President & CEO Update

July/August 2014

Dear Board Members,

Malcolm Gladwell, author of the Tipping Point, was recently quoted saying he had written that book to convey that 'change is possible'. He went on to write his most recent book to highlight that 'a group effort is required for success'. These two principles are key to RHIC success and increasingly recognized as key to our collective success as a country seeking to transform our healthcare system. I think our regional multistakeholder approach to change holds the most promising answers for improvement in healthcare and beyond.

We are not the only ones recognizing this. Arnie Milstein and Jeff Selberg recently called NRHI the 'Innovation Accelerator' and we are being approached by high profile partners for important projects. There are also many new entrants in this space with far less experience but hopes of capitalizing on regional multistakeholder opportunities. As exciting as the opportunities are and as well positioned as NRHI is, some challenges we will want to consider as a board and staff include:

- **Varied capabilities across the members.** When I talk about NRHI nationally, people get very excited about a national network capable of solving national problems. Funders, feds, policymakers and others are wanting key -and consistent- capabilities of RHICs in their regions including data management, analytics, reporting, quality improvement, practice support, payment reform and value based purchasing. Most of us have some, but not all, of these capabilities. Though we continually work to meet regional needs, as we position ourselves as an answer to national challenges, we need to fairly assess our capabilities, develop them and leverage our network. If we work effectively together, we can accelerate skill building across members and standardize some of what we can collectively offer. We can also call on each other as partners. As opportunities like the CMS Practice Transformation RFP emerge and NRHI and its members are called on to respond, we need to take the opportunity to establish ourselves but we need to be honest about individual readiness. This is difficult as a membership network but important for our collective success. Karen has reminded us that as we take the national stage we cannot afford to be 'sentimental' about capabilities as it is critical that we demonstrate our impact and succeed. This will likely mean some members moving forward faster in some areas. But it should also mean that other members benefit from their leadership and achievements. If we develop our abilities to rapidly disseminate the incredible lessons we each have learned we all grow towards our shared vision.

- **As we become more visibly successful, we become a more visible threat.** RHICs are models of collaboration and I think the aims we are pursuing are the ones that matter most. Many of us have worked for many years to promote community over organizational benefit. But there are organizations reacting to us as competitors- for roles, influence and funding. In some cases this is leading to crowded spaces competing for limited grant dollars, but in others organizations are working against our interests. We need to bridge differences and build partnerships – find those win-win-wins- whenever possible but also fairly assess and respond to threats. We do that best by continuing to demonstrate and share our successes and inviting new partners into our network.

- **We need more investment in our member network infrastructure.** We have been very successful obtaining grants and have ensured that those grants align with our mission. However, the need – and opportunity- I hear repeatedly from members is the ability to learn with and from each other. We have an amazing staff team but given our grant dependence, we do not have staff dedicated to member support or event and forum planning. Our strongest asset as a network is the leadership skill and experience of each member and the content each of us can offer about how to solve are toughest problems. We have an embarrassment of riches in ideas, lessons and solutions. Hosting national and member events would have a high very ROI for member benefit and national impact, but we need the capacity to make it possible. We need to preserve and prioritize the incredible value of supporting member interaction and sharing our successes.

We are trying to do a lot. We need to do a lot. But the wisdom behind our Strategic Planning committee's advice to prioritize should not be underestimated. We need to make our TCoC pilot successful. We need to make the Center for Healthcare Transparency and Collaborative Health Network successful. Each of these initiatives is really big and could more than consume our team and network. But there are other competing demands. There is strong support to build a public policy strategy and presence- which is critically important. It is also a big commitment to do effectively. Is this more or less important to members than leveraging and scaling our Total Cost of Care project to additional states? Is it more or less important than hosting member forums and disseminating lessons learned? And how do we do this without more unrestricted funding? I have been so incredibly reassured by the level of engagement of our members but urge that we make these decisions together, or as Mylia said at our June meeting, that we really each own our strategic plan.

We have big opportunities and we will be tested as a network and a staff. We will be forced with hard decisions and we may push the limits of comfortable collaboration. I am confident in our ability to do this and fully committed to the success of this collective venture. In an event with former President Bill Clinton this week, he said, "Here's what I know, everywhere in the world where people are following a model of inclusive decision-making and good cooperation, good things are happening. Everywhere in the world people favor division over inclusion, good things are not happening." Collaborative, consensus based solutions are the only way forward out of a complex and overwhelming set of challenges. Change is possible but it will take a group effort working together for success. I think this is the right group at the right time and I am excited about what we will continue to achieve.

PROPOSALS, PROJECTS AND FUNDING

Center for Healthcare Transparency: Center for Healthcare Transparency Update

We have developed a set of Vision and Principles for the Center for Healthcare Transparency and had the opportunity to get significant input from colleagues at ONC and CMS who subsequently signed off on the final version. We greatly appreciate their time and perspective. Read the Vision and Principles here.

The organizations chosen by the Center's Executive Committee to participate in CHT's Regional Data Collaborative have been identified and began working together in August, with an person meeting planned for later this fall. We appreciated the high caliber of all of the applications and were humbled by all that our NHRI members (and potential future NRHI members!) are accomplishing for communities across the US.

In July, 29 organizations submitted their intent to apply for the Center for Healthcare Transparency's Innovation Pilot funding. Those intending to submit proposals included a healthy mix of many NRHI members (thank you!) other nonprofits, academic institutions and private companies. Those funding decisions were made at the end of August and the funded projects will kick-off quickly thereafter.

July also saw the first CHT User Advisory Council meeting, expertly facilitated by PBGH. Based on their experience in the field as employers, public purchasers, primary care doctors, Health Insurance Exchange Council Presidents, and, of course, Regional Health Improvement Collaborative leaders, the User Council members provided candid and specific input about what information they believe consumers want and need when they are choosing different types of providers, today and in an "ideal state."

Finally, applicants to the Regional Data Center Collaborative RFP have had the pleasure of corresponding with Harriet Wall, the Center for Healthcare Transparency's new Senior Business Analyst and Project Manager. A Harvard MBA whose healthcare consulting experience spans the full spectrum of healthcare providers and began her career as a physical therapist, Harriet is a fabulous addition to the NRHI and CHT teams.

Collaborative Health Network: Based on your feedback and current market needs, our team has created a vision and plan for how the Collaborative Health Network can build off member strengths and broaden the influence of NRHI nationally. Over the past months and coming weeks, we will continue reaching out to you and your teams to secure additional feedback, and refine our priorities.

The purpose of the Collaborative Health Network (CHN) is to accelerate the pace of change and improvement in health by unleashing the know-how of the "do-ers"– you and your diverse stakeholders who are working hard every day to make better health, better care and lower cost a reality in communities across America. During our pilot phase, the CHN will be open only to NRHI members and

AF4Q Alliances, i.e., the Regional Health Improvement Collaboratives (RHICs) . Any additional local stakeholders will need to be invited directly by NRHI members or the AF4Q sites.

The CHN will accelerate the pace and change of improvement by creating on-line and in-person experiences that will:

1) **Connect network participants** through shared interests or challenges, transcending program, organizational and geographical boundaries;
2) **Serve as a conduit to select experts, policy makers, and partners** who can provide focus and clear the path for change;
3) **Embrace a tailored approach** that ensures content and connections reflect individual preferences; and
4) **Honor the contributions** of the many individuals, programs, organizations and trusted networks who have developed and implemented winning ideas for improvement.

The CHN grant is intended to support on-line communities, in-person convenings, multi-media dissemination artifacts, and access to experts. We will initially be evaluating ideas and proposals for CHN support with the following criteria:

- **High user demand**: Webinar polling, user testing, or interviews have confirmed that the topic is a frequently asked topic or very popular
- **Strategic user priority**: Due to external market, policy or funding reasons, users have dedicated operational and strategic resources on this topic and do not need to be convinced of the topic's importance (e.g., practice transformation, multi-payer delivery system reform, quality and cost measurement and reporting, decreased utilization of hospital services, and coordination of community partners and financing for population health)
- **Emerging user challenges**: This would focus a less well-developed idea that CHN users should be considering whether/how the issue is relevant to current work (e.g., patient experience measures, physician leadership training, and population health financing)
- **Building relationships outside of NRHI membership**: CHN projects ideally involve partners beyond the NRHI membership, including non-member RHICs, allies, etc. Projects limited to NRHI participants should generate results and benefits that will benefit the broader CHN community, e.g., NRHI members serve as test beds for new measures, or NRHI members' with sought-after expertise serves as a dissemination partner via CHN
- Recommended by project advisors

Securing member feedback related to the CHN is an on-going process. Please reach out to lmerriman@nrhi.org if you have feedback or wish to talk with our CHN team directly.

Healthcare Regional Cost Measurement and Transparency Project (Total Cost of Care): As expected, this pilot is revealing many barriers and challenges associated with benchmarking across regions given the current landscape of data quality, availability and access. We are learning

many lessons that will inform other projects, specifically CHT, future expansion of this project to additional RHICs, public policy and local stakeholder engagement approaches. Over the past month, Judy Loren, Senior Researcher at Maine Health Management Coalition - one of the Project Technical Advisors- has been diligently reviewing the aggregated data-file submissions from Colorado, St. Louis, Oregon and Maine to determine if benchmarking for Total Cost Index and Relative Use Index is possible. It had been previously determined that Minnesota would not be included in the 2012 benchmark; however, we were able to validate that Minnesota's results were within the range of reasonably expected results. Judy has worked extensively with the regional data teams to either validate or uncover issues that may be causing variation. This has been a rigorous process and also included looking at other external, national cost and utilization patterns of the regions for explanations. The commitment from all team members is unsurpassed and we will continue this variation analysis until such time as we are confident in our conclusions. This phase of the project is critical and will inform how we proceed with analyzing the 2013 data set. We leveraged the National Physician Leadership Seminar forum to share regional practice level templates and measures to gather feedback from those who will use the information for change. Additionally the regions have been working with their stakeholder groups to vet proposed measures, layouts and parameters of the reports.

The National Physician Leadership Seminar exceeded its original audience size of ten physicians to include 16 physician champions from across the five regions. They represented practicing primary care physicians from various specialty areas, a residency program director, hospitalist and a CMO from a local health plan. This breadth of perspective, combined with their high level of engagement revealed through the physicians' pre-seminar survey responses, contributed to a successful event. One of our goals is to build long-term relationships so that they can be physician champions both locally and nationally, for future work. We expect they will emerge as a self-identified affinity group for our Collaborative Health Network and will support their ongoing needs using that platform. We have already had two physicians, previously unknown to us as leaders, express interest in being active contributors to the Collaborative Health Network.

We continue to be asked to participate in national forums. We are committed to preserving sharing our results for our National Summit and find ways to participate in these sessions in a meaningful way. I've been asked to be on one of the plenary panels and to moderate one of the breakout sessions for the AF4Q final conference in November in Washington, D.C. The AF4Q NPO is working with the communication teams to finalize speakers for the breakout sessions. Additionally, Ellen Gagnon will be a panel participant at the NCQA annual policy conference, along with a few of our member organizations. This is also in Washington, D.C. in November, as is the National Business Council on Health's Annual Conference where we have a presentation

proposal pending. We have recently been invited to offer the preconference of RWJF's second annual Transparency Summit and feature our project in a panel.

Grant proposals and discussions to apply our results and continue our work on total cost of care are ongoing and include the Peterson Foundation (a joint proposal with Arnie Milstein at Stanford) and RWJF.

We will discuss these and other funding opportunities and national developments in our September 5 board meeting.

Thanks as always for your ongoing engagement and support.

Best regards,

Elizabeth

Network for Regional Healthcare Improvement
P (207) 747-5104 F (207) 747-5108
217 Commercial Street Suite 205 | Portland, ME 04101 | nrhi.org