Association of Health Plans, representatives of payers, pharmacies, businesses, public health, Muskie School of Public Policy, Maine Technology Institute, AARP, long-term care facilities, state agencies responsible for health care services to: <ul style="list-style-type: none"> Identify a broad-based stable ongoing revenue source for the electronic health information system. Develop a technology investment accounts to provide assistance to physician practices, long term care facilities and independent pharmacies with the cost of electronic medical records and e-prescribing. Estimate the return of investment (ROI) from shared electronic clinical information and develop a methodology for measuring the quality and cost impact of shared clinical information. Establish criteria/guidance for physician-based EMR systems to assist physicians in choosing among competing options and explore and review the offerings by several hardware and software EMR vendors to provide no cost or low cost equipment and software to physicians to help assess the value of such product offerings. Provide recommendations to the joint committee on Health and Human Services. 	Start spring 2008, rpt Dec 2008	MQF and HIN
<ul style="list-style-type: none"> Maine Quality Forum will serve as the coordinator of the CMS Electronic Health Records Demonstration Project, which will provide technical support and financial incentives for as many as 100 small to medium size primary care practices to incentivize EHR diffusion and use. 		MQF
Deepening the Analysis of Maine's Healthcare Cost Drivers		
<ul style="list-style-type: none"> Convene a work group of Council members, stakeholders, funders, and others to: <ul style="list-style-type: none"> Advise in the development of an appropriate study approach and methods, Secure funding for the study, and Contract with qualified researchers to develop and implement the study. 	Start spring 2008, rpt Jan 2009	GOHPF and MQF
Using Maine's Existing Research and Analytic Capacity to Greatest Effect		
<ul style="list-style-type: none"> Convene a workgroup that includes, but is not necessarily limited to , the MHDO; DHHS's Office of Substance Abuse, Maine CDC/DHHS, and Office of Quality Improvement; the Maine Health Information Center; the Muskie School's Institute for Health Policy; Maine Center for Public Health; the University of New England's Center for Health Policy, Planning and Research; and the MaineHealth, EMMC, MaineGeneral "One Maine" initiative to make recommendations on how to improve Maine's public and private health data collection and analysis resources so they work more effectively, efficiently, and across the system. 	Start spring/summer 2008, rpt fall/winter 2008-09	MQF and GOHPF
Healthcare-Associated Infection		
<ul style="list-style-type: none"> Improve dissemination of information regarding HAI which has already been collected. MQF, along with Maine's hospitals and infection control physicians and nurses, has established a method of reporting this information which allows hospital-specific data to be viewed. This will available on the MQF website within three months. 	June 2008	MQF

<ul style="list-style-type: none"> • MQF, along with three of Maine's health systems, has committed to the development of a hospital infection control collaborative which all Maine hospitals will be welcome to join. The group will: <ul style="list-style-type: none"> ○ Promote best practices and share resources for infection control, outbreak analysis, and antibiotic use, and will continue to refine and modify public reporting criteria and methods; ○ Develop standards for hospital infection control and prevention programs by which all hospitals' programs can be measured; MQF will serve as reviewer and arbiter of these programs, and will report publicly on the presence of approved programs in Maine's hospitals; ○ Explore and assess other reporting options such as the national Healthcare Safety Network, an internet-based surveillance and reporting system supported by the national Center for Disease Control and Prevention begun in 2007. 	Ongoing	MQF, along with three of Maine's health systems
<ul style="list-style-type: none"> • Continue to work with providers to develop a more robust set of process and outcome indicators, as these measures are developed and validated. 	Ongoing	MQF