2012 - 2014
New Hampshire Hospital Association
Strategic Plan
New Hampshire Hospital Association
2012 – 2014 Strategic Plan

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Forward

This 2012-2014 NHHA Strategic Plan marks the second year of a more disciplined planning approach for the Association. And it marks a shift in how the Association does its work on behalf of the members it serves.

Change has become the buzzword in health care over the past several years, but it truly has become the reality for our members and the organizations they represent. The pace of that change and the ultimate direction it takes is still taking shape, but what remains unbelievably clear is the commitment of our members to the patients and communities they serve. In the fog of change or budget battles, New Hampshire’s hospitals have never lost sight of the fact that they remain the center of hope, healing and health in their communities.

As we began this new approach to strategic planning over two years ago, we made a conscious decision to focus exclusively on the Association, knowing that we would eventually need to create a plan that encompassed the work of both the Association and the Foundation for Healthy Communities. What became clear very quickly was that separating the work of the two organizations for this strategic plan was more difficult than it would have seemed. In fact, you’ll see several references in the 2012-2014 NHHA Strategic Plan to important work that is occurring in the Foundation for Healthy Communities that impacts the work of the Association and vice versa. Therefore, as part of our planning process in the coming year, we will be focusing on an enterprise-wide strategic plan for both the Association and the Foundation.

Changes in our planning process and how we do our work on behalf of our members is important and reflects our ongoing commitment to the members. We look forward to the coming year as we work with you to achieve our goals and objectives together.

Sincerely,

Stephen M. Ahnen
President
**NHHA’s Vision for New Hampshire**
The NHHA vision is to be *THE* leading and respected voice for hospitals and health care delivery systems in New Hampshire working together to deliver compassionate, accessible, high quality, financially sustainable health care to the patients and communities they serve.

**Our Mission**
The NHHA mission is to provide leadership through advocacy, education and information in support of its member hospitals and health care delivery systems in delivering high quality health care to the patients and communities they serve.

**Our Values**
Leadership ... Innovation ... Integrity ... Excellence ... Efficiency ... Engagement ... Teamwork.

**Our Goals**
1. Advocate for health care policies at the state and national levels that support the ability of hospitals and health care delivery systems in New Hampshire to serve their patients and communities.
2. Actively lead, partner and collaborate to facilitate development of a health care system that improves health care delivery, quality, accessibility and affordability in New Hampshire.
3. Optimize the operational effectiveness of the NHHA.

**Strategies**
- Advocate for fair and adequate Medicaid and Medicare reimbursement.
- Ensure rules, regulations and policies enhance patient care and health care delivery.
- Enhance public understanding of the value and benefit of hospitals and health care delivery systems.
- Increase the Association’s visibility and voice on behalf of hospitals and health care delivery systems.

**Strategies**
- Help shape and influence the future health care delivery system.
- Advance strategies to help members implement federal health care reform.
- Improve quality, patient safety and performance improvement.
- Increase the spread and adoption of health information technology and exchange.

**Strategies**
- Increase the financial strength of the NHHA.
- Enhance member satisfaction.
- Empower people and organizational strategies.
Our Values

Leadership: to advocate for our members so that they may fulfill their mission of providing their patients with the right care at the right time, in the right place, every time.

Innovation: to foster and engage our members in the development of fresh perspectives and bold approaches that enable them to better serve their patients and communities.

Integrity: to be honest, credible and reliable in service to our members, our relationships with others and our employees.

Excellence: to constantly strive for the best in all that we do on behalf of our members, our colleagues, and other key partners and stakeholders.

Efficiency: to be prudent stewards of the resources entrusted to us to best serve our members, staff and key stakeholders.

Engagement: to embody a commitment to work together with our members and other stakeholders to improve health care in New Hampshire with a unified voice.

Teamwork: to actively value, encourage and support our colleagues in the work we do on behalf of our members.
**Planning Assumptions**

1. The association must be more proactive in articulating the role and value of hospitals in their communities, telling the hospital story and seeking to advance solutions to the problems we face.

2. Regardless of whether change is anticipated, remarkable associations maintain a clear understanding of their core purpose and willingly adapt how they do business in order to remain consistent with that purpose. They remain more steadfast in their commitment to their members and their mission.

3. A potential leadership role for associations is facilitating strategic conversations about the future of their sectors or professions that address the opportunities and challenges associated with a changing environment and workforce dynamics.

4. An individual’s perceived value of membership is directly proportional to his/her level of engagement. It’s important to engage in dialog with your members about the association’s activities and initiatives, to involve them in advancing the mission of the organizations, and stir their affinity for the association’s vision.

5. The channels of political influence are broadening to include digital broadcast media that offer specialized forums for political discussion and web-based communities that practice “swarm advocacy” and “smart mobbing.” To attract support for their positions in this crowded public arena – and to gain the attention of elected officials, regulators and agencies – associations must develop a creative, multi-pronged, and web-savvy approach to advocacy.

**Consumers and Demographics**

1. The estimated annual cost of treating obesity-related illness in adults reached $147 billion in 2009. And, child obesity is growing three times faster than adult obesity; average claims cost of children with Type II diabetes, is $10,789, which exceeds the $8,844 average claims cost of adults with the same condition.

2. Mental illness causes more disability than any other class of illness in the nation. One in four Americans experience mental illness at some point in their lives; twice as many of us live with schizophrenia than live with HIV/AIDS. In this second report, three years later, the National Alliance on Mental Illness (NAMI) documents marginal progress across the country, but not enough to move the nation from a “D” grade. Fourteen states increased their overall score over the past three years. For almost half the states (23), their grade remains unchanged since 2006, while 12 states have fallen behind. Today, even those states that have worked the hardest stand to see their gains wiped out. As the country faces the deepest economic crisis since the Great Depression, state budget shortfalls mean budget cuts to mental health services.

3. "Rising health-care costs threaten the financial well-being of families in New Hampshire and across the nation," said Ron Pollack, executive director of Families USA. According to a Families USA report, health coverage is suddenly becoming too costly for New Hampshire's working families. According to the report, average annual premiums rose 92 percent to $14,448 last year compared to $7,525 in 2000. Meanwhile, wages during the same period of the Families USA study rose only 21 percent to $33,003 up from $27,226.
Economy & Finance

1. More than half of all health care spending, calculated at up to $1.2 trillion of the $2.2 trillion spent nationally, is attributable to (the top three): defensive medicine ($210 billion annually), inefficient claims processing (up to $210 billion annually) and care spent on preventable conditions related to obesity and overweight ($200 billion annually).

2. Financial predictions of the next decade: - Easy credit and low interest rates are gone and will stay gone for the foreseeable future, highlighting the need for new financing strategies. - Those who aren't able to make fundamental changes quickly will suffer dire consequences. Hospital finance leaders must be nimble enough to work from contingency plans. - Cash will be squeezed from every part of a hospital’s operation. Hospitals will zero in on internal cooperation like never before.

3. Hospitals are moving quickly to respond to the economic challenges that are impairing financial performance by: - Greater employment of board members' financial and investment expertise when formulating budgets, debt plans and investment allocations; garnering board support for expense reductions - Delay of non-essential capital spending to increase liquidity until financial performance improves or access to the capital market if more favorable - Re-evaluation of return on new investment for large-scale capital projects given the economic realities of rising unemployment, state cutbacks in healthcare reimbursement, and cost of capital assumptions - Better upfront collection of payment for non-emergent services to address charity care/bad debt expense - Staff reductions, either through layoffs or attrition, even if financial performance is stable, to position the hospital for likely financial changes that are coming - Review of all vendor contracts - Outsourcing certain services previously provided in-house - Service line reviews, with consideration to discontinue those services that do not contribute to financial performance, such as mental health - Greater engagement of physician leaders to received their buy-in regarding financial and capital decisions.

4. From a public perspective, the most desirable strategies to address high and rising health care costs would involve:
   1) eliminating duplicative or unnecessary care and reducing administrative overhead;
   2) preventing illnesses or complications and detecting conditions at an early stage;
   3) avoiding unneeded hospitalizations; and
   4) enhancing productivity and efficiency in the provision of care.

Human Resources

1. Training physicians, nurses and other professionals to work in teams is another idea whose time seems to have come. The interest in team training has grown rapidly over the past several years, abetted by the adoption of simulation techniques. Whole systems and hospitals are now providing team training to their entire medical staffs.

2. By 2012 the average age of the RN workforce will have increased by 1.2 years to 44.7 years, and RNs in their fifties will be the largest age group. Although new forecasts provide an improved picture of the future supply of RNs, a large shortage developing in the next decade is still anticipated.

3. “Very few young physicians are going into primary care and those already in practice are under such stress that they are looking for an exit strategy” the American College of Physicians stated. “Dropping incomes coupled with difficulties juggling patients, soaring bills and policies from insurers that encourage rushed office visits all mean that more primary care doctors are retiring than are graduating from medical school. Only 27% of third-year internal medicine residents actually planned to practice internal medicine, with others planning to go into more lucrative specialty jobs. Primary care
physicians – the bedrock of medical care for today and the future – are at the bottom of the list of all medical specialties in median income compensation."

4. Operational strains and the continued fast pace of change in health care delivery will place significant stress on the workforce. The resulting impact on employee morale, coupled with an overall reduction in pool of available employees will cause hospitals and other health care providers to redouble their efforts relative to managing organizational change, building stronger internal cultures, strengthening leadership and attracting and retaining top-notch health care workers.

Information Technology & e-Health
1. The top IT priorities for the next two years are: - Meeting meaningful use criteria (42%) - Focus on clinical systems (27%).

2. Implementing technology to reduce medical errors and promote patient safety was named a top priority at health care organizations by 52% of respondents; no other response was chosen more frequently. Progress in implementing this technology, however, is slow. National estimates of CPOE implementation hover at 5%. The rate of implementation of bar code technology used to check and document the doses administered at the bedside is 1.5% and the installation rate of robotic distribution systems is 8%.

3. Electronic patient records do more than improve care during individual patient visits; they also make it easier to plan for future care needs, because they enable more accurate risk profiling and predictive modeling of which patients are likely to require the most attention.

4. Technologies, policies and business needs are converging to allow for effective and efficient data exchange of patient information between healthcare providers. Local, regional and statewide exchange programs being considered could have a profound effect on how healthcare information can be utilized to decrease duplication of services, increase patient safety and quality of care and increase patient satisfaction.

Insurance & Coverage
1. Payments (in the future) will include incentives to achieve defined thresholds of quality and penalties for unintended complications, poor outcomes, and/or excessive variation when compared to clinical guidelines.

2. Medicaid hospital payments are affected by state finances, and many large states with large Medicaid populations are currently in financial trouble. Consequently, Medicaid payments will continue to be subject to budgetary, fiscal and political pressures.

3. The level of reimbursement under health care reform is unknown. Much of the coverage expansion will come from Medicaid. Cash-strapped states are already challenged in making provider payments, and low reimbursement levels could further strain the system. Moreover, hospitals may face tighter reimbursements from private payers and managed care companies as they try to reduce their own expenses through provider payment constraints.

Political Issues
1. Hospitals need to proactively counter the impression articulated by the Governor, the Citizen's Health Initiative, legislators and others, that hospitals financial condition is high with large margins and surpluses with a more balanced, realistic perspective.
2. Political pressure will focus on the need to drive down health care costs in the private sector.

3. The current trajectory of increasing utilization and costs of health care cannot and will not be sustained over the long-term. Government, business and primary payers have begun initiating reforms that will seek to pay for services based on value and to create a more granular level of detail on the services provided by expanding the diagnosis-related group (DRG) system.

4. On the patient-safety front, Congress and the administration will expand existing reporting requirements and adopt new ones, and will expand existing Medicare policy that penalizes providers financially for medical errors.

**Provider Organizations & Physicians**

1. The law adopts several key delivery system reforms to better align provider incentives to improve care coordination and quality and reduce costs. These reforms include a value-based purchasing system for hospitals; voluntary pilot projects to test bundled Medicare payments; voluntary pilot programs where qualifying providers – including hospitals – can form “Accountable Care Organizations” and share in Medicare cost savings; and financial penalties for hospitals with “excessive” readmissions.

2. Top challenges for hospitals: - Dealing with operating costs that are rising more rapidly than revenues (73.2%) - Maintaining physician compensation levels in an environment of declining reimbursement (68.9%) - Selecting and implementing a new electronic health record (61.6%) - Collecting from self-pay, high-deductible health plan and/or health savings account patients (60.1%)

3. According to the Health for Life Expert Advisory Group on Clinical Integration, “Clinical integration facilitates the coordination of patient care across conditions, providers, settings, and time in order to achieve care that is safe, timely, effective, efficient, equitable, and patient-focused. To achieve clinical integration our nation’s health care system needs to promote changes in provider culture, redesign payment methods and incentives, and modernize federal laws.”

4. Wide pay discrepancies coupled with quality of life issues in the US have resulted in a very low rate of medical students opting for primary care. As a result, the American College of Physicians estimates that by 2025, the US will need another 45,000 family physicians in order to meet demand. This shortage, which was estimated before passage of the new law, is further exacerbated by health care reform. As a result of the increased number of insured persons, patient caseloads for primary care physicians are expected to increase, causing longer wait times and reduced quality of care for patients.

5. There are two big themes in the new health reform legislation: 1) more people will be covered but at lower reimbursement; and 2) there are seeds of change shifting the game from pay for procedures to pay for outcomes. Hospitals can respond to the changing environment by: - Integrating for accountable care. - Making care cheaper through aggressive cost management. - Focusing on patients and the outcomes they want. - Piloting medical home initiatives and bundled payment experiments with small teams of innovators in order to learn how to play the new game. - Building culture and capacity... as well as the business model for the new game while doing your best to nurture the organization that brought you into the new millennium. But then you, the leader, has to determine when to “flip the switch” and focus the entire organization on the new game.

**Quality & Patient Safety**

1. Better communication between patients and physicians and between primary care physicians and specialists is a key component of care coordination and leads to improved patient outcomes. Yet, patients’ and clinicians’ levels of satisfaction with interpersonal communication have declined.
2. CMS's new policy of not paying the higher diagnosis-related group (DRG) amount for hospital acquired complications is a further step in linking performance and payment. A result of the policy to stop paying for hospital-acquired complications is a new definition of accountability for the hospital. The importance of documenting conditions that are present on admission means that hospitals must be better prepared to evaluate patients efficiently and thoroughly during the intake process. Hospitals should be thinking about quality and financial performance together, not separately.

3. It is likely all hospital boards will have a committee or subcommittee on hospital quality and patient safety by 2014. Boards will devote more of their meeting time to discussing quality than to discussing financial performance.

**Science & Technology**

1. There will be widespread use of ambulatory, home, and community care in place of traditional inpatient services and expanded use of new communication and monitoring techniques.

2. Chronic patients will be empowered to take control of their diseases through IT-enabled disease management programs that provide outcomes and lower costs. Their treatment will center on their location, thanks to connected home monitoring devices, which will automatically evaluate data and when needed, generate alerts and action recommendations to patients and providers.

3. The expanded utilization of minimally invasive surgery (MIS) means that riskier patients will become candidates for surgery, offering some of the declines in length of stay and decreasing the risk of complications and adverse outcomes. Currently, 65% of surgical procedures do not involve a hospital stay. Experts forecast that 80% of surgeries will be MIS within ten years.

4. New technology – its introduction and its use – has accounted for 20 to 40% of the annual rise in U.S. health care spending since 1960.
2012-2014 Goals and Strategies

**Goal 1** -- Advocate for health care policies at the state and national levels that support the ability of hospitals and health care delivery systems in New Hampshire to serve their patients and communities.

**Strategy 1:** Advocate for fair and adequate Medicaid and Medicare reimbursement.

**Strategy 1A:** Moderate State Medicaid reductions

Measures of Success: 1) All hospitals will receive Disproportionate Share Hospital (DSH) payments that better reflect the uncompensated care they provide; 2) A commitment is secured to increase Medicaid rates for inpatient and outpatient hospital services over time to be more in line with the average of Medicaid payment to cost ratios in other states as measured by AHA survey instruments; 3) Educate policymakers and the public on the challenges and consequences for patients and communities of inadequate Medicaid funding through a variety of media and grassroots advocacy efforts.

**Strategy 1B:** Redesign the Medicaid Enhancement Tax (MET) and Disproportionate Share Hospital (DSH) program.

Measures of Success: 1) Work with CMS, DHHS, DRA and the Governor to ensure the NH MET and DSH program are compliant with state and federal guidelines; 2) Create a long-term, stable process to maximize the funding available to hospitals through the DSH program to appropriately recognize those hospitals who provide more uncompensated care while minimizing, to the greatest extent possible, negative impacts on individual hospitals.

**Strategy 1C:** Ensure that Medicare’s wage index and other special payment adjustments, such as Critical Access Hospital, Sole Community Provider and Rural Referral Center, are enhanced or preserved.

Measures of Success: 1) Engage New Hampshire’s Congressional Delegation to modify Medicare’s wage index calculation through legislation; 2) Adjustments are made through federal legislation or regulation to improve the Medicare wage index for New Hampshire’s hospitals; 3) Work with New Hampshire’s Congressional Delegation to ensure special payment adjustments that are important to New Hampshire hospitals are maintained.

**Strategy 1D:** Actively engage with the members and NH DHHS in the implementation of Medicaid managed care.

Measures of Success: 1) Establish a working group(s) of member constituencies, such as CFO’s, Chief Medical Officers, Managed Care Contracting Directors, Patient Account Managers, Case Management Directors and others, to actively monitor the implementation of the Medicaid managed care program in NH; 2) Work with NH DHHS to ensure the regulations implementing New Hampshire’s Medicaid managed care program include the appropriate oversight, accountability and transparency to ensure that hospitals, doctors and other caregivers will have recourse and due process should it be necessary to challenge decisions of individual managed
care companies over network adequacy, payment of services and claims denials; 3) Work with consumer groups and other provider stakeholders to monitor the implementation of Medicaid managed care to ensure that it will provide the appropriate evidence-based care for New Hampshire’s Medicaid beneficiaries.

**Strategy 2: Ensure rules, regulations and policies enhance patient care and health care delivery**

**Strategy 2A:** Actively participate in review of all Medicare and other federal proposed rules and regulations of importance to hospitals and hospital-related reimbursement systems to understand the provisions and implications

Measures of Success: 1) Provide impact analyses to members of proposed rules/regulations and sample comment letters for them to file their own comment letters with regulators; 2) Submit detailed comment letters to regulators; 3) Review final rules and regulations to determine if regulators have considered or modified the final rules to reflect the feedback from the providers.

**Strategy 2B:** Actively review and comment on all relevant State regulations and rules that impact hospitals and health care delivery systems in New Hampshire.

Measures of Success: 1) Submit comments to regulators and JLCAR, along with testimony, when necessary; 2) Engage other provider stakeholders when necessary; 3) Review final rules and regulations to determine if regulators have considered or modified the final rules to reflect the feedback from the providers.

**Strategy 3: Enhance public understanding of the value and benefit of hospitals and health care delivery systems.**

**Strategy 3A:** Launch a new, statewide initiative for hospitals and health systems in NH to reinforce their standing in the communities they serve as the tremendous asset and source of health, healing and hope that they helped to create.

Measures of Success: 1) Engage hospital leadership, including public relations professionals, to develop, embrace and collaborate on shared messaging; 2) Develop toolkits for members to use in their communities; 3) Create opportunities for hospitals and health systems to be seen as leaders in the development of a more efficient, effective health care system to better serve the patients and communities who depend on them. 4) Conduct 3-5 focus groups around the state to gauge attitudes and opinions about hospitals and health care systems.

**Strategy 3B:** Schedule regular briefings for members – their executive leaders, trustees, physicians, nurses and other caregivers -- with business and opinion leaders to familiarize them with their hospital and its value to the community.

Measures of Success: 1) Local businesses voice their support of hospitals when asked; 2) newspaper (and other media) editorials voice their support for hospitals; 3) Identify 2-3 community leaders who can proactively voice their support for their local hospital
**Strategy 4: Increase the Association’s visibility and voice on behalf of hospitals and health care delivery systems.**

Strategy 4A: Create new and different communication vehicles to share messages of importance to hospitals and health care delivery systems with lawmakers, policy leaders and the public.

Measures of Success: 1) Write and submit a monthly column to statewide and local news publications for the Association, hospitals, trustees and other leaders; 2) Explore social media to deliver the hospital message to a growing audience of consumers, reporters and other key stakeholders; 3) Appear on local and statewide television and radio outlets to share key messages of concern to hospitals and health systems and a vision for the future of health care in NH.

**Goal 2** -- Actively lead, partner and collaborate to facilitate development of a health care system that improves health care delivery, quality, accessibility and affordability in New Hampshire.

**Strategy 1: Help shape and influence the future health care delivery system.**

Strategy 1A: Convene members around the *Hospitals and Care Systems of the Future* report issued by the American Hospital Association (9/2011) to further the dialogue on emerging models of health care payment and delivery in New Hampshire.

Measures of Success: 1) Identify successful practices that hospitals in New Hampshire have developed in the key “must do strategies” identified in the report and share those with other hospitals; 2) Use the report as a framework for engaging other stakeholders toward the development of “second curve metrics” and a future health care system in New Hampshire.

Strategy 1B: Support members in their efforts to reshape health care delivery to focus more on managing care of their patients across the full continuum of care, from preventive and primary to inpatient, rehabilitative, home health, long-term care, disease management and hospice.

Measures of Success: 1) Develop a template of process indicators for better coordination of care for Congestive Heart Failure (CHF) patients before or after acute hospitalization based upon the experiences of collaborative participants through the CHF learning collaborative; 2) Establish baseline data across care settings (acute, home care, LTC) on CHF readmissions; establish a statewide portable medical orders form and system, Provider Orders for Life Sustaining Treatment (POLST), with related training resources to better communicate medical orders for very seriously ill patients among acute, long-term care, hospice and EMS providers; pilot test and implement POLST in at least 4 communities in the state.
Strategy 1C: As hospitals, health care delivery systems, other providers and payors move to a more coordinated payment and delivery system (see Goal 2, Strategy 1B), it is imperative to ensure that payment systems and models continue to support the infrastructure necessary to provide the health care on which our patients and communities depend.

Measure of Success: 1) Conduct a baseline assessment of the impact that many of the newest payment models, such as site of service or provider tiering, are having on the hospital and health care delivery systems related to essential community services and financial impact; 2) Share impact analysis with key policymakers, legislators, health plans and other stakeholders.

Strategy 1D: Modify the NH Health Access Network (NHHAN) and NH Medication Bridge Programs (NHMBP) to adapt to changes in insurance coverage and community needs.

Measure of Success: 1) Conduct pilot study of unused medications to assist Medication Bridge clients while waiting to receive their medications via mail delivery; 2) Establish a new system to support staff at NHHAN community sites with technical assistance on program changes; 2) Continue to track participation in NHHAN and NHMBP and publicly report support provided to patients.

Strategy 2: Advance strategies to help members implement federal health care reform.

Strategy 2A: Continue to evaluate implementation of federal health care reform to ensure that it continues to best serve hospitals and health systems, as well as the patients and communities they serve.

Measure of Success: 1) Work with AHA and other national and state organizations to track ongoing implementation efforts to avoid any unintended consequences and negative impact on hospitals in New Hampshire; 2) Partner with state agencies to successfully achieve implement targets of federal health care reform in New Hampshire; 3) Identify opportunities to support members involved in testing or piloting new payment and delivery system innovations.

Strategy 2B: Actively lead, partner or collaborate to facilitate local and statewide initiatives focused on improving health and health care delivery.

Measure of Success: 1) Work and partner with local and statewide stakeholders in developing new efforts to improve health and health care delivery; 2) Translate learning from the Foundation for Healthy Communities congestive heart failure (CHF) collaborative to facilitate sharing of best practices in health care delivery.

Strategy 3: Improve quality, patient safety and performance improvement.

Strategy 3A: Continue to publicly report quality measures and identify the highest performing hospitals in order to share best practice

Measure of Success: 1) nhqualitycare.org reflects updated information on core measures for use by hospitals and policymakers; 2) Create an inventory of state and federal quality reporting initiatives to assist hospitals to navigate the multitude of reporting efforts and how they
interrelate to one another. 3) Complete a comprehensive review of existing metrics on nhqualitycare.org reflecting requirements effective 1/1/2012 in inpatient and outpatient quality reporting final rules, incorporating additional measures as appropriate.

Strategy 3B: NHHA/FHC initiative to eliminate harm continues to provide framework and leadership for patient safety activities in New Hampshire

Measures of Success: 1) ‘Eliminate Harm’ VTE initiative has been launched and results are being reported by hospital; 2) VTE results and best practices are being shared across hospitals to facilitate learning; 3) Selection and rollout of next harm reduction effort under the Eliminate Harm framework;

Strategy 3C: Continue to facilitate hospital collaboration around new patient safety initiatives

Measure of Success: 1) Continue to support the NH Health Care Quality Assurance Commission and all of its patient safety initiatives; 2) Promote use of ‘best practices’ identified in December 2011 assessment of the NH Hand Hygiene initiative.

Strategy 4: Increase the spread and adoption of health information technology and exchange.

Strategy 4A: Continue to collaborate with NH DHHS and other partners on the planning and implementation of the state-level HIE that supports hospitals’ current and future HIE strategies.

Measures of Success: 1) Hospital representation and participation remain high to ensure the hospital voice is heard; 2) Grant match funding is a shared responsibility between hospitals, insurers and State of NH; 3) Work with NH legislators to implement the planning and implementation strategies set forth in the state-level HIE planning process including allowing public health data to be exchanged.

Strategy 4B: Participate in the NH Medicaid HIT incentive payment planning process to ensure timely availability of Medicaid incentive payments to all hospitals.

Measures of Success: 1) Hospitals receive timely Medicaid incentive payments without extraordinary regulatory burden.

Goal 3 -- Optimize the operational effectiveness of the NHHA.

Strategy 1: Increase the financial strength of the NHHA.

Strategy 1A: Scrutinize both revenue and expense opportunities

Measures of Success: 1) Review all expense categories and identify at least three areas where costs of services can be renegotiated at a lower rate; 2) Review current and future internal information technology needs and restructure as necessary; 3) Evaluate membership dues structure for 2013; 4) Review shared cost savings between NHHA and FHC to determine appropriate allocations.
Strategy 1B: Educate staff about the organization’s financial performance on a regular basis

Measures of Success: 1) Review financial statements on a quarterly basis with staff; 2) conduct annual training of company policies and procedures and seek input for improvements.

Strategy 2: Enhance member satisfaction.

Strategy 2A: Measure membership satisfaction in the areas of advocacy, communication and leadership in healthcare system improvement

Measures of Success: 1) Conduct a membership satisfaction survey of CEOs and other key hospital stakeholders; 2) Incorporate successes and opportunities for improvement into the 2013 strategic planning process.

Strategy 3: Empowering people and organizational strategies.

Strategy 3A: Inform all staff about strategic plan and engage them in identifying how each of them fits into the implementation and measurement of the strategic goals.

Measures of Success: 1) Each staff member, at all levels of the organization, will identify at least two areas of measurement that will be used throughout the year and at year-end reviews.

Strategy 4: Create a new integrated NHHA and FHC strategic plan

Measures of Success: 1) Engage FHC board of directors in a process to fully integrate FHC work into a joint strategic plan with NHHA; 2) Establish goals, strategies and measures of success that strategically align FHC and NHHA activities.
Membership, NHHA ad hoc Strategic Planning Committee

Officers/Leadership
Chair: Nancy Formella
Executive Advisor to the Boards, Mary Hitchcock Memorial Hospital, Dartmouth-Hitchcock

Michelle McEwen, ex officio, NHHA Board Chair
President, Speare Memorial Hospital, Plymouth, NH

Bruce King, ex officio, NHHA Board Immediate Past Chair
President, New London Hospital, New London, NH

Steve Ahnen, ex officio, NHHA president

CEO's
Tom Wilhelmsen, President, Southern New Hampshire Medical Center, Nashua, NH
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