

AHRMM Board Meeting Overview November 8 – 9, 2013

- AHRMM Board Chair Annette Pummel welcomed board members to the final Board meeting of 2013.
- Ms. Pummel led the board in a discussion on the Cost, Quality, and Outcomes (CQO) Movement, clarifying that “Outcomes” refers to financial reimbursement and not to clinical care. Activities around CQO since the last board meeting have included presentations by board members at industry and affiliated chapters, several CQO articles, and especially the Annual Conference. Board members shared that they have been hearing CQO discussed in the industry, independently of AHRMM influence, which is a good sign that the industry has been receptive to the Movement. Board liaisons to the standing committees reported on the progress made on the CQO project plans. The CQO Marketing Committee is working on case studies, presentations and collaborations, and promoting the existing education. The CQO Strategy Team is scheduled to meet again soon to discuss launching a CQO metrics guidance and next steps in the CQO Movement.
- Dale Woodin, Senior Executive Director of the PMG Division, joined via teleconference to give an update on the activities of the AHA and PMG division. The AHA has recently completed its annual strategic plan based on its environmental scan. The PMG division also has a strategy map which bridges the gap between AHA and the individual PMGs, ensuring alignment with the AHA. With the departure of the former Vice President of the PMGs (Liz Summy), the division has a new structure which is intended to reflect the structure of hospitals and flatten the organization and promote collaboration. Leveraging the existing strengths of the PMGs and improving transparency is a strong goal in this new structure.
- Karen Conway briefly discussed the new Unique Device Identification (UDI) rule, reminding everyone that this regulation was driven by medical errors and patient safety issues. The UDI will only have value if it has visibility and both manufacturers and providers use the standard. The final rule was published September 24th and is a three part process: manufacturers must assign a UDI-compliant code such as a Global Trade Identification Number (GTIN); then products will be labeled in a way that can be read by machines and humans; and finally, a global UDI database will be created and maintained. The UDI and UDI database is about getting good data and making it readily available. This regulation primarily impacts manufacturers, but if it is not used correctly by healthcare providers it will only create burden and cost for providers while delivering no value to the patient.
- Tony Burke, Senior Vice President of the American Hospital Association and President & CEO of AHA Solutions, Inc. joined via teleconference to give an overview and update of the AHA SmartMarket. Design work is complete, testing will complete this month, and the beta site will be launched in December, followed by an official launch in January/February.
- The board was joined by facilitator Greg Hicks, to engage in a discussion on how to be a high-performing board. Board members identified the most critical issues to focus on in order to ensure success, and ways to measure the success of the board.
- Ms. Pummel provided a brief update on the formal collaboration with the Association for Healthcare Value Analysis Professionals (AHVAP). AHVAP members will sit on AHRMM’s Annual Conference Education Committee and the Education Committee, AHVAP and AHRMM will provide articles, specific content around Value Analysis will be co-developed, and both associations will expand on the collaboration in the future.
- Representatives from France attended AHRMM13 and have expressed an interest in bringing a delegation of 20-30 people from various French hospitals to AHRMM14. AHRMM leadership is working with them on potentially doing a Learning Lab, as well as arranging for the delegation to visit a local healthcare system. Board members

noted that supply chain professionals, like all healthcare professionals, can learn from other countries' systems since the common factor among all systems is trying to understand what delivers value.

- Chair-Elect Christopher O'Connor discussed his platform for next year, explaining that the great work on CQO from this year will carry forward, while turning from an internal focus to a more external focus to grow the CQO movement throughout healthcare. Mr. O'Connor shared his conviction that AHRMM is changing the industry and the face of healthcare in this country, and asked that board members maintain the level of energy, recommit to the same level of enthusiasm, openness, and time, in order to sustain the movement in 2014.
- Ms. Pummel ended the meeting by thanking board members for their contribution to the board as a team, and expressing appreciation that every member gave of themselves professionally and personally to promote AHRMM and the CQO message throughout the year. She reiterated that this work has really made an impact on the industry and that by maintaining the energy and commitment of this team, there is no doubt that 2014 will be another successful year.