

## Committee on Physician Quality September 8, 2015 Meeting Minutes

### Attendance

#### Members & MMA Staff

- |   |  |
|---|--|
| <input type="checkbox"/> Russell DeJong, MD (Excused)     | <input type="checkbox"/> Buell Miller, MD                        |
| <input type="checkbox"/> Jeff Brown, M.Ed. (Excused)      | <input checked="" type="checkbox"/> Daniel Onion, MD             |
| <input type="checkbox"/> Rick Cabot, MD                   | <input checked="" type="checkbox"/> Dianna Poulin                |
| <input type="checkbox"/> David Dixon, MD (Excused)        | <input checked="" type="checkbox"/> Roderick Prior, MD           |
| <input type="checkbox"/> Alicia Forster, MD               | <input checked="" type="checkbox"/> Gordon Smith, Esq. (Excused) |
| <input type="checkbox"/> John Yindra, MD (Excused)        | <input type="checkbox"/> Celeste Sampson, BS, RN                 |
| <input type="checkbox"/> Anne Marie Kayashima, MPH        | <input checked="" type="checkbox"/> James Timoney, MD            |
| <input type="checkbox"/> Lisa Letourneau, MD              | <input type="checkbox"/> Martyn Vickers, Jr., MD                 |
| <input type="checkbox"/> David McDermott, MD<br>(Excused) | <input type="checkbox"/> Angela Westhoff                         |

Topic	Discussion	Action/Follow-up
<b>Call to Order</b>	Dr. Prior called the meeting to order at 4:05 p.m.	
<b>June 9, 2015 Meeting Minutes</b>	The June 9, 2015 meeting minutes were included with the agenda packets. <b><i>A motion was made and seconded to approve the minutes as mailed. Vote: Motion Carried.</i></b>	<b>Accepted</b>
██████████	As a follow-up from last month's meeting, Dr. Roderick Prior reviewed Bucksport Regional ██████████ until QI minutes were provided where one could see an overall discussion of the results of the previous year's lessons learned, and action plans for those areas where improvements were needed. Acceptance of the plan had been tabled until this information was provided. ████████ did send us multiple sets of minutes; however, the first sets of meetings were attended mostly by administrative staff, who spent the majority of the time focused on the operational aspects of their pay-for-performance status. Not much time was spent on their quality plan. Later in the year, some physicians did begin to attend these meetings. However, the minutes provided did not reflect any annual review of their data or information on their successes, issues or improvements. It was suggested that Gordon Smith reach out	<b>Gordon will talk to ██████████ about this. We will offer to have either herself and/or ██████████ Medical Director talk with Dr. Prior about submitting a follow-up report in six months.</b>

	<p>to ██████ to discuss the findings of the CPQ and, following this conversation, Dr. Prior and ██████ Medical Director to have a conversation about their plan. No contact has been made with either the medical director or the CEO involved. We have done HIPPA compliance twice with the CEO. It seems ██████ has not considered that the most important people to approve this plan, is themselves. We will approve the plan, but expect a report closing the loop with physician engagement in six months – i.e. a semi-annual report. Do we want to ask them for a copy of the mandatory quality report that they send to the federal government? It was further suggested that ██████ MD may be a good contact for Bucksport, as Harrington has put together a very good plan this year.</p>	
<p><b>Review of 2014 Annual Plans</b></p>	<p>████████████████████. Dr. ██████ had planned to attend, but a sudden office issue prevented him from participating. However, he did review the plan and provide a brief summary of his findings which are as follows, <i>"I reviewed the plan and it was acceptable and should be approved. I did feel that the suggestions concerning last year's plan were not addressed, specifically the suggestion to monitor primary care satisfaction with the consults provided. It was good to see that they are looking at the functional outcomes for back surgery and it would have been informative to have the results of that to review and to see what recommendations for improvement if any were forthcoming from that review. I think that recording the improvement in function is very important for elective ██████ procedures and they should consider expanding to joint replacement procedures. In addition, it would be interesting if they could track for all of the common post-operative complications that they usually see for their surgery including the need for follow up treatment of surgery done in hospital and not just in their out-patient facility."</i> ██████ Medical Director, responded to the observations made by Dr. Yindra. Dr. ██████ noted that ██████ does participate in all of the quality initiatives noted above, but this data is collected by the hospital. He further noted that they already have a robust QI initiative for ██████ and in 2014 had a 99% satisfaction rate. The hospital's infection rate protocol recently changed, resulting in plummeting infection rates. Dr. ██████ did note that ██████ has been going through significant administrative turnover in their organization. He further noted that there is now an ██████ (████████████████████) there is now a joint venture between the hospital and ██████. The hospital probably won't want their data shared with us, but it would be helpful if ██████ could provide reference to the outcomes without providing the actual hospital's data. <b>Following discussion and review, a motion was made and seconded to accept ██████ annual plan.</b></p>	<p><b>Motion carried.</b></p>

<b>Peer Review &amp; OBQI Report</b>	Dianna Poulin provided a summary of the three evaluations she sends out following each peer review: 1) to the ordering facility, 2) to the medical professional reviewed and, 3) to the reviewer. The CPQ reviewed the information and the comments provided by each group. Dianna plans to immediately implement a suggestion to provide forms to the reviewers in a fillable PDF format. Another issue discussed was the fact that some ordering organizations would like more guidance on the types, and number, of charts that should be pulled for review. Typically, for routine reviews, we suggest six randomly selected cases be pulled; however, 10 might be more appropriate.	
<b>CPQ Meetings</b>	There was a discussion regarding membership. There are a number of CPQ members who have resigned from the committee, including: Dr. Alicia Forster, Dr. Dan Onion, Celeste Farrington, and AnneMarie Kayashima. Dr. Prior suggested that because the drive time to MMA is difficult for CPQ members, we should go to an electronic meeting format. Members of the group agreed that this would be better with the exception of one meeting each year to be held at MMA (probably in the Spring when we have the greatest number of plans to review).	<p><b>Effective immediately, future CPQ meetings will be held via GotoMeeting with one annual meeting being held at MMA Headquarters.</b></p> <p><b>MMA thanks the members who are stepping down from the CPQ for their valuable contributions.</b></p>
<b>Next Meeting(s)</b>	The next meeting is scheduled for <b><u>Tuesday, November 10, 2015 via Gotomeeting unless there are no plans to review.</u></b>	<b>Informational.</b>

*Meeting adjourned at 5:00 p.m.*

*Minutes respectfully submitted by Dianna Poulin, Coordinator for Peer Review & Quality*

**2015-2016 Meeting Schedule, 4-6 p.m. (Subject to change)**

**November 10, 2015, January 12, 2016, March 8, 2016, May 10, 2016, September 13, 2016, November 8, 2016**