



Strategic Planning Committee

April 15, 2015

MINUTES

Participants:

Members:

Sanne Magnan, Institute for Clinical Systems Improvement, Chairperson
 Chris Queram, Wisconsin Collaborative for Healthcare Quality
 Louise Probst, Midwest Health Initiative

Absent

Tom Evans, Iowa Healthcare Collaborative
 Andy Webber, Maine Health Management Coalition

NRHI Staff

Elizabeth Mitchell, President and CEO
 Ellen Gagnon, Senior Project and Operations Director
 Kristin Majeska, Senior Director, Center for Healthcare Transparency

Agenda Item Comments	Decisions	Action Items/Next Steps
<p><u>Budget Update</u> Elizabeth reported no changes to report from update provided at the March Board meeting.</p> <p><u>Org Chart</u> Elizabeth shared an updated org chart as background and context for any discussion. WE are trying to maintain capacity across shared services and keep focus on member services and member need; however staff is mostly funded through project grants. We continue to be challenged with unrestricted</p>		<ul style="list-style-type: none"> • Elizabeth will bring to the Executive Committee for further discussion to consider the benefits and risks of placing more weight and prioritization of advocacy over other strategic goals in the next 6-12 months. • Elizabeth will advise the Public Policy Committee to pursue actions related to SGR rule making and implementation.

funding

NRHI Strategic Priorities Recommendations

Staff interpreted the input from the Board meeting in March and developed the recommendations presented in the memo provided. These were reviewed and blessed by the Executive Committee April 7th.

Public Policy Committee launched just yesterday and been very active
- Key components of SGR provision besides QE legislation is the \$20M/year Technical Assistance funding opportunity where regional improvement collaboratives were written in the language as possible resources. First time RHICs have been called out in legislation.

Two strategic priorities identified by the board at the March BOD meeting.

1. NRHI unified strategy and value proposition for a national organization across members.
2. NRHI as a federal partner across every region every region (TBD - build out a national network)

Discussion:

- Appears there is an institutional advantage given to incumbents for grants and therefore our collective advocacy and that NRHI members are seen as a viable source for resources is very important
- Rule-making is where the details get worked out and we will strategize about how to proactively inform that process since we can offer real life experience to inform the process
- Caution about inherent conflict that happens when our members individually and NRHI compete for funding. We all have to walk a real fine line and as board members need to be guided by the NRHI fiduciary responsibility to benefit all members
- Inherent conflicts also noted between the recommendations and out strategic goals. For example if we are doing more advocacy and we are not paying enough attention to individual projects that is a direct conflict between advocacy and advancing the triple aim goals.
- Capacity issued noted that if Elizabeth spends more time on advocacy, although the NRHI team can run the projects, we would be at risk as she is a key resource to advise and direct all the projects strategically for

<p>proper connection and alignment.</p> <ul style="list-style-type: none"> Recognized the convergence of many new opportunities and timing is of the essence. In the waning days of the Obama administration that has been very friendly to RHICs making a case for shifting more of Elizabeth's time to advocacy. 		
<p>Defining our Value</p> <ul style="list-style-type: none"> Challenging to balance this national vision with the regional. Elizabeth notes a practical example that NRHI has a national value is on May 1st – CHT is having its coming out party – Patrick Conway, MD, Niall Brennan, etc. are coming together providing a very high profile opportunity to position ourselves as a national leader in healthcare measurement and transparency. Discussed how much capacity does Elizabeth have and what direction does she need from the board to help support a reallocation. Elizabeth advised that CHT funding supports her time to work on these issues. Tricky to balance the demands for NRHI's focus. Recent example is that direction was given to Elizabeth back in November of 2013 to build relationships between states and RHICs. NRHI found funding, made it happen and now Milbank (funder) is looking for more follow up from Elizabeth. Should this be pursued? Suggestion to not take new things that we find are contrary to creating national value and only take on things that align with achieving this goal. Issues that surface when forming a national presence include some of the following: <ul style="list-style-type: none"> Standardization – surfacing in CHT, part of TCoC – how do we preserve the local focus and take it to the national level for standardization (e.g. community dashboard) Need confirmation from the board that we are ABLE to fulfill the national need before we promote ourselves as able to offer. 	<ul style="list-style-type: none"> Strategy to Achieve <ul style="list-style-type: none"> SGR Legislation Center for Healthcare Transparency 	<ul style="list-style-type: none"> Elizabeth will write up a national value proposition to get in front of the exec committee and policy committee and communicate in the next President's Letter. Include suggestion for re-prioritization, ask for guidance on priority list, and call out need for a transition. Elizabeth will articulate the impacts of this change including - No follow up on the 8 state collaborative (Milbank) <ul style="list-style-type: none"> No regional meetings this year Identify what current staff cannot backfill

<ul style="list-style-type: none"> ○ You want a national value proposition – what value are you bringing instead of having it imposed on you and what are willing to advocate locally so NRHI can advocate nationally • Although there is agreement to move to the standard – it is a challenge for the local (we can grow it from the bottom but challenging to meet the common standards) <p>Value Statement: We are in a unique position to provide:</p> <ul style="list-style-type: none"> • Transparent about transparency (e.g. QE, TCOC lessons) • The challenges involved in actually implementing standardizing • What happens in regions and what the country is really like? <p>NRHI’s Value Proposition: What would we deliver that is unique and of value to the country?</p> <ul style="list-style-type: none"> • CHT (enabling infrastructure) • Community dashboard progress (transparency) • Ability to enable improvement in designing payment reform - delivery system improvement) • Strong in Improvement, Information and Data - Ability to use those levers to engage stakeholders for improvement • Practice Transformation is another whole competency that we have however challenges include dissemination and implementation. • Leverage around quality improvement and payment reform 		
<p><u>Governance Committee</u></p> <p>Elizabeth advised the Governance Committee I going to rethink the proposal from John Johnson given how much time Elizabeth would need to allocate given the other priorities discussed earlier.</p>		

Respectfully submitted by: Ellen Gagnon