# Strategic Planning Committee
# June 17, 2015

**Participants:**

**Members:**
Chris Queram, Wisconsin Collaborative for Healthcare Quality
Louise Probst, Midwest Health Initiative
Tom Evans, Iowa Healthcare Collaborative
Andy Webber, Maine Health Management Coalition

**Absent**
Sanne Magnan, Institute for Clinical Systems Improvement, Chairperson

**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 |
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| <u>Budget Update</u><br>Elizabeth advised that per the direction of the Board at the June 4th meeting, she is continuing to focus her attention on a national strategy for NRHI. She pointed out that there is no direct grant funding for this work. Currently we are tracking to budget and will be forecasting for the remainder of the year soon and will make that available when complete. Recently, Elizabeth and David Lansky attended a meeting called by the Arnolds with their other grantees. The Arnolds were very positive and encouraging about NRHIs work and are open to ideas from us for them to fund. The Arnolds are looking for other funders to | Continue to pursue CHT Core Implementation funding opportunities. | 1. Proceed with developing a core implementation budget for CHT on the accelerated timeline.<br>2. Elizabeth should discuss funder dynamics with Karen Feinstein. |

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| partner with and we do not sense a need for them to own the space themselves, instead they are seeking alignment across funders. Need to step up our timeline a bit on presenting the Arnolds, and potentially other funders, with a core implementation budget for CHT.<br>Additionally, Elizabeth and David spoke with the entire RWJF Value team this week and they were very interested in hearing about the CHT work. RWJF seems to be interested in funding larger amounts to a smaller number of grantees. They might be interested in providing some additional funding to our existing projects like TCoC and CHN. Chris acknowledged Elizabeth's success and confidence in her ability to successfully and effectively manage the relationship with RWJF to NRHI's benefit.<br><br><u>Operations</u><br>Elizabeth shared that based on the strategic direction, we have identified a real need for stronger internal organization and will be addressing some staffing needs.<br><br><u>Operating Plan</u><br>Ellen referenced the most recent Operating Plan noting that an adjustment was made on the Board Transition timeline based on the decision to delay implementation for 18 months. NRHI staff is tracking this monthly and believe | | |

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| we are tracking well toward achieving most strategic goals. | | |
| <u>NRHI Board Prioritization</u><br><br>Elizabeth has been working to knit together a comprehensive approach to position RHICs as federal partners and highlighted a number of recent interactions that support achieving the overall vision.<br><br>• **Social & Scientific Systems (SSS)** has approached us to consider a sub-contracting role in responding to TA RFPs connected to CMMI. They spoke about the possibility of putting together some joint bids and see us necessary for their success in the role of on the ground stakeholder engagement. It is a nice endorsement for our work. Still a long way but EM believes this is tracking with where NRHI wants to go strategically. Connected to CMMI.<br>• **AHRQ** contract is moving forward. Another great recognition by well-known national entities of NRHI's members' ability to play a key role in evaluating the attributes of high performing health systems. This grant includes 4 NRHI members. Chris mentioned that he and a few other NRHI members are working on a similar project with RAND and there may be value in pooling knowledge across projects to learn. To be recognized by both large grants is indicative of our growing national recognition. | Agreement that signaling to SSS that NRHI would consider joint bids for CMMI TA contracts is in alignment with NRHI's strategy. | 1. NRHI will facilitate informal connection of the AHRQ and RAND projects to pool knowledge gained by RHICs.<br>2. QEC should consider if there is an opportunity to work across the QEs to produce standardized products that will be possible under the new QE program enhancements.<br>3. NRHI will follow up with Akin-Gump to better understand the process required for QCDRs to obtain Medicare data as provided for in MACRA. |

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| • **HHS Work Groups** are underway and Kristin described the current status of the first few groups. The goal was to quickly understand the current state, identify barriers and bring forth possible opportunities to federal policy makers. Information on the first three groups was provided to Patrick Conway at CMS and he gave the go ahead to move forward with Kate Goodrich at CMS on Patient Experience and Patient Reported Outcomes. There is already agreement to set up a working meeting on Patient Experience in either August or September in Baltimore. The Data Access work is being discussed with Niall Brennan. Next groups include Payment Reform, Data Use Group and Practice Transformation for Primary Care. It was noted there appears to be real commitment on very specific actions from both sides.<br><br>• QE Regulations and MACRA TA opportunities are pending and we are preparing so we are ready to respond. It was noted that the AMA worked hard to get NRHI recognized in the legislation as a viable TA to support this work. Chris confirmed that he also is hearing that the AMA's experience working with NRHI is very positive. Suggestion to explore ways that the QEs might think about standardized products that we can all work on together and produce collectively in response to the opportunities in the new QE regulations. Elizabeth advised we are meeting again next week at the White House to respond to their request about how they can be helpful to move things along. Chris asked if the QE rules will apply to how organizations who operate a Qualified Clinical Data Registry (QCDR) would acquire Medicare data, which is now allowed under MACRA. | | |

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| • **AHIP** was contacted based on a recommendation from Chris and Elizabeth reported the call was very productive. She and Carmella discussed the possibility of working together in a few areas, including TCoC.<br>• **HCCI** is beginning to engage NRHI as more of a partner recently and Louise Probst has agreed to pilot an effort to determine if there are ways that we can work together in the future. They have a large data set but lack some of the resources RHICs have including provider directories to facilitate attribution. HCCI does not see themselves doing the engagement work in the communities currently done by RHICS but could provide a robust data set for communities that do not have it available. First step is that Ellen and Mary Jo are going to develop an RFI and see if HCCI can respond. MHI has offered their master provider file and see how they might be able to utilize it to produce attributed reports. The goal is to have a meeting by end of summer to understand the potential opportunities and barriers. | | |
| <u>Board Meeting</u><br><br>Elizabeth advised the committee that the Executive Committee decided to have a slow thinking: session on strategy on September 29th, from 9am – 3pm in Portland, ME. This is the day before the NRHI BOD meeting on September 30th and they invited the Strategic Planning Committee to join. More details will be provided soon, but please mark your calendar. | | 1. Strategic Planning Committee members reserve September 29th from 9am – 3pm to attend a strategic slow thinking session in Portland, ME with the Executive Committee. |

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| Value Proposition<br>Elizabeth was seeking clarification and ideas about how we articulate and present our value proposition. The group reviewed the graphic presented during the BOD meeting which was an attempt to illustrate the unique nature of what NRHI members offer. Needs to be brief (2-3 sentences) at a high level and reflective of key words and ideas below:<br><br>Suggested ideas :<br>• **Partner** vs contractor<br>• Multi-stakeholder and **shared commitment** so that action is possible<br>• Long term **shared constancy of purpose** that doesn't shift based on short term goals<br>• **Local** is essential<br>• Practice transformation within the **triple aim** (trying to improve health, cost/**sustainability**, care)<br>• Trying to advance the elements of the triple aim – it's a team sport but need a common vision among the stakeholders of where we need to go<br>• Local application of **practice transformation** in the **triple aim** | Vision of finished product is an elevator speech that includes key themes discussed. | 1. NRHI will take the feedback and bring back some suggestions for consideration. |

*Respectfully submitted by: Ellen Gagnon*