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## Network for Regional Healthcare Improvement Appoints New President and CEO

### CONTACT:

Harold Miller  
(412) 803-3650

[Miller.Harold@NRHI.org](mailto:Miller.Harold@NRHI.org)

Katrina Kahl  
(503) 972-0865

[katrina.kahl@q-corp.org](mailto:katrina.kahl@q-corp.org)

Nancy Morris  
(207) 899-1971

[nmorris@mehmc.org](mailto:nmorris@mehmc.org)

**Pittsburgh, PA (March 7, 2013)** -- The Network for Regional Healthcare Improvement (NRHI) today announced that Elizabeth Mitchell will become its new President and CEO on May 1, 2013. Mitchell is currently CEO of the Maine Health Management Coalition ([www.mehmc.org](http://www.mehmc.org)), a multi-stakeholder Regional Health Improvement Collaborative that has been a member of NRHI since 2009.

“We are delighted to have Elizabeth Mitchell as NRHI’s new President and CEO,” said Mylia Christensen, Executive Director of the Oregon Health Care Quality Corporation and First Vice Chair of the NRHI Board of Directors, who chaired the selection process for the new CEO. “Elizabeth’s experience in both managing a successful Regional Health Improvement Collaborative and playing a leadership role in multistakeholder health improvement initiatives at the national level, and her exciting vision for how Regional Health Improvement Collaboratives can help transform the nation’s healthcare system, make her the perfect candidate to build on NRHI’s significant accomplishments over the past four years and lead us to even greater successes in the years ahead.”

Under Mitchell’s leadership, the Maine Health Management Coalition has become one of the most successful Regional Health Improvement Collaboratives in the country, implementing innovative programs in quality and cost measurement, employer and consumer engagement, and payment and delivery reform that are widely viewed as models for improving both the quality and affordability of healthcare. At the beginning of the year, the Coalition was designated as one of the initial four Qualified Entities by the Centers for Medicare and Medicaid Services, enabling the residents of Maine

to use Medicare claims data in their efforts to reduce healthcare costs and improve quality. In February, the State of Maine received a \$33 million State Innovation Models grant from the CMS Innovation Center, one of only six states to receive similar funding, based on an application developed jointly by the State and the Coalition.

Mitchell has also played a leadership role in national initiatives on healthcare quality and cost through her roles as Chair of the NRHI Board of Directors, as a member of the Board of Directors of the National Quality Forum, as a member of the Coordinating Committee for the Measure Applications Partnership, and as a member of the Board of Directors of the National Business Coalition on Health. In February, she gave invited testimony to the Subcommittee on Health of the U.S. House of Representatives Committee on Energy and Commerce, describing the work that the Maine Health Management Coalition has done to improve the quality and affordability of healthcare in Maine and the role that Regional Health Improvement Collaboratives could play in transforming healthcare nationally.

“I am very excited to become the new CEO of NRHI,” said Mitchell. “Based on my experience in Maine and on my conversations with leaders from around the country, I am convinced that regional, multi-stakeholder collaboration is essential if our nation is going to successfully improve the quality and control the cost of healthcare. Regional Health Improvement Collaboratives provide a unique and successful mechanism for supporting these efforts, and I am looking forward to both continuing NRHI’s successful support of the work of local Collaboratives and expanding NRHI’s role in designing and implementing national healthcare improvement initiatives.”

Mitchell will succeed Harold D. Miller, who has served as President and CEO of NRHI on a part-time basis since November, 2008. In addition to management of NRHI, Miller has been simultaneously serving as Executive Director of the national Center for Healthcare Quality and Payment Reform ([www.CHQPR.org](http://www.CHQPR.org)), which he will continue to lead. “Over the past four years, NRHI has grown in size and influence to the point where it now needs a full-time CEO,” said Miller. “I have had the opportunity to see firsthand the outstanding work that Elizabeth Mitchell has been doing to improve healthcare quality and affordability in Maine, and so I am thrilled that she was willing and able to take over as NRHI’s new CEO. I will continue to do whatever I can to help her and the NRHI Board accelerate progress in healthcare payment and delivery reform both at the national and local levels.”

Miller will continue working with NRHI and its members in a consulting capacity, with a particular emphasis on helping NRHI’s member communities transform their healthcare payment and delivery systems. “Harold is a highly-regarded national expert on healthcare payment and delivery system reform,” said Christensen. “We are happy that in addition to the very successful work he does through the Center for Healthcare Quality and Payment Reform, he will continue to work with NRHI to build on the many successes he has enabled us to achieve during his tenure as CEO.”

In addition to Mitchell’s appointment, NRHI also announced two other leadership changes:

- Mylia Christensen will become the new Chair of the NRHI Board of Directors, replacing Elizabeth Mitchell, who had been serving as Chair since September 2012. “Mylia is not only a highly-regarded leader of a Regional Health Improvement Collaborative, she has the kind of outstanding leadership skills needed by the Board of a national organization such as NRHI,” said Mitchell. “I am looking forward to working closely with her and the rest of the NRHI Board to make NRHI even stronger and more successful than it is today.”

- Joy Duling, who has served as NRHI’s Vice President and Director of Special Projects since February 2012, has accepted a full-time position as Executive Director of the Central Illinois Health Information Exchange ([www.cihie.org](http://www.cihie.org)). “Joy has played a key role in NRHI’s success over the past year and we will always be appreciative of the outstanding work she has done for us,” said Harold Miller. “We also recognize the critical need for strong local leadership in transforming our healthcare system, and so we are happy to see her taking on such an important new role in her home community.”

Mitchell and Christensen said that NRHI is planning to significantly expand its staff capacity over the coming year, allowing the organization to take on additional initiatives.

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### **Additional Information on Elizabeth Mitchell**

Prior to becoming CEO of the Maine Health Management Coalition, Mitchell worked for MaineHealth, Maine’s largest integrated health system, where she led several transparency and quality improvement efforts. She served two terms in the Maine State Legislature, where she chaired the Health and Human Services Committee. She has also held posts at the National Academy for State Health Policy and London’s Nuffield Trust. She was selected for an Atlantic Fellowship in Public Policy by the Commonwealth Fund and the British Council. She completed the International Health Leadership Program at Cambridge University’s Judge School of Management while pursuing graduate studies at the London School of Economics.

### **Additional Information on the Network for Regional Healthcare Improvement**

The Network for Regional Healthcare Improvement (NRHI) is a national, non-profit organization which helps communities build the capabilities needed to create lower-cost, higher-quality healthcare and to improve the health and productivity of their residents. NRHI supports *multi-stakeholder, regional* approaches to healthcare improvement, i.e., those which are designed and implemented collaboratively with involvement of physicians, hospitals, employers, health plans, and citizens in a metropolitan region or state. NRHI has a particular focus on communities that have created Regional Health Improvement Collaboratives (RHICs) – non-profit, multi-stakeholder, community-based organizations that are working to improve the quality and reduce the costs of healthcare in their geographic region.

NRHI was formed in 2004 by a small group of Regional Health Improvement Collaboratives to serve as a vehicle for sharing their experiences in improving health and healthcare in their regions. In 2007, the Robert Wood Johnson Foundation, the Jewish Healthcare Foundation, and the California Healthcare Foundation provided funding to enable NRHI to create a formal organizational structure and hire staff. Since then, NRHI has grown dramatically and now has 29 member Regional Health Improvement Collaboratives which provide financial support and leadership for the organization. NRHI’s current members are Aligning Forces for Quality – South Central Pennsylvania; the Alliance for Health in West Michigan; Better Health *Greater* Cleveland; the California Quality Collaborative; the Center for Improving Value in Health Care in Colorado; the Finger Lakes Health Systems Agency in Rochester, New York; the Greater Detroit Area Health Council; The Health Collaborative in Cincinnati; HealthInsight (including the Albuquerque Coalition for Healthcare Quality, the Nevada Partnership for Value-Driven Health Care, and the Utah Partnership for Value-Driven Health Care); the Healthy Memphis Common Table; the

Institute for Clinical Systems Improvement (ICSI) in Minnesota; the Integrated Healthcare Association in California; the Iowa Healthcare Collaborative; the Kansas City Quality Improvement Consortium; the Louisiana Health Care Quality Forum; the Maine Health Management Coalition, Maine Quality Counts; Massachusetts Health Quality Partners; the Midwest Health Initiative; Minnesota Community Measurement; the Oregon Health Care Quality Corporation; the P<sup>2</sup> Collaborative of Western New York; the Pittsburgh Regional Health Initiative; the Puget Sound Health Alliance; Quality Quest for Health of Illinois; the Wisconsin Collaborative for Healthcare Quality; and the Wisconsin Healthcare Value Exchange. The programs of NRHI's members benefit more than one-third of the U.S. population.

Examples of NRHI's activities and accomplishments include:

- NRHI organized the first national Summits on Healthcare Payment Reform in 2007 and 2008. The recommendations from the summits have helped to shape national and local discussions on payment reform over the past six years. NRHI's national Payment Reform Summits catalyzed regional Payment Reform Summits in other states and regions, including Albuquerque, Cincinnati, Cleveland, Colorado, Columbus, Detroit, Illinois, Memphis, Nevada, Oregon, South Central Pennsylvania, Washington State, West Michigan, and Wisconsin, and many recommendations from both the national and local summits are now being implemented nationally and in regions across the country. (The recommendations from the Summits are available at <http://www.nrhi.org/reports.html>.)
- NRHI and three of its member Regional Health Improvement Collaboratives – the Pittsburgh Regional Health Initiative, the Institute for Clinical Systems Improvement in Minnesota, and the Wisconsin Collaborative for Healthcare Quality – were awarded a \$3.5 million grant from the Agency for Healthcare Research and Quality in 2010 to help primary care practices integrate behavioral and physical health services for patients with depression or substance abuse problems. A fourth NRHI member, Massachusetts Health Quality Partners, began implementing the initiative in 2012, and NRHI will be disseminating the information about the project and encouraging replication nationally in 2013.
- NRHI was selected to assist the CMS Innovation Center in the initial implementation of the Comprehensive Primary Care Initiative, a major national multi-payer initiative to change the way primary care practices are paid in seven regions across the country.
- NRHI and its member Regional Health Improvement Collaboratives will be working with the ABIM Foundation during 2013 and 2014 to encourage implementation of the *Choosing Wisely* recommendations in communities across the country in order to help improve the quality and affordability of healthcare.

More information on NRHI is available on its website at [www.NRHI.org](http://www.NRHI.org).