



HIGHLIGHTS GOVERNING COUNCIL MEETING AHA Section for Metropolitan Hospitals June 25 - 26, 2007 ★ Minneapolis, Minnesota

The governing council of the AHA Section for Metropolitan Hospitals met June 25 - 26, 2007 in Minneapolis. Governing council members received reports on the political environment in Washington, DC and AHA's legislative and regulatory priorities. Members discussed AHA's effort for a unified health care policy as well as policy on hospital/physician relations and employee relations. They reviewed nominations to AHA governance committees. A roster of the Section's governing council is at <http://www.aha.org/aha/member-center/constituency-sections/Metropolitan/roster.html>.



Washington Update: Members were briefed on the current political environment in Washington and emerging legislation and regulation. Members received a report on several bills supported by AHA. The advocacy focus for the remainder of the first session of Congress is to avoid hospital cuts to Medicare and Medicaid, reverse the behavioral offset of \$22 billion included in the inpatient rule for prospective payment and reauthorize and expand S-CHIP. Members were apprised of the current regulatory policy environment including rules recently proposed by the Internal Revenue Service for reporting requirements for hospitals. Members were briefed on AHA's response to the rule for inpatient prospective payment which includes cuts to hospitals, proposals for new quality measures, and rules for specialty hospitals and patient safety. To learn more about AHA advocacy visit <http://www.aha.org/aha/advocacy/advocacy-agenda/index.html>.



Unified Health Care Policy: Greg Lintjer, president, Elkhart General Healthcare System, Elkhart, IN, and AHA's Board liaison to the governing council, updated members on the recent meeting of the AHA Board of Trustees and its progress on a policy for unified health care. He reported that the AHA Board had received comments on the framework and while supportive of the five pillars of the framework, members had several recommendations on the tone and content of the policy. Mr. Lintjer said that the most recent version reflects the comments of members and has been re-titled, *Health for Life*. For more information visit the AHA's web site at <http://www.aha.org/aha/issues/Health-for-life/index.html>.

Barbara Lorsbach, AHA senior vice president, presented the new version of the framework called, *Health for Life*. Members acknowledged the changes in the new version as constructive and voiced continued support of the national framework for change and its five pillars. They supported AHA's approach toward broad coalition building toward a policy on unified health care. Members had several comments on the specifics of the goals and objectives and encouraged staff to push for commitments from hospitals that would demonstrate their promise to reform health care policy through action.

Ms. Lorsbach shared with members the paper, *In Pursuit of Excellence: Hospitals' Commitment to America's Health*, AHA's 4-tier coalition building strategy, and a timeline for implementation. Members reiterated their support for firm language on needed reforms and

hospital leadership through action. They acknowledged the need for tiers when working with a coalition to develop the detail behind the policy and affirmed the timeline for implementation.



Hospital/Physician Relations: At its February meeting the Metro Section identified hospital/physician relations as a priority and set out to discuss the current environment as well as models and programs for addressing their shared needs and interests.

Members commented that the present environment offered opportunity for interaction and alignment with physicians and that collaborating on quality and supporting collegial relationships have been well received. They agreed that the traditional medical staff structure is antiquated and that state and federal regulations were obstacles to change. Members also commented that an inadequate physician supply and maldistribution of specialists are major barriers to advancing relations.

AHA is engaged in dialogue with the Federal Trade Commission (FTC) and the Department of Justice (DOJ) to develop better guidance for hospitals and other providers on implementing clinical integration (CI) programs consistent with the antitrust laws. AHA has shared with the antitrust agencies as well as member hospitals a working paper “Guidance for Clinical Integration,” that offers insights from hospitals about critical aspects of CI program structure and implementation. It provides a legal analysis of some of the more difficult antitrust issues CI programs raise while expanding on guidance the antitrust agencies have already furnished. Following discussions with AHA representatives on the effectiveness of CI programs, members of the Senate Judiciary Committee wrote to the FTC and DOJ urging the agencies to work with the hospital field to develop better guidance concerning clinical integration programs.

Workplace Initiatives: Members were briefed on employee workplace-related legislation that Congress is considering as well as AHA’s advocacy and member services strategy for addressing employee workplace-related issues and concerns. Members also were introduced to some tools to address employee workplace issues including a health care labor newsletter and a resource on key questions hospital and health system CEOs should ask to help determine whether they are a likely target of a corporate campaign.



Nominating Committee Recommendations: Kim Hollon, executive director, Methodist Hospital of Dallas, Dallas, TX, and chairman of the Metro Section’s nominating committee reported on the actions of the committee. The governing council of the Metro Section received and approved the recommendations for filling vacancies on the regional policy boards and governing council for positions with terms ending December 2007. Regional elections for vacant positions on the governing council will be held this summer.



My Care Counts is a movement of health care providers and consumers who want to ensure that hospitals have the resources to meet the ever-changing needs of patients and communities. *My Care Counts* is asking anyone concerned with our ability to continue to provide access to high quality health services to sign a **Call to Action** urging members of Congress to reject cuts to hospital services under the Medicare and Medicaid programs. To sign on visit <http://mycarecounts.org>.

For more information about the topics covered in these highlights or on the AHA Section for Metropolitan Hospitals, contact John T. Supplitt, senior director, at 312-422-3334 or jsupplitt@aha.org.