

The governing council of the AHA Section for Metropolitan Hospitals met September 20-21, 2006, in Washington, DC. Members received reports on AHA legislative, regulatory, and policy initiatives and discussed several policy priorities including creating a unified health care policy, an alternative to today's liability system, and physician-owned ambulatory settings. The Section's governing council roster may be found on the AHA Web site at <http://www.aha.org/aha/member-center/constituency-sections/Metropolitan/index.html>

Unified Health Care Policy: Over the past few years, AHA's leadership has been working to chart a course to achieve health care reform in America. At this meeting, Barbara Lorschach, senior vice president, American Hospital Association updated members on AHA's unified health care policy initiative, which is designed to create a shared vision for our future health care system, build broad-based support for change, outline good ideas for achieving that change, and strategically prioritize and pursue change.

Following the update from Ms. Lorschach, members were asked to share their own views and the views of others in their community on the most important changes that need to be made in our health care system and to discuss what were the most important levers for change. The summary of these discussions will serve as the basis for developing AHA's own plan for reform – for creating a unified health care policy in America – expected in the summer of 2007. For additional information about this effort, please visit <http://www.aha.org/aha/nhcp/index.html>.

Alternative to Liability Reform: The AHA Health Care Liability Reform Task Force sought feedback on a draft proposal to better serve patients harmed in the process of care delivery, and improve quality and patient safety. A member of the Task Force briefly reviewed the history of their work, including analysis and recommendations to deal with the current health care liability environment and more recently, efforts to explore a comprehensive alternative solution to the current system. The alternative solution offered by the Task Force is an administrative compensation system (ACS) that addresses problems of the current tort system, and focuses on gaps where the current system does not advance improvements in patient safety or quality or consistently provide access to compensation for those injured during the course of medical care.

Members commented that the objectives for change were clear and on target and in the right environment the approach described could achieve the intended objectives. In addition, they discussed which elements of the proposed system key stakeholders would most strongly agree or disagree. Finally, members shared their thoughts on whether the concept paper should be shared more broadly to begin a dialogue for change. For additional information on this issue, please visit http://www.aha.org/aha/key_issues/hpl/index.html



Washington Update: Members were briefed on the current political environment in Washington, including the Congressional agenda, mid-term elections—including the prospect for a lame duck session – and efforts on the 2007 budget. Members were briefed on the recently passed tax legislation and the implications for the field. They were reminded of the AHA's 2006 Advocacy Agenda, including the "must do" items related to potential Medicaid issues and AHA efforts on accountability, transparency and affordability of health care. They were alerted to the ongoing inquiries by the IRS and GAO, and recent

hearings by the Senate Finance Committee on tax exempt status. Members discussed implications of the final rule for the 2007 inpatient prospective payment system (PPS) and the proposed rule for outpatient PPS including changes in quality measures recommended by the Hospital Quality Alliance. Staff highlighted efforts to “get out the vote” through an AHA-sponsored web site <http://www.helpingamericansvote.org> and efforts to advance the health care coverage agenda during campaign 2006. Staff discussed the strategies and effects of lifting the moratorium on limited-service hospitals and the MedPAC report due to Congress in December 2006. To learn more about the AHA’s advocacy activities, visit <http://www.aha.org/aha/advocacy/index.html>.

Physician-Owned Ambulatory Care Settings: Members were asked to advise the AHA’s Task Force on Delivery System Fragmentation on their analysis and recommendations with respect to physician-owned ambulatory care settings. Throughout debate on the limited-service hospital issue, many AHA members pointed to rapid growth in physician ownership of ambulatory care settings as an equal, if not greater, issue affecting their ability to keep services available to the entire community and maintain safety net services and programs. The recommendations being offered for review relate to the need to modernize the regulatory and payment environment to reflect the extent to which health care services are increasingly provided in a variety of ambulatory settings. The discussion included a review of member views expressed at the summer governance meetings, and discussion of the specific policy recommendations. Members commented on the accuracy of member views and the relevance and importance of the Task Force’s recommendations provided in their August 2006 report.

Key insights from the governing councils, Committee on Governance, and regional policy board discussions will be shared with the Task Force as they finalize their recommendations for the AHA Board of Trustees review and approval. For additional information regarding limited-service providers, please visit http://www.aha.org/aha/key_issues/niche/index.html.



Community Connections Update: Staff provided an update on Community Connections, a long-term initiative of the AHA aimed at helping hospitals across America affirm their rightful place as valued and vital community resources that merit broad public support. Members learned of the growing partnership between state and metro hospital associations and were apprised of the continued sharing of case examples with members of Congress. A new AHA report, *Prepared to Care: The 24/7 Role of America’s Full Service Hospitals*, was also highlighted as the latest hands-on tool to help members share with their communities how they are always ready to help. To learn more about this initiative, please visit www.caringforcommunities.org.



Coalition to Protect America’s Healthcare: The Coalition to Protect America’s Healthcare, of which AHA is a founding partner, funds media campaigns designed to preserve hospital financial health; educate the public; develop broader support; and reinforce and enhance hospital grassroots activities. The Coalition is embarking on a new fundraising strategy based on a voluntary *Fair Share* contribution by hospitals based on bed size. Members were updated on this strategy, which will be announcements to the hospital field in October. To learn more about the Coalition, please visit www.protecthealthcare.org.

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 312-422-3334 or jsupplitt@aha.org.