

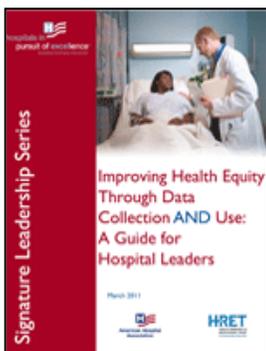
The governing council of the AHA Section for Small or Rural hospitals met May 16-17, 2011 in Boise, Idaho. Governing council members received reports on AHA advocacy and regulatory policy initiatives and discussed several priorities including accountable care organizations, reducing health care disparities, and hospital and care systems of the future. They reviewed the AHA Board's policy on vaccinations and got an update on the physician leadership forum. 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 for rural hospitals and discussed a delivery model for an intermediate rural health center. 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 CMS wage index report.



**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 approved a policy position that linked patient safety, infection control, and mandatory immunization. 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.



**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.



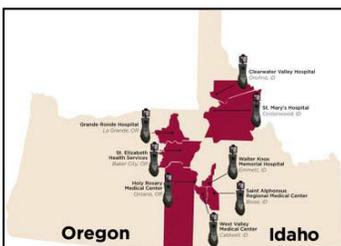
**Hospital and Care Systems of the Future:** AHA’s Committee on Performance Improvement has been working on a project entitled *Hospitals and Care Systems of the Future*. The Committee’s objective is to articulate a vision of the future and identify the questions leaders should ask to chart their own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

**Physician Leadership Forum (PLF):** Physicians and hospitals are facing a need to collaborate and work as a coordinated team to provide care to their communities. As part of the AHA’s ongoing mission to improve the health of patients and communities, AHA has been working to develop strategies and resources to reach out to physicians as they become more involved in the administrative and clinical leadership of the hospital. John R. Combes, M.D., AHA Sr. V.P., explained that this initiative aligns with AHA’s strategic priority to create within the AHA a forum for physicians who work closely with hospitals for the purpose of achieving collaborative working relationships to advance excellence in patient care. Dr. Combes shared the work of the PLF including educational opportunities, leadership development, resources and opportunities for public policy input. Members discussed what they are you doing to engage physicians in the leadership of their organizations, which strategies have worked, areas where the PLF should focus, and the types of resources that would be of most value.



**Saint Alphonus Telemedicine Network:** Seven hospitals with robots have partnered with Saint Alphonus Regional Medical Center to form the IDA ORE Telemedicine Network. The Remote Presence technology is used for multiple applications that increase availability of specialists to rural areas and provide improved access to continuing education opportunities. Members discussed a case example on the network and shared practices on privileging and credentialing.

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](mailto:jsupplitt@aha.org).