

Creating the Maine Snapshots

Agency for Healthcare Research and Quality
State Healthcare Quality Improvement Workshop:
Tools You Can Use to Make a Difference
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The Maine Quality Forum

- Created as part of the Dirigo Health Agency
- Tasked with assessing the quality of healthcare in Maine and reporting information to the people of Maine
- Tasked with promoting best practice in Maine
- Maintained mission of providing actionable information about health care quality in easily accessible format

Addressing the Mandates

- Used Institute of Medicine definition (STEEEP) as guiding framework
 - right thing, the right way, at the right time
- Guiding Principles of Change
 - power of public reporting (move from Maine Medical Assessment Foundation model to public model)
 - value of within state comparisons
 - the people of Maine as constituency rather than specific stakeholders
 - communication target not necessarily the change target
 - multi-stakeholder, public processes

Data Process

- Started with SAVA (using discharge data) during development of quality metrics
- Drawing upon National Quality Forum metrics worked with Advisory Council to select metrics to be submitted by hospitals
- Worked with Maine Health Data Organization (MHDO) re: rulemaking and micro-specification
- Participated in the Tri-partite group of Pathways to Excellence
- Developed initial website with a key data component

Initial Website

- Used small area variation analysis on procedures of interest
- Presented data via bar charts developed in Excel
 - Graphs presented hospitals significantly different from the expected
- Provided data tables for drill down
- Good start but difficult to understand
- Very difficult to update new data runs

- Maine Quality Forum (MQF) site for example:
www.mainequalityforum.gov

Revision Process

- Advisory Council advised:
 - Simpler representation
 - Broader audience
 - More than one view of the data
 - Drill down from simplest to most complex (visual to raw data)
- Needed to include new data (Chapter 270)
- Dennis Shubert attended presentation re: new AHRQ State Snapshots

Next Steps

- Intrigued by dial graphics representation method
- Shared with Advisory Council
- Reached out to AHRQ (Dwight) who brokered relationship with Thomson Healthcare (formerly Medstat) and AcademyHealth
- Connected with Thomson Healthcare
- Provided us with code

Medstat

- MQF Determined a need for support
 - Methods
 - Web design
 - Training
- Contracted with Medstat (Thomson Healthcare)
- Contracted with RADCorp
- Began process of applying methodology to Maine's data
- Training MHDO Epidemiologist

Methodological Challenges Encountered

- Small “N”
 - Limited by number of hospitals
- Small “n”
 - Limited by number of measures
 - Limited by number of cases within measure
- Regression Model
- Nursing Data
- Phase II SAVA-GIS design

Political Challenges

- Maine Hospital Association
 - PTE process
- Northern New England Quality Improvement Organization
- Nursing Data
- Public Process
 - Advisory Council
 - Multi-stakeholder involvement
 - Multiple views
- Other political considerations

Resolutions

- Change to speedometer
- Change methodology
 - Regression model
 - Data inclusion/exclusion
- Nursing Data Representation
- Descriptive Language

- New MQF data site: 207.103.203.51

Phase II

- GIS maps for variation analyses
- New Chapter 270 data