



Strategic Planning Committee Meeting Notes

December 18, 2014

Members Present

Sanne Magnan, Institute for Clinical Systems Improvement
Andy Webber, Maine Health Management Coalition
Louise Probst, Midwest Health Initiative
Tom Evans, Iowa Healthcare Collaborative

Absent

Chris Queram, Wisconsin Collaborative for Healthcare Quality

NRHI Staff

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

I. Operating & Finance Update

Elizabeth provided a high level summary of our financial status. The 2015 Budget was approved at the November Board meeting. Although it is a healthy and fair budget, it is overly grant dependent which forces us to live on the indirect for the organizational capacity and then rely on membership dues solely for member services. Our focus is driven by our funders and presents challenges for us to meet some of goals, most notably under Growing a Trusted Network.

One of the key strategic objectives is to move to an elected board by January 2016 which relies upon the establishment of certain forums to ensure we are meeting our members' needs. The NRHI Board did approve the 2015 budget and operating plan which included an annual meeting, CEO forums and regional meetings. The funding for the events themselves are through grants, however also require more staff capacity than currently available to ensure these are as successful as we desire. The first of two annual summits is planned for April 30, 2015 funded by the Total Cost of Care pilot. The budget is slim and will limit the size of the event to 125 attendees.

One solution under further development is expanding the NRHI business model to include piloting a physician leadership seminar in Minnesota. Although it may not be particularly lucrative for NRHI, it does have potential for a win to NRHI and members since it offers some synergy in local communities. We need to build a financial model that is at a minimum break even and then change over time to actually make money. The group discussed a long term version that focuses on "how do you get ready" versus actually already having community transparency on healthcare costs. Elizabeth

mentioned she will be speaking at the American Medical Association in early January and was asked to speak to about how they can be prepared to address the increase on transparency.

Two other items currently being explored for unrestricted funds are sponsorships and shared services for data quality audits. We are receiving solicitations from Johnson and Johnson and the Governance Committee will be developing a sponsorship policy reflecting the direction from the Board to balance the funding need while preserving the reputation and trust RHICs have built locally.

A small group will be meeting in the next few weeks to respond to several requests from members for a shared service to provide data quality audits. Additionally, there has been a request to purchase analytics. Both of these would require significant resources to further develop these offerings.

II. Strategic Discussions

- Center for Healthcare Transparency (CHT)

What is the impact on NRHI and individual RHICs if regional data intermediaries are deemed the best approach to achieve the goal of transparency for 50% of the US by 2020? Are we ready and prepared to answer the call?

Center for Healthcare Transparency is getting national attention and engagement. At the recent CHT board meeting, the funders are already talking about accelerating the timeline for implementation and talked about bringing in other funders, such as RWJF and Peterson to work together. The federal agencies see value in a regional utility and especially since it engages the local stakeholders, especially the provider community. As this gains momentum, it is important to check in and determine if NRHI and its members, either individually or as a network are ready to play this role. We need to evaluate if this is a good strategy for us and what are the implications? The funder wants to have greater clarity in late spring/early summer about implementation.

Elizabeth clarified a few points based on questions from the committee:

- The strategic and operational plan under development will address how to fulfill the Center's vision of transparent cost and quality information for 50% of the country by 2020. No one has specified that it has to exist in every state but the idea is that it is at the scale of trust where we can get engagement of those who need the data.
- The federal agencies have not committed to specific funding, but are very interested in alignment and the possibility of leveraging what exists already (e.g. the Qualified Entities). The feds are being approached by large data aggregators, like HCCI and Optum labs, who are suggesting that there is no need for regional entities and that they can provide the necessary data. So far, the feds are saying they prefer a regional approach because they believe that is where change happens, in communities with local stakeholders. So far, funders not changing course to a national entity.
- The Board recognizes the importance of the opportunity and the timing, and we want to be positioned for this work however they understand implementation and how hard it is.

General feedback was that as hard as it is it is too important to not pursue now. Since data is foundational to everything we do, most feel we are in a good position to support the next steps.

- The funders will take the plan and look for those who can implement, NRHI or otherwise.

In general the committee supported the vision, noting although it is very aspiration, will require significant financial investment and felt the idea of multiple funders and alignment is encouraging.

Suggestions/Comments:

- Map out stepping stones of how to get to the vision utilizing existing projects already underway. For example, how do you use the Doctor's Project, TCOC and others to demonstrate how local RHICs can be part of the path to build the trust of actionable credible data, and then put a price tag on it.
- Map out where does this vision exists today, either in whole or in part to show that it can be accomplished. Elizabeth noted this is already underway in the CHT project and in the next few months, should be able to identify the gaps. Once we know the gap, we then can better assess if, with the right support, NRHI members are situated to fill the gap.
- Continue to explore the development of community dashboards as an interim step to demonstrate the capabilities of NRHI members.
- Do not lose sight of the real end game, which is transformation of healthcare. Transparency is the design principle but the real opportunity is to create strategies to use data for regional discussions to determine a local standard of care, the use rapid cycle change techniques. That is our differentiator and the Feds have encouraged the regional efforts in the TPN and SAN.
- Transparency pushes the market to practice transformation quicker than in its absence so seems worthwhile to pursue to get to the desired end result.
- RHICs need to continue to build up the trust and relationship that can help deliver results regionally.
- RHICs can be the "sense makers" to help translate transparency as a path toward harm reduction and care coordination. Is there a way to spread the work being done by the HENS?

- Collaborative Health Network (CHN)

How do we balance meeting project deliverables while maintaining and promoting the NRHI brand? How do we preserve trust and candor while sharing with a broader audience?

Following the successful launch at the RWJF AF4Q ALIGN meeting in November, we have a list of individuals and national partners like the National Quality Forum, HCI3 and others interested in working with us. Although this is positive, it does raise the question of how we leverage CHN while preserving the trust across the NRHI membership and still deliver value across the broader CHN network. For example, we are currently launching Total Cost of Care as a topic area on CHN and need to find the balance of bringing the non-NRHI community into the conversation while we are still piloting solutions. The approach we are taking is to have dialogue about topics from earlier in the pilot and continue to keep the more recent conversations in the project team.

Suggestions/Comments:

- Noted as a fair issue and understand it is hard to find the right balance and appreciate that we are mindful and focused on it as an issue.
- It was noted that as a grant funded pilot, we need to make the information as public as possible.
- This is a similar issue that RHICs face at the local level trying to determine what is “member” materials and what is available for a broader audience. Need to make sure that there is value in being a “member”. Ways they have done it is to find the firewall for members only
- Suggested that when we set registration fees for summits, etc, we offer a discount for NRHI members.

Agenda topic deferred until more time is available to discuss.

- *Preparing for Increased Visibility*

Are we “ready for prime time” given the upcoming TCOC national forums, CHT launch and CHN full implementation?

Meeting Adjourned.

Respectfully submitted: E. Gagnon, December 29, 2014