

Critical Access Hospitals



The Value of Membership in the American Hospital Association

The American Hospital Association (AHA) is a membership organization that encompasses approximately 5,000 hospitals, health care systems, and other providers of care, as well as 37,000 individual members. More than 1,600 small or rural hospital members, including more than 800 Critical Access Hospitals (CAH), are AHA members.

Representation, Advocacy and Policy Development

Recognized as the national advocate for hospitals and the communities and patients they serve, the AHA works with its members, state, regional and metropolitan associations and other organizations to shape and influence federal legislation and regulation to improve the ability of its members to deliver quality health care. The AHA ensures that the unique needs of its various constituents are heard and addressed in national health policy development, legislative and regulatory debates, and judicial matters. Indeed, from its initial creation as part of the Balance Budget Act of 1997, the AHA has been a champion of the development and subsequent improvements and enhancements of the CAH program.

Advocating for Program Improvement on the Legislative Front

The AHA works with Congress to achieve fair payment and more administrative flexibility for CAHs. Working with our strategic partners and members, the AHA has accomplished some significant victories:

- The Balanced Budget Refinement Act of 1999: established a length of stay requirement of an *average* of 96 hours; established an optional payment methodology at 115% of the fee schedule for hospital-based physicians; and permitted participation of rural areas of metropolitan counties.
- The Benefits Improvement and Protection Act of 2000: established interim payments for CAHs and cost-based reimbursement for swing-bed stays and for on-call physicians.
- The Medicare Modernization Act of 2003: expanded inpatient capacity from 15 to 25 beds; established distinct-part units for psych and rehab of up to 10 beds; and increased Medicare payments to 101% of cost for inpatient, outpatient, and swing-bed services.

The AHA represents CAHs on Capitol Hill through strong relationships with congressional committees, congressional testimony and letters, and advocacy days. The outcome: a more reasonable and equitable program for hospitals and the communities they serve.

Pursuing Fairness in the Regulatory Arena

The AHA also represents the interests of CAHs to numerous federal agencies, but most notably the Centers for Medicare & Medicaid Services (CMS) and the Office of Rural Health Policy. Through advocacy efforts and letters to the Secretary of the Department of Health and Human Services, the CMS administrator and others, the AHA pushes for flexible and fair rules for payment and program participation. The AHA has commented on all proposed rules affecting CAHs including more flexible guidelines for hospital building, replacement, and relocation. The AHA continues to track these issues and work toward fair implementation of the guidelines for CAH location and relocation.

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Working to Address Workforce Shortages, Access and Quality

Along with payment, priority issues for CAHs are workforce, quality, and access to essential services. The AHA offers workforce resources such as case examples and peer contacts. The AHA's leadership in the area of information technology has helped expand the availability of tools such as distance learning and electronic medical records. As a member of the Health Quality Alliance, the AHA is a partner in developing a reliable means of measuring and reporting health outcomes to the public. The AHA has advocated for the development of rurally relevant measures of performance and recognition of quality outcomes for CAHs and has led in development of standards for patient safety. These efforts are featured in various AHA publications, studies, and reports including the AHA Web site, "Telling the Hospital Story," and *TrendWatch*.

AHA Governance

Having a Seat at the Table

CAHs are well represented across the breadth of AHA Governance. CAHs have a direct role in shaping AHA strategy and policy through representation on the AHA Board of Trustees, Governing Council of the Section for Small or Rural Hospitals and Regional Policy Boards. Other opportunities for input by CAH leaders abound through participation in task forces, conference call briefings, meetings and committees.

Member Services

The AHA offers its members a variety of services ranging from education to technical assistance. At the core are the AHA's seven constituency sections, which provide a unique forum to link members with shared interests and missions. Through the sections, members put political, economic and market-driven issues on AHA's agenda where they help shape AHA services and policy.

The Section for Small or Rural Hospitals

A Home to Over 1600 Member Hospitals

The Section for Small or Rural Hospitals adds value to AHA membership through its many functions and services and provides a home for more than 1,600 AHA hospital constituents. The AHA and Section monitors the challenges confronting CAHs and communicates them across the field. With input from its 18-member Governing Council, the Section plays a key role in identifying issues and concerns, developing strategies, designing solutions, delivering education, and collaborating with key national partners to improve the environment for these essential providers.

Communications and Member Relations

The AHA is the field's primary resource for timely communication on the most critical information affecting CAHs. Member CAHs are solicited for their opinions through individual contacts or regular group conference call briefings and provide an important viewpoint on a variety of strategic issues including legislative, regulatory, quality, or other public policy initiatives. Through its *CAH Update* newsletter, member calls, Web site, and site visits the AHA reaches out and connects with CAHs.

Education and Recognition

Expanding Knowledge through Instruction and Model Practices

The AHA is pre-eminent in educating its member CAHs. An example of educational initiatives includes a series of conference call briefings that were held on strategic implications of the Medicare Advantage program. Issues unique to small or rural hospitals were addressed.

The AHA sponsors the Health Forum Rural Hospital Leadership Conference and cosponsors other national and regional educational programs targeting CAHs. In addition, the AHA provides faculty for national and state association meetings and helps develop educational sessions for related organizations, such as the National Rural Health Association (NRHA). The AHA also offers educational sessions through teleconferences, and each year a CEO from a member hospital is honored for his/her innovation and service with the Shirley Ann Munroe Rural Hospital Leadership Award.

Inter-organizational Relations

Affecting Change through Collaboration

The AHA works closely with several partners including state hospital associations, American Academy of Family Physicians, Joint Commission on Accreditation of Healthcare Organizations, NRHA, and others to combine resources to affect change. By partnering with related organizations, the AHA has expanded its sphere of influence to improve the status of CAHs across the country.

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Become a Member

CAHs were established by the Balanced Budget Act of 1997. The AHA's success on behalf of a program that guarantees rural communities access to essential health care services may be attributed to the AHA's influence and the collaboration between our member hospitals and partnering organizations. Yet challenges remain that can only be met through the combined effort of all CAHs.

2006 and Beyond

The Future of Critical Access Hospitals

CAH program stability and improvement is a priority for the AHA. Securing the future of CAHs and the essential role they play in caring for rural America is of paramount importance. The AHA is vigilant in the face of legislative, regulatory and policy proposals that threaten the local delivery of care and rural community health status. The AHA will continue to advocate on behalf of CAHs for fixes to payment and administrative limitations that constrain the efficiency and effectiveness of these essential health care providers.

Strength in Numbers

Combining Forces to Make a Difference

We need your continued support of grassroots efforts on behalf of improvements and enhancements to the CAH program. Currently, there are more than 1,200 CAHs, representing over 50 percent of all rural community hospitals. Your membership in the American Hospital Association will strengthen our advocacy efforts in Washington, DC while you receive the added value of AHA member services. Health care is about people taking care of people and the AHA's job is to help hospitals and their people do that job better. To learn more about who we are, what we do, and how we add value please contact your AHA Regional Executive or John Supplitt, senior director, AHA Section for Small or Rural Hospitals at (312) 422-3306 or jsupplitt@aha.org.

"The AHA has been an instrumental leader in working to support safety net hospitals so that rural Americans can receive care in their communities."

*William P. Sexton, CEO
Providence Seaside Hospital
Seaside, Oregon*

"AHA's commitment to cost-based reimbursement and its continued defense of this payment methodology has been a tremendous help to CAHs."

*Gale Walker, President and CEO
Avera St. Benedict Health Center
Parkston, SD*

"We converted to become a CAH in December 2001. Since that time, our financial situation has improved significantly, and we have been able to address long-delayed facility improvements, and our community outreach initiatives have expanded. Because we have a Distinct-part Rehabilitation Unit, recent changes in the CAH rules have been very beneficial to us as well. Conversion to CAH was one of our very best decisions."

*Richard Slusky, CEO
Mt. Ascutney Hospital and Health Center
Windsor, VT*