



HIGHLIGHTS GOVERNING COUNCIL/COMMITTEE ON GOVERNANCE MEETINGS Spring 2007

The Governing Councils and Committee on Governance met in February and March 2007 across the country. Members received reports on AHA legislative, regulatory, and policy initiatives and discussed several priorities including creating a unified health care policy and a report from the AHA's Task Force on Behavioral Health.

Unified Health Care Policy: Over the past few years, AHA's leadership has been working to chart a course to achieve health care reform in America. During the spring council and committee meetings, AHA Board liaisons and AHA staff updated members on the recent AHA Board Retreat, which focused on the unified health policy initiative, and specifically on developing a Framework for Improving America's Health.

The AHA's unified health care policy initiative is designed to create a shared vision for our future health care system, build broad-based support for change, outline good ideas for achieving that change, and strategically prioritize and pursue change.

After reviewing the "work in progress" Framework and background materials, members were divided into small discussion groups to share their overall impression of the Framework; review whether the right issues, goals and objectives are identified; and discuss which parts of the Framework elicit their strongest support and which make them most uncomfortable. Members were also asked to share changes they would suggest to better capture the issues that need to be addressed in American health care. Members returned to plenary session to share, based on their discussions, what advice they would give to the AHA Board on the Framework and on the strategy for moving ahead.

The summary of these discussions will be shared with the AHA Board as it moves forward on developing a plan for reform – for creating a unified health care policy in America – expected in the summer of 2007.

Washington Update and 2007 Advocacy Agenda: Members were briefed on the current political environment in Washington. In addition, members heard an overview of the AHA's 2007 Advocacy Agenda, which highlighted the overall themes of connecting with the community, demonstrating the value of health care, and addressing issues around health care affordability. Short and long-term strategies within these overarching themes were reviewed as well.

The discussion then moved to a review of the implications of the 2006 elections on political activity in Washington and on health care, as well as efforts regarding the President's FY 2008 budget, regulatory cuts to Medicaid, SCHIP reauthorization, and other immediate priorities. Members were also reminded of the work of the AHA PAC and the Coalition to Protect America's Health Care in the efforts to forestall additional Medicare or Medicaid cuts in the 2008 budget. To learn more about the AHA's current advocacy activities, visit <http://www.aha.org/aha/advocacy-grassroots/advocacy/index.html>.

Behavioral Health Task Force Report: The AHA's Task Force on Behavioral Health sought feedback on a draft report regarding behavioral health challenges in the general hospital. The task force was charged to develop realistic strategies to assist leaders of community general hospitals as they seek to meet the behavioral health needs of their communities, and provide real-world examples of hospitals that are successfully addressing the behavioral health care needs of their communities. Task force members asked the group to review the draft report along with a *TrendWatch* highlighting some key statistics about behavioral health care needs for community hospitals. The *TrendWatch* is available at <http://www.aha.org/aha/trendwatch/2007/twfeb2007behavhealth.pdf>.

Council and Committee members were asked to discuss whether the report provides a realistic framework for community general hospitals to develop a behavioral health care role for their community. Members were also asked to identify potential barriers in the recommendations, as well as to share any successful practices from their own organizations. Outcomes of the discussion will be used to finalize the report, which will include a more detailed and extensive list of case examples and the *Trendwatch*. For more information on behavioral health issues, please visit http://www.aha.org/aha_app/issues/Medicare/Psychiatric-Services/index.jsp

For more information about topics covered in these highlights, or about the Governing Councils or Committee on Governance, contact Section Director, Rebecca B. Chickey, 312-422-3303, or rchickey@aha.org