



American Hospital
Association

HIGHLIGHTS
GOVERNING COUNCIL MEETING
AHA Section for Small or Rural Hospitals
February 25-26, 2010 ★ Chicago, IL

The governing council of the AHA Section for Small or Rural hospitals met February 25-26, 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/Small-or-Rural/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 for small or rural hospitals. 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.

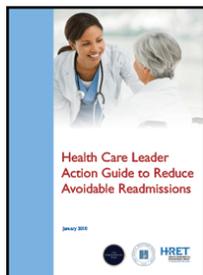
AHA Board Report: Ray Montgomery, II, CEO, White County Medical Center, Searcy, Arkansas and AHA Board Liaison to the small or rural governing council, reviewed highlights from the February 2010 meeting of the AHA Board of Trustees. Mr. Montgomery provided council members with a review of AHA's next 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. Montgomery 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 increase access to primary care access and ensure better care coordination as key drivers in improving health. Members sought assistance with exchange of electronic health information between hospitals and physicians. They encouraged efforts to promote collaboration and integration while reducing administrative burdens. Members could benefit from on-line resources on health reform for use with their community and board as well as health promotion and wellness resources for patients. 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 had a mixed response to the presence of CHCs in their communities. Some had a positive working relationship, but others found them to be highly competitive and resistant to supporting the goals and objectives of the local hospital.

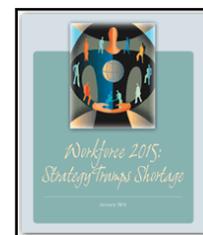


Targeting Avoidable Readmissions: The Health Resources Educational Trust, The Commonwealth Fund, and the John A. Hartford Foundation have developed a guide to help health care organizations get started in reducing avoidable readmissions. Staff shared with members the *Health Care Leader Action Guide 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 such as telehealth, discharge planning, and community care coordinators. They also identified obstacles that had to be overcome to achieve success including cultural competency and policy on observation. To access the

Guide or for more information 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 around work redesign, flexibility, and addressing generational differences were among the most important. The group asked that AHA continue to share best practices on 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 moving forward with their IT plans, but remain concerned that they will not be ready in time due to the up-front capital costs and the inaccessibility of vendors that work with small hospitals. The group said that interoperability with other hospitals and physicians is essential for electronic health records to be effective. In addition, members were concerned with certification/ accreditation taking place after systems were installed. For more information on health information technology regulations, 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 Small or rural Hospitals, contact John T. Supplitt, senior director, at 312-422-3306 or jsupplitt@aha.org.