

The governing council of the AHA Section for Metropolitan Hospitals met September 10-11, 2007 in Washington, DC. Governing council members received updates on the political environment in Washington, DC and AHA's legislative and regulatory priorities. Members reviewed AHA's principles for non-payment of serious reportable events and discussed AHA's framework for a unified health care policy as well as a revised Joint Commission standard MS.1.20 for medical staff bylaws. Members also were oriented to the AHA Quality Center. 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. They were given AHA's immediate advocacy priorities for the rest of the year which include:

- Blocking adverse Medicaid regulations
- Addressing cuts to hospitals contained in the Medicare inpatient rule
- Following the appropriations process for health care programs
- Tracking public reporting of community benefit as proposed by the Internal Revenue Service
- Promoting reauthorization/expansion of the State Children's Health Insurance Program (SCHIP) including the proposed extensions of expiring provisions
- Preventing hospital payment reductions

To learn more visit <http://www.aha.org/aha/advocacy/advocacy-agenda/index.html>.



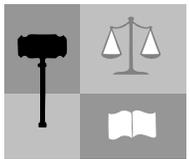
**Health for Life:** Greg Lintjer, president, Elkhart General Healthcare System, Elkhart, IN and AHA's Board liaison to the governing council, updated members on the Board's action on AHA's framework for a unified health policy called *Health for Life*. The Board voted to approve for public dissemination, discussion, and further improvement the *Health for Life* framework so that it becomes a broadly-supported plan of action. The Board reaffirmed the importance of this initiative to the

work of the AHA and the field by voting to continue to engage in the development of the *Health for Life* framework and the related public policy.

Members were asked to share their views on what changes in practice or commitments they believe could be made on the part of health insurers to improve health and health care in America. Members agreed that insurers will continue to play a prominent role in the delivery of health care. They believe that insurers should not be defining benefits or determining levels of care, but would be welcome contributors for establishing coverage for those that want more than a basic benefit package, mining data, administering the universal program, focusing on chronic care management, and insuring multi-state employers.



**Serious Reportable Events:** AHA staff presented the principles for partial or non-payment by insurers for serious reportable events as approved by the AHA Board. Members also were alerted to the list of hospital acquired conditions proposed by CMS for which higher Medicare payment would be prohibited effective October 1, 2007. Members supported the notion that a patient should not be classified into a higher paying diagnosis related group if a reasonably preventable complication in care occurs. They supported the AHA Board-approved principles and noted the importance of this action in further demonstrating the field's commitment to quality. For more information visit [http://www.aha.org/aha\\_app/issues/Quality-and-Patient-Safety/index.jsp](http://www.aha.org/aha_app/issues/Quality-and-Patient-Safety/index.jsp).



**Joint Commission MS.1.20:** The Joint Commission's Board of Commissioners approved revisions to Standard MS.1.20 which addresses medical staff bylaws, rules and regulations, and policies. Members expressed concern that the revisions are cumbersome and confusing and that with appropriate grievance processes in place, bylaw changes were not necessary. Members felt that safeguards and processes that afford medical staff due process already exist and believed that the revised standard was overly prescriptive. They thought the revision would hinder the advancement of hospital physician relations.



**The AHA Quality Center:** Stephen Mayfield, senior vice president, AHA Quality and Performance Improvement, and director, AHA Quality Center (Center) reported on the progress of the Center after the completion of its first year. He explained that the Center was developed to support the core mission of hospitals and designed to help them accelerate their quality improvement processes to achieve better outcomes and improve organizational performance, including how to respond to a wide array of public and private quality improvement programs, initiatives, and efforts. He said that the Center represents a centralized resource for education, information and technical assistance; and it provides access to leading practices, tools, and resources that support hospitals achieve better patient outcomes, enhanced safety, increased satisfaction, and improved operational and financial performance.



*My Care Counts* is a movement of health care providers and consumers who want to ensure that our 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. Sign on today! To learn more visit <http://mycarecounts.org/>.