



American Hospital
Association

HIGHLIGHTS
GOVERNING COUNCIL MEETING
AHA Section for Metropolitan Hospitals
March 2-3, 2010 ★ Chicago, IL

The governing council of the AHA section for metropolitan hospitals met March 2-3, 2010, in Chicago, IL. Governing council members received reports on AHA legislative, regulatory, and policy initiatives and discussed several priorities including health care reform, health information technology, workforce issues, and efforts to reduce hospital readmissions. A roster of the Section's governing council is available at <http://www.aha.org/aha/member-center/constituency-sections/Metro/roster.html>.

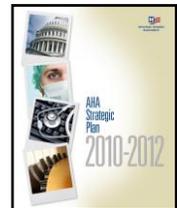


Washington Update and 2010 Advocacy Agenda

Members were briefed on the current Washington environment, legislative and regulatory issues, and the Association's 2010 Advocacy Agenda. Members were also reminded of the work of the AHA PAC and encouraged to contribute. To learn more about the AHA's current advocacy activities, visit <http://www.aha.org/aha/advocacy-grassroots/advocacy/index.html>. To learn more about the AHA PAC or contribute, please contact Lori Schor at lschor@aha.org.

AHA Board Report: Michael Madden, Director, Providence Health and Services Foundation, Los Angeles, and AHA Board Liaison to the metro governing council, reviewed highlights from the February 2010 meeting of the AHA Board of Trustees. Mr. Madden provided council members with a review of AHA's next steps regarding health care reform and the link back to AHA's national framework *Health for Life: Better Health, Better Health Care*. Governing council members were supportive of AHA's continued leadership in shaping the reform dialogue and being part of the solution to needed change. Visit <http://www.aha.org/aha/about/Organization/index.html> for information about the AHA Board.

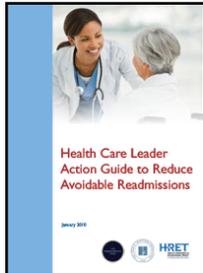
AHA 2010-2012 Strategic Plan: Mr. Madden briefed council members on the AHA's 2010-2012 strategic plan. Members provided feedback on the proposed strategic performance commitments in the areas of quality, safety and efficiency. Members also provided input on major internal and external challenges facing their organizations and the health care field. For more information about AHA's strategic plan, please visit: <http://www.aha.org/aha/content/2010/pdf/2010-2012-aha-strategic-plan.pdf>.



Delivery System Reform: Implementing *Health for Life*: AHA remains committed to improving health and health care in America. Over the past several years, the AHA Board, in collaboration with a broad coalition of stakeholders, developed a national framework for health care reform: *Health for Life: Better Health, Better Health Care*. This framework contains a set of initiatives that would improve the nation's health care system by fundamentally reshaping care delivery and realigning incentives. The AHA has been working to influence the health care reform debate on two fronts: first, through *policy initiatives* that change the laws and regulations governing care today, and second, through *field leadership* that demonstrates improvements in care without change in public policy. AHA staff shared progress toward the *Health for Life* framework and members shared changes they have made to address integration, risk assumption, and greater accountability. Members shared examples from their institutions to partner with community organizations and others to increase primary care access and ensure better care coordination as key drivers in improving health. Members overwhelmingly asked that AHA share best practices and identify the characteristics of successful models. Members also asked for resources on affordability, research on viable managed care models, and a toolkit on developing and implementing accountable care organizations. For more information on *Health for Life*, please visit <http://www.aha.org/aha/issues/Health-for-life/index.html>

Community Health Centers: Community, Migrant, Homeless, and Public Housing Health Centers are non-profit, community-directed health care providers serving low income and medically underserved

communities. AHA staff provided background on community health centers and then led a discussion about the effect of federal funding of these centers on health care and health care delivery in members' communities. Members were very supportive of CHCs, noting that CHCs alleviate pressure on their EDs while providing access to care for the indigent and underserved. Members embraced them as an important component of the local delivery system.

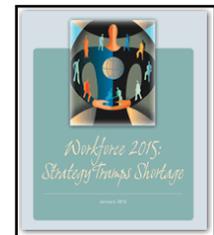


Targeting Avoidable Readmissions: The Health Resources Educational Trust, The Commonwealth Fund, and the John A. Hartford Foundation have developed a guide to help health care organizations get started in reducing avoidable readmissions. Staff shared with members the *Health Care Leader Action Guide to Reduce Avoidable Readmissions* and asked the group for examples of how to prevent readmissions. Members identified several ways in which they have attempted to avoid readmissions as well as obstacles that had to be overcome to be successful. Members also mentioned the need for internal support to nurture dissemination of their efforts. Members emphasized the need to align financial incentives between all

providers to reduce avoidable readmissions, potentially through bundled payments or other means. To access the guide, or for more information on avoiding readmissions, please visit <http://www.hret.org/hret/programs/readmissions.html>

2009 Long-Range Policy Committee Report: *Workforce 2015: Strategy Trumps Shortage*

An adequate number of well-trained staff is the fundamental resource for hospitals. In 2009, the AHA Long-Range Policy Committee explored likely workforce issues the hospital field will face over the new decade, and identified findings and recommendations which hospitals can use to develop strategies to ensure an adequate workforce. Given the ongoing importance of workforce issues and the significant workforce challenges that will arise in this decade, AHA sought input on how it can best focus its efforts to help members. While numerous recommendations were referenced, the group agreed that those recommendations around work redesign were the most important. The group asked that AHA continue to work on regulations affecting scope of practice and continue to work closely with AAMC and others to ensure that the right training is happening and maintaining a strong pipeline of health care professionals. To access the report, or for more information on workforce issues, please visit http://www.aha.org/aha_app/issues/Workforce/index.jsp.



Health Information Technology (HIT): The Centers for Medicare & Medicaid Services published a proposed rule on January 13, 2010, on Medicare and Medicaid payment incentives for "meaningful users" of electronic health records (EHR). At the same time, the Office of the National Coordinator for Health Information Technology issued an interim final rule that sets standards, specifications, and certification for EHR technology. Taken together, these proposed rules as currently stated will impede the ability of hospitals and health care systems to access federal financing for HIT and put many facilities at risk for

Medicare payment penalties beginning in 2015. AHA staff updated members on these proposed regulations and sought input on preparatory work being done, barriers expected, types of products being considered, and any difficulty with vendors. Members are in large part already moving forward on their IT plans, but remain concerned that they will be able to be ready in time due to the long roll-out periods required. The group was divided between those seeking a "best of breed" approach and those going with a complete system, but even those with one system were finding that "one" system still involved multiple platforms and approaches. Members were concerned with certification/ accreditation taking place after systems are already in place. For more information on health information technology, please visit http://www.aha.org/aha_app/issues/HIT/index.jsp

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 312-422-3306 or jsupplitt@aha.org.