
AHRMM Board Meeting Overview March 2, 2013

- The Board Members introduced themselves since this was the first board meeting of the year and there are new board members at the table.
- AHRMM Board Chair Annette Pummel briefly recapped the priorities of the board for 2013 and emphasized the importance of the connections between supply chain professionals and clinicians, and therefore the connection to patients. Cost, Quality, and Outcomes (CQO) is a new movement for AHRMM and is about allowing AHRMM members to support their organizations to remain viable and create healthier communities. CQO promotes recognition of the intersection of Cost, Quality, and Outcomes, a more holistic approach to the correlation between cost (of services, products, supplies, etc.), quality (of patient care, services provided, patient safety, patient experience / satisfaction), and outcomes (reimbursement, readmissions, CMS never-events, etc.), as opposed to approaching each independently. The CQO Steering Committee created a project plan template and determined that the existing AHRMM structure of committees and task forces would do this work. All of the committees and task forces (as well as the CQO Marketing Committee) have been working on creating activities for 2013 that will integrate CQO into their annual goals. Ms. Pummel updated the board on what has been happening with each of the committee and task force teams. Karen Conway presented on the accomplishments of the CQO Marketing Committee and what still needs to be achieved. A subcommittee of the board will be looking at measurements around CQO and will present their recommendations at the next board meeting. In a short time frame much has already happened around CQO: the CQO Movement was launched, an online course on Healthcare Reform was introduced, a CQO online course will be introduced in the next month, and several opportunities were investigated with outside organizations.
- The AHRMM Board reviewed the Strategy Map and corresponding dashboard measurements assessing the Strategy Map in relation to the current healthcare environment and the Cost, Quality, and Outcomes Movement. Other than slightly changing the mission, the changes to the Strategy Map were minimal. The mission statement is: AHRMM strives to advance healthcare through supply chain excellence by providing education, leadership, and advocacy to professionals in healthcare and related organizations that are accountable to the community and committed to health improvement.
- The Award for Excellence in Healthcare Supply Chain Innovation opened for submissions in early 2013. The award winner will be recognized at AHRMM13. The goal of this award will be to award AHRMM's top innovator and to share all the innovation submissions with the rest of the membership through AHRMM's Knowledge Center.
- Sherline Lee from the Centers for Disease Control (CDC) shared that based on some recent research, the CDC discovered the larger the support system, the better the emergency planning. There is a lot of variation in terms of financial concern around preparedness. The CDC feels that there is a need to provide a resource like the *AHRMM Disaster Preparedness Manual* to the industry. Current projects include an algorithm project and a critical transport project. The critical supply transport project is about improving the resupply situation that occurs in disasters. For both of these projects, CDC wants to reach out to subject matter experts, bring in other stakeholders in public health/emergency management, and get feedback on the processes from the board. The CDC believes that AHRMM can get information more quickly and efficiently. Ms. Lee asked for suggestions on other issues that AHRMM may want the CDC to consider. One issue raised is the concern that the Strategic National Stockpile (SNS)'s exemption for Unique Device Identifier (UDI) and standards. The results of the Personal Protective Equipment (PPE) snapshot survey are still being analyzed and are not yet available.
- Ms. Pummel spoke briefly about a collaboration with the Association for Healthcare Value Analysis Professionals (AHVAP). There is a call scheduled with AHVAP coming up shortly regarding reviving a previous collaboration between the two associations. The goal is to have the clinical piece as part of CQO and AHVAP fills that need.

- The Executive Director presented a high-level association and financial update, and asked board members to submit ideas for potential projects early in the year including ideas around CQO, in case revenues exceed budget and funds can be applied toward those initiatives later in the year.
- AHRMM ended the year with a positive financial bottom line and as a result was able to award over 198 Certified Materials & Resource Professional (CMRP) Scholarships for the CMRP Exam and 9 CMRP Renewal Scholarships. AHRMM is investigating offering the scholarships for the exams and renewals several times per year, instead of awarding the scholarships all in the last month of the year.
- The Certified Materials & Resource Professional (CMRP) Job Analysis is projected to be completed for the CMRP certification examination in the first half of 2013. A job analysis is a systematic and comprehensive review of what comprises a given job or profession. It is a process in which a job is dissected into components (tasks, duties, content domains) and then examined. A thorough job analysis is essential to establish the “content validity” of a certification examination. One of the products of a job analysis is the content outline, which serves as the foundation for the development of an examination, and provides the content validity evidence that underlies that examination. Eight AHRMM members are serving on the Job Analysis Committee (JAC) and are serving as content experts, program resources, and consultants to the AHA-Certification Center regarding definition of job responsibilities for professionals in the healthcare field associated with materials and resource management.
- The meeting ended with Annette Pummel’s closing remarks.