

**Committee on Physician Quality
August 26, 2014**

Meeting Minutes

Attendance

Members & MMA Staff

- Russell DeJong, MD
- Rick Cabot, MD
- David Dixon, MD (Excused)
- Rebecca Emmons, RN
- Alicia Forster, MD
- Anne Marie Kayashima, MPH
- Lisa Letourneau, MD
- David McDermott, MD (phone)
- Andy MacLean, MMA Staff

- Buell Miller, MD
- Rebecca Morin, MPH
- Daniel Onion, MD (Excused)
- Dianna Poulin
- Roderick Prior, MD
- Gordon Smith, Esq. (phone)
- Narasimha Swamy, MD (Excused)
- James Timoney, MD
- Martyn Vickers, Jr., MD
- Angela Westhoff (Excused)

Guests:

- Rebecca Brink, RN Quality Coordinator, Supervisor, CMO
- Celeste Sampson BSN RN, ASC Manager, CMO
- Melissa Mallock-Farren, RN, Clinical Coordinator (Lubec)

Topic	Discussion	Action/Follow-up
Call to Order	Dr. Prior called the meeting to order at 4:05 p.m. Participants introduced themselves.	
June 17, 2014 Meeting Minutes	The 6/17/2014 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
Follow-ups from Last Meeting:	<p><u>Medical Assistant Credentialing.</u> Mr. Smith received a request from one of our member organizations 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. Included with the agenda packets was information from the American Association of Medical Assistants which outlines the requirements. Rebecca Emmons remarked that the Primary Care Association is going to facilitate the training for MA's and since they are better prepared to do this, it is now a non-issue for MMA.</p> <p><u>Quality Counts Help with On-Site Quality Consultations.</u> Gordon Smith had a brief conversation with Dr. Letourneau about this idea and both felt that there are some good quality coaches (MMA staff, QC & others) who could help practices develop their QI plans. However, unless we have enough practices enrolled in the OBQI Program, we may not be able to afford to do it. Mr. Smith will discuss this idea in more detail at the meeting in October</p>	<p>The CPQ does not have a role to play and the issue is resolved. Any further inquiries will be forwarded to MPCA.</p> <p>On October's agenda for further discussion.</p>

<p>Old Business</p>	<p>Regional Medical Center of Lubec. Rebecca Emmons reviewed the current QI plan the Center has presented of their work. She felt it was a comprehensive plan which clearly identified the indicators, but the one area that she felt needed improvement was identification of the goals or (benchmarks) for each. Ms. Mallock-Farren responded that LRHC is trying to follow Healthy People 2020 as are other FQHC's. In addition, LRHC has their own set of own internal goals they included with their annual QI program. Ms. Emmons suggested they integrate Healthy People 2020 into the plan and for all others the benchmarks for performance should be included. Dr. Vickers commented that both the numerator and denominator should be included in the data analysis and report. Ms. Mallock-Farren reported that a lot of this is based on a random sample of 70 patients. The annual report should clearly review the issues that were found and any action items that came out of the analysis. It was noted that Boards tend to like this type of reporting as well. Rebecca Emmons recommends acceptance of the plan and the annual update as presented. <i>Following discussion and review, a motion was made and seconded to accept LRHC's Family Health Plan Center's plan as presented. Vote: Motion carried.</i></p>	<p>Plan accepted with comments as noted.</p>
<p>New Business</p>	<p>Central Maine Orthopedics. Dr. Prior reviewed CMO's annual plan. He remarked that he found CMO's QI plan to be detailed, comprehensive and well-developed. In particular, the Surgical Center quality report was very well done as part of it was in response to a licensure requirement. The only comment he had is that there is more narrative than data, and the data is not presented in a way that allows an outsider to see what problems were identified and what actions and monitoring has taken place towards improvement. The surgical report revealed they are struggling with their on-time surgical percentages i.e. Getting assessments completed within 15 minutes, and getting patients out of the Recovery Room within 60 minutes, but in many cases it was documented that the "data was not available". He was curious as to how these numbers were established and asked whether it was realistic to always get patients out of the Recovery Room within 60 minutes since some patients indicated in the patient satisfaction surveys that they felt "rushed". Ms. Kayashima responded they are using the same criteria that hospitals use, but they have made changes and the 2014 data has shown improvement. Dr. Prior had some questions regarding their peer review process which Ms. Kayashima explained. There is an opportunity to use the handwritten comments to trend the data. Dr. Vickers, who reviewed CMO's plan last year, asked if the two outliers he had found were addressed: 1) a surgeon who had a higher infection rate than others, and 2) an anesthesiologist who had conflicts with patients. Ms. Kayashima responded the anesthesiologist was a seasonal</p>	<p>Vote: Accepted with comments.</p>

	<p>provider who was not asked back, and the overall rates this year for infections was very low. Finally, Dr. Prior asked if CMO's quality plan included the office-based practices. Ms. Kayashima responded that it is but there is room in the clinic to expand their quality program. Data regarding primary care physicians' satisfaction with the program has been collected and will be included in next year's annual report. Dr. Prior recommended approval to CMO's "exemplary" plan. <i>Following discussion and review, a motion was made and seconded to accept Central Maine Orthopedics' QI plan with the comments as noted.</i></p>	
Sample QI Plan	<p>Ms. Kayashima provided a template of a plan that will give those practices that need some guidance for how to develop or improve their own plans. The goal is to offer a template to those practices as another means of making participation in the OBQI program more valuable. We also have some other plans from other practices that could be shared but all felt it would be better to develop one template to share with practices. D. Poulin, Dr. Prior and Ms. Kayashima will work together to develop a common template. Ms. Poulin asked the group if we should survey primary care practices to determine what support they need for their quality program. It was noted that there are risk assessment companies who will go into practices and look at their processes, etc. Medical Mutual does this for hospitals or practices if their physicians have them as their malpractice carrier.</p>	<p>D. Poulin, Dr. Prior and Ms. Kayashima will work together to develop a common template.</p> <p>D. Poulin will follow-up with Medical Mutual to see if they do risk management for physician practices.</p>
External Peer Review Program Template for Review	<p>Dr. DeJong offered to revise MMA's worksheet for peer review which he found confusing as a reviewer. In the agenda packets were several worksheets: 1) MMA's, FMH's, Mayo's, Dr. DeJong's draft (#1), and another similar sample template (draft #2) that Ms. Poulin found from another source. Dr. DeJong reviewed his checklist of items that he feels a reviewer should consider when looking at charts. One of the missing components of MMA's worksheet is a section that defines what the ordering facility is looking for. What are the key questions for the reviewer? D. Poulin remarked that for focused reviews, she provides the reviewer with the Request for Review form provided by the ordering facility which does define the reason for the review. All other reviews are routine reviews. She can easily add the question to any form. Dr. DeJong commented that he feels the scoring system is too complex and results should be simplified to: 1) meets standard of care, or 2) does not meet standard of care. Dr. McDermott reviewed the history of the current form which he, Dr. David Dixon and Dr. Roger Renfrew developed, and they used to do a similar form, much like the one that Dr. DeJong developed, but if you work with some of the national quality firms like Greeley – the issue of standard versus not standard of care is becoming more difficult to assess, thus the enclosed Mayo form he feels captures</p>	<p>Drs. DeJong, McDermott and Ms. Poulin will work further on the peer review assessment tool and have a draft ready for the next meeting in October.</p>

	what is relevant. If we go back to standard of care met or not met, we may be going backwards for how peer review should be assessed. Is there a middle ground that can capture both?	
OBQI Program Business Plan	Included in the agenda packets was a redraft of a business plan for the OBQI Program. The OBQI program has 12 practices enrolled but there are not enough to sustain the program. In order to continue with the program, we will have to recruit new practices and because the fees are very modest will need to raise the annual fee from \$100 to \$200. Mr. Smith reported that there are some very positive things that are being done that will hopefully help accelerate the growth of the program: 1) There is an opportunity to present to ten private practices at one meeting who are part of the Specialty Solutions; and 2) there is an opportunity to work with Quality Counts and Dr. Letourneau to extract from the 150 Patient Centered Medical Home and MaineCare Health Home practices those practices that are privately owned and need the protection from discovery. The goal is to make sure we get 40-50 practices in the program to sustain the program and recruit more reviewers. Once we can cover the costs, we will have funds to contract with QC or others to go out and help practices with their QI plans. The 3 rd option is to shut the program down. Dr. Vickers offered to give some assistance to Mr. Smith with the program this winter when he will have more time to do so.	Mr. Smith will give a progress report at October's meeting.
Next Meeting(s)	The next meeting is scheduled for <u>Tuesday, October 14, 2014</u> 4-6 p.m., MMA Headquarters	Informational.

Meeting adjourned at 5:50 p.m.

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