
AHRMM Board Meeting Overview May 10th and 11th, 2018

- Teresa Dail, AHRMM Chair, welcomed the AHRMM Board and staff before giving a brief overview of the Board Meeting and highlights of what to look forward to throughout the meeting.
- Stephen Kiewiet, AHRMM Board Member, read the American Hospital Association's (AHA) anti-trust statement.
- Mrs. Dail shared how Philadelphia is an appropriate place to host the May Board Meeting as AHRMM faces disruptors of the association and field, in general. Mrs. Dail reflected on how disruptors, caused by Great Britain caused by the debt incurred from the French Indian war, ultimately led to the thirteen original colonies making the decision to separate from England and the decision to draft the Declaration of Independence. She shared how a group of five leaders were appointed by the second Continental Congress to do the work but ultimately the first version of the document was done by Thomas Jefferson after Sam Adams identified that he possessed the best skills for the task. Ultimately there would be revisions done by each group that reviewed the document before it was accepted until, in the end, all agreed and the final colony signed the document in November of 1776. As the AHRMM Board begins their work for the next two days, she shared how the Board will hear from several Task Forces, who just like the founders, were asked to draft documents for the Board to review and approve. She stated the Board would also review the AHRMM Strategy Map and discuss changes coming from the AHA and how this will impact AHRMM. Mrs. Dail asked that the Board's next steps be guided by AHRMM's Strategic Principles. Mrs. Dail shared a quote from Thomas Jefferson, relating it to the work the Board would be doing around CQO, Clinical Integration, and the Strategy Map. He said "not to find out new principles, or new arguments, never before thought of . . . but to place before mankind the common sense of the subject, in terms so plain and firm as to command their assent.....". Mrs. Dail expressed her excitement of the work that is in front of AHRMM Board over the next few days.
- Darcy Aafedt, AHRMM Board Member, presented on the CQO Definitions Task Force work (which included Bob Taylor, Ed Hardin, Lora Johnson, Karen Conway, Dennis Mullins, Christopher O'Connor, Andrea Davis, Mike Schiller, Kathy Ryan, and Debbie Sprindzunas). Mrs. Dail reminded the Board that the purpose of the task force was to ensure the definitions of CQO, drafted almost five years ago, were reflective of the envisioned future adopted by the board last year. After a robust conversation, the Board approved the new CQO Definitions as follows:



The AHRMM Cost, Quality, and Outcomes (CQO) Movement frames the critical role supply chain professionals play in driving high quality care, at a more affordable cost, to deliver greater value to patients.

CQO: the definition

The CQO Movement looks at the intersection of, and the relationship between:

Cost: all costs associated with caring for individuals and communities

Quality: care aimed at achieving the best possible health

Outcomes: financial results driven by exceptional patient outcomes

It is important that these relationships be considered together rather than in silos.

- Jimmy Chung, MD, AHRMM Board Member, shared the Clinical Integration Task Force activities which included reaching out to clinical associations, developing a poster for the AHRMM Conference, co-branding of content with the American Association of Physician Leadership (AAPL), presentations at GHX, and developing a formal definition for Clinical Integration. The Co-Chair is Mary Beth Lang and members are Dr. Li-Ern Chen, Karen Conway, Teresa Dail, Dee Donatelli, Dennis Mullins, Christopher O'Connor, Mike Schiller, and Deborah Sprindzunus.

Dr. Chung shared how the proposed clinical integration definition is not designed to overreach the CQO definition, but instead it is specifically addressing clinical integration within supply chain. He noted how the definition was developed from a variety of sources and the Task Force refined and edited the definition. The Board approved the definition as the following:

Clinical integration from the perspective of the healthcare supply chain is an interdisciplinary approach to deliver patient care with the highest value (high quality, best outcomes, and minimal waste that results in the lowest total cost of care); this is achieved through assimilation and coordination of clinical and supply chain knowledge, data, and leadership toward care across the continuum that is safe, timely, evidence-based, efficient, equitable, and patient-focused.

- Mike Schiller, AHRMM Senior Director, reported on updates regarding the Cost, Quality, and Outcomes Movement.
 - The CQO Strategy Group has developed the CQO Summit agenda and Task Force report. The CQO Summit has been scheduled from 10am – 3pm on Monday, August 13. The agenda includes Bob Taylor, Chair-Elect, introducing the agenda, a keynote speaker, round table sessions, lunch, and an afternoon panel.
 - AHRMM is taking a different approach to the Task Force Report in 2018. AHRMM has reached out to key stakeholders in healthcare to learn if they have a story to tell around the clinically integrated supply chain, value-based reimbursement models and patient value, and redesigning the care pathway. Mr. Schiller noted that there are 6 case studies that will be included in this year's report which will be distributed to Summit attendees the first week in August.
 - The Call for Leading Practices has gone out, however no formal submissions have been submitted. The staff and the board will make efforts around specific activities that are taking place in healthcare organizations to see if those can be turned into leading practices.
- Kathy Ryan, AHRMM Director of Development, shared how the CQO Movement Sponsor is going very well and how AHRMM continues to engage with sponsors and works to incorporate opportunities to increase value. One-way AHRMM is increasing value is through the sustainability panel learning lab session at AHRMM18. All the CQO Sponsors have been invited to join and share their work on environmentally sustainable and preferred practices. Kathy also shared conversations she has had with the sponsors related to clinical integration with great interest coming from a number of them.
- Mrs. Dail shared with the Board how conversations started last year around the Strategy Map and its continued relevance. This led to the Board spending 2017 working on the Envisioned Future for AHRMM as a professional organization knowing that this was the first step necessary before the current strategy map could be evaluated. The 2017 Board agreed that the conversation around this should ensue at the second board meeting of the year after the new members had an opportunity to become oriented to the Envisioned Future and the initiatives in front of the Board. Mrs. Dail initiated a conversation around the potential of taking a deeper look at the Strategy Map to identify areas of refinement and revision. She asked the Board to review the headers in the strategy map and share anything outstanding that needed to be addressed more immediately. However, she suggested that major revisions should be contemplated after the development of a strategic plan. Some high level topics that the Board discussed were evaluating supply chain through advocacy, addressing students and young professionals, and CMRP certification. Mrs. Dail shared how the next step is to develop the strategic plan with work starting between the August and November board meeting and being led by Chair-Elect, Bob Taylor. The goal would be to orient new Board Members elected this year to the work the Board will be doing and kick off a formal task force in January of 2019.

- Agnes Lipowicz, AHRMM Membership & Marketing Manager, shared how the AHA has launched new branding standards across all the units in the AHA which need to take effect on July 1, 2018. These changes have led to the need to make several adjustments to the AHRMM logo. Ms. Lipowicz provided a comprehensive overview of the evolution of the AHRMM logo and provided additional examples from other organizations and what other Professional Membership Groups (PMGs) within the AHA have decided to do. After presenting various options for consideration, the board approved the logo with the vision statement and dropped the words: “Association for Healthcare Resource & Materials Management”. A motion was made to approve the change per staff’s recommendation, the motion was seconded and passed unanimously.
- Ms. Sprindzunas shared how AHRMM currently has two open positions (a membership specialist and a project specialist) and shared how AHRMM was in the process of filling the membership position. At the same time, the AHA announced a new process, modernizing hiring practices, and impacted any open positions. Ms. Sprindzunas shared how the membership position within AHRMM was not approved and how AHRMM and Dale Woodin, Vice President, Professional Membership Groups, are actively looking to repeal this decision by submitting an updated justification based on the new hiring policy.
- Ms. Sprindzunas reviewed how Mr. Woodin has introduced the concept of a PMG Advisory Council which will include representation from all the PMGs within the AHA. Mrs. Dail will be the representative from AHRMM. The first meeting of the PMG Advisory Council has not been set.
- Ms. Aafedt presented the Fellow Committee recommendations to change the Fellow Program which would broaden the scope of those applying to be a Fellow. After further review of the changes and recommendations, a motion was made to accept changes as recommended, the motion was seconded, and passed unanimously.
- Ms. Conway provided an update on the Nominating Committee for the 2018 elections and shared how there are currently 3 provider seats open which allows for up to 9 candidates. The deadline for submissions is May 15th. Last year there was a large amount of members that requested packets and did not turn them in. She shared how this year the Nominating Committee began recruiting earlier this year and also assigned every person who requested a packet a member of the Nominating Committee to support them through this process to address last year’s attrition.
- Ms. Sprindzunas updated the Board in regards to the continued efforts AHRMM has been engaged in around members and chapters. Ms. Lipowicz shared how membership is a top priority and how AHRMM has met with a consultant to lay out both short-term and long-term membership strategies, and implementation plans. Ms. Ryan provided a brief update in regards to the efforts of the Membership Committee. Ms. Dickson reviewed the outcomes of the 2018 Affiliation and Chapter Recognition program, highlighted the work of the Chapter Relations Committee, and the efforts being made to engage and support AHRMM Chapter leaders.
- Mr. Schiller shared how the Learning UDI Community (LUC) continues to grow and is now receiving attention internationally. He noted how the LUC received attention at the GHX Conference. Mr. Schiller highlighted the great work of the various workgroups within the LUC and the extensive collaboration with the FDA. Mr. Schiller provided an update regarding MDIC, AAMI, SCANH, and the ISM / AHRMM Healthcare Report on Business.
- Ms. Sprindzunas reviewed the Executive Director Report, the final financials for 2017 and Q1 for 2018.
- Mr. Woodin provided an AHA/PMG update by framing up the issues regarding regulatory burden, which is overwhelming providers and diverting clinicians from patient care. He shared how Representative Peter Roskam, Chairman of the Health Subcommittee on Ways and Means, spoke at the AHA Annual conference and stressed the need for Congress to reduce certain regulation on providers that “have no relationship to patient health”. This is directly coordinated with the program created by Mr. Roskam called “Patients over Paperwork” which was intended to help providers not be so burdened by regulatory requirements. Mr. Woodin continued to share notes from the AHA Annual Meeting by noting HHS Secretary’s, Alex Azar’s take on regulatory burden. Mr. Woodin provided updates regarding the 340B drug pricing program and how by 2019 there will be a nearly 30% reduction in Medicare

payment for hospitals that participate in the 340B Drug Pricing Program. In closing, Mr. Woodin highlighted the “Strategic Workforce” webpage on AHA.org and introduced the Workforce Strategy Initiative of the AHA. Mr. Woodin also shared some changes within the AHA that include looking at centralization of some internal support across all the professional membership groups and committed to sharing with the Board any impact this may have going forward to AHRMM.

- In closing, Mrs. Dail reviewed the significance of the work that was accomplished over the past few days which included revising the CQO Movement definitions, approving a definition for Clinical Integration from a supply chain perspective, and addressing a pressing rebranding need. She revisited the historical importance of what has happened in Philadelphia and how the Declaration of Independence led them down a path to emancipation of slaves, equal rights of men and women, and the creation of the Bill of Rights. Mrs. Dail shared how the decisions made in this room will too have a downstream affect and will lead to other opportunities that will need to be navigated. She emphasized that these types of moments do not come in front of a Board often and what was approved here in Philadelphia has initiated the advancement towards AHRMM’s envisioned future.