



HIGHLIGHTS
GOVERNING COUNCIL MEETING
AHA Section for Metropolitan Hospitals
March 9-10, 2006 – Seattle, WA

The governing council of the AHA Section for Metropolitan Hospitals met March 9-10, 2006, in Seattle, WA. Governing council members and guest executives from local hospitals received reports on legislative, regulatory, and policy initiatives. They discussed several AHA policy priorities including price transparency, hospital accountability, and *Community Connections*. The Section's governing council roster may be found on the AHA Web site at http://www.aha.org/aha/member_relations/metropolitan_hospitals/main_page.html



Federal Legislative and Regulatory Update: Governing council members and guests were briefed by staff on the current political environment, the President's budget proposal for federal fiscal year 2007 including appropriations, and AHA's advocacy agenda for 2006. The President's budget proposal cuts \$35.8 billion in Medicare and \$13.5 billion in Medicaid of which much would come from hospitals. His budget also cuts funds to discretionary programs like children's GME. Members were apprised of AHA's strategy to oppose budget cuts and a print, radio, and television campaign by the Coalition to Protect America's Health Care to inform the public of the devastating impact of the cuts to hospitals if implemented. Members offered sharing advertising time or space with the Coalition as an in-kind contribution to support the campaign. Members also were apprised of the final outcome of the Deficit Reduction Act (DRA) of 2005, which contained no direct hospital payment cuts, an extension of the moratorium on physician self-referral, and temporary fixes to rehab and physician Medicare payments. Information on AHA's advocacy agenda for 2006 is at <http://www.aha.org/aha/advocacy-grassroots/advocacy/06agenda.html>.

Members were informed of regulatory changes including rules for the occupational mix survey, inpatient rehab and long-term care hospitals, inpatient psych services, and payment under Medicare Advantage (MA). AHA remains committed to an equitable resolution to the payment for care of post-acute patients. In addition, members were informed of MedPAC's recommendations from its March report to Congress that included adjustments to inpatient and outpatient payments and freezes for home health, inpatient rehab, and long-term care hospitals (LTCHs). AHA's January 10 statement on MedPAC recommendations may be found at http://www.aha.org/aha/press_room-info/archive.jsp



Hospital Accountability Act Initiative: Governing Council members were asked to provide input and advice on legislative options to address hospital billing, collection, and tax-exempt status concerns. Members were asked to review a discussion document that outlines four key issues and options for addressing each: reducing hospital prices for uninsured patients of limited means; addressing unfair debt collection practices, reporting community benefit and increasing financial accountability. For more information on hospital billing and collection practices visit http://www.aha.org/aha/key_issues/bcp/index.html.

Price Transparency: Public calls for “transparency” in the ongoing operation of business, politics, and governance continue to grow and more recently, calls for transparency in health care pricing are coming from many quarters. AHA supports making meaningful information about hospital prices available to the public and sought advice from members on how best to accomplish greater transparency. Members were asked to participate in a pre-meeting assignment to help understand the challenges for consumers trying to access hospital price information and guide the Association’s views on federal policy for making hospital price information more transparent. They were asked to place anonymous calls to their hospital or health system to ask for the price of a hospital service and take notes on the process and response received. In small group discussions, Governing Council members shared their experiences in obtaining pricing information and discussed what types of price information they believed would be most useful to consumers. Members were also asked to share their thoughts on how the hospital field could best respond to the public call for price transparency and what types of information on hospital prices should be shared. For information on hospital charity care, billing, and collection practices visit http://www.aha.org/aha/key_issues/bcp/index.html



Community Connections: Members were briefed on an AHA initiative called *Community Connections*, which builds on the old Reality ✓ but expands it to include an array of AHA activity. A featured product of the initiative includes a book of best practices and case examples. The initiative is a process that includes short- and long-term efforts in this area. Members were supportive of the initiatives and appreciated the *Community Connections* case examples. They recalled Reality ✓ and spoke highly of it and thought it offered a solid foundation from which to build. Members agreed that community relations and outreach is a continuous process and community champions telling the hospital story are essential to its success. Members offered several strategies to improve community awareness and communication. For more go to <http://www.caringforcommunities.org/caringforcommunities/index.html>.

AHA Board Liaison Report: Stan Hupfeld, AHA Board liaison and president and CEO, INTEGRIS Health, Oklahoma City, updated members on the November 2005 AHA board meeting and the January 2006 Board retreat. At the November meeting, the Board deliberated on physician gainsharing, response to pandemic flu, Medicaid reform, principles for information technology, and established a Task Force on Mental Health. At the January meeting the Board focused on broad-based health care reform and a “Unified Health Care Policy” project. Discussions continue with respect to accessible patient health information and standardized transactions. Mr. Hupfeld emphasized that the Board remains committed to and advancing the AHA principles for health reform.

Other Business: Members were encouraged to join the AHA Political Action Committee. AHA works closely with state hospital associations to identify members of Congress with responsibility for health related issues. Members were encouraged to join the Institute for Diversity in Health Management (IFD). The IFD was founded by AHA in 1994 and is dedicated to expanding leadership opportunities for racially and ethnically diverse individuals in health administration. Members were asked to sponsor a preceptor for the 2006 summer enrichment program. Go to <http://www.diversityconnection.org/> for more information on the IFD.

For more information about the topics covered in these highlights or on the AHA Section for Metro Hospitals, contact John T. Supplitt, senior director, at 312-429-0334 or jsupplitt@aha.org.