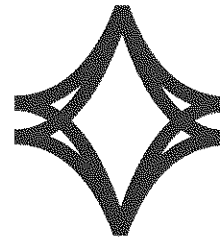


Board of Directors Minutes



**ESSENTIAL
HOSPITALS
INSTITUTE**

Board of Directors Meeting Minutes

Washington Marriot
Washington, D.C.
September 30, 2013

Board of Directors

Donald A. Goldmann, MD
Leon Haley, MD, MHS
Caroline Jacobs, MPH, MS Ed.
Richard P. Lofgren, MD, MPH
Susan Moffat-Bruce, MD, PhD
L. Reuven Pasternak, MBA, MD, MPH
Anna M. Roth, MPH, MS, RN
Bruce Siegel, MD, MPH
Clifford Wang, MD
Alan Weil, JD, MPP
Winston F. Wong, MD

Staff

Sarah Callahan, MHSA
Linda Cummings, PhD
David Engler, PhD
Rhonda Gold
Ricky Harrison, MPA, MS
Jane Hooker, RN, MSN
Brian Hurdle, MPH
Kristine Metter
Bianca Perez, PhD
Brian Roberson, MPA
Janelle Schrag, MPH

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Clifford Wang, MD, board chair, called the meeting to order at 1:03 pm and welcomed all in attendance. For the benefit of new members and first-time attendees, the board and staff introduced themselves. Bruce Siegel, America's Essential Hospitals president and CEO, extended thanks to Melissa Stafford Jones for her service on the Institute board, as she is leaving the California Association for Public Hospitals at the end of the year.

Dr. Wang gave an overview of the meeting agenda and heard a motion to approve the minutes from the June board meeting. Donald Goldmann, MD, so motioned and a second was heard. The motion passed unanimously. Dr. Wang then turned the floor over to Anna Roth.

Finance Committee Report

Ms. Roth explained the make-up and purpose of the Finance Committee and described the committee's duties and responsibilities. Ms. Roth suggested the following board members be confirmed to the Finance Committee for 2013-14 in accordance with the Institute's by-laws

- Anna Roth, Chair, Ex Officio as Board Treasurer
- Caroline Jacobs, Ex Officio as Board Secretary
- Susan Moffat-Bruce
- L. Reuven Pasternak
- Alan Weil

Dr. Wang asked for a motion to approve the proposed finance committee members. Dr. Goldmann so motioned and a second was heard. The motion passed unanimously.

Treasurer's Report

Roth, board treasurer, reported on the most recent financial projection as compared to the approved budget. She stated that the Institute received a six month \$100,000 award from the Patient Centered Outcomes Research Institute (PCORI) since the June update. Projected unrestricted income is \$6.66 million, which is offset by projected expenses of \$6.5 million, leaving an unrestricted operating surplus of \$164,000. After taking into account last year's beginning net assets, total 2013 projected net assets (restricted and unrestricted) are \$2.2

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million, including \$1.08 million in temporarily restricted assets and \$1.12 million in unrestricted net assets.

Dr. Wang asked for a motion to approve the treasurer's report. Dr. Pasternak so motioned and was seconded; the motion passed unanimously.

Education Committee Report

Ms. Jacobs delivered a report on the activities of the education committee. She expressed the committee's desire to ensure the Institute's educational activities align with the association's strategic plan and encompass enterprise-wide offerings. The committee suggested the annual conference include C-suite focused sessions, and that population health and Section 1115 Medicaid waivers be priority topics. She went on to say that the safety net focus will remain a priority. The committee suggested branding the 2014 annual conference as Vital2014. Jacobs also gave a brief overview of the proposed distance learning plan for 2014.

Ms. Jacobs stated that the committee requested the development of a regular Fellows Program e-newsletter for sponsors and that past Fellows serve as panelists and faculty in current programs. She also suggested that past and current Fellows introduce members at the annual conference session. The committee suggested that the Fellows program theme for 2014-2015 be "Innovative and Adaptive Leadership: Essential in Times of Change".

Dr. Wang opened the floor for questions. The board approved stressing the importance of empowering Fellows upon return to their home organizations. Discussion followed on adaptive leadership and the details of the Fellows program. The board raised questions around balancing a safety net focus with a focus on leaders in large organizations not in the safety net. The board noted that the program needs to recognize its end goal, and that goal should drive activities.

David Engler, PhD, senior vice president for leadership and innovation at America's Essential Hospitals, reported that 15 past Fellows have become C-suite staff in their organizations, and five have become CEOs. Two former Fellows have been employed in leadership positions by America's Essential Hospitals. The board asked about the prior training of Fellows, particularly those who went on to leadership roles. Dr. Engler agreed to analyze that data and to report to the board. The board questioned the functional difference in the 2014-2015 Fellows program theme and the themes of past years. Dr. Engler indicated that the curriculum would include an increased focus on effectiveness, nimbleness, and thoughtful leadership. Dr. Wang said that the education committee would like staff to define what "adaptive" and "innovative" mean.

Dr. Wang opened the floor to questions about the 2014 distance learning plan. The board inquired as to the method of selecting the number and topics of webinars. It was explained that all the topics and events link to the organization's strategic plan and goals.

Dr. Wang asked for a motion to approve the 2014 distance learning plan and the Fellows program theme. Dr. Winston Wong so motioned and the motion passed unanimously. Dr. Wang turned the floor over to Linda

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Cummings, PhD, vice president for research at America's Essential Hospitals and director of the Institute, for her update on the Research Center's activities.

Research Center Activities Update

Dr. Cummings opened her presentation by describing her involvement with the AcademyHealth Translation and Dissemination Institute. Dr. Cummings invited the board to provide feedback on the program.

Dr. Cummings then provided an agenda overview and discussed a new proposal to the Agency for Healthcare Research and Quality, submitted in partnership with AcademyHealth. Dr. Cummings explained that the proposal seeks to use the knowledge gained through the Gage Awards to disseminate those initiatives to other safety net members and to foster diffusion. A decision on the proposal is expected in the first quarter of 2014.

Dr. Cummings gave an update on the forthcoming website redesign, research brief streamlining, and the upcoming release of a data portal that members will be able to access.

Dr. Cummings turned the floor over to Dr. Wong to speak about *Transforming Care Delivery in America's Safety Net: Aligning Efforts to Improve Access and Care Coordination*, which staff refer to as the 2014 project. Dr. Wong explained that Kaiser Permanente's (KP's) support for this project stemmed from KP's long-standing support of America's Essential Hospitals and the National Association of Community Health Centers (NACHC), in addition to its interest in supporting collaboration to improve care for the population served by the members of both associations. Dr. Wong stated that KP saw the project as an opportunity to understand how community health centers and public hospitals will cooperate around patient access and care coordination, especially under implementation of the Affordable Care Act. Dr. Wong and Institute board member, Alan Weil, both serve on the project's advisory committee.

Dr. Cummings then turned the floor over to Ricky Harrison, senior research associate at America's Essential Hospitals, to give an update on the 2014 project. Mr. Harrison described the timeline and the goals of the project. He explained that America's Essential Hospitals has created a national partnership with NACHC and George Washington University (GWU). The role of America's Essential Hospitals and NACHC in this partnership is to engage members and provide technical support. The role of GWU is to provide research and evaluation support. Mr. Harrison described the composition and role of the project's advisory committee and the plan to target five key states for study. Mr. Harrison presented for board feedback key questions or issues to consider during the course of this project.

The board began by suggesting that the project team think about what it means to form a stakeholder group. Is this more about creating a coalition or action unit? The board cautioned that the technical assistance the project team brings to the local and regional teams is very important. The board suggested that the team look at past and current research and programs and attempt to avoid redundancy. The board suggested that the team study findings from other projects of this type and examine why these large types of initiatives have been unsustainable. It was also suggested that the patients may be a source of knowledge on this subject.

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Dr. Cummings then turned the floor over to Bianca Perez, senior project manager at America's Essential Hospitals, for an update on the PCORI project. Dr. Perez explained the timeline and goals of the project. She shared the planned site visits to five member hospitals that either have an accountable care organization or patient-centered medical home. She went on to outline several of the key findings from the literature review. Dr. Perez ended her presentation by inquiring if the board had any further ideas for comparative effectiveness research.

Dr. Wang opened the questions to the board. Dr. Wong inquired as to whether the team had looked into risk adjustment models. The board suggested that an important issue may be the cost of providing a certain level of care. The board expressed concern that there is very little data around disparities. It was suggested that the team read Dr. Goldmann's article on how requests for grant proposals could ask for meaningful research around reducing disparities: *Meaningful Disparities Reduction Through Research and Translation Programs* (Marshall Chin, MD, MPH, and Don Goldmann, MD, *Journal of the American Medical Association*, January 26, 2011 – Vol. 305, No. 4).

Dr. Wang then turned the floor back to Dr. Cummings to talk about the two major areas of additional focus proposed for 2014: population health and Section 1115 Medicaid waivers. Dr. Cummings expressed the need for the organization to develop a shared definition of population health. Dr. Cummings said that staff will update the February 2013 research brief on Section 1115 Medicaid waivers to include added states and initiatives. She noted the opportunities for collaboration across the organization on webinars, policy, and advocacy issues. The board suggested that a PowerPoint format may be more useful for hospitals than a report or research brief.

Dr. Wang recessed for 15 minutes.

Transformation Center Activities Update

Dr. Wang turned the floor over to Dr. Engler to give an update on the activities of the Transformation Center (TC). Engler gave the board a recap of the TC's position within the organizational structure and how the work of the TC relates to the four pillars of America's Essential Hospitals' strategic plan. Dr. Engler spoke about the priority to align the work of the Research Center and the TC.

Dr. Engler presented infographic data on harm reduction in the Essential Hospitals Engagement Network (EHEN). The board voiced several concerns with the presentation of data in this graphic: the inclusion of all-cause readmissions in the graphic on prevented harm events, the colors of the graphic, and difficulty of counting. There was also a suggestion to separate readmissions from the graphic.

Dr. Engler explained that the TC will examine the following new areas: patient experience/patient and family centered care, cost and value, sustainability, and sepsis. He asked the board if these were directions into which the TC should move. The board noted that sustainability models are still unproven. Another board member posed a

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question as to how sustainability should be viewed in an environment of innovation and adaptation. A concern was raised that presenting patient experience and patient and family centered care as similar may be misleading. The board suggested that perhaps the TC should focus on fewer areas, prioritizing sustainability and patient experience. The board also raised a concern about the generic nature of these goals and the lack of connection to the underserved.

The board stated that hospitals filling a safety net role face greater challenges in residency programs. This situation may be an opportunity for focus. A board member raised a question as to how members in the EHEN are doing in comparison to our members in other hospital engagement networks. Staff informed the board that one could not stratify this aggregate data to answer that question.

Dr. Wang adjourned the meeting at 4:50 pm.

A handwritten signature in black ink, appearing to read "Carolyn M. Sato". The signature is written in a cursive, flowing style.