



American Hospital  
Association

Working together, the AHA and Health Care Systems Governing Council identify priority issues to address and ways to define and focus AHA policy, advocacy, and service efforts on behalf of all health care systems.

## Constituency Section for Health Care Systems

The Section for Health Care Systems has a long history within the American Hospital Association (AHA) of providing a unique blend of forum and network, linking system members with shared interests and missions to advise AHA on strategic initiatives including implementing health reform, advocacy activities, and field leadership. These efforts are led by the Health Care Systems Governing Council in conjunction with an AHA Board liaison who participates in Governing Council meetings. Health care system members are also represented on each of AHA's nine Regional Policy Boards (RPBs).

Valuable opportunities are provided for system leaders to interact and network with one another through special member conference calls on issue-specific topics, at periodic Executive Roundtables in Washington, the Roger G. Larson Memorial Lecture and Luncheon at AHA's Annual Meeting, and the Section's annual *Health Care Systems Leadership Retreat*. These leadership activities afford system executives opportunities to actively discuss and learn from system peers and explore initiatives unique to systems that may ultimately impact system-related policy and advocacy strategies.

### **AHA System Membership**

The Section currently has 240 system members from across the country. The corporate headquarters of a multi-hospital system is eligible for system membership when at least 90 percent of its owned, leased, managed, or religiously sponsored hospitals are AHA members. The headquarters pays no additional dues beyond those of the component hospitals, and becomes a member of the AHA Section for Health Care Systems. If the total dues paid by the hospitals within the system exceed the AHA maximum dues for a single, freestanding hospital, the system is eligible for a system dues discount.

## Governing Council Role

Working together, the AHA and Health Care Systems Governing Council identify priority issues to address and ways to define and focus AHA policy, advocacy, and service efforts on behalf of all health care systems. A formal liaison relationship exists between the AHA Board of Trustees and the Governing Council.

A 21-person council, comprised of leaders representing some of the country's premier health systems, governs the AHA's health care system activities. This council actively advises the AHA from a global perspective during decision-making phases on advocacy positions, public policy issues, and member service strategies. Serving as appointed representatives of their member peers, governing council members attend three meetings a year in various geographic locations, with conference calls scheduled as necessary. The council also serves as hosts for the annual *Health Care Systems Leadership Retreat*.

## Governing Council Priorities

- Implementing Health Reform
- Leading Performance and Patient Safety Improvements with Physician Partners
- Advancing Physician Alignment and Incentives
- Enhancing System-Wide Care Coordination
- Collaborating with Key System Stakeholders
- Cultivating System Governance and Leadership Development, and Increasing Diversity within
- Improving Coverage and Access
- Eliminating Health Care Disparities
- Demonstrating and Communicating Community Benefit
- Innovating New Technologies in Care Delivery

## Regional Policy Boards

The Governing Council nominates health care system executives to serve on the AHA Regional Policy Boards. Throughout the nine RPBs, 19 delegates represent health care systems and integrated delivery systems; each delegate may have an alternate delegate who serves a concurrent term.

The nine RPBs meet three times a year through a regional network to foster communication between the

AHA, its membership, and state hospital associations. Their role in the policy development process dates back to 1968, when they were first established as Regional Advisory Boards. Voting members are comprised of delegates for the states, constituency sections, regional trustee and physician delegates, and delegates-at-large.

The purpose of the RPBs is to:

- Provide input on public policy issues to be considered by the Board of Trustees.
- Serve as ad hoc policy development committees when appropriate.
- Assist in implementing AHA policy and programs.
- Identify needs unique to a region and assist in developing programs to meet those needs.

## Section Objectives

AHA meets the unique needs of health care systems by:

- Promoting ongoing development and implementation of advocacy initiatives that support the nation's health care systems.
- Collaborating on public policy development, seeking direct input on short-term initiatives, long-term strategic issues, and representation on AHA's Regional Policy Boards.
- Fostering relevant member services for health care systems, including data activities, education programs, research, and technical assistance.
- Developing and maintaining liaison relationships with key entities important to health systems, such as state and local hospital associations, national health care alliances, The Catholic Health Association, the Federation of American Health systems, etc.
- Creating network opportunities for system peers, such as Executive Roundtables, the *Roger G. Larson Lecture* and the invitational *Annual Health Care Systems Leadership Retreat*.

*Additional information about the Section can be obtained by phone at (312) 422-3336 or on the web at [http://www.aha.org/aha/member\\_relations/health\\_care\\_services/health\\_care\\_services\\_main\\_page.html](http://www.aha.org/aha/member_relations/health_care_services/health_care_services_main_page.html).*