



DATE March 2, 2015
TO Strategic Planning Committee
FROM Bruce Siegel, MD, MPH
RE Strategic Planning Committee Retreat

MEMORANDUM

All of us look forward to seeing you in Miami at both the committee dinner on Thursday, March 5 at Palme D'Or Restaurant, and the strategic planning meeting on Friday, March 6 at the Biltmore Hotel Coral Gables. We suggest business casual attire.

The committee serves an essential role in guiding the association, and we need your candid direction and feedback. This retreat will give us an opportunity to revisit our current strategic plan and check in on its execution.

The committee will be asked to review the state of the association in the context of national trends and challenges. The association will then seek the committee's detailed counsel on three specific areas in which it needs guidance, specifically in the domains of *leadership development, federal policy and population health*. Please review the enclosed meeting materials and three questions listed below in preparation for the committee discussion.

- *LEADERSHIP: To what extent should we continue to grow our leadership development product line? Are there unmet needs in our membership?*
- *POLICY: What is our comfort level with pursuing federal policy that results in higher accountability for achieving improved care delivery and outcomes related to diverse populations?*
- *POPULATION HEALTH: To what extent should the association take a leadership position in defining and supporting population health interventions?*

We very much appreciate your service to our association and to essential hospitals.



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Tab 1: Agenda

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Strategic Planning Committee Meeting

March 6, 2015

8:30 am Breakfast

9:00 am – 2:30 pm Meeting

The Biltmore Hotel Coral Gables

Marbella Room, Lobby Level

8:30 – 9 am Breakfast

9 – 9:15 am Welcome and Introductions (Karpf)

9:15 – 9:45 am Review Strategic Plan and Current State of the Association (Siegel)

9:45 – 10:30 am Washington Update/Future Health Care Landscape (Feldpush)

10:30 – 10:45 am Break

10:45 am – 11:30 am Strategic Question #1 LEADERSHIP: To what extent should we continue to grow our leadership development product line? Are their unmet needs in our membership?

11:30 – 12:15 pm Strategic Question #2 POLICY: What is our comfort level with pursuing federal policy that results in higher accountability for achieving improved care delivery and outcomes related to diverse populations?

12:15 – 1 pm Lunch

1 – 1:45 pm Strategic Question #3 POPULATION HEALTH: To what extent should the association take a leadership position in defining and supporting population health interventions?

1:45 – 2:30 pm Discuss final recommendations for the board of directors and Wrap-Up (Karpf)



Tab 2: Strategic Planning Committee Roster and Biographies



Strategic Planning Committee Roster
July 1, 2014 – June 30, 2015

Michael Karpf, MD – Chair (2014-2016)
Executive Vice President for Health Affairs
UK HealthCare
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Reginald W. Coopwood, MD (2013-2015)
President and CEO
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Eric W. Dickson, MD, MHCM (2014-2016)
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Leon L. Haley, Jr, MD, MHSa (2013-2015)
Executive Associate Dean, Clinical Services,
CMO Emory Care Foundation
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George B. Hernandez, Jr, JD (2013-2015)
President and CEO
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John N. Kastanis (2014-2016)
President and CEO
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Christine Neuhoff, JD (2013-2015)
System Vice President, Chief Legal Officer
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Jon L. Pryor, MD (2014-2015)
CEO
Hennepin County Medical Center
Minneapolis, MN
(612) 873-3629
jon.pryor@hcmed.org

Mitch L. Wasden, EdD (2014-2016)
CEO & COO
University of Missouri Health Care
Columbia, MO
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wasdenm@health.missouri.edu



Strategic Planning Committee Member Bios



Michael Karpf, MD (Chair)
Executive Vice President for Health Affairs
UK Health Care

Michael Karpf received both his undergraduate and medical degrees from the University of Pennsylvania. After an internship in Medicine at Johns Hopkins Hospital, he served as a Research Associate in the Laboratory of Immunology at the National Institutes of Health. He returned to the University of Pennsylvania to complete his medical residency, fellowship in Hematology and Oncology and a Chief Residency in Internal Medicine. In 1978, he went to the Miami Veteran Administration Hospital to start a Division of General Internal Medicine.

In 1979, he was recruited to the University of Pittsburgh to develop a Division of General Medicine. In 1985, he assumed the Falk Chair in General Medicine and became Vice Chair of the Department of Medicine. In 1994, Dr. Karpf went to the Allegheny Health Systems as Senior Vice President for Clinical Affairs at Allegheny General Hospital and Senior Vice President for Clinical Affairs at the Allegheny Integrated Health Group. In 1995, Dr. Karpf was recruited to UCLA as Vice Provost for Hospital Systems. There he integrated the UCLA Medical Center, the Santa Monica /UCLA Medical Center and the Neuropsychiatric Hospital into one corporate entity.

In October 2003, he was recruited to the University of Kentucky as the Executive Vice President for Health Affairs to integrate the clinical services. He is responsible for all clinical operations across the university hospital, medical center (including all schools and colleges), and practice organizations (Kentucky Medical Services Foundation and University Physicians Group Council). He took the academic medical center through coordinated strategic, financial and academic planning. Since then the hospital system has almost doubled its annual discharges and tripled its operating budget. As part of a comprehensive facilities plan, the first phase of the replacement of Chandler Hospital – a 630 million dollar construction project – totally internally financed - has been completed. The College of Medicine has expanded and has substantially extended its research portfolio and has successfully competed for

the CTSA grant and the Cancer Center has achieved an NCI designation. UK HealthCare, the clinical enterprise of the University of Kentucky, is developing strategic relationships with other providers spanning multiple states and serving a population of 7-8 million people.



Reginald W. Coopwood, MD
President and CEO
Regional One Health

Dr. Reginald W. Coopwood is the President and CEO of Regional One Health. Prior to joining Regional One Health in March 2010, Dr. Coopwood was the CEO of the Metropolitan Nashville Hospital Authority. A board certified surgeon, Dr. Coopwood served as Associate Clinical Professor of Surgery at

Vanderbilt University School of Medicine and Associate Professor of Surgery at Meharry Medical College.

Dr. Coopwood's work at Regional One Health is complemented by his commitment to the health and well-being of the individuals in our community. He is immediate past chair of the Tennessee Hospital Association Board of Directors and is currently serving as speaker of the THA House of Delegates. He sits on the boards of the Memphis Chapter of the March of Dimes, Blue Cross Blue Shield of Tennessee and chairs the American Hospital Association's Governing Council on Metropolitan Hospitals and the MidSouth e-Health Alliance board. Dr. Coopwood is also a member of the UTHSC Chancellor's Advisory Board and an alumni of Leadership Memphis.

He has earned numerous honors for his work in healthcare, including being named one of Tennessee's Healthcare Top 25 in 2007 and 2009 and Memphis Magazine's Who's Who in 2010 – 2012. He has received the 2010 individual Leader in Health award from the Community Health Charities of Tennessee; the Memphis Business Journal's Healthcare Heroes Award of Administrative Excellence in 2011; and the Tennessee Hospital Association's Diversity Champion Award in 2013.



Eric W. Dickson, MD, MHCM
Professor of Emergency Medicine and Chief
Executive Officer
UMass Memorial Health Care

Dr. Dickson is president and CEO of UMass Memorial Health Care, the largest not-for-profit health care system in Central Massachusetts with 1,600 physicians and more than 11,500 employees. It is also the clinical

partner of the University of Massachusetts Medical School. This four hospital healthcare system has over 1000 licensed beds and includes 1,030 employed UMass Memorial Medical Group physicians. Dr. Dickson also serves as a Professor of Emergency Medicine at the University of Massachusetts Medical School.

Prior to being named president and CEO of the health care system, Dr. Dickson served as president UMass Memorial Medical Group and senior associate dean at the University of Massachusetts Medical School. The UMass Memorial Medical Group is a subsidiary of UMass Memorial Health Care and is a 1,030 physician, 2,000 employee multidisciplinary medical group with revenue of over \$460 million. He served as the head of the Department of Emergency Medicine at the University of Iowa Carver College of Medicine and interim chief operating officer for the University of Iowa Hospitals and Clinics. Dr. Dickson completed his medical degree and residency training in emergency medicine at the University of Massachusetts Medical School and has a Masters Degree in Health Care Management from Harvard University. Dr. Dickson has served as a member of the Baldrige National Quality Award Board of Examiners, lectures nationally on the use of the Toyota Production System in healthcare and is an active faculty member for the Institute of Healthcare Improvement, where he works with health systems around the world to reduce healthcare costs while improving quality.



Leon L. Haley, Jr., MD, MHSA
Executive Associate Dean, Clinical Services, CMO
Emory Care Foundation
Grady Health System

Leon L. Haley Jr., MD, is the Emory Executive Associate Dean, Clinical Services at Grady and Chief Medical Officer of the Emory Medical Care Foundation. He is an Associate Professor in the Department of Emergency Medicine at Emory and former served as Deputy Senior Vice-President of Medical Affairs; Chief of Emergency Medicine for the Grady Health System and Vice-Chairman of the Emory Department of Emergency Medicine.

A Pittsburgh native, Dr. Haley holds degrees from Brown University and the Universities of Pittsburgh and Michigan. Dr. Haley is Board-Certified in Emergency Medicine and a Fellow of the American College of Emergency Physicians.

He is a member of the American College of Emergency Physicians, the American College of Healthcare Executives and the American College of Physician Executives. He was a member of the IOM Committee on Health and

Insurance Status. Dr. Haley has received research funding from DoD, SAMSA, RWJ and the Healthcare Foundation of Georgia.

Dr. Haley has several honors and awards including the FDHA Healthcare Hero Award, Atlanta Business Chronicles' Healthcare Heroes and "Up and Comers Awards", Georgia Trend Magazine's "40 Leaders Under 40" and Georgia Association of Physician Assistants Physician of the Year Award.

Dr. Haley serves or has served on the Boards of the Grady Foundation, National Public Health and Hospital Institute, Leadership Atlanta, the Society for Academic Emergency Medicine, Camp Twin Lakes, Girls on the Run Inc., the Junior League of Atlanta Community Advisory Board, the Griffith Leadership Center and a member of the Omega Psi Phi and Sigma Pi Phi Fraternities. He is married to Dr. Carla Y. Neal-Haley and they have 3 children, Grant, Wesley and Nichelle.



George Hernandez, Jr. JD
President and CEO
University Health System

George B. Hernández, Jr., JD, is the President/Chief Executive Officer of the Bexar County Hospital District, d/b/a University Health System. The Health System operates 19 primary, specialty and preventive healthcare centers throughout Bexar County, as well as University Hospital, a 716-bed hospital which serves as South Texas' only civilian Level I trauma center and first and only Level II pediatric trauma and burn center. University Health System also operates a non-profit HMO, Community First Health Plans, Inc.; a non-profit multi-specialty physician practice, Community Medicine Associates; and is a 50 percent owner of San Antonio AirLIFE, an emergency air ambulance program covering South Texas.

Hernández serves as a member of the "Code Red" Task Force on Access to Health Care in Texas. He serves on the board of America's Essential Hospitals, the board of the University Health System Consortium, and is past chair of both the Texas Hospital Association (2013) and Teaching Hospitals of Texas (2005-08).

Hernández is a native of San Antonio. He earned a bachelor's degree from St. Mary's University and law degree from George Washington University School of Law in Washington, D.C.



John N. Kastanis
President and CEO
Temple University Hospital

John N. Kastanis, FACHE, is the President and Chief Executive Officer of Temple University Hospital. He works closely with Temple University Health System, Temple University Hospital, and medical staff leadership to invest in medical services and technologies, ensure top-quality care, and continue the recruitment of top-notch physicians.

Prior to joining Temple, Kastanis was President and CEO of the Hospital for Joint Diseases, an affiliate of NYU Medical Center in New York, NY.

Kastanis is an experienced hospital administrator who has held senior leadership positions in a broad range of healthcare settings — including academic medical centers, multi-hospital systems, and inner-city and community teaching hospitals. He has also worked as consultant to hospital boards, investment banking, and management firms.

Kastanis earned his B.A. from Queens College and received his MBA from the Baruch College - Mt. Sinai School of Medicine's health administration program. He is also a Fellow of the American College of Healthcare Executives.



Christine Neuhoff, JD
System Vice President, Chief Legal Officer
St. Luke's Health System

Christine Shero Neuhoff serves as Vice President and Chief Legal Officer for St. Luke's Health System. Christine's primary responsibilities include serving as legal strategic advisor for the organization and its boards of directors. She is responsible for overseeing the Legal, Compliance, Internal Audit, Public Relations, Insurance and Professional Claims, Government Affairs, and Governance functions for the organization.

In 2011, Christine was honored by the Association of Corporate Counsel, Mountain West Chapter, as the recipient of the Outstanding Corporate Counsel award and by the Women's and Children's Alliance of Boise as a recipient of the Tribute to Women in Industry recognition. She served as Chair of the Go Red for Women event for the American Heart Association in 2012 and now serves on the Board of Directors for the American Heart Association.

Western States Affiliate in Boise. She Co-Chaired the St. Luke's United Way Campaign in 2012 and is the 2013 Chair. She also serves on the boards of directors of the National Public Health and Hospital Institute, the Idaho Liability Reform Coalition, and North Canyon Medical Center, as well as the Refugee Resources Strategic Community Plan Steering Committee. She currently chairs the Healthcare Subcommittee for the Idaho Association of Commerce and Industry and the Legislative Policy Committee for the Idaho Hospital Association. Christine also has enjoyed participating in the Optimist Youth Football & Cheer program as a member of the Cheer Committee and the head coach of a cheerleading squad.

Christine was raised in Knoxville, Tennessee. She received a bachelor's degree from Dartmouth College, where she majored in Government, and a law degree from the University of California, Berkeley, Boalt Hall School of Law.

Christine served as Senior Associate General Counsel for Shands HealthCare based in Gainesville, Florida, before joining St. Luke's in 2008. Prior to that, she was with Morrison & Forester LLP in San Francisco, California. While living in San Francisco, Christine served on the Board of Directors for the American Indian Child Resource Center in Oakland. She served as law clerk to Chief Judge Judith N. Keep of the United States District Court for the Southern District of California following law school.

Jon L. Pryor, MD
CEO
Hennepin County Medical Center



Dr. Pryor joined Hennepin County Medical Center as CEO in April, 2013. Before joining HCMC, he was CEO of the Medical College of Physicians, the Medical College of Wisconsin's clinical practice group of physicians, advanced practice providers and other staff. A urologic surgeon by training, Dr. Pryor was Chair of the Department of Urologic Surgery at the University of Minnesota from 2001-2006. He has an MBA from the Kellogg School of Management at Northwestern University and was awarded a Bush Medical Fellowship in 2005. His education and training include a medical degree from the University of Minnesota School of Medicine, an American Foundation of Urologic Disease Fellowship at the University of Minnesota, an MS in surgery from the University of Virginia, a BA in Physics from Carleton College, and two years of residency in the Hennepin County Medical Center Surgery Residency program. He has been widely published in peer reviewed journals in the area of men's health and urologic disorders.



Mitch L. Wasden, EdD
CEO & COO
University of Missouri Health Care

As chief executive officer and chief operating officer for University of Missouri Health Care, Mitch Wasden is responsible for providing executive leadership and vision for University of Missouri hospitals and clinics. MU Health Care includes University Hospital, Ellis Fischel Cancer Center, Missouri Orthopaedic Institute, Women's and Children's Hospital, Missouri Psychiatric Center and Missouri Rehabilitation Center. More than 6,000 MU Health Care employees support education and research in partnership with MU's schools of medicine, nursing and health professions.

Mitch came to the University of Missouri from Ochsner Medical Center in Baton Rouge, La., where he served as chief executive officer. He also served as chief operating officer and vice president of Tympany Medical Inc. in Stafford, Texas, and vice president of clinical services for Ochsner Health System in New Orleans.

A fellow of the American College of Healthcare Executives, Mitch holds a doctor of education degree from George Washington University in Washington, D.C., a master's degree in health services administration from the University of Michigan in Ann Arbor, and a bachelor's degree from Brigham Young University in Provo, Utah.



Tab 3: 2013 – 2018 Strategic Plan



America's Essential Hospitals

2013-2018 Strategic Plan

Strategic Planning Committee Members

Arthur A. Gianelli (*Chair*)

Chief Executive Officer/President
NuHealth/Nassau University Medical Center
East Meadow, NY
America's Essential Hospitals Executive Committee

Kirk A. Calhoun, MD

President and Chief Executive Officer
University of Texas Health Science Center at Tyler
Tyler, TX
America's Essential Hospitals Executive Committee

Reginald W. Coopwood, MD

President and Chief Executive Officer
Regional Medical Center at Memphis
Memphis, TN
America's Essential Hospitals Executive Committee and Essential Hospitals Institute Board

Don Goldmann, MD

Senior Vice President
Institute for Healthcare Improvement
Cambridge, MA
Essential Hospitals Institute Board

Michael Karpf, MD

Executive Vice President for Health Affairs
UK HealthCare
Lexington, KY
America's Essential Hospitals Executive Committee

Santiago Muñoz

Chief Strategy Officer
Ronald Reagan UCLA Medical Center
Los Angeles, CA
America's Essential Hospitals Executive Committee

Anna Roth, RN, MS, MPH

Chief Executive Officer
Contra Costa Regional Medical Center and Health Centers
Martinez, CA
Essential Hospitals Institute Board

Bruce Schroffel

Chief Executive Officer
University of Colorado Health
Aurora, CO
America's Essential Hospitals Member

Thomas P. Traylor

Vice President, Federal, State and Local Programs
Boston Medical Center
Boston, MA
America's Essential Hospitals Executive Committee

Introduction

America's Essential Hospitals, formerly the National Association of Public Hospitals and Health Systems (NAPH), has a rich history and lengthy record of accomplishments on behalf of its members. Since its inception, America's Essential Hospitals has been well recognized for its expertise on issues affecting care for the country's most vulnerable patients. This deep knowledge revolves around not only the organization's strenuous advocacy efforts, but also its contributions toward research on safety net issues, improving quality of care, and furthering good governance among its members.

The association has undergone a series of organizational changes over the past two years, from the retirement of its founder and longtime executive director to the hiring of a new president and CEO. Several new staff also have joined the senior management team, which has worked to transition America's Essential Hospitals as it strives to reflect the rapidly changing health care landscape. During this transition, the 2010-2013 strategic plan served as an effective roadmap for members, the governance boards, and staff.

In 2012, America's Essential Hospitals embarked on a yearlong process to create a new strategic plan designed to reflect its members' evolving needs and to set the stage for the next five years of association programming and growth. The planning process was comprehensive, including interviews with members and staff, focus group research, an electronic member survey, and a daylong joint session of the America's Essential Hospitals executive committee and the board of the Essential Hospitals Institute (formerly the National Public Health and Hospital Institute). The process was led by the newly formed strategic planning committee, which includes representation from the America's Essential Hospitals executive committee, the Essential Hospitals Institute board, and the membership.

In light of the continued evolution of health care, the strategic planning committee also reviewed and assessed the current association vision and mission statements. The committee recommends revisions that will merge the vision and mission statements into a more concise and future-focused single mission statement.

During the daylong planning session, our leaders and partners recognized that America's Essential Hospitals also needs a consensus statement regarding the commitment to service prospective member organizations should embody when they seek to join. These discussions resulted in a new service commitment statement, which America's Essential Hospitals will introduce to its members.

Mission Statement

The America's Essential Hospitals mission and vision statements have provided a solid foundation for the association's work for many years. However, since the implementation of the previous strategic plan, the landscape for America's Essential Hospitals, internally and externally, has changed significantly:

- Significant legislative actions have been taken.
- Health care delivery has undergone dramatic changes.
- The association has seen leadership changes.
- Association membership has grown and diversified.
- The association's and institute's program portfolios have expanded, especially in research and quality improvement.

The committee wanted to ensure America's Essential Hospitals has a comprehensive statement that reflects these changes, captures its mission and that of its members, and builds on the transformational work of the previous strategic plan.

America's Essential Hospitals Mission Statement

America's Essential Hospitals champions excellence in health care for all, regardless of social or economic circumstance, and advances the work of hospitals and health systems committed to ensuring access to care and optimal health for America's most vulnerable people.

America's Essential Hospitals membership has grown and diversified, a trend expected to continue. The current membership now comprises a wide variety of hospitals and health systems, including public hospitals, voluntary nonprofits, and academic medical centers. Many have complex governance structures. During the planning process, it became clear that America's Essential Hospitals must publicly define, through a shared commitment to service, the values that bind its members together.

America's Essential Hospitals Members' Commitment to Service

America's Essential Hospitals members commit to providing access to high-quality health care to all, especially to vulnerable populations. We are innovative hospitals and health systems that constantly strive to deliver the most efficient and effective care for those in greatest need, improving patient outcomes and quality of life in the communities we serve.

Strategic Plan Overview

The strategic planning committee did not seek to dramatically alter the association's strategic direction. An understanding of the challenges and opportunities in the delivery of care to vulnerable populations, cultivated throughout the organization's history, remains core to America's Essential Hospitals' identity and the work it pursues. This remains even as it has undergone a major transition coinciding with its current plan: new leadership, stepped-up membership growth, and major new Essential Hospitals Institute grants and contracts designed to support members' health care delivery and finance transformation. The committee believes America's Essential Hospitals need not move in a fundamentally different direction over the next five years, especially as it progresses through the early stages of initiatives launched by its mostly new leadership team under the guidance of the 2010 strategic plan.

Common themes emerged from the interviews, focus groups, leadership meetings, and electronic member survey held over the course of 2012. The themes included broad areas of focus and a series of underlying competencies that will be critical to America's Essential Hospitals' ability to execute the strategic plan. Strategic planning committee members purposefully developed a high-level framework for the new plan with the understanding that the association will periodically review the plan over its five-year course. The America's Essential Hospitals executive committee will use the plan to evaluate the association's performance, and staff will use it to guide their annual work plans.

The strategic plan contains four broad strategic pillars, each supported by two priorities. Advocacy is intentionally listed first here, given the responses from members during the planning process. Members view the association's role as a champion of its members and their patients as a critical priority. These are the four pillars:

1. Advocacy
2. Policy
3. Quality
4. Innovation and Adaptation

The strategic planning committee also recognized that for America's Essential Hospitals to successfully execute a new strategic plan, it must continually engage in a series of underlying competencies that provide crucial support for the four pillars:

- Collaboration
- Communication
- Education and Leadership Development
- Membership
- Research

Subsequent pages outline the four pillars, supporting priorities, and relevant cross-cutting competencies in more detail. The following graphic (next page) provides a visual overview of the four pillars and their interconnected relationship with the competencies.

America's Essential Hospitals Strategic Model



Strategic Pillars

Advocacy Pillar

America's Essential Hospitals is a highly respected and credible national voice on issues that affect hospitals and health systems that provide care to vulnerable populations. Its members expect the association to ensure that opinion leaders and decision-makers understand the value of the services they provide and the costs they incur. America's Essential Hospitals has a longstanding focus on advocacy and an ongoing commitment to engage on those issues that directly impact members' ability to provide high-quality and innovative care to all, regardless of social and economic circumstance. These priorities support the advocacy pillar:

Priority: America's Essential Hospitals will advocate before Congress and the executive branch for the resources needed for hospitals and health systems to care for vulnerable populations – including the uninsured and underinsured – and provide essential community services, such as critical care, emergency preparedness, enabling services, public health services, and health care workforce training.

Priority: America's Essential Hospitals will support the continued development of innovative health care delivery and the provision of integrated, seamless, patient-centered care, particularly for vulnerable patient populations, such as the elderly; the poor; those with complex medical, behavioral, or long-term care needs; the newly eligible; and the remaining uninsured.

Policy Pillar

Inextricably linked and equally important to America's Essential Hospitals' advocacy work is the effort to impact federal policy in the legislative, administrative, and judicial branches of government. Members value this aspect of the association and are invested in America's Essential Hospitals broadening its work in the policy arena. Through further robust policy development activities, the association can bring to the table policy ideas that will secure the ability of essential hospitals – those with a safety net role – to care for their patients while improving the overall health care delivery system. America's Essential Hospitals is committed to fully engaging its members in the proactive development of policy based on sound evidence and consistent with members' service commitment. These priorities support the policy pillar:

Priority: America's Essential Hospitals will be viewed as a national thought leader with respect to policy development on issues concerning the delivery of care to vulnerable populations and the provision of essential community services.

Priority: America's Essential Hospitals will fully engage member hospitals and health systems in policy development work to generate strong positions and recommendations that represent the shared interests of the association's members.

Quality Pillar

America's Essential Hospitals occupies a unique position in the quality arena because of its members' dedication to and experience with care for vulnerable populations. America's Essential

Hospitals will continue to leverage this position and serve as a resource and champion for its members as they strive to provide high-quality, safe, and affordable care that eliminates health care disparities. Since carrying out its previous strategic plan, America's Essential Hospitals has significantly expanded the breadth of its quality portfolio. This work supports member quality efforts and informs the association's policy and advocacy efforts. America's Essential Hospitals is committed to a collaborative and strategic approach to quality, fully understanding that partnerships are critical to effectively and efficiently accomplishing this work. These priorities support the quality pillar:

Priority: America's Essential Hospitals will proactively identify and disseminate evidence-based best practices that will raise the quality of care for all – especially for vulnerable populations.

Priority: America's Essential Hospitals will work tirelessly to communicate its members' quality leadership to decision-makers and opinion leaders.

Innovation and Adaptation Pillar

America's Essential Hospitals members have pioneered many of the most innovative health care strategies and models over the past decade. Members lead the nation in effective and efficient care delivery transformation models. They also are often distinguished by their mission and work in improving population health. Members look to America's Essential Hospitals to be a source of new evidence-based ideas to support their work and to serve as a vehicle for sharing successful outcomes with each other. The work of Essential Hospitals Institute in this regard is critical, and both the institute and America's Essential Hospitals are committed to supporting members' continued innovation and adaptation. These priorities support the innovation and adaptation pillar:

Priority: America's Essential Hospitals will create a continuous learning environment for its members and serve as a convening organization and conduit for member-to-member sharing of innovative models of patient care and hospital operations, with a special emphasis on those that improve care for vulnerable populations.

Priority: America's Essential Hospitals will support its members' efforts to successfully transition to integrated, seamless, and patient-centered systems of care.

Underlying Competencies

America's Essential Hospitals has experienced organizational and programmatic growth over the past several years. Discussions during the strategic planning process identified a series of underlying competencies that cut across the strategic pillars and are vital to the association's successful implementation of the strategic plan. For America's Essential Hospitals to succeed in the priority areas identified through this strategic plan, the organization must focus on the following competencies, which are the building blocks of successful implementation.

Collaboration

America's Essential Hospitals is actively engaged in a number of dynamic collaborative relationships on behalf of its members. Collaborative efforts encompass relationships with other associations and member-driven cooperatives on advocacy and policy issues, as well as partnerships with critical stakeholders in the quality and research arena. These relationships require a significant time commitment by the CEO and senior staff. America's Essential Hospitals will continue this work and expand collaborative activities strategically.

Communication

America's Essential Hospitals understands the importance of effectively communicating both the organization's activities and the excellent work of its members. It will maintain and expand outreach efforts to policymakers, opinion leaders, other health care organizations, and the media. America's Essential Hospitals will continue its commitment to consistent and informative communications with members on a broad variety of issues, including a focus on advocacy efforts. America's Essential Hospitals also will engage members' communications staffs so it can better share information on member achievements and give members an opportunity to leverage association communications tools.

Education and Leadership Development

America's Essential Hospitals is well-known for the education programs it offers to all members, as well as its work to support the development of future health care leaders and the continued professional growth of current hospital executives. The America's Essential Hospitals Fellows Program is consistently recognized as an excellent example of the type of personal advancement the association offers to members and can serve as a model for other association leadership activities. America's Essential Hospitals will strive to develop new ways to support its member in these activities, including the use of effective distance learning methods.

Member Engagement

The financial security, effectiveness, and vibrancy of any association depend on a program of ongoing strategic membership retention and growth. America's Essential Hospitals will strategically recruit new member organizations whose missions align with the member service commitment. America's Essential Hospitals will enhance member engagement through a series of volunteer-led committees reporting to the executive committee. Additionally, the association will improve its effectiveness by broadening its contacts with the leadership and staff at member hospitals.

Research

Sound policy and practice rest on a foundation of clear evidence. America's Essential Hospitals research efforts, which often are funded and conducted through Essential Hospitals Institute, will support the quality, advocacy, and policy work of the association and the innovative adaptation work of member hospitals. America's Essential Hospitals and Essential Hospitals Institute will remain aligned to ensure members' success.



Tab 4: Strategic Planning Committee Meeting Presentation



AMERICA'S ESSENTIAL HOSPITALS

Strategic Planning Committee

Coral Gables, Florida

March 6, 2015

TODAY'S WORK

- Welcome and Introductions
- 2013 Strategic Plan and State of the Association
- Washington Update and Future Industry Landscape
- Three Questions
 1. Leadership
 2. Policy
 3. Population Health
- Final Recommendations and Thoughts

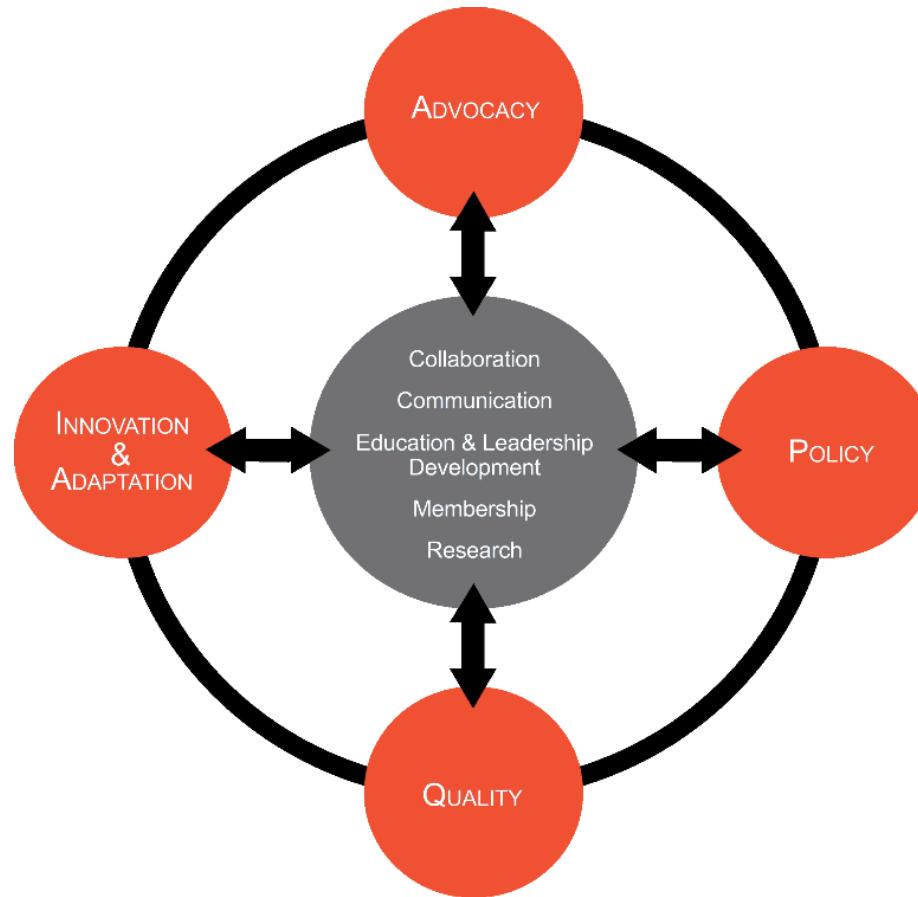
2013 STRATEGIC PLAN AND STATE OF THE ASSOCIATION

AMERICA'S ESSENTIAL HOSPITALS



- 250 hospitals caring for the most vulnerable
- Trauma, burn care, NICU, emergency psychiatric, disaster response
- Health professionals training
- Primary and specialty care networks

STRATEGIC PILLARS

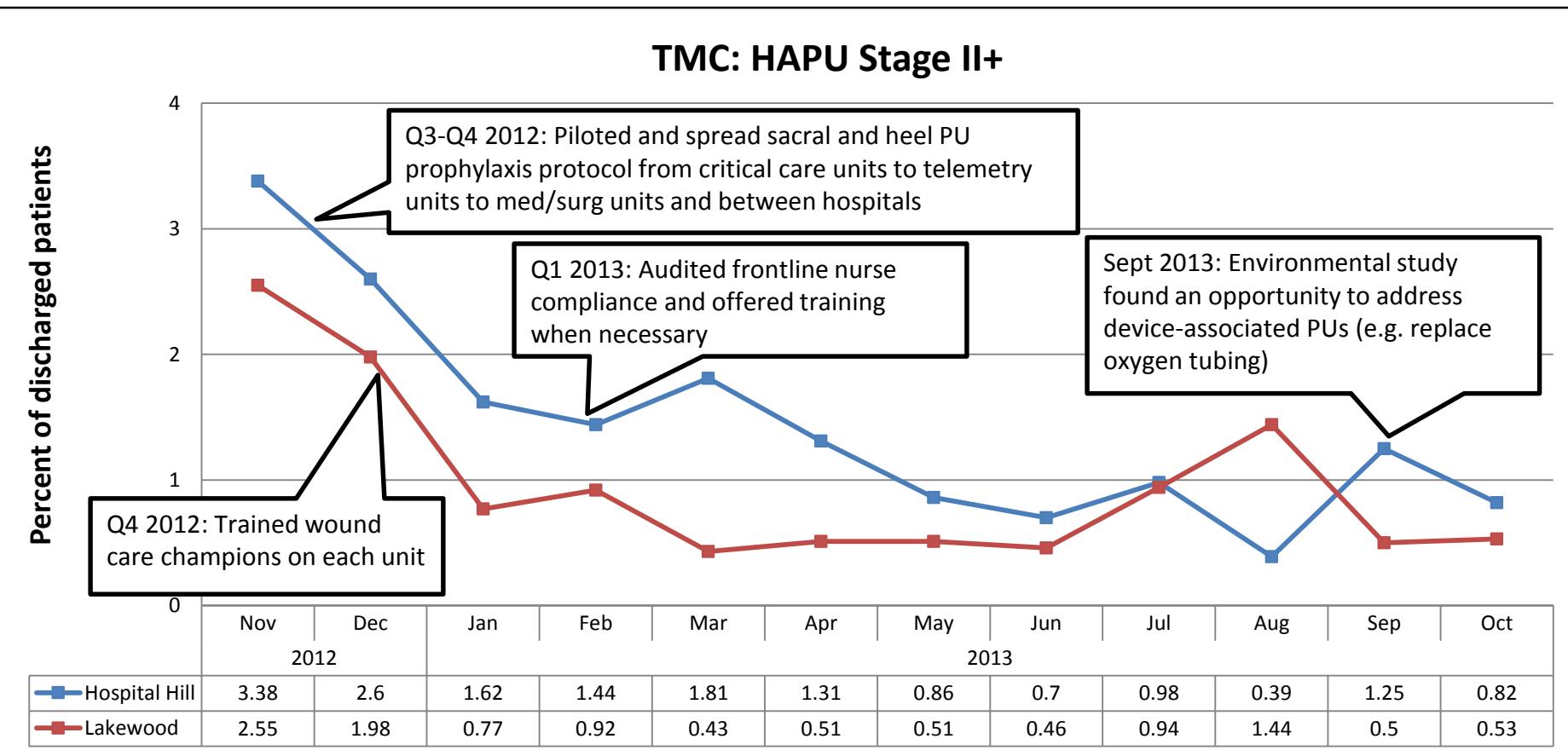


Health Law's Pay Policy Is Skewed, Panel Finds

By ROBERT PEAR APRIL 27, 2014



TRUMAN MEDICAL CENTERS- KANSAS CITY, MO





AMERICA'S
ESSENTIAL
HOSPITALS

POLICY BRIEF

June 2014

MEDICAID INCENTIVE PROGRAMS: EXTENDING THE REACH OF HEALTH CARE TRANSFORMATION

Authored by:

America's Essential Hospitals staff

KEY FINDINGS

- Medicaid demonstration programs give essential providers the ability to lead delivery system reform by providing incentives to them to achieve system reform milestones.
- Waiver programs encourage investments that track and improve population health and enable providers to identify issues beyond the hospital that

America's health care system is embarking on an extraordinary period of change. In search of better value for dollars spent, insurers, employers, governments, providers, and consumers are individually and collectively engaged in the challenge of reforming a massive and complex system. And some parts of the system are more difficult to reform than others. Providers who serve predominantly low-income, medically vulnerable patients can struggle to find the resources to

Members of America's Essential Hospitals have partnered with their states and the Centers for Medicare & Medicaid Services (CMS) to lead development and participation in these programs. As a result, many are now intensively engaged in improving care with a level of focus and resource commitment that has never before been possible.

WHAT ARE WAIVER-BASED INCENTIVE PROGRAMS?

Through Section 1115 Medicaid



OTHER MILESTONES

- Rebranding
- Dues Restructuring
- Member Engagement

MEMBERSHIP GROWTH

- Powerful network of members who face similar challenges as essential hospitals.
- Recent Additions:
 - » University of Chicago
 - » Henry Ford Health System
 - » University of Virginia
 - » University of Cincinnati
 - » Bon Secours Baltimore
 - » Erlanger Health System
 - » Lifespan
 - » Care New England
 - » East Alabama Medical Center
 - » HealthPartners/Regions

GROWTH

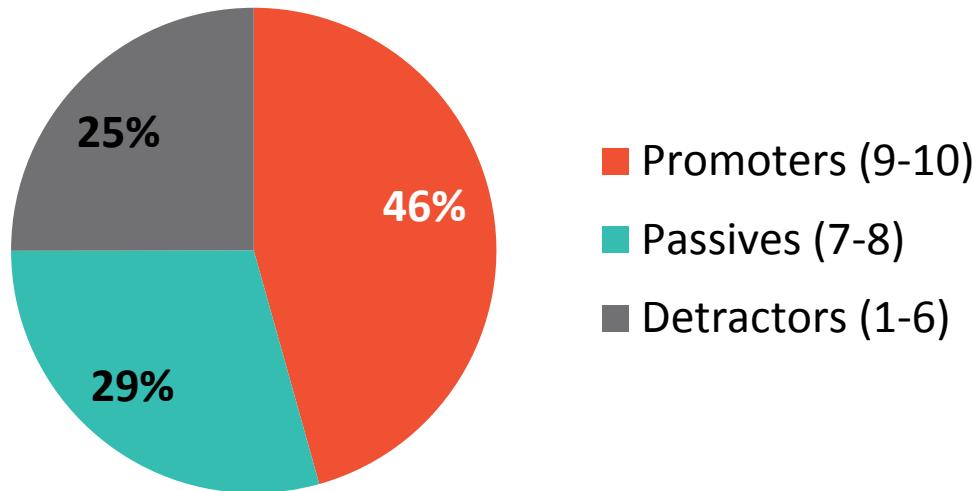
- 2009 Revenue: \$6.6 million
- 2014 Revenue: \$15.6 million
- 2014 Retention Rate 97%

REINVESTMENT: Government Relations Academy



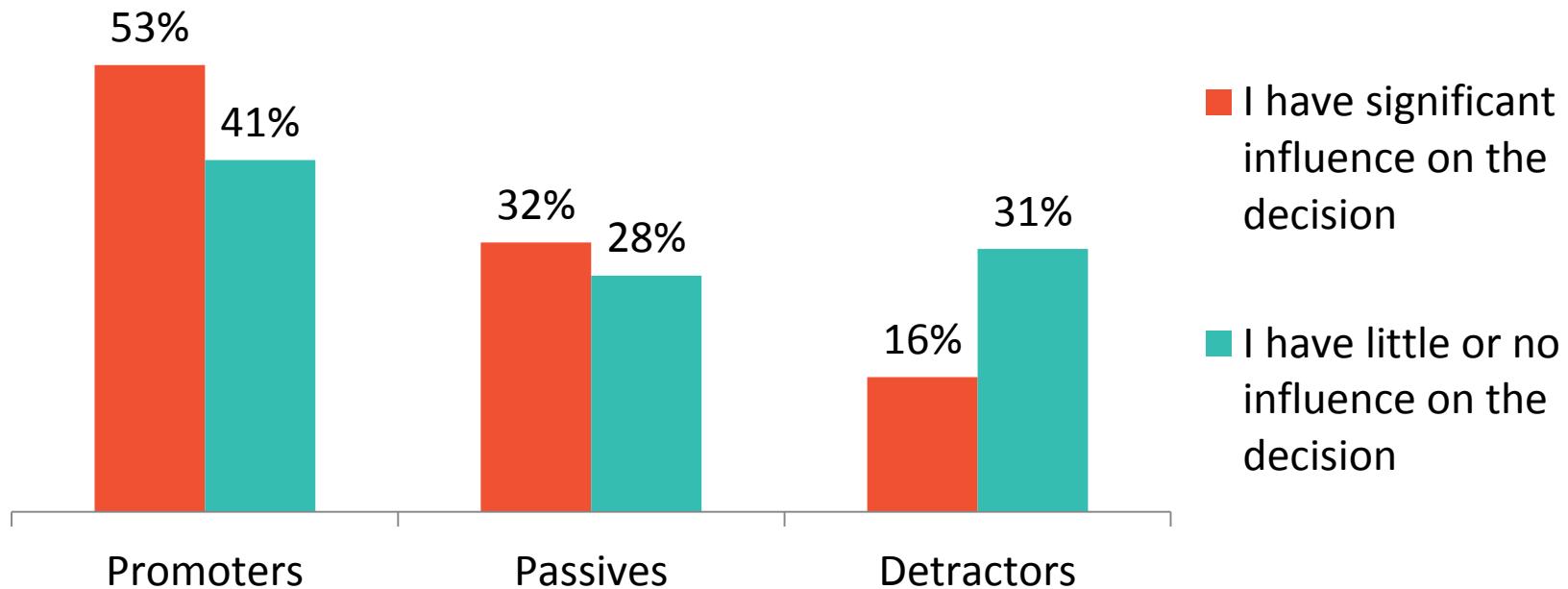
IMPRESSIONS

How likely are you to recommend America's Essential Hospitals membership to an industry colleague or peer?
(N = 311)



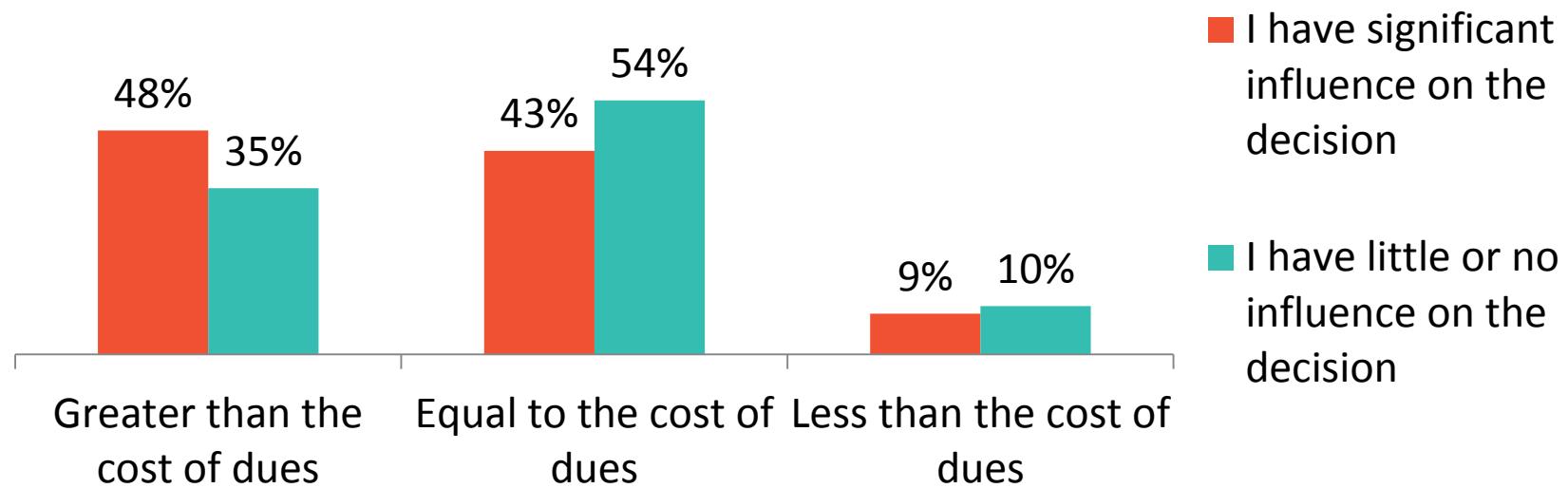
NET PROMOTER SCORE

Net Promoter Score
(N = 311)



VALUE OF MEMBERSHIP

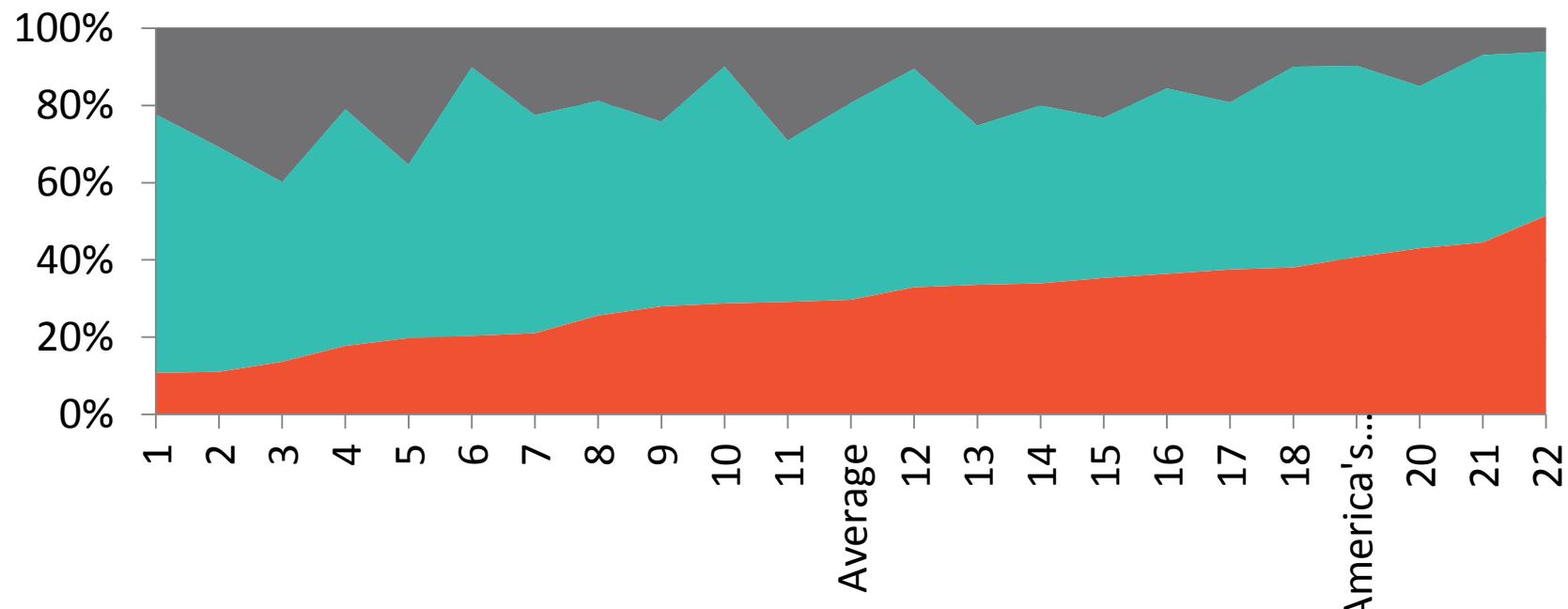
How would you rate the value of your America's Essential Hospitals' membership compared to the cost of dues?
(N = 270)



VALUE OF MEMBERSHIP BENCHMARKED

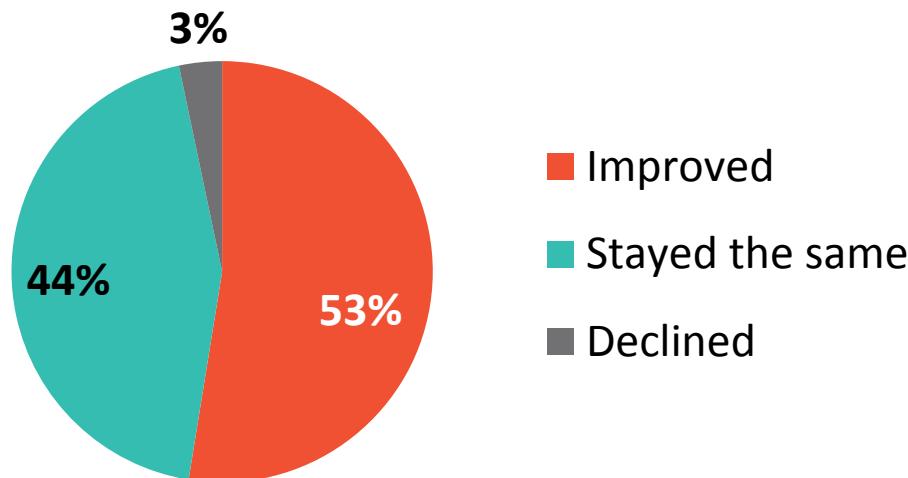
Trade Organizations Value of Membership Benchmarked

■ Greater than the Cost ■ Equal to the cost ■ Less than the Cost



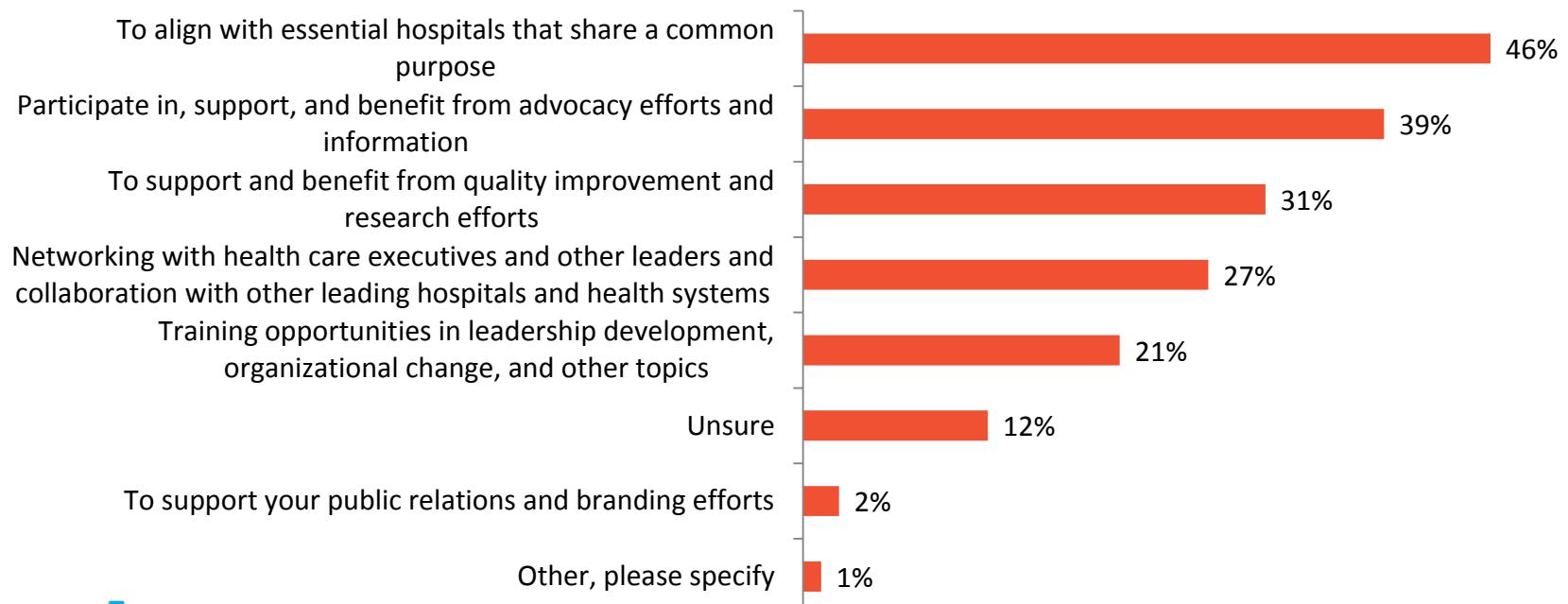
PERCEPTIONS

**From the time you joined America's Essential Hospitals
(formerly the National Association of Public Hospitals and
Health Systems) until now, have your impressions of the
organization:
(N = 215)**



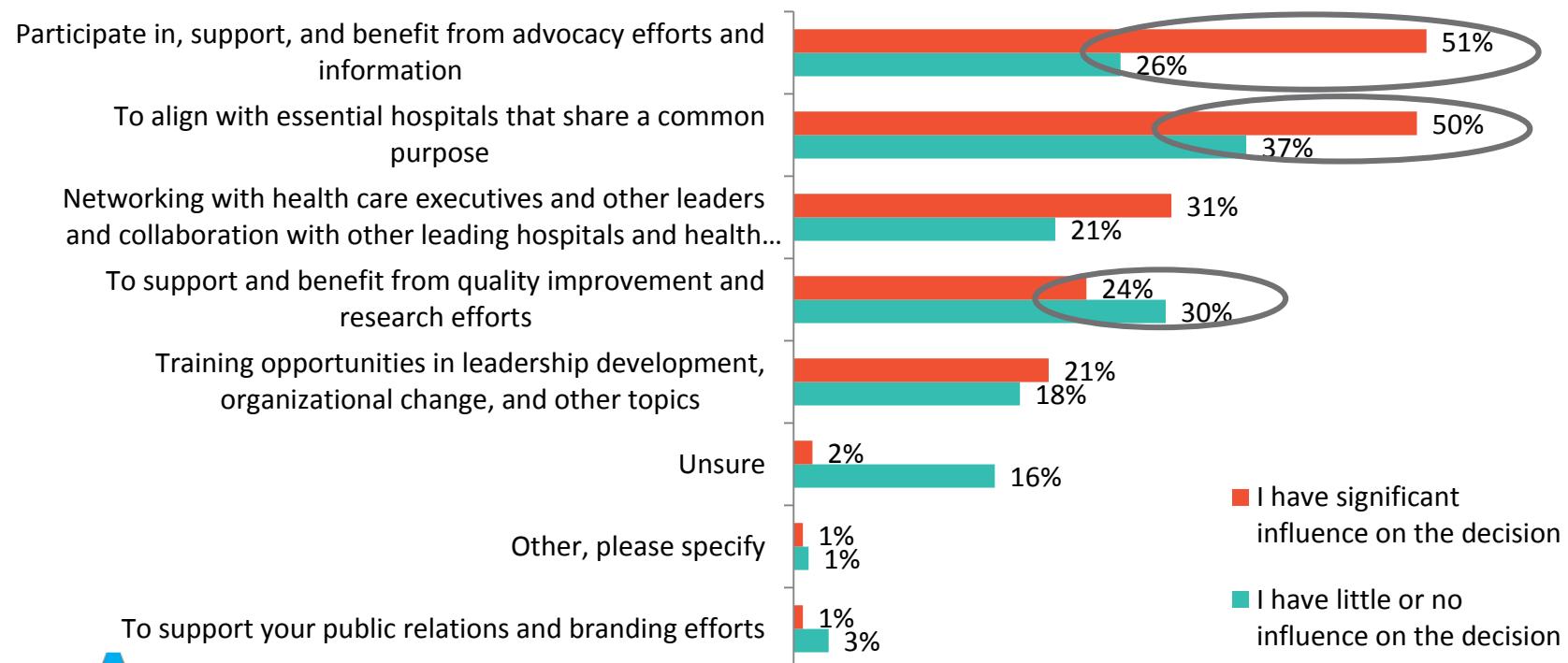
REASONS FOR JOINING

**What are the primary reasons your hospital or hospital system is a member of America's Essential Hospitals?
Please select up to two options.(N = 341)**



REASONS FOR JOINING BY INFLUENCE

What are the primary reasons your hospital or hospital system is a member of America's Essential Hospitals? Please select up to two options. (N = 377)



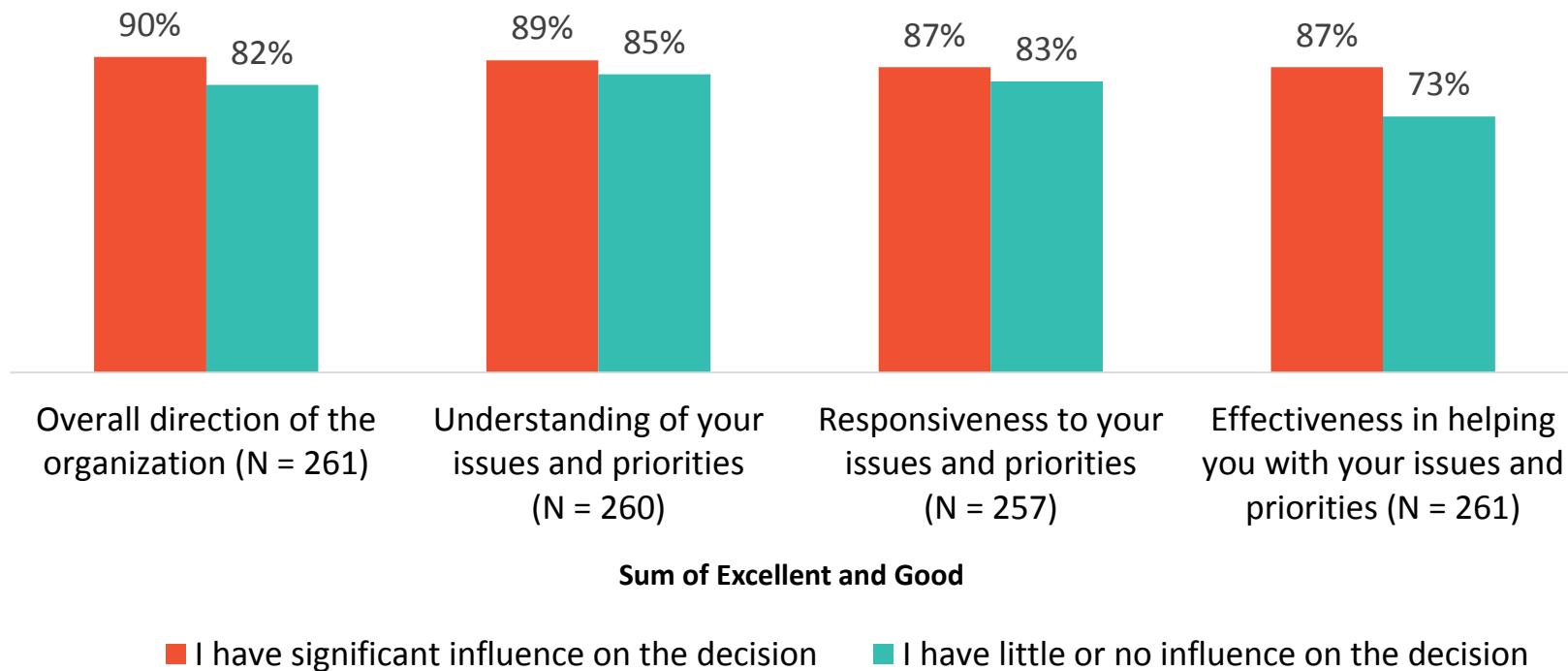
REASONS FOR JOINING BY TENURE

**Primary Reasons for Joining by Membership Tenure
(N = 375)**



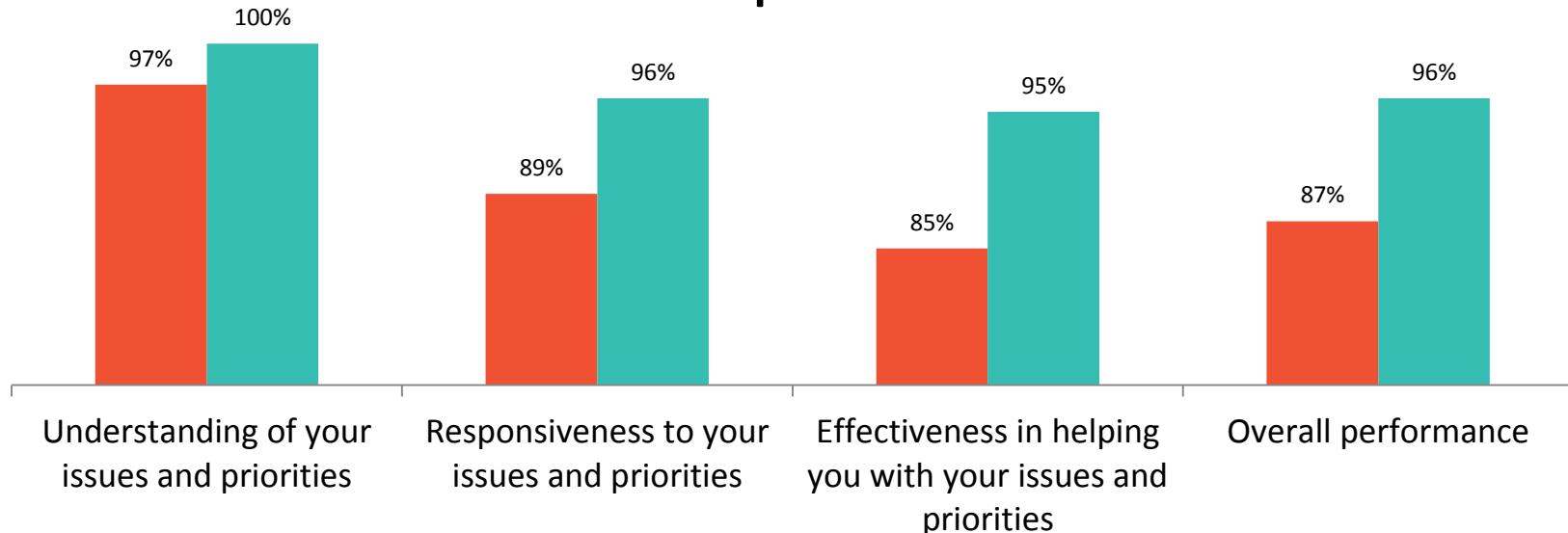
IMPRESSIONS BY INFLUENCE

Based on your experience, how would you describe America's Essential Hospitals?



IMPRESSIONS BY EXPERIENCE

Decision Makers Experience 2011 vs. 2014



**2014 includes only individuals who selected that they are the decision makers on membership in America's Essential Hospitals (n=104);
2011 data is based on the 2011 CEO Interviews (n=65).**

■ 2011 ■ 2014

WASHINGTON UPDATE AND FUTURE INDUSTRY LANDSCAPE

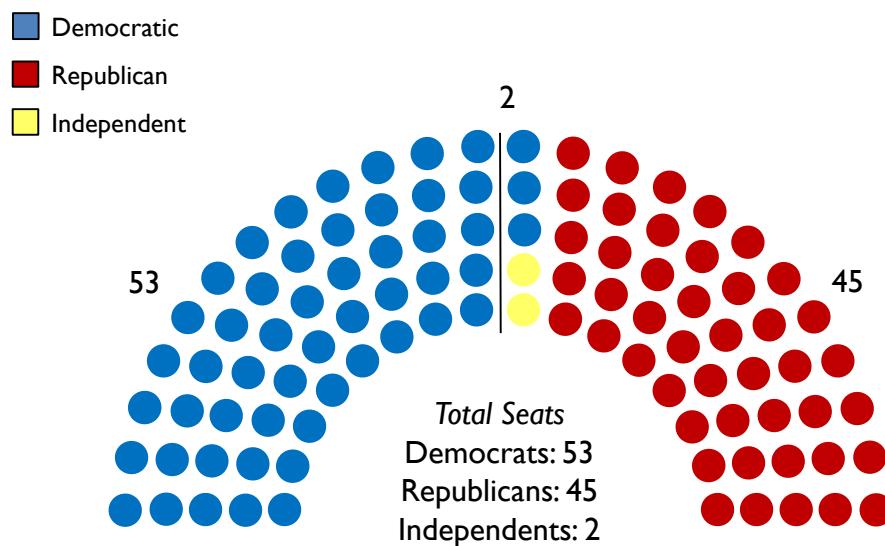
2014 ELECTION RESULTS AND IMPACT ON ESSENTIAL HOSPITALS

ELECTION RESULTS: SENATE

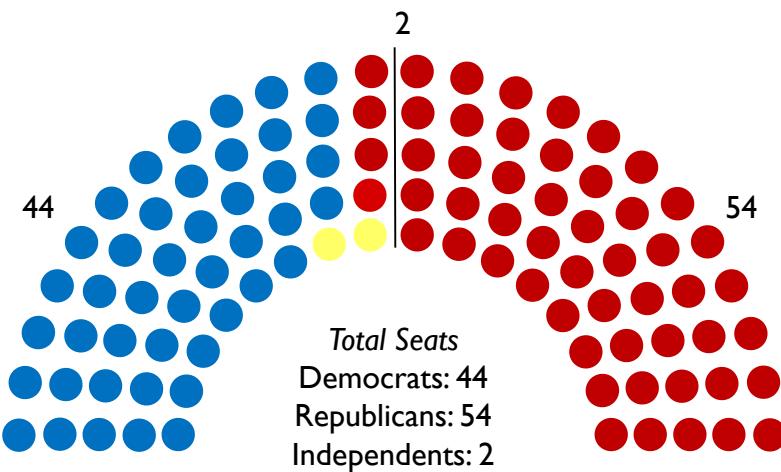
NationalJournalMembership

REPUBLICANS WIN SOLID MAJORITY IN SENATE

Control of the 113th Senate (2012-2014)



Control of the 114th Senate (2014-2016)

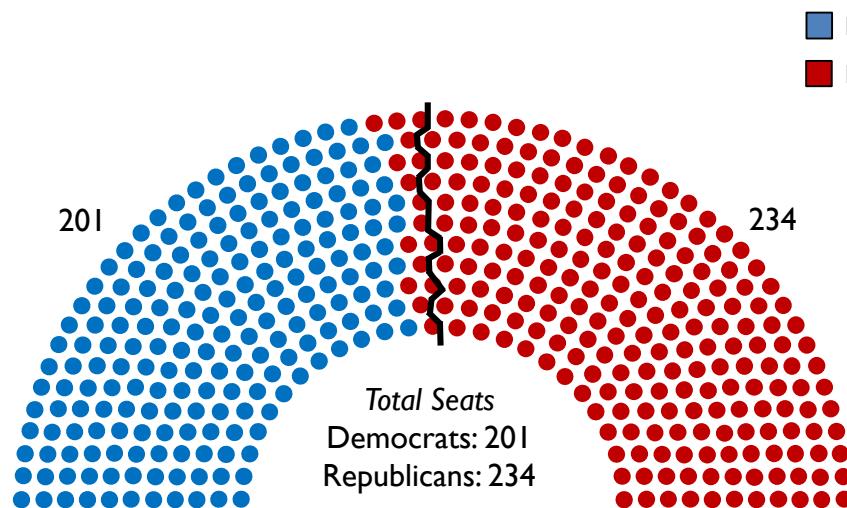


ELECTION RESULTS: HOUSE

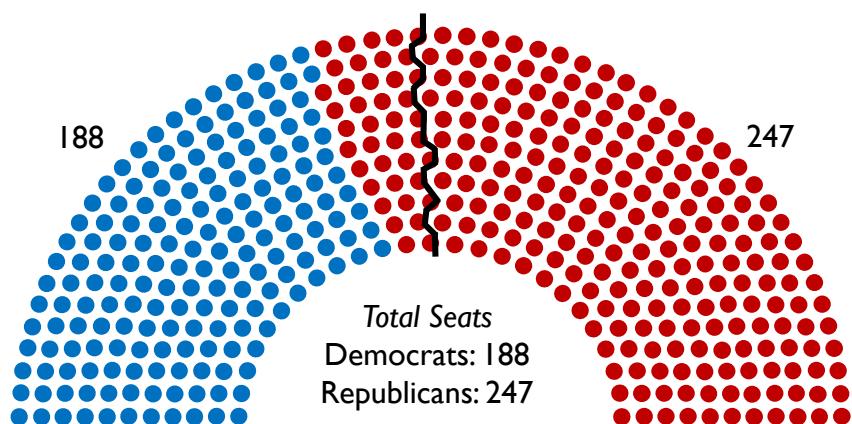
NationalJournalMembership

REPUBLICANS WIN RECORD MAJORITY IN HOUSE

Control of the 113th House (2012-2014)



Control of the 114th House (2014-2016)



Source: National Journal Research; CNN Election Center; New York Times.⁵²



ELECTION RESULTS: MORE ABOUT POLITICS...

Country is Going In...

Right direction: 31%

82% - Democrat
17% - Republican
1% - Other

Wrong track: 65%

28% - Democrat
69% - Republican
3% - Other

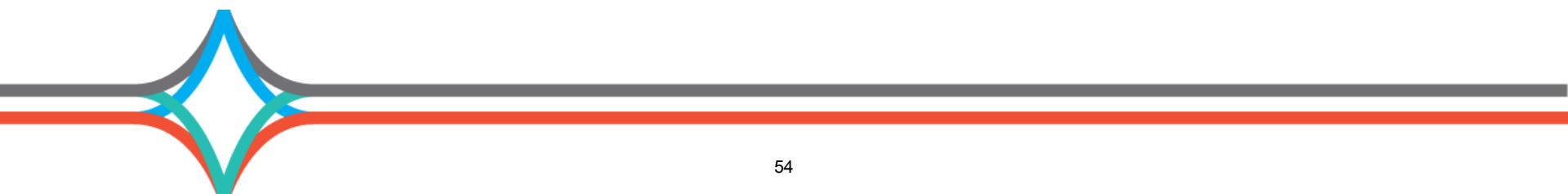
How Obama is Handling His Job

Approve: 44%

87% - Democrat
12% - Republican
1% - Other

Disapprove: 55%

15% - Democrat
83% - Republican
2% - Other



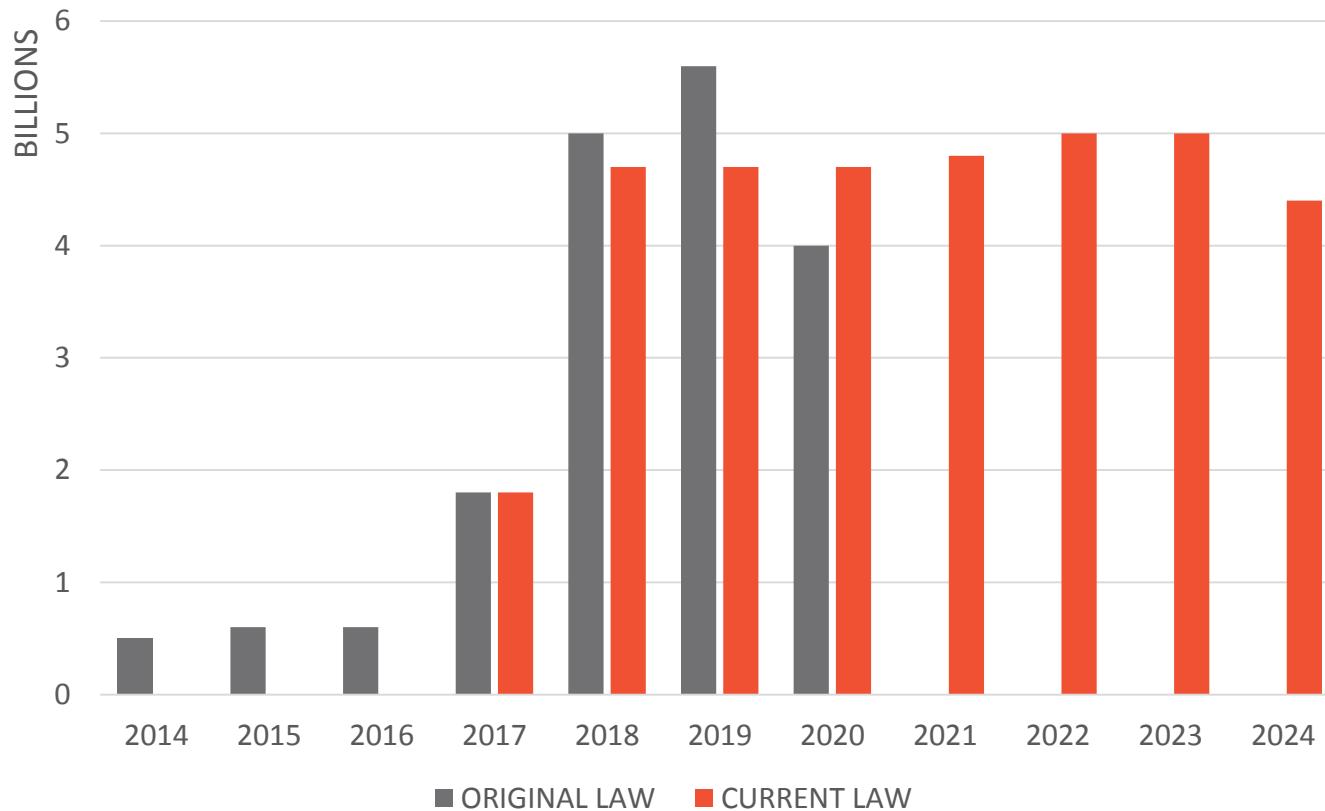
...THAN POLICY

PROGRESSIVE ISSUES PLAYED WELL AT BALLOT BOX

- Minimum Wage Increases – In all 5 states where on ballot
- Marijuana Legalization – Approved in 3 out of 4 states
- Other progressive victories
 - Rejection of anti-abortion measures in Colorado and South Dakota
 - Stronger gun control in Washington State
 - Millionaire Tax and mandatory birth control coverage in Illinois

SHORT TERM OPPORTUNITIES

MEDICAID DSH CUTS OVER TIME



RISK ADJUSTMENT



Risk Adjustment for Socio-Economic Status

- Unified legislation
- Bipartisan, bicameral support
- Working with committees and leadership; hope to include in SGR legislation

MEDIUM TERM THREATS

PROTECTING 340B

- Expect continued congressional interest
- Court decision on orphan drugs
- Upcoming guidance from HRSA

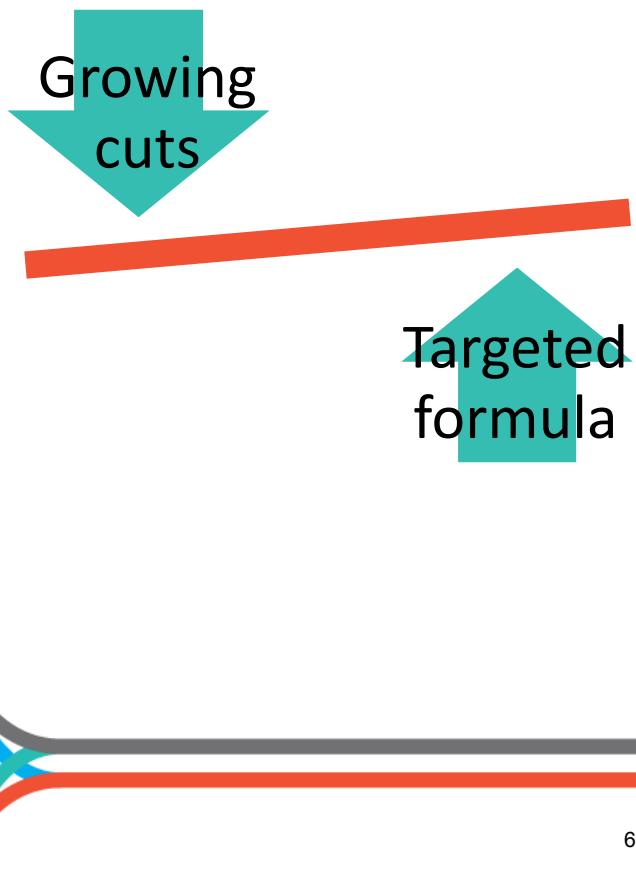


MEDICARE OUTPATIENT PAYMENTS



- Proposals by MedPAC, Congress, and the administration to lower hospital outpatient payments for
 - Evaluation and management services
 - Other procedures
- Would have a disproportionate impact on essential hospitals
- Prior advocacy success; lingering concern

MEDICARE DSH



- Cuts both ways; ultimately large cuts to all hospitals
- Some legislative interest, but unlikely to move in near future
- Develop recommendations for Congress to protect essential hospitals

GRADUATE MEDICAL EDUCATION

- Always “on the short list” of sources for savings
- Obama administration proposed over \$16B in IME cuts in 2016 budget



ACA OR ENTITLEMENT REFORM



- New agenda from incoming Senate leadership?
 - Scaling back the ACA – How far will compromise go?
 - Medicaid overhaul

KING v. BURWELL

- Will decide whether tax-credit subsidies are permissible with federal exchanges
- Could have far-reaching impact → 8.2M more uninsured; \$12B more in uncompensated care
- Both sides guarded on response
- Decision expected end of June



LONG TERM QUESTIONS

UNCLEAR HOW THE PIECES FIT TOGETHER IN FUTURE



CHARACTERISTICS OF ESSENTIAL HOSPITALS

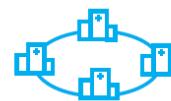
CARING FOR THE MOST VULNERABLE

Nearly half of all inpatient discharges and outpatient visits at members of America's Essential Hospitals were for uninsured or Medicaid patients, who are generally sicker and more complex than those at other hospitals. Roughly half were racial or ethnic minorities.



TRAINING FUTURE HEALTH CARE LEADERS

Essential hospitals trained an average of 219 physicians (U.S. medical and dental residents) per hospital – 12 times the number trained at other teaching hospitals.



PROVIDING COMPREHENSIVE, COORDINATED CARE

Essential hospitals provided non-emergency outpatient care to 41 million patients, averaging 494,054 non-emergency outpatient visits per hospital.



PROVIDING SPECIALIZED, LIFESAVING SERVICES

Essential hospitals operated nearly one-third of all level I trauma centers and psychiatric care beds, as well as 38 percent of burn care beds in the nation's 10 largest cities.



ADVANCING PUBLIC HEALTH

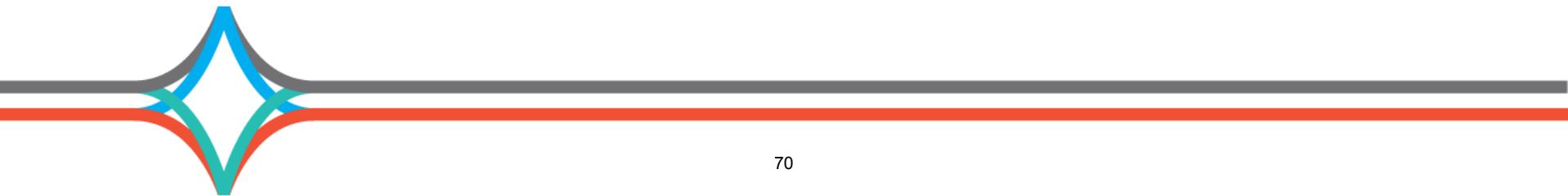
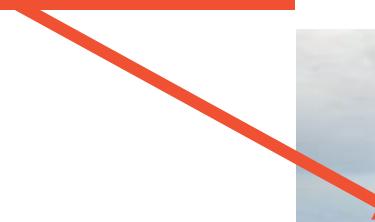
Nearly 70 percent of our members have a relationship with their local health department. In some communities, our members are the local health department.

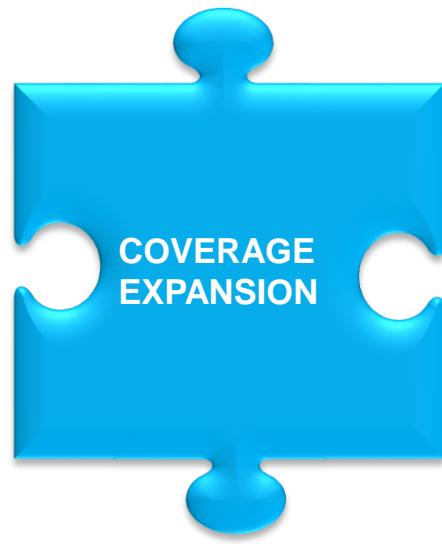
Source: Reid K, Roberson B, Laycox S, Linson M. Essential Hospitals Vital Data: Results of America's Essential Hospitals Annual Characteristics Survey, FY 2012. America's Essential Hospitals. July 2014. <http://2c4xez132caw2w3cpr1l98fssf.wpengine.netdna-cdn.com/wp-content/uploads/2014/08/VitalData-FullReport-20140804.pdf>. Accessed August 2014.



WHAT'S DRIVING THE TRAIN?

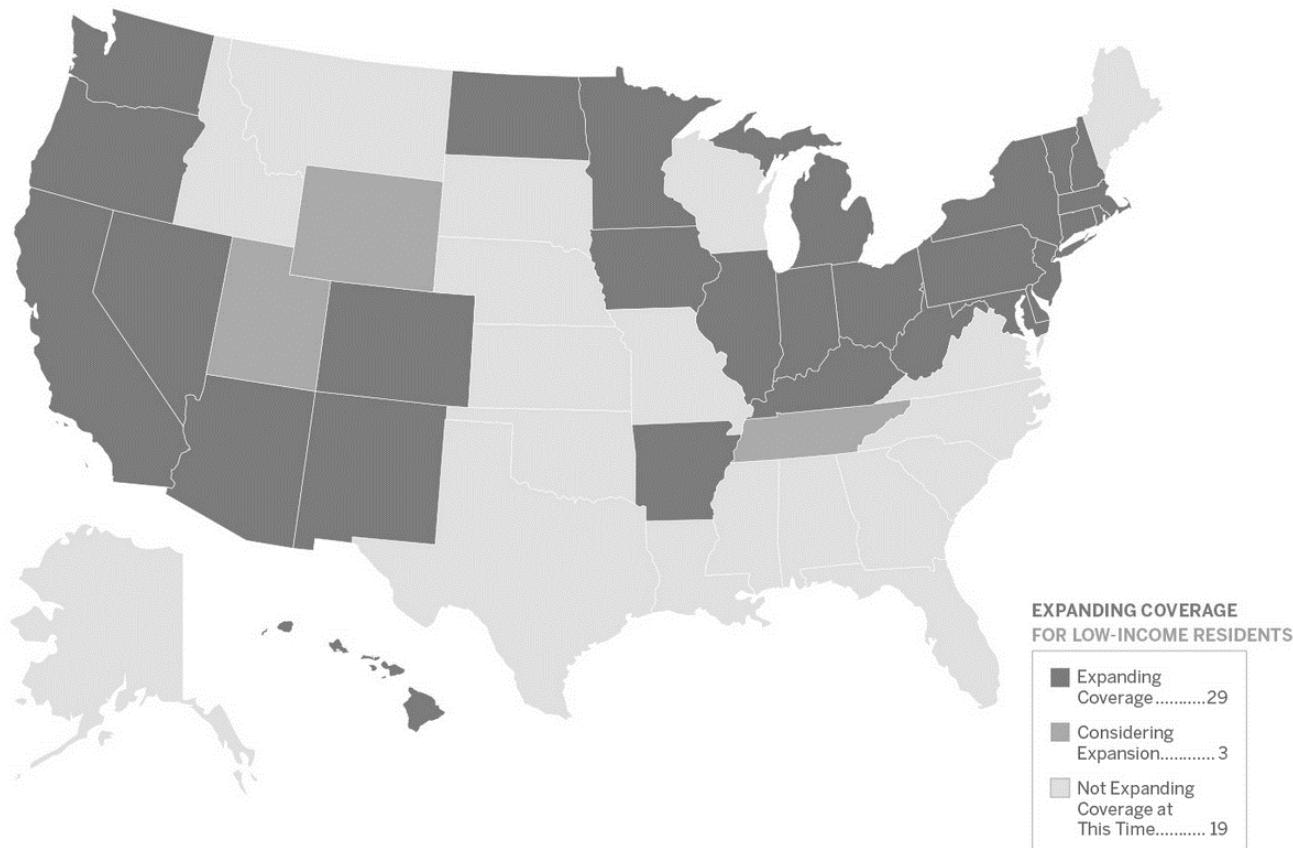
population health
and accountability





MEDICAID EXPANSION AND MARKETPLACE STRUCTURE

28 States, DC, Expanding Coverage—January 27, 2015



Source: The Advisory Board Company

CHANGING PATIENT MIX

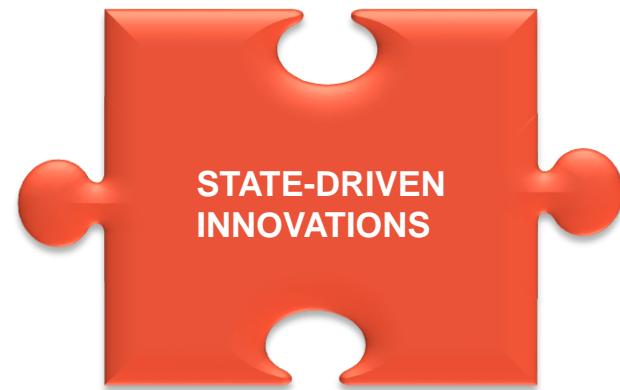
First half of 2014 compared with first half of 2013:

- Members in expansion states saw:
 - Large decrease in uncompensated care costs (UCC)
 - Large decrease in uninsured inpatients, outpatient visits, and ED visits
 - Large increase in Medicaid inpatient discharges, outpatient visits, and ED visits
- Members in non-expansion states saw:
 - Mixed results in UCC
 - Decrease in uninsured inpatients, outpatient visits, and ED visits
 - No change in Medicaid inpatient discharges, outpatient visits, and ED visits

CHANGING PATIENT MIX

First half of 2014 compared with first half of 2013:

- Upward trend in uncompensated care costs among exchange patients over time in 2014
- Hospitals in states with a state-based exchange reported higher rates of uncompensated care costs from exchange patients



INNOVATORS IN NEW DELIVERY MODELS

COLLABORATING FOR COMMUNITY HEALTH

By Shana F. Sandberg, Clese Erikson, Ross Owen, Katherine D. Vickery, Scott T. Shimotsu, Mark Linzer, Nancy A. Garrett, Kimry A. Johnsrud, Dana M. Soderlund, and Jennifer DeCubellis

Hennepin Health: A Safety-Net Accountable Care Organization For The Expanded Medicaid Population

-Health Affairs, 33, no. 11 (2014)



RESEARCH BRIEF

March 2014

VIRGINIA COORDINATED CARE FROM THE COMMUNITY PHYSICIAN PERSPECTIVE

Authored by:
Essential Hospitals Institute staff

KEY FINDINGS

This research brief discusses findings from a national telephone survey of physicians who work findings from an Agency for Healthcare Research and Quality study of Virginia's Coordinated Care for the Uninsured (VCC Program).

The VCC Program manages care for the uninsured. It provides access to quality, coordinated health care for uninsured and indigent patients in the greater Richmond area.

Using electronic health records (EHRs), case management, and

ABOUT VIRGINIA COORDINATED CARE FOR THE UNINSURED (VCC PROGRAM)

Established in 2000, the VCC Program seeks to better serve the low-income, uninsured population of central Virginia by coordinating care for uninsured patients through 52 primary care providers located in the greater Richmond, Virginia area, as well as in the independent areas of Colonial Heights, Petersburg, and Hopewell, Virginia. As of fiscal year 2013, VCC had more than 22,000 enrollees.

Research Methodology

To gain a better understanding of the successes and challenges of operating a core management program for the uninsured, Essential Hospitals Institute, the advocacy arm of America's Essential Hospitals, collaborated with investigators at UVA Medical Center to survey providers from the VCC Program.

Institute researchers selected

COVERAGE ISSUES

By Cathy J. Bradley, Sabina Ohri Gandhi, David Neumark, Sheryl Garland, and Sheldon M. Retchin

Lessons For Coverage Expansion: A Virginia Primary Care Program For The Uninsured Reduced Utilization And Cut Costs

-Health Affairs, 31, no. 2 (2012)

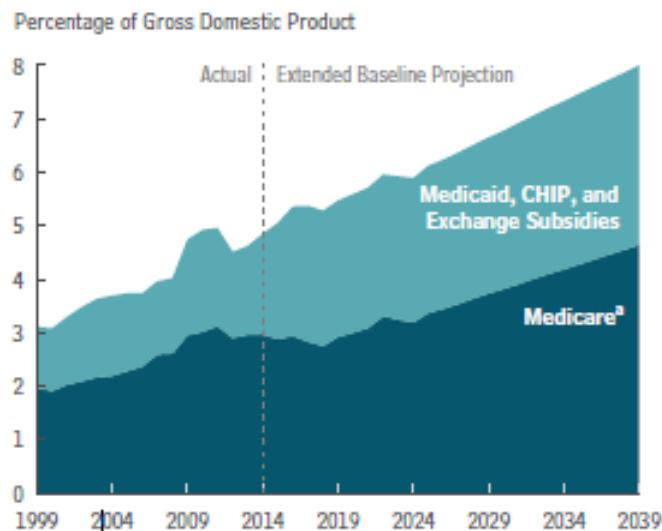


MEDICAID INCENTIVE PROGRAMS





Figure 2-2.
Federal Spending on the Major Health Care Programs, by Category



Source: Congressional Budget Office.

Notes: The extended baseline generally reflects current law, following CBO's 10-year baseline budget projections through 2024 and then extending the baseline concept for the rest of the long-term projection period.

CHIP = Children's Health Insurance Program.

- Net Medicare spending (includes offsetting receipts from premium payments by beneficiaries and amounts paid by states from savings on Medicaid's prescription drug costs).

Congressional Budget Office, *The 2014 Long-Term Budget Outlook*, July 2014

ESSENTIAL HOSPITAL MARGINS

NATIONAL OPERATING MARGINS

Members of America's Essential Hospitals Versus All Hospitals Nationwide, FY 2012

AGGREGATE



Source: Reid K, Roberson B, Laycox S, Linson M. Essential Hospitals Vital Data: Results of America's Essential Hospitals Annual Characteristics Survey, FY 2012. America's Essential Hospitals. July 2014. <http://2c4xez132caw2w3cpr1l98fssf.wpengine.netdna-cdn.com/wp-content/uploads/2014/08/VitalData-FullReport-20140804.pdf>. Accessed August 2014.

SUCCESS DEPENDS ON HOW THE PIECES FIT

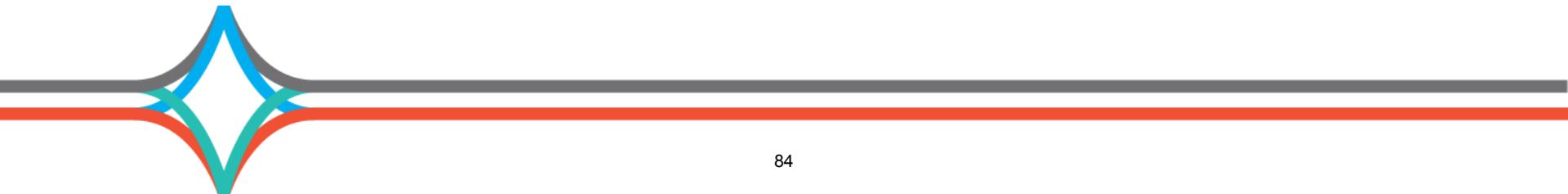


STRATEGIC QUESTIONS

- **LEADERSHIP:** *To what extent should we continue to grow our leadership development product line? Are there unmet needs in our membership?*
- **POLICY:** *What is our comfort level with pursuing federal policy that results in higher accountability for achieving improved care delivery and outcomes related to diverse populations?*
- **POPULATION HEALTH:** *To what extent should the association take a leadership position in defining and supporting population health interventions?*

LEADERSHIP

To what extent should we continue to grow our leadership development product line? Are there unmet needs in our membership?



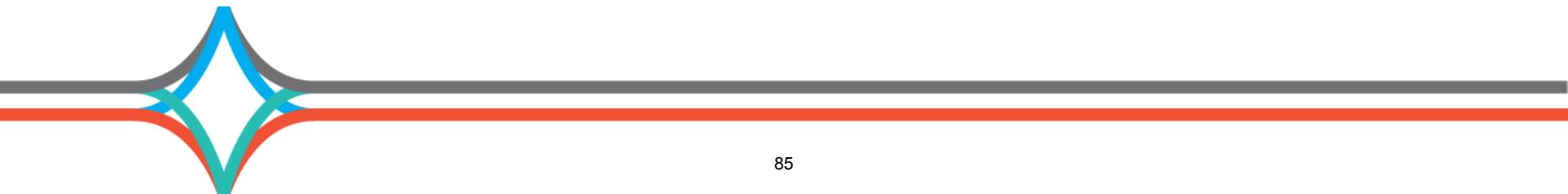
THE FELLOWS

Increase fellows' effectiveness as leaders to create better patient and organizational outcomes.

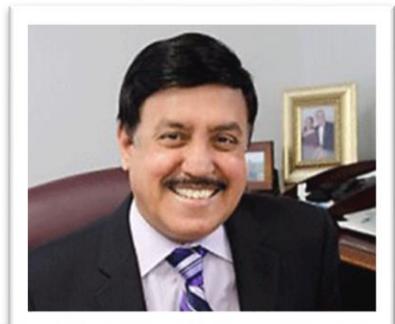
Build knowledge and passion about how leaders behave in high-performing organizations

Strengthen and use leadership skills to lead transformational change

Framework: Heifetz's and Linksy's model on Adaptive Leadership.
(Cambridge Leadership Associates)



RECENT FELLOWS NOW CEOS

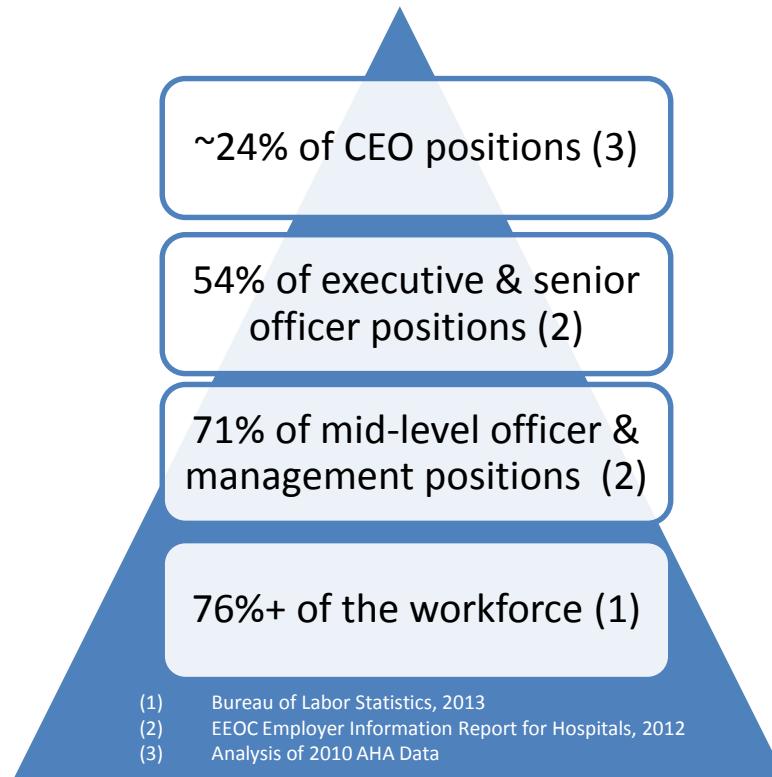


17 fellows have been promoted to C-suite positions in the past 7 years. These 7 fellows are now CEOs at America's Essential Hospitals

FELLOWS AS NATIONAL LEADERS



WOMEN IN HEALTHCARE LEADERSHIP



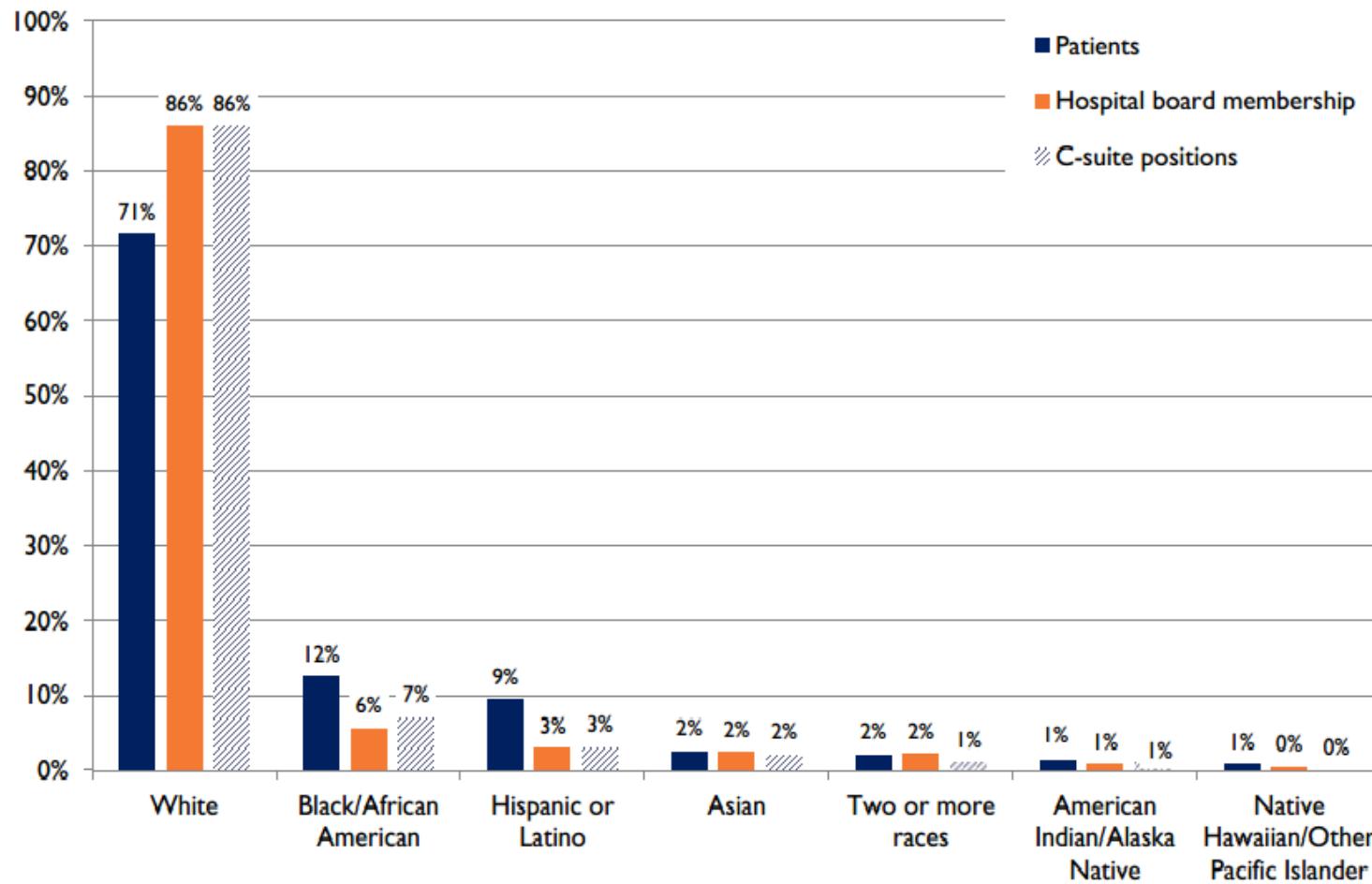
ACHE Members with 5-19 years experience

Percent who achieve CEO

	Women	Men
1990:	11%	28%
1995:	8%	21%
2000:	11%	25%
2006:	12%	19%
2012:	11%	22%

Leadership and Governance (cont. I)

Minority Representation in Hospital Leadership and Governance



INSTITUTE FOR DIVERSITY
in Health Management
An affiliate of the American Hospital Association

ESSENTIAL WOMEN'S LEADERSHIP ACADEMY (EWLA)

Purpose statement:

The Essential Women's Leadership Academy aims to build a community of essential hospital female leaders and is designed to increase their aspirations, promotions, and executive competencies.

Objectives:

- To help broaden participants' network base by providing access to other female leaders who share their same mission and challenges.
- To strengthen the leadership skills needed to become successful executives.
- To help increase the self-efficacy of participants in order to advance their careers.
- To enhance career management activities through career planning, coaching, and mentorship.

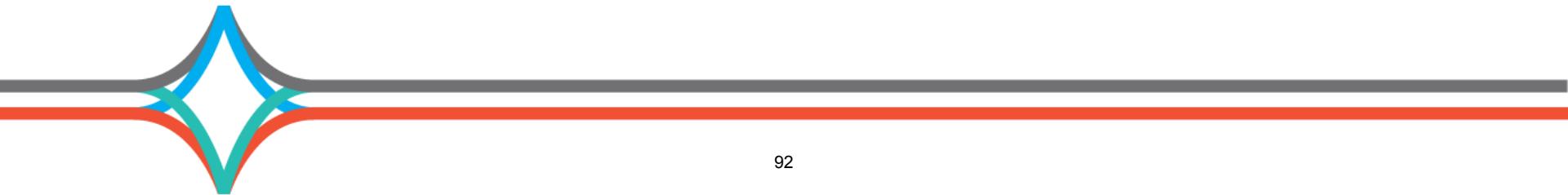
FUTURE LEADERSHIP DEVELOPMENT OPPORTUNITIES

In addition to Fellows and the Essential Women's Leadership Academy, are there other opportunities for leadership development?

- Physician Leadership
- Clinical Leadership
- Minority Leadership
- Research and Population Health Leadership
- Others?

LEADERSHIP

To what extent should we continue to grow our leadership development product line? Are there unmet needs in our membership?



POLICY

What is our comfort level with pursuing federal policy that results in higher accountability for achieving improved care delivery and outcomes related to diverse populations?

EXTERNAL FORCES ARE PULLING

population health
and accountability



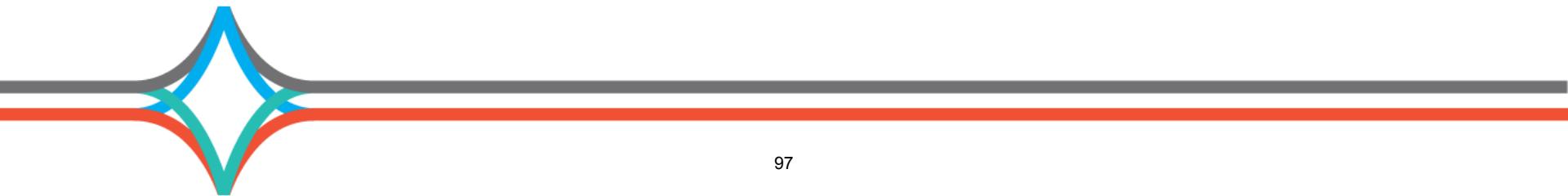
TO WHAT EXTENT DO WE WANT TO PUSH?



EVERYTHING MUST BE BUDGET NEUTRAL



HOW MUCH RISK ARE WE WILLING TO ASSUME?

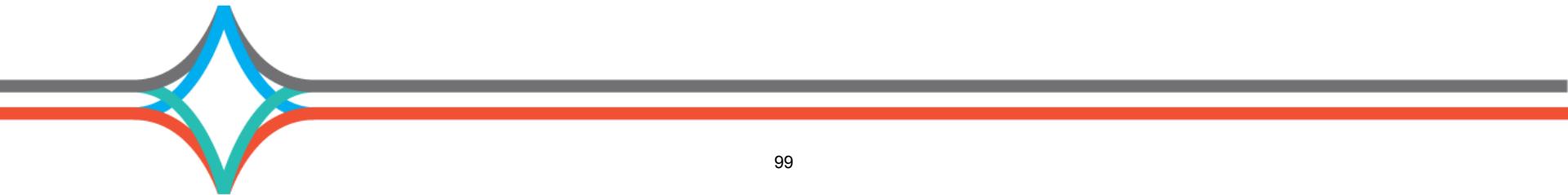


POLICY

What is our comfort level with pursuing federal policy that results in higher accountability for achieving improved care delivery and outcomes related to diverse populations?

POPULATION HEALTH

To what extent should the association take a leadership position in defining and supporting population health interventions?



POPULATION HEALTH

- The health of a population, including the distribution of health outcomes and disparities in the population (Kindig)
- Health=A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (Teutsch)
- Population>All individuals in a specified geopolitical area (Teutsch)

WHY NOW?

- Poor outcomes and yawning disparities
- Focus on more population based models with prevention
 - » ACOs
 - » DSRIP waivers
- Need to engage broader continuum and social services to improve outcomes
 - » Affecting social determinants e.g. income and education
 - » Affect other mediators, e.g. food insecurity and smoking
- IRS Form 990 Section H Community Benefit Reporting
- Affordable Care Act sec 9007 Community Health Needs Assessment

A CORNUCOPIA...AND A CONUNDRUM

- “Population Health” Activities Vary Widely
 - » Targeted interventions: manage high utilizers
 - » More clinically focused delivery and finance: ACOs and DSRIP
 - » Public Health: Community education
 - » Social Investments: Housing, Food Deserts
- Our members are doing all of the above
 - » With often uncertain outcomes
- And we will be asked to “do” more
 - » IHI 100 Million Healthier Lives

CONCEPTUAL FRAMEWORK: POPULATION HEALTH

POPULATION HEALTHCARE + POPULATION HEALTH COMMUNITY →
CULTURE OF HEALTH

POPULATION HEALTHCARE

WHO are we targeting?

- *Patients in a hospital system* (targeted or broad-based)

HOW are we intervening?

- Practicing upstream healthcare *within the delivery system*
- Focus on *secondary and tertiary prevention*

WHAT are we measuring?

- Health and wellness outcomes, measured at the *hospital level*



POPULATION HEALTH COMMUNITY

WHO are we targeting?

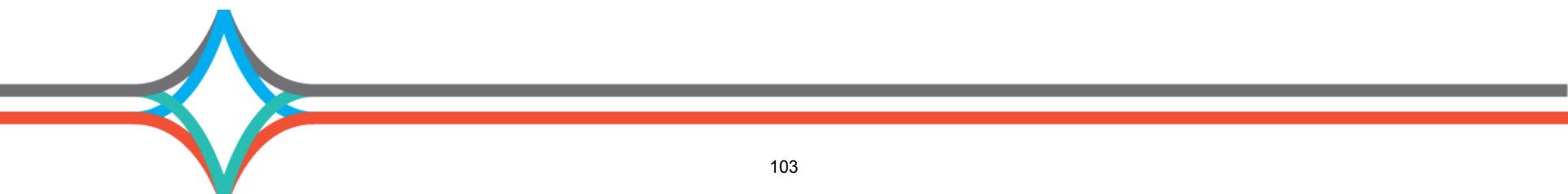
- *People within a geographic area* who may or may not be seeking healthcare services (targeted or broad-based)

HOW are we intervening?

- Practicing upstream healthcare by *collaborating with community/social resources*
- Focus on *primary and secondary prevention*

WHAT are we measuring?

- Health and wellness outcomes, measured at the *community- and/or county-level*



SO WHAT'S AN ASSOCIATION TO DO?

- Research and Evaluation
- Be a “Joiner”
- Educate and spread (Best practices)
- National Collaborative Convener?
 - » Food Insecurity
- Promote Federal Policy?

POPULATION HEALTH

To what extent should the association take a leadership position in defining and supporting population health interventions?

