**Maine Quality Forum**

 -MEASURING TO IMPROVE-

**To:** Dirigo Board of Trustees

**From:** Karynlee Harrington

**RE:** Maine Quality Forum Progress Report

Date: November 10, 2016

I am writing you to brief you on a few key issues that impact the Maine Quality Forum.

1. Attached is the final evaluation report of the Maine Patient Centered Medical Home Pilot 2010-2012 (the production of this report was one the deliverables under our contract with Muskie).  The key findings are listed in the first few pages of the report in the executive summary section.  As the report states I don’t think the findings are inconsistent with the findings in other states with similar pilots.  I think the question that we along with a broad group of stakeholders is *now what* as we begin to prepare for the end of the pilot-December 31, 2016.  One option the Medicare Proposal Oversight Committee (which I am a member of) has been discussing is the CPC+ opportunity.  See Number 2 below
2. At the end of October 2016, CMS announced it expects to re-open the CPC+ application period for both payers and practices in 2017. This will allow additional payers and more clinicians to participate. Payers and practices selected during this second application period will join the program in program year 2018.  As a reminder the State of Maine was not selected in the initial round of CPC+ applications earlier this summer.  The Comprehensive Primary Care Plus (CPC+) is an advanced alternative payment model (APM) built on learnings from the original [CPC initiative](http://www.aafp.org/practice-management/transformation/cpci.html). The model includes: Practice readiness; Aligned payment reform; Actionable performance-based incentives; Robust data sharing .  CPC+ is designed to provide physicians the flexibility to care for their patients in a way they think will deliver the best outcomes and to pay them for achieving results and improving care.  The MPOC is meeting early December  2016 to discuss next steps.
3. Attached is a copy of our first quarterly report for the MQF HAI online training program. I think the initial results are positive - key is to continue to find opportunities to raise awareness.  I do want to drill down into number 5-want to know how many hours the 15.38 days translates into.  Also will be interested in looking at the survey results we get in from those using the tool.
4. The U.S. Department of Labor's [Occupational Safety and Health Administration](https://www.osha.gov/index.html) awarded $10.5 million in one-year federal safety and health training grants to [77 nonprofit organizations](https://www.osha.gov/dte/sharwood/index.html) nationwide. The grants will provide training and education for workers and employers on the recognition, avoidance, and prevention of safety and health hazards in their workplaces.   Muskie School of Public Service is a grant awardee and in partnership with the Maine Quality Forum we will develop two new modules for our HAI  web-based training program on high-priority topics that address current long-term care worker health and safety risks and knowledge gaps:  **1. blood borne pathogens and 2. biologic hazards.**  Our Infection Prevention Forum currently houses an 8-hour basic training for infection preventionists at Maine's long-term care facilities- I am excited that the two new products will expand the continuing education offerings in our educational portal to all long-term care employees in Maine.
5. We are in the process of updating the quality measures on [www.CompareMaine.org](http://www.CompareMaine.org)  with the most current data available.  We are also preparing an inventory of the issues and timeline that we will tackle over the next 12 months that have to do with potentially adding new quality measures to CompareMaine.
6. The last meeting of the year for the HAI (healthcare associated infections) Collaborating Partners Committee (which I Co-Chair with the Maine-CDC) was at the end of October.  The committee had some good discussions and made some solid recommendations on state strategies for the reduction of healthcare associated infections across all healthcare settings.  I am meeting with my co-chair next week to discuss how best to proceed with the recommendations and to determine if we will continue with the HAI Collaborating Partners Committee as it is currently structured.
7. I was nominated earlier this fall and voted in to serve on the board of directors for the National Association of Health Data Organizations (NAHDO).   Wearing my MHDO hat we work closely with this association on national issues that impact data definitions, standards, collection and release. NAHDO is one of the conveners that we and the other States with all payer claims databases (APCDs) have been working with post Gobeille to develop a common data layout for all claims submissions.  I am excited to bring to the national level many of the issues we have been working through specifically over the last few years since I have been working with the MHDO.  I feel strongly that we should leverage expertise where we can and not reinvent the wheel over and over again-especially when the same issues cross state lines-for example data quality and validation thresholds.

As always there is much more going on but in an effort to keep this update brief I will stop here.  Please call me (446-0890) or e-mail me if you want to discuss in more detail or are looking for more information.