

## What we're working on to help you meet today's – and tomorrow's – challenges

By Rich Umbdenstock

The AHA Board recently met in a retreat session to assess the political landscape, discuss the forces affecting health care even in the absence of reform, and look ahead for ways the association can support its members in this period of uncertainty. I wanted to share with you our key messages from that meeting and what we will be working on in the months ahead.

**Support for Reform.** The AHA remains firmly committed to responsible health care reform that is comprehensive, balanced, structured and financed as a shared responsibility across all stakeholders, including hospitals. The AHA's carefully and thoughtfully structured *Health for Life* framework and its five elements – coverage for all, paid for by all; more affordable and efficient care; the highest quality; the best information; and a wellness and prevention orientation – continue to undergird our policy positions. We have always said that some combination of changes in public policies and hospital-based leadership initiatives are needed to create improvements in care.

Even without much-needed changes in public policy, there is much we can do on our own – without relying on government – to move toward a better future. Thanks to your leadership, there are already many improvements underway across America's hospitals that reduce costs and enhance quality. We have to spread these improvements as another contribution to reforming our nation's health care system and as a means of taking into our own hands the future of the field.

**Watchful Waiting?** The loss of a filibuster-proof majority in the Senate has Washington, D.C., in what clinicians would call a “watchful waiting” mode – everyone is poised to respond once the congressional leadership and the president decide the path they will pursue on health care reform. The president has invited key leaders to a half-day meeting this Thursday to hear their views on health reform (see story on page one). The AHA will continue to keep the field updated on reform developments – and provide you with messages to influence the discussions – through multiple communications channels, including regularly scheduled webcasts.



**Regardless of what lies ahead for health reform,** Congress and the administration still must address several key health care issues, like the moratorium on reducing Medicare physician payments, which expires Sunday.

There are the troubling “meaningful use” regulations proposed by the Centers for Medicare & Medicaid Services (CMS). Hospitals must be certified as meaningful users of electronic health records (EHR) to access the information technology funding contained in last year’s economic stimulus package. The proposal is so rigid that most hospitals would not meet CMS’ definition of meaningful use. We soon will submit our formal comments on the proposal, urging CMS to make changes that make meaningful use a realistic framework for spurring widespread IT adoption. We also will be providing a sample comment letter to you so that you can help push CMS to adopt a more realistic approach.

Speaking of CMS, we expect the agency to again include a “behavioral offset” in its proposed Medicare inpatient rule – a provision that would take billions of dollars out of an already underfunded government program. CMS in May is expected to release the proposed rule, which will set rates for the fiscal year starting Oct. 1. As you’ll recall, the agency proposed a similar adjustment for this fiscal year. With your support, we managed to delay it and saved the field billions of dollars in payment reductions. This year’s inpatient rule promises another tough fight in which, once again, we will need your grassroots advocacy reinforcement.

On another payment issue, Congress needs to extend Medicaid relief to cash-strapped states – a provision in last year’s economic stimulus law that increased the federal share of state matching payments. The additional funding expires at the end of the year. The president’s budget for fiscal year 2011 calls on Congress to extend Medicaid funding through June 30, 2011. The House contains the extension in its job-stimulus bill, but the Senate does not. Congress should move quickly to avert potential harm to safety-net providers and those they serve.

We also will be working to ensure Congress extends or renews Medicare payment provisions related to rural and long-term care hospitals and other health care services. Many of these programs expired in December, and their renewal will provide critically needed relief to many hospitals.

**The Road Ahead.** With or without enactment of comprehensive reform legislation, the AHA Board recognizes the need to help the field move toward a future in which care is more integrated, providers are at more risk financially, and all elements of the system are more publicly accountable.

For the most part, these characteristics have already emerged – with greater clinical integration and growth in integrated systems of providers; with non-payment for hospital-associated conditions and preventable readmissions; and with the impact of public reporting on provider performance and payer accountability, among others. Elements of the pending reform bills – accountable care organizations, bundled payments and value-based purchasing, to name a few – would support these changes.

**AHA's Support for Members.** As the AHA works to shape national reform and protect hospitals against raw cuts in the name of deficit reduction, it also will continue to provide members with tools and information to guide their future course.

We will address more specifically the five pillars of *Health for Life* from the implementation side by identifying the organizational, operational and cultural changes that the most effective hospitals have embraced to be successful in today's challenging times.

Our *Hospitals in Pursuit of Excellence* is positioned to do just that. It will continue to support quality, safety and efficiency performance improvements by sharing proven practices from across the membership, and by leading national collaborative projects such as our effort to gain broad-scale adoption of a proven checklist to eliminate central line associated blood stream infections. *Please contribute your winning performance improvement strategies at [www.HPOE.org](http://www.HPOE.org).* And to help you tackle these challenges, we will continue to develop and disseminate action guides, such as our most recent one on reducing avoidable readmissions.

In these uncertain times, one thing is certain. The AHA will advocate on behalf of you and the patients and communities you serve. We will do all we can to support you as hospitals again make major adjustments to succeed in the critical and dynamic world of health and health care.

*Umbdenstock is president and CEO of the AHA.*