

**Committee on Physician Quality
June 17, 2014**

Meeting Minutes

Attendance

Members & MMA Staff

- Russell DeJong, MD
- Rick Cabot, MD (phone)
- David Dixon, MD
- Alicia Forster, MD
- Anne Marie Kayashima, MPH
- 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
- James Timoney, MD
- Martyn Vickers, Jr., MD (phone)
- Angela Westhoff

Guests: (by phone)

- Flannigan, Medical Director, Medicare
- Phil Elkin, MD, MPH, Medical Director, Harrington Family Health Center (phone)
- Connie VanDam, HR Director, Harrington Family Health Center (phone)
- Carol Carew, Executive Director, Bucksport Regional Health Center (phone)
- Rebecca Brink, RN Quality Coordinator, Supervisor, CMO
- Celeste Sampson BSN RN, ASC Manager, CMO

Topic	Discussion	Action/Follow-up
Call to Order	Dr. Prior called the meeting to order at 4:02 p.m. Participants introduced themselves.	
April 15, 2014 Meeting Minutes	The 4/15/2014 meeting minutes were included with the agenda packets. <i>A motion was made and seconded to approve the minutes as mailed. Vote: Motion Carried.</i>	Accepted.
Old Business	<u>Harrington Family Health Center.</u> Ms. VanDam gave a brief overview of the changes that were made to HFHC's QI plan following the last CPQ meeting. Dr. Dan Onion had some questions about the plan which were addressed by Ms. VanDam and Dr. Phil Elkin, HFHC's new Medical Director. Dr. Onion remarked that was impressed with what HFHC is doing at their facility and he found their one-page program update report to be particularly useful. He suggested that they might want to take patient collections, bad debt and outstanding debt out of their plan since these are not the types of indicators usually found in QI plans. A comment was made that HFHC might want to think about incorporating the Triple Aim goals in the plan. This might be a useful exercise for them to address action items and setting indicators for each of the three goal areas. Dr. Onion commented that the term "provider", which was used extensively throughout the document, doesn't really define professional roles	Accepted

	<p>appropriately. He feels it is better to either call everyone clinicians or to use a term that better reflects their profession i.e. nurse practitioners, physicians, etc.</p> <p><i>Following discussion and review, a motion was made and seconded to accept Harrington Family Health Center's plan as presented. Vote: Motion carried.</i></p>	
New Business	<p><u>Bucksport Regional Health Center.</u> Dr. Roderick Prior reviewed BRHC's new plan which included a copy of their recent annual review. He found their plan to be extremely complete and noted the fact that BRHC is participating in the Patient Centered Medical Home program and the meaningful use standards. There was a lot of data provided, which in some cases, has been tracked for many years. Dr. Prior commented that he was impressed by the fact that there was some nice benchmark data provided. He further suggested that all facilities should routinely submit their QI minutes to the CPQ so members can get a sense of the work that has been done throughout the year. Practices should also include in their analysis, what they learned, what are their problems, and what they want to focus on in the following year. Finally, BRHC was asked about their process for peer review. One of the areas that health centers may want to consider is doing some individual case reviews that are case oriented, physician oriented and/or results of a near-miss or sentinel event.</p> <p><i>Following discussion and review, a motion was made and seconded to accept Bucksport Regional Health Center's plan with the comments as noted.</i></p>	<p>Vote: Accepted with comments.</p> <p>Dr. Kumar Biswas, BRHC's new Medical Director will be invited to participate in future meetings.</p>
View Point Article	<p>Included with the agenda packets is an article entitled, <i>Professional Organizations' Role in Supporting Physicians to Improve Value in Health Care</i>. In today's challenging environment, physicians do not have time to invest in things that for them does not have value. It seems that physicians feel a lot of what they are required to do is more about increasing revenue rather than improving the quality care for their patients. Dr. Flannigan remarked that professional organizations are valuable because they provide physicians with an avenue for these types of forums to be held so they have a voice about issues important to them and their patients. Successful professional organizations have learned to foster the process without driving the process.</p>	Informational.
OBQI Program Business Plan	<p>Included in the agenda packets was a draft of a business plan for the OBQI Program. In order to support physicians in Maine, the MMA Board has directed MMA's leadership to focus on the priorities identified through a recent survey of its members. Advocacy and legal services were the top of the list and external peer review and the</p>	Mr. Smith will ask Heidi to create a proforma for the OBQI program.

	<p>OBQI program fell somewhere in the middle. The OBQI program has fourteen practices enrolled but there are not enough practices to sustain the program, although it is doing better now than just a few short years ago. In response to the board’s request, business plans were developed for the both OBQI and External Peer Review programs to identify opportunities for program expansion. It is unclear why more non-hospital owned practices are not taking advantage of the peer review protections provided through membership with the MMA. Quality Counts has offered to let us present to practices that participate in the Patient Center and Home Health Models, but it is difficult to separate the private practices from those employed by hospitals. Our fees are very modest but we will need to raise them to cover costs. Dr. DeJong commented that he thinks that there is a perception problem where the protection from discovery is not needed on a day-by-day basis such as with peer review. In other words, practices are not necessarily lawsuit conscience. What practices need is help putting together their quality plans. The external peer review program is a very different program. There is a business plan for growth of that program which is pretty sound and has a lot more traction. Rebecca Emmons remarked that as a peer organization, she tries to steer practices towards this program and she would be interested in helping with marketing. Other participating practices think it would be useful to have from time-to-time a member of the CPQ to come to their QI meetings to advise and help them steward the program.</p> <p>Hospitals and FQHCs have been pushed into quality management systems as a result of outside forces (Joint Commission, HRSA, private and/or government insurance). The value based modifier program is of particular concern for the small practices because they won’t be equipped to do it. If we can distill all of this into the essence of what is needed – started with Triple Aim and from there identifying the issues, it is easier to develop indicators. Quality Counts has quality coaches on staff that for a fee may be able to help practices design QI plans.</p> <p>Anne Marie Kayashima offered to work with practices as a consultant without any charge to any program needing assessments, education and support.</p>	<p>Templates for QI plans will be discussed at the August meeting.</p> <p>D. Poulin will send Ms. Emmons OBQI brochures for distribution.</p> <p>Mr. Smith will speak to Dr. Letourneau at Quality Counts to see what it would cost to engage their quality coaches in the process.</p> <p>Anne Marie Kayashima will work on a PI plan template for review at the next meeting in August.</p>
<p>Peer Review Evaluations</p>	<p>Included in the packets were summaries of peer review evaluations collected from January 1 through May 31st. D. Poulin commented that she has started adding a notes page that explains how individual concerns regarding any issues were addressed.</p>	<p>Dr. DeJong offered to review and revised MMA’s peer review worksheets which are felt to be inadequate.</p>

Other	<p>Medical Assistant Credentialing. Mr. Smith received a request from one of our member organizations to help them with Stage 2 of meaningful use that requires medical assistants be certified by an external body. The practice was wondering if MMA would consider looking at their training program and essentially "credential" the MAs as part of the Quality Assurance process. In Maine, MA's are not licensed and there are a number of nationally certifying organizations. This regulation is causing problems at some of the small practices. Their MAs are covered under their FTCA malpractice so they believe that there may little if any exposure for MMA, but they indicated they would be willing to look at a wrap policy that may be able to include MMA in their Errors and Omissions coverage.</p>	<p>Mr. Smith will contact the practice to get more information about MA credentialing before a decision is made.</p> <p>On the August agenda.</p>
Next Meeting(s)	<p>The next meeting is scheduled for <u>Tuesday, August 26, 2014</u></p> <p>4-6 p.m., MMA Headquarters October 14, 2014 December 9, 2014</p>	<p>Informational.</p>

Meeting adjourned at 5:43 p.m.

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