

## Creating the Maine Snapshots

Agency for Healthcare Research and Quality  
State Healthcare Quality Improvement Workshop:  
Tools You Can Use to Make a Difference  
December 6-7, 2007

Chris McCarthy, Bath Iron Works  
(previously with Maine Quality Forum)

## 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

2

## Addressing the Mandates

- Used Institute of Medicine definition (STEEP) 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

3

## 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

4

## 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](http://www.mainequalityforum.gov)

5

## 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

6

## 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

7

## 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

8

## 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

9

## 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

10

## Resolutions

- Change to speedometer
- Change methodology
  - Regression model
  - Data inclusion/exclusion
- Nursing Data Representation
- Descriptive Language
  
- New MQF data site: 207.103.203.51

11

## Phase II

- GIS maps for variation analyses
- New Chapter 270 data

12