



**Education Committee
Meeting Minutes
September 9, 2013**

Committee Members Present (9): <ul style="list-style-type: none"> • Caroline Jacobs (Co-Chair) • Penne Allison • Craig Cathcart • Sue Currin • Tom Quatroche • Arnold Tabuenca • Stephanie Thomas • Sherrie Williams • Joe Woelkers 	Committee Members Absent (2): <ul style="list-style-type: none"> • Michael Belzer (Co-Chair) • Ted Chan 	Staff Present (4): <ul style="list-style-type: none"> • Kristine Metter • David Engler • Josel Fritz • Katherine Susman
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Agenda Items

Minutes

Breakfast and introductions	<ul style="list-style-type: none"> • Welcome to new members Craig Cathcart, Tom Quatroche, Stephanie Thomas, Jose Woelkers and Ted Chan (not present). • This was the second in-person meeting for this committee which is in its second year of existence. • Over the last 2-3 years America's Essential Hospitals has undergone an intensive and inclusive strategic planning process. This solicited a clear message from membership that they wanted to focus on educational programming with specific attention to innovation, policy and quality.
Mapping Educational Programming to Strategic Plan	<ul style="list-style-type: none"> • The new strategic plan provides focus/guidance and reinforces that America's Essential Hospitals will only pursue things that are within its capacity/leadership. • The four pillars of the strategic plan are: advocacy, policy, innovation/adaptation and quality. • Goals for educational programming: <ul style="list-style-type: none"> ○ Establish a standardized user experience (i.e.: conference calls and webinars) ○ Focus, strategize, and prioritize around the four pillars of the strategic plan ○ Foster leadership engagement ○ Develop quality improvement strategies, leadership development and capacity building through the Fellows Program

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	<ul style="list-style-type: none"> • The association will measure the progress of these goals by developing success factors. For example, did it support the strategic plan? • The committee was asked to provide feedback on what programming is needed/helpful vs. what is already available to members from other sources. <ul style="list-style-type: none"> ○ There is significant overlap with UHC, with whom America's Essential Hospitals shares a close relationship. One critical distinction is that UHC is largely for academic medical centers and does not specifically focus on the safety net population. ○ Members value that there is such direct focus on essential hospitals and the safety net, which will not be compromised with membership growth. Although some larger academic medical centers have joined the association, these are still institutions that serve low-income and under/uninsured populations. ○ Generally the most valuable benefit of this membership is the policy/advocacy work, including DSH and 340B. ○ Suggestion to provide tiered programming to accommodate different organizations. • A member satisfaction survey will be distributed early next year.
Distance Learning	<ul style="list-style-type: none"> • The committee reviewed the "2013 Webinar Participation Summary" and "2014 Distance Learning Draft Plan". • The EHEN distance learning is focused on 22 member hospitals, with some opportunities open to the full membership. This operates under a CMS contract. • There is an opportunity to focus on waivers in various states, a space that is not currently occupied. • General interest in focusing on population health. • It is important to frame data and information with the context of safety net hospitals in order for the association to stand out. For example, UHC provides significant data and analytics but it is not adequately coded for safety net hospitals. • The committee was asked to speak with colleagues and coworkers about what they would like to see from our distance learning, and then share any ideas with Kristine Metter.
Fellows Program	<p>2013-2014 Program Updates</p> <ul style="list-style-type: none"> • Fellows Session I was successful and Session II will take place in October. Fellows have begun planning their program projects, conducted the HLQAT survey at their organizations, and participated in monthly group webinars. • There have been two adjustments to the program: <ul style="list-style-type: none"> ○ "Fellows Update Newsletter" - Improved outreach to the fellows sponsors through a concise email that highlights what the fellows are doing and upcoming events. This keeps sponsors informed and helps fellows request the support of their sponsors. Ideally this will grow in participation. ○ "Past Fellows as Panelists" - Using past fellows in the operation of future fellowship development. Past fellows will attend the fellow's session in Sacramento in October and speak about their experience, challenges, and successes.

	<p>Fellows Program 2013-2014 Linkages to Strategic Plan</p> <ul style="list-style-type: none"> • Fellows attended the legislative event during Session III and advocated for their own institutions as well as key policy issues. (Advocacy) • Sessions I and III addressed policy issues. (Policy) • The change management curriculum in Session I helped the fellows lead a change initiative. (Innovation and Adaptation) <p>Discuss 2014-2015 Program</p> <ul style="list-style-type: none"> • The program theme has consistently focused on leadership, particularly at high performing organizations. • Strong interest in the possible theme “Innovative and Adaptive Leadership in Times of Change”. • The current class size is 42 fellows, this appears universally supported as a manageable but substantial size. • There is interest to offer scholarships to target hospitals that have not yet participated (possibly due to high tuition costs), however the resources do not exist at this time. An alternative is to find sponsors for financially troubled members. • The committee discussed the merit of “looking back” at the organizations of past fellows to see what they have found important or where there are gaps, as well as tracking past fellows 5-10 years after their program to see their trajectory.
<p>2014 Annual Conference</p>	<p>Conference Goals</p> <ul style="list-style-type: none"> • Increase participation by reaching deeper into organizations that participate as well as attracting members that do not usually attend. • Important to go beyond the “C-Suite”, while maintaining strong representation with those executives as well as policy makers. • Have hospitals and systems in close proximity to the conference site make a concerted effort to bring extra people. Example: Each CEO brings one extra person as a form of mentorship. • Discussion of physician/executive leadership integration, combining these groups in sessions and promoting unity between the two groups. • The committee expressed interest in being more involved with the conference, i.e.: introducing speakers or acting as ambassadors for first time participants. <p>Conference Schedule</p> <ul style="list-style-type: none"> • The following sessions were discussed specifically: <ul style="list-style-type: none"> ○ Tentative breakfast roundtables will host “critical conversations” to provide an opportunity for interaction and sharing of perspective. ○ The committee expressed desire to continue the poster session, perhaps with the addition of a booklet to highlight presentations. <p>Pre and Post-Conference Workshops</p> <ul style="list-style-type: none"> • These are offered separately from general registration. Typically they are \$185 for 6 hours of programming; however the committee discussed the possibility of a “two day conference rate”. <p>Tracks</p> <ul style="list-style-type: none"> • There are four possible tracks: leadership, quality, federal financing, and waivers. These were all well received as comprehensive coverage. • The committee discussed including patient safety as a part of the quality track.

	<p>This will be revisited after the content of the sessions take form and track marketing begins.</p> <p>Keynote Speakers</p> <ul style="list-style-type: none"> • The budget is \$40,000 for both opening and closing speakers. In past years the opening was from the health care industry while the closing was more business-oriented. • Suggestions included politicians, current and past CMS administrators, author Marty Makary, and several others. Committee members will contact Kristine Metter with additional input.
Legislative Events	<ul style="list-style-type: none"> • The organization has two fly-ins a year, hosted in the spring and fall. There is a consistent average of 80 attendees. Typically these events have a half-day of programming, a capitol hill/regulatory update, and some interaction with both administration and hill staff. • Some years these events address topics of current importance (i.e. exchanges, waivers) while other years are more focused on local DC activities and speakers. There have also been informational sessions that essentially serve as “advocacy 101”, that provide instructions for how members should deliver their message to legislators. • The committee gave the following suggestions and feedback: <ul style="list-style-type: none"> ○ Local activities in addition to fly-ins would be very useful and allow members to give more input on strategy. ○ Regional meetings could serve to get everyone together with select board members to teach members about advocacy. It is important for every member to know exactly what their role is when speaking with policy makers/staff. ○ One tactic when speaking with policy makers is to avoid the “poor me” mentality, and instead provide patient and/or technical stories that show the change and improvement that member hospitals are achieving. Impact sheets could be very helpful to show simple numbers such as readmissions, DSH etc. ○ It is important that what happens at the legislative events goes back to institutions; this could be achieved by assigning “homework” to attendees.
Wrap-Up and Next Steps	<ul style="list-style-type: none"> • The committee will continue with quarterly conference calls, including one in December.