

The governing council of the AHA Section for Metropolitan hospitals met May 19-20, 2011 in Scottsdale, Arizona. Governing council members received reports on AHA advocacy and regulatory policy initiatives and discussed several priorities including accountable care organizations, reducing health care disparities, and hospital and care systems of the future. They reviewed the AHA Board's policy on vaccinations and discussed GME changes and strategies for reducing readmissions. A **roster of the Section's governing council** is available at our Web site.

**Washington Update:** Members received a report from staff on the political environment, funding the federal government, AHA advocacy and policy strategies, and Medicaid challenges. Members were briefed on regulations implementing the Patient Protection and Affordable Care Act (ACA) of 2010 as well as the proposed rule for inpatient PPS, a final rule on value-based purchasing, and a **"Partnership for Patients"** patient safety initiative.



**Accountable Care Organizations (ACOs):** ACOs are scheduled to begin operations on January 1, 2012. This may be difficult given that time will be required to analyze public comments, draft the final rule and clear it with government agencies. In addition, it will take time for providers to apply for the ACO program, as well as time for CMS to review and approve applications.

While the Medicare ACO shared savings proposed regulation is an important first step toward implementing a program from the ACA that attempts to improve quality of care while reducing Medicare expenditures, AHA believes substantial changes are needed to make the program operationally viable and attractive to potential participants. Members discussed key changes to the ACO regulation that would enhance the likelihood of participating in the program.

**AHA Board Report:** In April, the Board adopted a policy statement that could be disseminated to the field along with best practices and resources to help members achieve high levels of health care worker vaccinations. In its deliberations, the Board included input from the regional policy boards, many of which urged the Association to adopt a policy that included a mandatory approach. Ultimately, the Board adopted a policy linking patient safety, infection control, and mandatory immunization and that supports mandatory patient safety policies that require either influenza vaccination or use of a mask while in the presence of patients during flu season. The next steps are to communicate the position to membership; incorporate the position into AHA's patient safety work; and use the position in discussions with external entities. Members were briefed on the AHA Board's action related to mandatory vaccinations and asked to comment on the position taken by the Board and the best way to assist members.

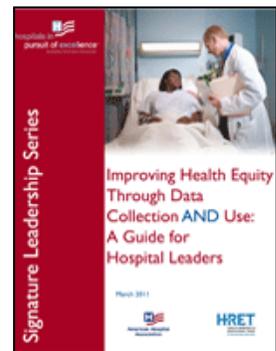


**For more information about the topics covered in these highlights or on the AHA Section for Metropolitan Hospitals, contact John T. Supplitt, senior director, at 312-422-3306 or [jsupplitt@aha.org](mailto:jsupplitt@aha.org).**

**Reducing Health Care Disparities:** AHA's Board level *Equity of Care* (EOC) committee serves in an advisory role so that AHA can provide leadership and drive measured progress in equity. The EOC directs AHA's efforts to support the field's commitment to the elimination of disparities in our nation's health care system, and to make equity of care a more visible and proactive part of AHA's strategic agenda. AHA and other national hospital associations identified key steps to help reduce health disparities:

- Increase diversity in hospital and health system governance and management;
- Increase cultural competency training of all clinicians and support staff; and
- Increase collection and use of race, ethnicity and primary language data.

Members discussed strategies to reduce care disparities and how AHA can assist efforts to increase management and governance diversity, the cultural proficiency of the health care workforce; and the use of race and ethnicity data in quality measurement and improvement efforts.



**Hospital and Care Systems of the Future:** AHA's Committee on Performance Improvement has been working on a project entitled *Hospitals and Care Systems of the Future*. The Committee's objective is to articulate a vision of the future and identify the questions leaders should ask to chart their own organization's path. In order to assist hospital

and health system leaders in their current-day strategic thinking and planning, the Committee plans to identify:

- Forces driving transformational change in the health care system;
- Key assumptions about the future;
- "Must do" and "differentiating" strategies for hospitals to fulfill their missions;
- Core organizational competencies hospitals will need to master; and
- Possible transition paths and organizational models for hospitals and health systems to move from their present state to their preferred future state.

Members discussed the Committee's plans and suggested organizational models that should be included where appropriate.

**Changes Affecting GME:** Members reviewed three changes taking place affecting graduate medical education (GME). One topic was **ACGME standards on resident duty hours**. Another was a **proposal from MedPAC** on a performance-based GME incentive program. Another was federal funding of GME through appropriations to Titles VII and VIII of the Public Health Services Act. Members discussed each change and how it would affect physician supply and teaching resources.



**SNF Case Management Collaborative:** Senior management at Inova Alexandria Hospital arranged a summit with area SNF administrators and clinical professionals to discuss processes and workflow for coordinating transfers and reducing readmissions. The process reduced observation rates and avoidable days while decreasing readmissions.