

**Committee on Physician Quality
April 15, 2014**

Meeting Minutes

Attendance

Members & MMA Staff

- Russell DeJong, MD
- David Dixon, MD Excused
- Alicia Forster, MD
- Anne Marie Kayashima, MPH
(joined by phone at the conclusion of the meeting)
- Lisa Letourneau, MD
- Andy MacLean (MMA staff)
- David McDermott, MD (excused)

- Buell Miller, MD
- Rebecca Morin, MPH
- Daniel Onion, MD
- Dianna Poulin (MMA Staff)
- Roderick Prior, MD
- Gordon Smith, Esq. (MMA Staff)
- Narasimha Swamy, MD (Phone)
- Martyn Vickers, Jr., DO
- Angela Westhoff

Guests: (by phone)

- Nicole Morrison, RN, Operations Manager, Health Access Network
- Maryagnes Gillman, Executive Director, Sacopee Valley Health Center
- Marylin Famosi, Director of Quality Assurance, Seabrook Family Doctors
- Rebecca Murray, RN, BSN, CPC, CHC, Director of Quality and Compliance, Spectrum Medical Group

Topic	Discussion	Action/Follow-up
Call to Order	Dr. Prior called the meeting to order at 4:05 p.m. The group welcomed Dr. Narasimha (Mac) Swamy who joined the meeting by phone. Dr. Swamy is the newest member to the CPQ.	Welcome Dr. Swamy.
February 11, 2014 Meeting Minutes	The 12/10/2013 meeting minutes were included with the agenda packets. Dr. Forster's name was inadvertently left off the attendance list. <i>A motion was made and seconded to approve the minutes as corrected. Vote: Motion Carried.</i>	Accepted.
Old Business	<u>Harrington Family Health Center.</u> At the last CPQ meeting, Dr. Onion suggested that HFHC resubmit their plan following a discussion about some substantial changes that needed to be made. Lee Umphrey, CEO for HFHC's asked that the discussion about HFHC's plan be tabled until the next CPQ meeting in June. Dr. Umphrey reported that HFHC has been going through some recent staff and process transitions. HFHC just instituted a Quality Team model to better integrate their efforts towards more patient focused activities. Dr. Onion commented that the HFHC may not understand why they participate in the OBQI program i.e. the peer review protection it provides. What is clear is that HFHC would benefit from the expertise provided by the physicians who are members of the CPQ. <i>Following discussion and review, a motion was made and seconded to table acceptance of HFHC's annual plan until they are prepared to proceed. Vote: Motion</i>	Tabled. Gordon Smith will reach out to Mr. Umphrey to provide clarification for how the OBQI program works.

	<i>Carried.</i>	
	Health Access Network. Nicole Morrison thanked the CPQ for providing her with some good feedback and samples of some terrific plans following its last meeting. She revised and reorganized HAN's plan so that it flowed better. Anne Marie Kayashima was asked to review the plan but she was unable to be on the call during the meeting.	Following the meeting, Ms. Kayashima, in an e-mail to D. Poulin, apologized that she was unable to participate in the call. She noted in her e-mail that she felt the plan was acceptable and recommended acceptance. D. Poulin forwarded her e-mail out to the membership and asked for acceptance of their plan, which was provided.
New Business	Sacopee Valley Health Center (Annual Report). Dr. M. Vickers reviewed SVHC's annual report. He found SVHC's annual report to be well designed, and their 2014 plan carried forward the goals from their 2013 plan. His only concern for the practice is what appears to be the significant flux in practitioners and wondered if this was an issue for the practice. Maryagnes Gilman, Executive Director for SVHC, remarked that, yes there has been a recent turnover of staff but most of those were long-term providers and it was just a coincidence that all three left at the same time. G. Smith remarked that he was always very impressed with SVHC with his annual visits there despite the challenges facing primary care organizations today. Following discussion and review, a motion was made to accept SVHC's annual report and 2014 goals as submitted. Vote: Motion Carried.	Accepted.
	Fish River Rural Health (Annual Report). Dr. R. Prior reviewed FRRH's annual plan and 2014 goals. FRRH has been involved in quality improvement for some time and has an electronic record system in place for quality management. They submitted a detailed plan and their QI meetings are well-attended by their providers. FRRH does a lot of data collection and data management, and are doing very well reaching their goals and, in fact, usually exceeds national standards. What he would like to see added in their meeting minutes, or in some other format, evidence for how they are following plan and the action steps that came out of their analysis. Included in their plan was their peer review protocol, but they did not submit any data to show the outcomes of their peer review process. Overall it is a well-written and thoughtful annual report and Dr. Prior recommends acceptance. Following	Accepted with comments.

	<i>discussion and review, a motion was made and seconded to approve FRRH's annual report and 2014 goals as presented with the comments as noted above. Vote: Motion Carried.</i>	
	<u>Sebasticook Family Doctors</u> (Annual Report). Dr. R. DeJong reviewed SFP's plan. He reported that one year ago SFD submitted an excellent QA plan but had no parameters to monitor. They have made some progress in QA but need to include the identification of things they plan to monitor. They have identified ten clinical goals and have made progress in improvement in some of those areas. They are aware that the process is incomplete and are addressing those issues. They submitted a set of USD indicators with no specifics on chart selections. There are no comparisons to benchmarks, state data or year-to-year changes, and no goals. Dr. DeJong had multiple suggestions which he shared with the CPQ and Marilyn Famosi, the Director of QA who participated in the meeting by phone. Overall, he thought the plan was well-written and recommends approval. <i>Following discussion and review, a motion was made and seconded to accept SFD's plan as presented with the comments as noted above. Vote: Motion Carried.</i>	Accepted with comments.
	<u>Spectrum Medical Group</u> (Annual Report). Dr. A. Forster reviewed Spectrum Medical Group's Annual Plan, which she found to be very well-organized and thorough. Spectrum is a multi-specialty group and as a result their QI program is a very complex process. Balance scorecards were provided with their plan which were easy to read and provided a good snapshot for what they are looking at in terms of quality. Their narrative report gives a lot of detail but there were some areas that were a bit vague. Some of their goals for 2013 were broad and overreaching across specialties and Dr. Forster noted that she could not always find the data for some of the goals. She suggested that Spectrum may want to break down their reporting matrix by specialty or practice. Rebecca Murray, Director of Quality and Compliance for Spectrum commented that Spectrum has recently added multiple new specialties and she needs to have a discussion with each of the new divisions for how they will comply with the overreaching quality document that needs to be reported up to the board. Ms. Murray reported that each of the new practices have a variety of programs in place – some of which have no quality plan and others who have bits and pieces of a plan. They are in the process of identifying a physician leader to start first with standardization, and then to identify quality indicators. Not all of the new practices have an EMR in place which has been one of their projects. Dr. Forster noted that it is difficult in some cases to understand what the goals are, what they are measuring, what their findings were, how they monitor the results, how they use	Accepted with comments.

	<p>the data and what actions plans were developed as a result of what was found in the data. However, Spectrum is to be commended for the work done with quality thus far. <i>Following discussion and review, a motion was made and seconded to accept Spectrum's annual plan with the comments as noted above. Vote: Motion carried.</i></p>	
<p>Peer Review Marketing Plan for Expansion of Services</p>	<p>Included with the agenda packets was a draft document for expansion of peer review services. G. Smith remarked that the External Peer Review and the Office Based Quality Programs are two flagship programs that has been a service of the MMA for a number of years. However, when the MMA did a survey with the Board of Directors and MMA's membership-at-large to see how they would prioritize the services of the MMA as it relates to its mission and goals, these two programs fell somewhere in the middle. The top services identified were in the areas of advocacy and legal services. What is clear is that there are a lot of members in the State who are not familiar with these two programs or they do not see their value. MMA's Board of Directors, with the assistance of an outside facilitator, met in January at its Board Retreat to review the survey results and make some recommendations for the next steps going forward. Following their analysis, the BOD directed MMA staff to better align its resources with the more highly valued programs and reduce or eliminate the lower valued program, particularly if they prove to be a drain on the resources of the MMA.</p> <p>MMA is capturing its directs costs i.e. reviewer compensation at a modest \$100/hour and D. Poulin's administrative time, but we are not doing a good job capturing overhead costs and Mr. Smith's time spent doing some marketing and reviewing reports. As noted, we are not doing a very good job at marketing and were charged by the MMA BOD with the task of putting together a business plan for these two programs. There is an opportunity to expand OBQI to practices who are in the Patient Centered Medical Home model and potentially some private mental health agencies. The goal is to capture 100% of costs plus an additional 10% which will require staff to adjust our charges for these activities, with input from the CPQ. The good news is that a large private practice in Maine has asked us for a proposal to assist them with their peer review needs. We also plan to market our programs to the one-third of the hospitals in Maine that have either never ordered a peer review, or it has been some time since they ordered one. There was some discussion about marketing our program across state lines, but it is probably more important for us to capture peer review opportunities first in our own State. <i>Following discussion and review, a motion was made and seconded to approve the Expansion of Marketing plan for the two services with detailed reports to be provided at</i></p>	<p>Peer Review Marketing Plan was accepted.</p> <p>More details will be provided as we move forward through the</p>

Next Meeting(s)	<p><i>each CPQ meeting.</i></p> <p>The next meeting is scheduled for <u>Tuesday, June 10, 2014.</u> The next tentative meeting dates are:</p> <p>4-6 p.m., MMA Headquarters August (TBD) October 14, 2014 December 9, 2014</p>	<p>process.</p> <p>Informational.</p>
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Meeting adjourned at 5:43 p.m.

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