

Hospital Licensing Reform Steering Committee
 February 5, 2007
 Maine Hospital Association Conference Room

Minutes

Present: Annette Adams, Laird Covey (by video conference), Linda Abernathy, Jerry Cayer, Mary Finnegan, Denise Gay, Lynne Gagnon, Cindy Juchnik, Ruth Lyons (by video conference), Sue Boisvert, Sharon King, Maureen Parkin, Sandra Parker, Catherine Cobb, Denise Osgood; Sue Ebersten, Maureen Booth, Barbara Shaw, Eileen Griffin (Muskie School staff)

Absent: Beth Dodge, Laura Benson, Sally Lewin, Catherine Valcourt.

Item	Discussion	Decision/Action	Who's Responsible	Date Due
Welcome and Introductions <i>Denise Osgood</i>	Denise welcomed Steering Committee members and invited them to introduce themselves.	NA	NA	NA
Review January 8 Meeting Minutes <i>Denise Osgood</i>	The minutes for the January 8 meeting were reviewed and approved	NA	NA	NA
Review revised work plan <i>Sue Ebersten</i>	Steering Committee members reviewed a revised work plan and made no revisions	NA	NA	NA
Discuss communications plan <i>Sue Ebersten</i>	Steering Committee members reviewed a proposed communications plan based on the discussion from the previous meeting. The Committee identified groups that should be included in the communications plan including the MMA, the MHDMA, the Association of Health Care Quality, and HEMA. It was agreed that the Committee would devote time to refining the communications plan at the next meeting. Members were invited to think of other stakeholders that should be included in the communications plan.	Revisit communications plan	Steering Committee	March 5
Regulatory role <i>Eileen Griffin</i>	Eileen reviewed a discussion paper describing a proposed framework for thinking about the Department's regulatory role. Defining "regulator" very broadly to include a wide range of entities that "regulate," or influence the behavior of a hospital with respect to quality, three broad categories	NA	NA	NA

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	<p>regulators were identified. These include the state agency or entity responsible for monitoring and promoting compliance with government promulgated rules and standards; the hospital or hospital industry itself; and those who purchase health care, to the degree that their purchasing power influences the behavior of hospitals. This category would include large employers, large government purchasers, managed care entities, individual consumers, etc. The mechanisms for regulating hospitals include market mechanisms, voluntary or self-regulation, external regulation of voluntary or self-regulation, and command & control regulation. Applying a responsive approach, the regulatory role for state licensing will depend on the effectiveness of these other regulatory mechanisms. To the degree that the market and self-regulation are effective, state licensing need not assert a regulatory role. However, to the degree that the market and self-regulation are inadequate, state licensing may decide to regulate self-regulation or impose a command & control regulatory approach. The responsive approach can also be applied to individual situations or to the enforcement response the Department might take. For example, the Department might impose a different level of review depending on data and complaints or the Department might impose a different level of enforcement depending on the hospitals efforts to respond to a compliance issue. The group also discussed “networked governance” meaning that state regulation of hospitals should be put in the context of the array of regulators and regulatory mechanisms governing hospital quality. The group also discussed triple-loop learning in which hospital learning would be shared with the regulatory agency to disseminate to other hospitals.</p> <p>It was agreed that this model is helpful and will provide the Committee with a common language for assessing what level of regulation is necessary for various topics and situations. Cathy Cobb and Denise Osgood would like to focus the state role primarily on external oversight of self-regulation, but with the recognition that command and control must always be available when needed.</p> <p>The Steering Committee discussed different kinds of data hospitals might submit, including a self-assessment like the one completed for the Joint Commission. Depending on the self-assessment data, the Department might decide whether an onsite survey is necessary in a particular year.</p>			
Regulatory	Eileen reviewed another discussion document, this one relating to the regulatory framework. Steering Committee members agreed that the	Identify states that deem based on	Eileen	March 5

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<p>Framework <i>Eileen Griffin</i></p>	<p>Institute of Medicine's six aims for improvement could define the scope of the regulatory framework for hospitals. In response to a question, Cathy Cobb said she thought it highly unlikely that the Department would have any interest in a hospital regulation that was not related to quality, clarifying that quality including the physical environment as it related to health and safety and other aspects of quality.</p> <p>The Steering Committee then reviewed the table of contents for several regulatory and accrediting bodies, including the Medicare Conditions of Participation, the Joint Commission's accrediting standards and the regulations from several states. Cathy Cobb stated that the Department does not have a preference in what framework is adopted but is looking for a recommendation from the Committee. The Steering Committee weighed the pros and cons of modeling state regulations after the Conditions of Participation or the Joint Commission. A number of Steering Committee members noted that Joint Commission standards encourage hospitals to break out of and coordinate services across departmental silos. On the other hand, a number of Maine hospitals, especially the smaller hospitals do not pursue Joint Commission accreditation. In contrast, all hospitals must comply with the Conditions of Participation if they want to be paid under Medicare. The Conditions of Participation reinforce the silos that the Joint Commission standards work against. One member suggested a balance could be found by modeling the standards after the Conditions of Participation while using the Joint Commission's tracer methodology during the survey process. The tracer methodology tracks patients across hospital units.</p> <p>Members discussed how some states deem a hospital in compliance with state licensing requirements if they satisfy the conditions of participation. Steering Committee members asked Muskie School staff to explore which states deem based on the conditions of participation and to discuss the pros and cons of this approach.</p>	<p>conditions of participation</p>		
	<p>The next meeting is March 5, 2007.</p> <p>At the next meeting the Steering Committee will focus on the communications plan, complaints and how other states treat the Conditions of Participation and the Joint Commission.</p>	<p>NA</p>	<p>NA</p>	<p>NA</p>
<p>Evaluation of</p>	<p>Members thought the discussion was useful. Eileen agreed to share links to</p>	<p>Share links to literature</p>	<p>Eileen</p>	<p>March 5</p>

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Process	the literature with members.			