



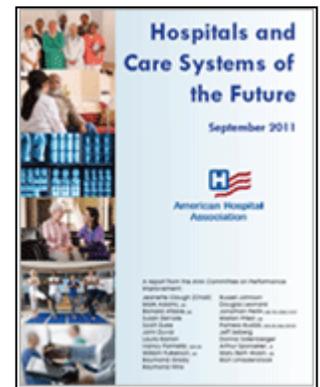
The governing council of the AHA Section for Metropolitan hospitals met October 3-4, 2011 in Washington, DC. Governing council members received an AHA Board update and federal updates on regulatory and legislative priorities of metro hospitals. Members participated in policy discussions on care systems of the future, physician training, and healthcare-acquired conditions. Governing council members also received an update on the AHA Physician Leadership Forum and participated in an Advocacy Day. A [roster of the Section's governing council](#) is available on the Web site of the [AHA Section for Metropolitan Hospitals](#).



**Washington Update:** The Administration continues to release a flurry of health care regulations and initiatives. Members received a report from staff on various key regulatory issues including the final value-based purchasing rule, hospital inpatient prospective payment system (PPS) final rule for fiscal year 2012, CMS Bundled Payments for Care Improvement Initiative, State health insurance exchanges, and Medicaid recovery audit contractors. Members received an update from staff on the current Washington political environment, particularly the proposals to reduce the federal budget deficit by cutting payments to hospitals and AHA's strategies for responding to

these threats.

**AHA Board Report:** Barbara Lorschach, senior vice president, AHA Member Relations reported that the [AHA's Committee on Performance Improvement](#) (CPI) made progress on the [Hospitals and Care Systems of the Future](#) report. In May, the Governing Council reviewed excerpts from a draft report. The CPI also shared the report with the AHA Board for its feedback at the July Board meeting. The AHA Board praised the report and advised the CPI to complete the report quickly and disseminate it to the field. In October, Governing Council members reviewed the revised final report and recommended next steps the CPI should undertake to support members in delivery and payment system changes.



**Healthcare-Acquired Conditions:** Healthcare-acquired Conditions (HACs) create a challenging public policy issue. In the Patient Protection and Affordable Care Act, hospitals are incented to prevent HACs through a Medicare payment policy that will take effect in 2015, in which the worst performing quartile of hospitals will be penalized one percent of their Medicare inpatient payments. AHA created a Clinical Advisory Panel on HACs (Panel) that includes physician and nurse leaders from a variety of different organizations. Its objective is to ensure AHA has appropriate clinical input on HACs, a framework for thinking about them in the context of public policy, and some principles for assessing proposed public policy efforts. The Panel completed its draft of that work and added to it some ideas about how AHA can help hospitals as they work to reduce HACs. Governing Council members were asked for input and advice on the final draft of the report and any recommendations to AHA's Board regarding distribution of the report.



**Training Physicians to Deliver High-Value Care:** Staff led members in a discussion on the skills and core competencies needed by physicians to practice in a reformed health care delivery system and asked members to share what they are doing to address gaps in physician training. Member input will be shared with an AHA-member task force of clinicians to develop a set of recommendations that will be shared with organizations that accredit medical training and continuing education programs.

**Physician Leadership Forum:** Staff briefed members on the work of the AHA's Physician Leadership Forum (PLF). The PLF is a new way for physicians and hospitals to advance excellence in patient care. Through the PLF, the AHA will work more closely with the medical community to identify best practices and deliver value-based care. Participating physicians and hospitals will commit to improve the quality, safety, and efficiency of care delivery. The PLF also offers physicians a unique opportunity to participate in AHA policy and advocacy development process while preparing to collaboratively lead the hospitals of the future.



**Advocacy Day:** Council members joined their colleagues in delivering a unified message to Capitol Hill – hospital care cannot be cut further. Rich Umbdenstock, AHA president and CEO; Rick Pollack, AHA executive vice

president; and Tom Nickels, AHA senior vice president, updated members on the current Washington political environment, AHA's advocacy efforts, and the potential impact on hospitals by the Joint Select Committee on Deficit Reduction – the “Supercommittee.” Mr. Pollack reviewed several areas where AHA believes hospital payments under Medicare and Medicaid are at risk and referenced papers spelling out the AHA's position on the following issues:

- [Medicare Graduate Medical Education](#)
- Medicaid Provider Assessments
- Medicare Bad Debt Reimbursement
- Rural or Small Hospitals
- Post-Acute Care

Mr. Nickels referenced a fact sheet that spells out the [role that hospitals play as employers](#) and a [study](#) examining the potential impact that additional cuts could have on hospital jobs and the other jobs supported by hospitals when they buy goods and services from other businesses in their communities. Mr. Umbdenstock encouraged members to make their voices heard – [Cuts Threaten Hospitals' Ability to Cure and Care](#), and to reject any additional Medicare and Medicaid payment reductions for hospital services. Upon conclusion of the Washington report, members traveled to Capitol Hill to meet with their Congressional delegations.

**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).**