



President & CEO Update

April 2014

Dear Board Members,

It is such a privilege to work with you and so many dedicated partners in this work. This week, I was honored to partner with Sanne Magnan to share a vision of how our work on Total Cost of Care measurement and reporting can serve as the foundation to engage communities to address cost and population health in pursuit of the Triple Aim. Her vision and passion were so compelling and exciting, I was thrilled by the potential to move this forward together. I also had the privilege of joining the Choosing Wisely Summit in DC with eight NRHI members doing remarkable work to change the conversation about healthcare costs and to restore the leadership role of physicians as stewards of community resources. The work is so innovative, and the champions of it so willing to think outside the box, learn from each other and address the fundamental barriers to change that the work has become a movement. I was talking with Richard Baron of ABIM about the momentum and he said, 'this is what it feels like to be in the middle of a paradigm change'.

A personal observation from the Choosing Wisely Summit was the enthusiasm of the physicians to reclaim a leadership role in cost and harm reduction- and their explicit requests for help. More than once physician leaders said they need their peers and communities to 'have their back' when they try to address hard issues of reducing utilization and cost. This again speaks to the pivotal role of RHICs to bring these issues to all stakeholders to support change. A second observation was the discomfort with measurement and reporting related to this change and a reminder that as we take the necessary steps forward with transparency, calibrating the pace and process to meet the needs of all stakeholders will be a key challenge. With your ongoing leadership in your communities, I believe we are best positioned to help manage this complex but critical change process.

Thank you for being leaders – and such good company- through this transition.

Best regards,

Elizabeth

PROPOSALS, PROJECTS AND FUNDING

- **Center for Healthcare Transparency:** We're well into the set-up of the Center for Healthcare Transparency project and expect to sign the grant agreement any day. We have confirmed that the fifth CHT board member will be David Cutler, noted health economist at Harvard. PBGH will be handling the very minimal administrative aspects of CHT (paying accountants, insurance, working with legal counsel for CHT IRS filings, handling the CHT bank account, etc.). As planned, the rest of the CHT grant will flow through to NRHI and be administrated from here, including a significant subcontract to PBGH.

We're delighted by the caliber of individuals who have agreed to join the project Executive Committee which David Lanksy and I are co-chairing. So far that list includes: Marc Bennett, Patrick Conway of CMS, Michael DeLorenzo of Maine Health Management Coalition, Arnie Milstein, MD of Stanford Medical Center, David Pryor of Comcast and Dana Safran of Blue Cross & Blue Shield of Massachusetts. We have also identified several candidates to represent the consumer perspective on the EC and there is a strong possibility that Karen DeSalvo of ONC will join. We held introductory calls with that group earlier this week and I believe they will be an invaluable resource for the project.

We are now in the process of inviting candidates to join our User Advisory Council. This group will ensure that the priorities of those who are committed to using data for quality and cost improvement are incorporated at every stage of the design of the federated national data model. It will include providers, purchasers, payers, regional collaborative leaders, national experts, etc.

We are also laying the groundwork for the project's Technical Advisory Council, which we expect to form in June. I'm excited to announce that Michael DeLorenzo, Director of Analytics at the Maine Health Management Coalition will be serving part-time as Senior Technical Advisor on the project and will play a key role in guiding the Technical Advisory Committee. He will be staying in his role at MHMC and we greatly appreciate his and Andy's willingness to contribute his time and expertise to this project. It is our shared belief that our success will enable the work of our members so this is a major contribution to our collective success. We are still looking for the right full time Senior Data Analyst for this project so ask you to continue to send candidates our way. We will absolutely consider a remote arrangement for the right candidate.

As many of you know, we just released the draft of the first of two RFPs that will be run by CHT. Although we will not open the RFP for the Regional Data Center Collaborative until the final Center for Healthcare Transparency grant agreement is signed, we are sharing the draft to enable interested applicants to plan for appropriate staff time to complete the RFP when it is released. There will be a response period of at least three weeks from that release date. It will be tricky selection process but we have done our best to design the RFP to identify the mix of participants which will yield 1) the most complete set of best practices and 2) the most insights into the current

barriers to healthcare data transparency and potential solutions to these barriers 3) likely participants in a 2015-2020 national rollout.

The second RFP, for innovation pilots, will be coming out in late spring or early summer. That process will be managed by PBGH.

The timing seems right for multiple NRHI initiatives to build on each other. The CHT team is already starting to take advantage of the learning that is coming out of the HRCMT project and this collaboration will only accelerate. The Resource Library that will come out of CHT will dovetail with the Collaborative Health Network platform, the policy research done for CHT will also inform the rest of NRHI's activities and I am sure many more synergies will emerge. Most immediately, we believe the work NRHI is currently doing to understand the potential for shared services among our members in advance of our June session will feed right into the CHT five year plan. It will help us start to answer "What common pieces need to be in place for a federated national data infrastructure to succeed?" and "What economies of scale and cost savings might be possible through greater collaboration and definition of products/standards/processes by end users of national data?"

- **Collaborative Health Network:** With the approval from the Robert Wood Johnson Foundation (RWJF), we have started to hire staff for the Collaborative Health Network. I am happy to report that Janhavi Kirtane-Fritz has accepted the position of Director of Strategic Partnerships and Network Development and will be key to creating and expanding a vibrant network that incorporates the work going on in our Collaboratives and in the community. With her experience in the Beacon Community Cooperative Agreement Program, she brings experience in leveraging IT to transform health in the community and working across communities to accelerate transformation. I am confident that she will be able to tap into the amazing network and desire for change in our communities and organizations across the US. We have also hired a talented Journalist and Social Media Strategist for the Network, Fred Bever. As a journalist most recently with Boston Public Radio, Fred has rich experience in capturing human interest stories and translating complex, technical information into palatable terms that a lay audience can understand. He will be important telling your stories of community level, multi-stakeholder health and healthcare transformation that broad audiences can access and understand. Please join me in welcoming them to NRHI!
- **Healthcare Regional Cost Measurement and Transparency Project (Total Cost of Care):** During April, the HRCMT team has primarily been focused on overcoming the challenges associated with creating standardized data set to create national benchmarks. We are getting a much more realistic sense of the time and resources, from vendors and internally at RHICs, needed to ensure our aggregated data sets from each RHIC accurately represent the agreed upon technical specifications. Most of the RHICs have had to re-run data a few times; however, we are fortunate to have other RHIC summary statistics against which to assess the reasonableness of the results. This has been especially true as it relates to assigning the ACG risk categories to all members. As you may recall, we originally hoped to host the physician seminar in June but moved the date to late summer to

ensure that we would have practice-level reporting to share during the session. Details of the types of issues encountered, timeframes and lessons learned are documented and will be available for the team to use for the 2013 data analysis and to inform the road map for future RHICs looking to produce similar reporting. A technical webinar is scheduled for May 14th from 1-2pm and open to all NRHI members and associate members to provide more details about the benchmarking approach and a forum for Q&A. Project documentation, podcasts and other helpful information will be available on the NRHI Member Portal when we launch our redesigned website in early May.

Additionally, participating RHICs have been actively recruiting for two physicians in each of their communities to attend the National Physician Leadership Seminar. As a result of these conversations in various forums, the interest level in the curriculum is strong. This led the project team to agree to allow up to two additional physicians from each participating project RHIC to attend, subject to a registration fee and travel at their own expense. This is exactly the response we were hoping for- and provides a basis for any future requests for funding. As providers move past questioning the need for and accuracy of the data and are increasingly ready to embrace using it for change we hope to help prepare physician champions with the skills, resources and support to respond to this shift.

- **Qualified Entity Collaborative (QEC):** The Qualified Entity Collaborative met on April 14th and decided how to proceed following the passing of the short-term SGR bill, which unfortunately did not contain the desired provisions to expand the use of Medicare data. However, this did not slow the QEC's momentum to move forward under current program provisions. Akin-Gump will continue to work with a few NRHI members to keep abreast of a stand-alone bill that Reps. Ryan (R-WI) and Kind (D-WI) introduced that includes the exact provisions we were seeking in the SGR Repeal. A Measurement Subcommittee was formed and kicked off on April 30th. This committee's goal is to identify a common core set of measures, including both quality and cost, that each QE may produce and to share best practice on reporting these measures. The QEC will continue to meet bi-monthly to leverage the lessons learned and best practices as each QE moves through various phases of the QE program.

ADVOCACY, STATE AND FEDERAL DEVELOPMENTS

There have been a lot of exciting developments working with our federal partners, but of particular note is the emerging partnership process with NRHI, ONC and CMS. We received a proposal from ONC to launch an 18 month planning process to:

- 1) Understand regional capabilities to aggregate claims and clinical data for performance measurement and reporting;
- 2) Identify/validate existing barriers to using regional entities for calculating and reporting clinical quality and cost measures including barriers related to data access, interoperability and integration; program and measure alignment; structure and governance;

- 3) Inform how data and transport standards, HIT certification and CQM testing tools can address eCQM validity and reporting from providers and regional entities;
- 4) Understand most effective ways to integrate claims and clinical data for purposes of performance measurement and reporting;
- 5) Identify/compare most reliable and scalable ways to calculate and report measures across certified EHR implementations and regional intermediaries (Medicare QEs, Qualified Data Registries (QDRs), HIEs, etc.);
- 6) Define shared responsibilities across HIT vendors, providers/clinicians, intermediaries (QEs, HIEs, QDRs), payers and HIT certification bodies with respect to data capture, integrity, standardization, measure validity and reliability;
- 7) Develop potential joint solutions leveraging regional capabilities to meet national policy priorities;
- 8) Identify how a scaled data infrastructure would meet the needs of calculating and reporting new transformational measures for episodes of care and measures at the clinician, group and population level; and
- 9) Develop implementation plans for scaling regional data infrastructure to serve providers and payers that reach 50% of population by 2020 and identifying a process to develop capacity in regions where it does not currently exist.

We have proposed that this be part of the CHT Committee work and will be assigning these objectives to the different committees when possible and finding other forums to address remaining questions. This has not been finalized but is emerging as a rich opportunity to learn together and expand our public private partnership and alignment.

COMMUNICATIONS

- **Redesign of the NRHI website:** NRHI launches its redesigned website on May 2nd! This will include a member portal and pages dedicated to our shared projects. The highlight of the site- in my opinion- are the members who are featured throughout. Thank you for your time and contributions to helping make this happen- and special thanks to Louise Merriman for leading this effort! We will be updating and refining the site regularly so please don't hesitate to share feedback and suggestions. This is meant to be a resource that reflects us as a network and supports you in your work.
- **Rebranding of NRHI and the RRN:** NRHI continues to work with a consultant brand advisor on NRHI brand and the RRN brand. There is an increased urgency to develop a strong brand presence since our profile is rising. We are strongly considering Collaborative Health for the NRHI brand. This name can easily accommodate further extensions such as Collaborative Health Intelligence to house a portal of resources on health and health care. We are now officially calling the Regional Resource Network (RRN) the Collaborative Health Network since we received approval from the Board as well as the Robert Wood Johnson Foundation.

PRESENTATIONS, EVENTS AND CONFERENCES

- **Choosing Wisely Making Connections Summit** : Many of our members participated in the invitation-only summit to discuss the findings of the Choosing Wisely Campaign and to explore optimal ways to implement this Campaign in the future. Jeff Biehl shared great examples of their work including an App they are developing to inform consumer choice of physicians. The Maine Quality Counts team had numerous success stories about getting Choosing Wisely materials into physician practices and developing partnerships with health systems. ICSI and Better Health Greater Cleveland were represented by dynamic physician leaders sharing their support for Choosing Wisely and the fundamental changes it enables. ABIM released survey results in a press conference at the Summit showing that:

- 21% of physicians are now aware of Choosing Wisely (after 2 years!);
- 73% of physicians say the frequency of unnecessary tests and procedures is a very or somewhat serious problem; and that
- 66% of physicians feel they have a great deal of responsibility to make sure patients avoid unnecessary tests and procedures- even though
- 72% acknowledged ordering unnecessary tests or procedures at least once a week.

It was exciting to see the key role of RHICs leading this in their communities and the recognition from ABIM and others that this is a powerful partnership. Daniel Wolfson shared with RWJF and me that he thinks an expanded partnership with NRHI and regional collaboratives is the right direction for the next phase of this work.

OPERATIONS, STAFFING AND POLICIES

- **Governance:** The Governance Committee has recommended several new categories of NRHI members and expanded set of member benefits. These will be considered by the Executive Committee and go to the full Board for approval in June.
- **Staffing Updates:** We have hired Janhavi Kirtane-Fritz as the Director for the Collaborative Health Network and Fred Bever as the Journalist for this Network. We have a wonderful and growing team!
- **Recruitment:** We are happy to start posting member job openings in our newsletter and on our new website. NRHI has been interviewing candidates for the Director of Finance and Operations, Senior Business Analyst and Project Manager for CHT, Senior Healthcare Data Analyst a and Senior Director of Health Quality and Policy. **Board members are encouraged to help with these recruitments by circulating job postings found on our website at www.nrhi.org**

WHAT'S COMING UP

- **Executive Committee Election!** Special thanks and congratulations again to Craig Brammer and Louise Probst- both unanimously elected (except Craig didn't vote for himself) to the NRHI Executive Committee. Thank you for your commitment and leadership!
- The next Executive Committee Meeting will be on May 6th; the Strategic Planning Committee Meeting will be on May 29th; and the Governance Committee Meeting will be on May 15th.

- **The next NRHI Board meeting will be on June 20 in Portland, Oregon.** We will also host several meetings on June 19th for those that can attend. Mylia's team at Q-Corp have offered to share presentations of their work for all NRHI members who would like to join at 12:30 on the 19th at Q-Corp offices in Portland. There will be an Executive Committee meeting in the late afternoon of the 19th and a full Board social event that evening. Please work with BJ to confirm your travel plans and we will finalize details of all event. We can't wait to see everyone!
- Our next NRHI webinar will be on May 14th from 1-2pm EST (note new time!) and the topic will be on the Overview of the Technical Approach to Total Cost of Care (TCoC) and Resource-Use Benchmarking.
- Finally, I look forward to seeing many of you at the AF4Q in San Diego next week! I have been invited to moderate two panels entitled, '*The Unique Role of Regional Collaboratives in the Evolution from Health Care to Population Health*' and to lead a presentation for the Program Directors about working with NRHI in the future- all positive signs about our ongoing and increasingly important role.