



IT'S OUR TIME







NHC Strategy Table

 Status Quo
 Bold Strategy

NHC Activity Mix	Focus of Public Policy	Public Policy Investment	Engagement of Members in Public Policy	Member Services: Access to Technical Assistance and Tools	Member Services: Access to Networking	Development of Member Services	Sources of Funding
Primarily focused on advocacy and public policy	Lead fewer issues (1-2 issues) and increase depth on those issues	Reduce	Maintain current levels	VHAs only	VHAs only	Maintain current resources	Member dues
Primarily focused on enhancing capability of member orgs.	Lead current number of issues (3-5 issues) and increase depth on those issues	Maintain	Increase level of input for nonprofit members	VHAs + nonprofit members	VHAs + nonprofit members	Increase depth in current resources	Member dues + Sponsorship
	Lead more issues (>5 issues) and increase depth on all issues	Increase	Increase level of input for nonprofit members and business and industry members		VHAs + nonprofit + business and industry members	Maintain current and develop new resources	Member dues + Sponsorship + Fee-based services
						Increase depth in current and develop new resources	

2016-2018 Strategic Plan

- CONVENE and COLLABORATE *with multiple stakeholders*
- DIVERSIFY and GROW *membership and increase value*
- SECURE *more varied sources of revenue*



nature**Vest**

The Nature
Conservancy





National Health Council (NHC) 2016-2018 Strategic Plan

	Strategies	2018 Outcomes	2018 Metrics
Public Policy Identify and tackle complex health issues by convening and collaborating with multiple stakeholders across the health ecosystem.	Create a process for setting policy goals based on a Board-driven agenda and allow the NHC to quickly respond to emerging issues.	Shift the NHC policy agenda from being set by NHC staff and member staff to being set by the Board.	The NHC Board Policy Committee actively sets and adjusts policy goals based on the 2018 policy agenda, with Board oversight.
	Initiate a new process for developing and implementing operational strategies and engage member organizations across all categories.	Shift operational strategies from being developed by voluntary health agency (VHA) membership to being developed with broad member input.	The Board-driven NHC public policy agenda is developed and implemented by multi-stakeholder members including VHAs, family caregiver organizations, provider groups, medical product and technology companies, and payer groups.
	Advocate for a public policy agenda that includes meaningful access (broadened to include delivery system design, payment models, and quality measures) and innovation.	Shift innovation from a purely clinical focus to one that is responsive to the needs of patients. Shift quality measures, payment models, and delivery system design from being developed without patient input to promoting meaningful access through enhanced patient engagement.	Patient engagement guidances are finalized and 10 drug/device applications include (or plan to include) patient engagement/preference data. Three delivery systems are evaluating specific quality measures and payment models developed with patient input and designed to promote meaningful patient engagement in the delivery of their own care.
	Ensure NHC has the capacity to accomplish its policy agenda.	Grow the NHC policy staff from 2 to 4-5.	The NHC policy staff has doubled in size and has the required technical expertise.
	Membership Diversify and grow the NHC 's membership base and increase the value of NHC membership.	Continue to diversify and grow membership base with a focus on accomplishing policy goals.	Shift membership from under-representing the full health ecosystem to stronger member representation from entire health ecosystem.
Maintain VHAs as core members and decision makers.		Continue to have NHC governance controlled by VHAs, even with membership growth and diversification.	NHC policy and programmatic initiatives are developed collaboratively with input from all NHC member categories and oversight from the Board of Directors, of which the majority of seats are assigned to VHAs.
Extend value of member benefits (member networking opportunities) to non-VHA members.		Shift from having collaboration and trust across a narrow set of stakeholders to increased collaboration and trust across a broader set of stakeholders (e.g., generics, payers, providers).	NHC-led specific legislative, regulatory, or administrative efforts are developed by collaborative, multi-stakeholder action teams.
Strengthen existing resources (Standards of Excellence, Revenue Survey, and Management Compensation Report) for VHAs.		Continue to increase member satisfaction with tools and services through continuous improvement.	Existing resources are updated and score higher on a member satisfaction survey.
Revenue Secure more diverse sources of sustainable revenue beyond membership dues and sponsorship revenue.		Increase the NHC's revenue by expanding access to existing meetings.	Shift from having existing meetings that do not generate net revenue to having meetings that generate net revenue.
	Evaluate business cases for new meetings as potential sources of revenue.	Shift from viewing meetings primarily as a member benefit to executing new meetings as a net revenue source.	One additional new meeting generates at least \$100,000 in additional net revenue.
	Explore potential opportunities to engage in select patient data-gathering services.	Shift from opportunistic patient data-gathering that is done to support policy work to patient data-gathering services that generate revenue.	Patient data-gathering services generate sufficient net revenue to support the expansion of NHC policy staff.

Creating Solutions Step by Step National Health Council (NHC) 2016 Work Plan

2016 Metrics

Public Policy

Identify and tackle complex health issues by convening and collaborating with multiple stakeholders across the health ecosystem.

- Implement Board Policy Committee and staff processes to ensure that NHC public policy goals are Board driven by the end of 2016.
- Restructure and transition the Government Relations Affinity Group (GRAG) and multi-stakeholder action teams to support the NHC public policy goals by the end of Q1.
- Initiate two specific legislative, regulatory, or administrative efforts (one related to access; one on innovation) by the end of 2016.

Membership

Diversify and grow the NHC's membership base and increase the value of NHC membership.

- Recruit at least eight new members in 2016 across the health ecosystem.
- Achieve at least a 90% member retention rate in 2016.
- Develop processes to expand affinity group membership to non-voluntary health agencies (VHAs) by the end of Q1.
- Conduct five focus groups with VHA members to explore the value of and potential enhancements to existing member tools and services by the end of 2016.

Revenue

Secure more diverse sources of sustainable revenue beyond membership dues and sponsorship revenue.

- Explore options for, and if appropriate, develop plans for generating positive net revenue from the December 2016 Washington Representatives Retreat and the February 2017 Health Leadership Conference.
- Create one new fee-based conference and/or sponsorship-supported meeting that generates positive net revenue by the end of 2016.
- Undertake two fee-based patient data gathering service projects by the end of 2016.

Mission	Vision	Values
Provide a united voice for people with chronic diseases and disabilities and their family caregivers.	A society in which all people have access to quality health care that respects personal goals and aspirations, and is designed around the patient experience to promote their best possible health outcomes.	<p>Integrity, collaboration, and transparency guide all aspects of the National Health Council's interactions among the diverse sectors of the health community.</p> <p>We are patient-focused and forward-thinking, ever mindful of our mission.</p>

Strategic Planning Task Force

Chair: Tracy Hart, CEO, Osteogenesis Imperfecta Foundation

Members:

- Margaret Anderson, Executive Director, FasterCures
- Randy Beranek, President & CEO, National Psoriasis Foundation
- Dan Leonard, President, National Pharmaceutical Council
- Barbara Newhouse, President & CEO, The ALS Association
- Paul Pomerantz, CEO, American Society of Anesthesiologists
- Eric Racine, Vice President, Global Patient Advocacy, Sanofi



Never underestimate the power of a **SMALL GROUP OF COMMITTED PEOPLE** to change the world. In fact, it is the only thing that ever has.

~ Margaret Mead

