



President & CEO Update

February 2014

Dear NRHI Board Members,

I have been thinking a lot about the power of networks and the unique forum they create for innovation and change.

'Networks offer many benefits for tackling wicked problems, in contrast to traditional hierarchal organizational approaches. Perhaps foremost, they can be formed as a "co-owned" space by stakeholders in the system... By being "co-owned," there is an important shift in power relationships and mutual accountability that creates an innovative environment. This environment can act as a "skunk works," in change agent parlance: a space where the normal rules that support and limit action can be suspended and new ones developed, based on the specific needs of addressing the wicked problem. After all, wicked problems are often the result of entanglements of structures, rules, and power relationships. Rather than participants simply being accountable to their organizations, these networks create a space for making the organizations accountable for the system's health—and that involves addressing wicked problems.'

-Learning and Transformative Networks to Address Wicked Problems: A Golden Invitation, NonProfit Quarterly, December 2013

Our current health system certainly qualifies as a wicked problem. And as more emphasis is placed on the power of networks, I am increasingly struck by the vibrant network we have collectively built. Not only are members prepared to volunteer their time, share best practice, and support their peers, but there is enthusiasm and passion for doing the right thing and a sustained desire to make a difference in health care in this country. This active engagement brings richness to our work and eliminates narrow views since we are able to look at challenges through so many different lenses. Even though we work across organizational and geographic boundaries, we work to support and enhance our collective knowledge about compelling issues that affect millions of lives.

I know that the vibrancy of our network is a key reason we are being so favorably considered by many funders and other groups. While exciting and positive, these new demands and expanded projects and initiatives will test our network. Our Strategic Planning Committee has urged us to clearly define and

articulate our mission and vision and maintain a clear focus on priorities. This will enable us to select only the most appropriate projects and partners and to accelerate impact in areas that matter most. It also enables us to effectively communicate and share our goals, work and lessons learned. As we continue to develop our own identify, refine our priorities, and build the capacity to effectively communicate, we can expand our network to include all those interested in working with us on solving wicked problems.

Best regards,
Elizabeth

PROPOSALS, PROJECTS AND FUNDING

Center for Healthcare Transparency: To implement the planning activities envisioned, the Laura and John Arnold Foundation are forming a new non-profit entity in Texas called the Center for Healthcare Transparency (CHT). CHT will contract with NRHI and NRHI will manage funding and subcontracts to complete the grant activities. We have met regularly with Stuart Buck and Kelli Rhee from the Foundation and Kelli has approved our payments and milestones proposal pending final budget approval. They have been very positive about our work and indicated that the more we can leverage this project to promote regional data sources, the better. We have a final draft of the CHT by-laws and 1023 that are being reviewed by the NRHI and PBGH attorneys. Kellie Rhee of LJAF is drafting the grant agreement so it will be ready when the 1023 is filed. LJAF continues to ask that we keep the project as confidential as possible until they can release a formal announcement, while recognizing the need to communicate with you as the NRHI Board.

As CHT is formed, governance questions arise that warrant consideration by the NRHI Board. The CHT Board will now include 3 LJAF representatives, one NRHI representative (me), and 1 PBGH representative (David Lansky). David will serve as CHT Board president. We have worked with our attorney to explore the implications of Arnold representatives constituting a Quorum, particularly when NRHI (and likely PBGH) may need to recuse ourselves for votes on contracts to our organizations. Because this is a planning grant and because the working relationship to date has been positive, we remain reasonably confident that we can work within the structure. It will be important for the NRHI membership to assess and discuss when/if we put the organization into an untenable position and to periodically revisit that question. It is expected that in future years- should the planning grant be successful- there will be multiple funders and an expanded Board. This may mitigate governance concerns but could create new strategic challenges for NRHI. In the meantime these will be complex issues to navigate that will be a topic of discussion at our March Board meeting.

Regional Resource Network: Our proposal continues to be reviewed by the Robert Wood Johnson Foundation. We have worked closely with their Program and Budget officers over several months and have reached agreement on revised staffing and budget plans. If approved, we hope to launch the

network in April. The high profile and inclusive network that is intended will be separate but closely connected to NRHI and its members. This requires us to carefully articulate and differentiate the mission, vision, and role of NRHI and its work with members distinct from offerings to the public that may be available through the RRN. The Governance committee is addressing how the RRN may generate greater interest in membership as well as greater demands on staff and resources. It will also be very important to have an effective communications strategy to promote both NRHI and the network.

Healthcare Regional Cost Measurement and Transparency Project (Total Cost of Care): The Project Team met for a full day, face- to-face meeting in Denver. In addition to celebrating the team's accomplishments this was a perfect way to enter into our next phase of work, which includes performing analysis and reporting on CY 2012 data. The team spent the day preparing for the design and production of practice-level total cost of care and resource use reports. Minnesota and Maine shared what they've done and the lessons they learned. We had a great deal of discussion about what is necessary to ensure the highest level of receptivity by the practices since transparency of cost data creates tension among the various stakeholders. Development of a thoughtful and comprehensive approach is critical to retain the high level of collaboration and relationships within our Collaboratives.

Jay Want, MD, CIVHC 's CMO participated in the meeting and inspired the team with his proposed curriculum for the "emotional learning" component of the Physician Boot Camp planned for August. Together the team strategized about how to make the best use of our physician champion's time while ensuring they have the knowledge, skills and heart to lead this transforming movement. This will be the beginning of a long journey and we're committed to creating an ongoing supportive network for them to leverage. Arnie Millstein, MD, CMO of PBGH, has offered to host the Boot Camp at Stanford University. We will continue to share more details as they emerge.

Pew Charitable Trusts: I will be meeting with officers from Pew Charitable Trusts at their invitation. They are developing a multi-year plan and increasingly focused on the use of data to identify savings opportunities in healthcare. They have asked to specifically understand how Regional Collaboratives may be able to use data in ways that state based APCDs may not, and to understand our ability to 'convene multi-payer groups', 'measure what's useful' and 'shape state thinking towards payment/delivery system reform'. I will share any updates at our Board meeting.

Milbank Memorial Fund: I have been asked to develop a brief proposal to convene Regional Collaboratives and their state government officials who are working together to obtain and use multi/all payer claims data. This meeting would explore these working relationships and optimal data access and management roles between state government and collaboratives. If you believe your state may be a good fit and would like to be included, please let me know.

NEXT Foundation: We have submitted a preliminary LOI to be considered for a Maine-based grant to create endowments for community non-profits. If selected, we will submit a full proposal in May.

ADVOCACY

Public- Private Data Partnership: David Lansky and I met with a large team of federal officials to brief them on the LJAF project, identify several areas where we believe cooperation or alignment with federal programs could be helpful, and explore whether a continuing “conversation” would be mutually valuable. The group included the new Director of ONC, Karen de Salvo, the medical director for meaningful use and other senior ONC staff, the director of the state SIM program at CMMI, the director of the CMS Qualified Entity program, and other CMS officials. We met separately with a White House official responsible for leading inter-agency work on health information exchange.

The meeting was very positive, with strong endorsement of our federated vision for data and its use and a clear interest in working with us to improve the efficiency of the national network – including how our regional partners access CMS data. They were also very interested in building upon the RHIC and APCD “base” to address emerging needs for more real-time, clinically rich data throughout the country, particularly to support value purchasing and quality improvement at the community level.

They expressed interest in developing a continuing working relationship with us and tasked Kelly Cronin to work with us to develop an appropriate process. We are exploring the possibility of working through NRHI to develop an ongoing forum. Several of the participants will be attending NRHI’s March 12 meeting of the Qualified Entities and we expect that will be a good opportunity to further define how best to work with the feds.

STATE AND FEDERAL DEVELOPMENTS

- **NRHI CMS Advisory Group:** Our first CMS Advisory Group call addressed implementation of CGCAHPs in communities. CMS has indicated that they would like to continue that discussion and would like to focus on provider performance feedback on our next call. There is particular interest in how provider feedback might be used with the upcoming Qualified Clinical Data Registries (QCDRs) and through certified modules on EHRs. There is also interest in the value of publicly reporting physician performance scores by QCDRs. If you have experience in these areas and would like to participate, please contact me.
- **National Quality Forum:** The NQF faced several challenges in the past month related to reported conflicts of interest and challenges to the integrity of the multistakeholder process. The Board and Executive Committee met several times and I had multiple direct conversations with the CEO and Board Chair. I believe all concerns have been addressed effectively and that NQF staff have not only acted responsibly and professionally but have demonstrated great leadership. If anyone does have questions or concerns you would like to discuss, please contact me directly.
- **Partners in Integrated Care:** PRHI received notification from AHRQ that the initial peer review

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meeting for the proposals has been completed and that the application for 'PIC II 'was not selected. This is a real disappointment as the application reflected a true need and a proven approach and included several NRHI members. I personally believe this reflects a lack of understanding by AHRQ of the value of the work and an overemphasis on traditional academic research approaches. Many, many thanks to those who contributed to the project and application.

- **Qualified Entity Collaborative:** Many NRHI members will be joining us in Washington on March 11 and 12 for meetings related to the Qualified Entity program and related issues of data use, public reporting and regional/federal partnerships. Many thanks to the National Program Office of AF4Q for staff and travel support and to PRHI for funding to enable attendance by data and analytic staff.

COMMUNICATIONS

Redesign of the NRHI website: NRHI continues to redesign our website with the goal of creating an optimal user experience for our visitors, while highlighting the work of our members. The site will also include a NRHI member portal for the Total Cost of Care project. Louise Merriman continues to solicit input from the member Communications Directors and we will be presenting the website at our next Board meeting in March.

Rebranding of NRHI and the RRN: An important part of working with so many different members and networks, is defining and articulating our NRHI identity. We have undertaken branding work that compels us to ask ourselves who NRHI is and how our organization relates to our members and the broader field. As NRHI anticipates a much higher profile and is involved with significant national projects, we need to have a strong enough brand to be inclusive and multifaceted without losing the focus on our membership organization. As part of our planning for 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 for both NRHI and the RRN since each need to have robust identities to stand on their own and together. We will share progress with you at our March Board meeting but urge you to contact Louise Merriman or me with questions or suggestions.

PRESENTATIONS, EVENTS AND CONFERENCES

- **IHA Conference:** Several NRHI members will be presenting at the IHA 9th Annual P4P conference in March in San Francisco. Tom Williams has offered a plenary forum this year that I will moderate highlighting regional collaboratives and the impact of your work. Once again there is a discount available to NRHI members who would like to attend.

OPERATIONS, STAFFING AND POLICIES

- **Staffing Updates:** We have hired Kristin Majeska, MBA as Senior Project Director for the Center for Healthcare Transparency. We will be seeking to fill several other positions to staff this project.

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- **Recruitment:** NRHI has been interviewing candidates for the Vice President of Finance and Operations and will be seeking candidates for the Network Director Position. We will also be seeking to fill two senior data analyst positions for the LJAF project. **Board members are encouraged to help with these recruitments by circulating job postings found on our website at www.nrhi.org**
- **Policies:** We have finalized our internal accounting procedures, drafted Procurement, Social Media and Communications Policies, which are integral as we build capacity in our organization. We will be receiving recommendations from our external accounting firm by April regarding any additional policies required for optimal financial management and segregation of duties. We are also happy to share any of these policies with members.

WHAT'S COMING UP

- **Executive Committee Election!** We have nominees for the Executive Committee vacancy and will be circulating their statements in the next week for a full Board vote.
- Strategic Planning, Executive and Finance Committee meetings will be meeting in March.
- The next NRHI Board meeting will be on March 14 from 12-3 ET. This will be a virtual meeting. Our next in-person Board meeting will be on June 20 in Portland, Oregon.

March is an incredibly busy month and I appreciate the time you continue to devote to NRHI. I look forward to seeing you or talking with you over the next few weeks. Please do not hesitate to contact me at any time.