**Five Essential Elements for Change**

- **Focus on Wellness.** Good health – physical, mental and oral – is essential for a productive and vibrant America. A focus on wellness must be integrated into the lifecycle, from birth to death, and be encouraged in our homes, schools, workplaces and communities.

- **The Most Efficient, Affordable Care.** America will not be satisfied unless and until the cost of insurance and the cost of health care are affordable.

- **The Highest Quality Care.** Motivate doctors, nurses, hospitals, nursing homes and others to work together with patients and families to make sure the right care is given at the right time and in the right setting.

- **The Best Information.** Good information is the gateway to good care. We must be able to move and access information electronically.

- **Health Coverage for All, Paid for by All.** Health coverage for all is a shared responsibility. Everyone – individuals, business, insurers and governments – must play a role in both expanding coverage and paying for it.

Within each of the five essential elements for change are initiatives that will improve our nation’s health care system by fundamentally reshaping care delivery and realigning incentives.

Some improvements require changes in public policy and many were included in the Affordable Care Act and other recent legislation (for details see the inside panels and www.aha.org). Others can be made today through the leadership and commitment of hospitals, physicians and other providers.

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**Next Steps: Beyond the ACA**

**The Affordable Care Act** made great strides in helping people access health care coverage, enacting significant insurance market reforms and building a solid foundation upon which health care can be transformed. But there is still work to be done.

The AHA’s top priorities are retaining those elements in the Affordable Care Act that are aligned with our Health for Life principles, while advocating to fix problematic provisions – such as those around readmissions, hospital-acquired conditions and disproportionate share reductions. In addition, there are key Health for Life elements missing from the reform law. We will continue to advocate for changes related to liability reform, clinical integration, palliative care and health information technology.

Simultaneously, work must continue in hospitals and communities across the country to achieve increased efficiencies through improved quality and patient safety, better management of care, better clinical alignment and reducing costs.

Success in the post-reform era will require work on many fronts. The journey will not be simple. But we have great opportunity. Working together, we can achieve better health and better health care.

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**National Framework for Change**

For many years, hospitals have been working with each other and with our communities to build a roadmap for improving America’s health care system.

While it is often said that the U.S. has the best health care in the world – and there is much of which we can be proud – for many, our “system” doesn’t work well. Millions are uninsured or underinsured. Many with coverage find their insurance premiums and out-of-pocket costs difficult to shoulder.

Yet even if everyone had affordable health care coverage, it would not solve all our problems. Chronic illness is growing at an alarming rate. Health care quality, safety and efficiency are not where they need to be. Payment policies reward volume over value. Care is provided in silos – often not coordinated or integrated across settings. Shortages of physicians, nurses and other caregivers, already a serious problem, are predicted to worsen.

In anticipation of the health care reform debate, and to act as a catalyst for such a debate, the AHA in consultation with hospitals across the country and other stakeholders created a framework to transform America’s health care. This framework identifies five essential elements that we must build upon to make care more safe, timely, effective, efficient, equitable and patient focused.

Since June 2008, the AHA has advocated for changes based on this framework. Health for Life will continue to be the standard by which we judge any legislative or regulatory efforts to transform the health care delivery system.

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**Helping Hospitals Tackle Reform**

**Hospitals in Pursuit of Excellence**

AHA’s Hospitals in Pursuit of Excellence (HPOE) initiative provides a growing portfolio of resources to accelerate the transformation of care and achieve excellence in clinical, operational and financial performance. We are developing a robust set of tools with a special focus on quality, safety, health information technology, care coordination and efficiency. Find tools to help your organization at www.hpoe.org.
Ideas for Change

As part of the Health for Life initiative, in March 2008, the AHA released a set of “Ideas for Change” outlining public policy recommendations that could be made at the federal and state level to better shape how care is provided today. The goal: offer policymakers concrete suggestions for change as they moved forward with discussions on health care reform.

Two years later, in March 2010, the President signed into law historic legislation that constitutes the largest change to America’s health care system since the creation of Medicare and Medicaid.

The Affordable Care Act (ACA) expands coverage to 32 million people through a combination of public programs and private-sector health insurance expansions. In addition, it adopts delivery system reforms to better align provider incentives to improve care coordination and quality and reduce costs. It also takes steps to reduce the rate of increase in Medicare and Medicaid spending.

The chart to your right shows how and to what extent the ACA reflects the goals of Health for Life and what unfinished business remains in making the changes necessary to transform health care in America.

The Affordable Care Act: Progress and Unfinished Business

**Health for Life Goal**

**ACA Changes**

**Health for Life Goal**

**ACA Changes**

**Most Efficient/Affordable Care**

**Simple public and private insurance**

Requires adoption of uniform processes and standards such as claim-processing rules to reduce the burden on patients, providers and insurance plans.

**Developer test pilots**

Create an entity to evaluate comparative effectiveness research, and identify $2.5 billion in evidence-based medicine to better understand which therapies and treatments work best.

**Enhance transparency**

Requires providers to report publicly on certain quality and performance measures. Requires hospitals and insurers to make public their price/market-rate of health services.

**Enhance an adequate workforce**

Creates a commission to address workforce shortages and encourage training in key areas. Provides enhanced funding to train allied health professionals.

**Expand performance improvement**

Establishes a national quality improvement strategy to identify those priorities that have the greatest potential to improve patient care outcomes and those measures that are most actionable.

**Make care more efficient and affordable**

Adopt processes that reward quality over quantity of services. Establishes a value-based purchasing payment system for hospitals, and adopts penalties for readmissions and hospital-acquired conditions. Allows for voluntary evidence and science-based programs and efforts that would bundle Medicare payments for certain services, develop Accountable Care Organizations, and create patient-centered medical homes.

**Create a better alternative to today's health system**

Provides demonstration grants to states to create alternatives to current health care delivery systems, but only to adopt significant changes on a national scale.

**Highest Quality Care**

**Increase coverage and payment for preventive care**

Adopts full dental health parity, ensuring that coverage of dental health is comparable to that for general health care. Provides funding to support mental health education and training, and to create national centers of excellence for depression (noted in the 2006 Mental Health Parity and Addiction Equity Act).

**Test payment redesign**

Provides $10 billion for a new Center for Medicare & Medicaid Innovation to test innovative payment and service delivery models that reduce cost and improve quality.

**Reduce health disparities and inequity**

Improves access to care to improve minority health and reduce health disparities, including providing funding to improve care in underserved areas, requiring data collection on race/ethnicity and other factors, and enabling the Office on Minority Health.

**Health for Life Goal**

**ACA Changes**

**Health for Life Goal**

**ACA Changes**

**Highest Quality Care**

Remove barriers in clinical integration

Fails to modernize laws and regulations to allow doctors, hospitals and others to work together to learn to deliver coordinated care. Provide the Secretary with only limited authority to waive certain barriers for certain demonstration projects on an as-needed basis.

Expand options for end-of-life care

Fails to educate the public and providers about palliative care options; fails to address changes in coverage and reimbursement to encourage use of non-invasive settings; and fails to support creation of advance directives.

Best Information

**HITECH (included in the American Recovery & Reinvestment Act)**

Expands IT adoption by health care professionals and hospitals

Provides financial incentives for hospitals and eligible providers that are “meaningful users” of certified electronic health records (EHRs), with penalties beginning 2015 for those who are not.

Fails to provide an adequate transition period considering the significant requirements of “meaningful use.” Fails to account for unique circumstances of small and rural hospitals.

**Create a patient identifier**

Fails to encourage the private sector to create and use unique, confidential health information identifiers to accurately and securely link patients to their health records.

A Focus on Wellness

**Invest in America’s public health**

Allocates $12 billion to a new prevention and public health fund and creates a council to develop a national strategy to improve the health status of all Americans.

**Focus on chronic care management**

Provides Community Transformation grants to reduce the incidence of chronic disease, improve health care settings and improve patient and caregiver outcomes.

**Provide health pregnancy and newemrs**

Requires states to train women who have breast-feeding mothers to express milk.

**Invest in nutrition and community-based health**

Fails to provide support the operations of state-based health centers and a childhood obesity demonstration project.

**Create a source for consumer health information**

Directs the Secretary to: create a national public-private partnership to raise awareness about nutrition, obesity, exercise, smoking and the prevention of key diseases; launch a national media campaign on prevention; and create a website with objective health information.

**Promote reading and sharing for children and parents**

Provides funding for the expansion of health care programs, smoking cessation services, and parent/child health care services.

**Proper utilization and sharing for appropriate services**

Provides grants to small businesses for workplace wellness programs, and to states to encourage Medicaid beneficiaries to participate in healthy lifestyle programs.

**Invest in primary care services**

Allocates for new primary care physicians, nurses, allied health professionals and the public health workforce, especially in underserved areas.

**Enhance health professionals education to include a focus on wellness**

Provides funding to establish a Primary Care Extension Program to educate primary care providers about preventive medicine, chronic care management, mental and behavioral health and evidence-based medicine.

**Making progress**

**Little or no action**

**KEY:** completed, provisions included in the ACA