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Constituency Section for Health Care Systems

The Section for Health Care Systems has a long history within the American Hospital Association (AHA) of providing a unique blend of forum and network, linking system members with shared interests and missions to advise AHA on policy and advocacy activities and to discuss issues of great import to all health systems. These efforts are led by the Health Care Systems Governing Council in conjunction with an AHA Board liaison who participates in Governing Council meetings. Health care system members are also represented on the AHA Board's Strategic Policy Planning Committee (SPPC) and each of AHA's nine Regional Policy Boards.

Valuable opportunities are provided for system leaders to interact and network with one another through special member conference calls on issue-specific topics, the Roger G. Larson Memorial Lecture and Luncheon, and the Section's *Annual Health Care Systems Leadership Retreat*. These leadership activities afford system executives opportunities to actively discuss and learn from peers in similar large systems, gain exposure with peers, and explore initiatives unique to systems that may ultimately impact system-related policy and advocacy strategies.

AHA System Membership

The Section currently has over 190 system members from across the country. The corporate headquarters of a multi-hospital system is eligible for system membership when at least 90 percent of its owned, leased, managed, or religiously sponsored hospitals are AHA members. The headquarters pays no additional dues beyond those of the component hospitals, and becomes a member of the AHA Section for Health Care Systems. If the total dues paid by the hospitals within the system exceed the AHA maximum dues for a single, freestanding hospital, the system is eligible for a system dues discount.

Governing Council Role

Working together, the AHA and Health Care Systems Governing Council identify priority issues to address and ways to define and focus AHA policy, advocacy, and service efforts on behalf of all health care systems. A 23-person council, comprised of leaders representing some of the country's premier health systems, governs the AHA's health care system activities. This council actively advises the AHA from a global perspective during decision-making phases on advocacy positions, public policy issues, and member service strategies. A formal liaison relationship exists between the AHA Board of Trustees and the Governing Council; additionally, the Section has a seat on the AHA Board's SPPC, charged with examining emerging health care policy and management issues up to five years into the future. Service as appointed representatives of their member peers, governing council members attend three meetings a year in various geographic locations, with conference calls scheduled as necessary.

2006 Governing Council Priorities

- Demonstrating System Accountability to Key Stakeholders
- System/Hospital Physician Relationships
- Improving Coverage and Access
- Leading Clinical Quality Improvement and Patient Safety
- Cultivating System Governance and Leadership Development
- The Impact of New Technologies on Health Care Delivery

Regional Policy Boards

The Governing Council nominates health care system executives to serve on the AHA Regional Policy Boards (RPBs). Throughout the nine RPBs, there are 20 delegates representing health care systems and integrated delivery systems; each delegate may have an alternate delegate who serves a concurrent term.

The nine RPBs meet three times a year through a regional network to foster communication between the AHA, its membership, and state hospital associations. Their role in the policy development process dates

back to 1968, when they were first established as Regional Advisory Boards. Voting members are comprised of delegates for the states, constituency sections, regional trustee and physician delegates, and delegates-at-large.

The purpose of the RPBs is to:

- Provide input on public policy issues to be considered by the Board of Trustees.
- Serve as ad hoc policy development committees when appropriate.
- Assist in implementing AHA policy and programs.
- Identify needs unique to a region and assist in developing programs to meet those needs.

Section Objectives

AHA meets the unique needs of health care systems by:

- Promoting ongoing development and implementation of advocacy initiatives that support the nation's health care systems.
- Collaborating on public policy development, seeking direct input on short-term initiatives, long-term strategic issues, and representation on AHA's Regional Policy Boards.
- Fostering relevant member services for health care systems, including data activities, education programs, research, and technical assistance.
- Developing and maintaining liaison relationships with key entities important to health systems, such as state and local hospital associations, national health care alliances, The Catholic Health Association, the Federation of American Health systems, etc.
- Creating opportunities for system member peer networking, such as the *Roger G. Larson Lecture* and the invitational *Annual Health Care Systems Leadership Retreat*.

Additional information about the Section can be obtained by phone at (312) 422-3336 or on the web at http://www.aha.org/aha/member_relations/health_care_services/health_care_services_main_page.html.