



American Hospital
Association

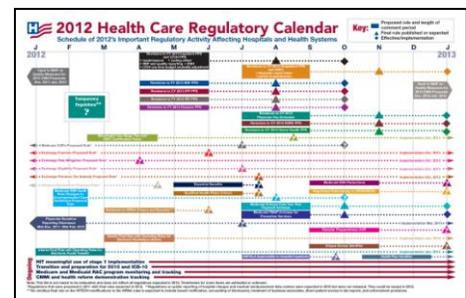
HIGHLIGHTS
GOVERNING COUNCIL MEETING
AHA Section for Metropolitan Hospitals
March 26-27, 2012 ★ Chicago, IL

The governing council of the AHA Section for Metropolitan hospitals met March 26-27, 2012 in Chicago, IL. Governing council members were updated on the political environment and received reports on the federal budget and deficit reduction, elections, advocacy agenda and regulatory policy. They discussed in depth Medicare and Medicaid financial sustainability and promoting system reform. In addition they examined the drug shortage, readiness for health information technology, and physician training. A **roster of the Section's governing council** is available on our Web site.



Washington Update: Members scrutinized critical federal budget deficit and debt issues challenging the nation and how AHA should prepare for proposals to reduce health care spending and the entitlement reform debate sure to ensue in 2013. They were briefed on the current political environment, presidential election and AHA's advocacy agenda. Members discussed the viability of Medicare payment extenders, metro hospital budget deficit implications, and critiqued strategies for public and candidate education entering the elections in 2012. Members endorsed the importance of the **AHAPAC** in advocating priorities to members of Congress and the work of the **Coalition to Protect America's Health Care** to communicate our message to the public.

Members were briefed on a robust **regulatory calendar** for 2012 that implements routine Medicare payment updates as well as new rules for health care reform. Policy issues of particular interest were the FY 2013 inpatient PPS proposed rule, Medicare and Medicaid DSH payment changes, area wage index, RACs and program integrity as well as state insurance exchanges.



Financial Sustainability and System Reform: Using a forced response polling technique, members were asked to share their reactions to a series of statements regarding alternative methods of deficit reduction, policies embedded in a premium support model, and specific recommendations to reduce Medicaid spending. They weighed a range of alternatives for deficit reductions proposed by Congress and the Administration and alternatives to cuts to Medicare or Medicaid spending for hospitals. They discussed premium support and defined contribution models in which Medicare beneficiaries would receive a specified amount from the federal government toward purchasing private health insurance. Members also weighed options for Medicaid reforms such as block grants and funding and coordinating care for dually eligible beneficiaries.



Training Physicians to Deliver High-Value Care: As part of its work, the **AHA's Physician Leadership Forum** sought input on how the hospital field could impact the education and development of physicians and how the **Accreditation Council on Graduate Medical Education competency program** is functioning. Last fall, members were asked to rank how evident and important each of the competencies were in their organizations. AHA formed a **task force** of clinicians charged to frame recommendations on assimilating these competencies. Members were asked to share their reactions to the recommendations, provide input regarding a "call to action" to engage the various stakeholders, as well as what the hospital field can do now to foster and encourage adoption of the core competencies.

Health Information Technology: Federal initiatives for adoption of electronic health records (EHRs) and the transition to a new coding system for diagnostic and procedural coding, ICD-10 stand out as challenges for hospital information systems. CMS recently released a proposed rule defining Stage 2 of "meaningful use" of EHRs. In addition, CMS announced the agency will revisit the **timeline for adoption of ICD-10**. Members were asked to share their readiness for **Stages 1 and 2 of meaningful use**. They were asked their state of **readiness for ICD-10 implementation** and views on the possible need for a delay.



Navigating Drug Shortages: **AHA recently surveyed hospitals** to assess how drug shortages have affected patient care. With 820 hospitals responding, almost 100 percent reported a shortage. **Policy solutions** exist and **AHA has commented**; however, until policy makers act hospitals must still navigate through debilitating shortages. Members shared ways to circumvent the present shortage such as accumulating inventory, adding substitutes to the formulary, contracting with multiple suppliers, and continuous monitoring of manufacturing and production. Patient safety is of vital importance. Regular communication between pharmacists and physicians is necessary and members are cautious to review their options carefully before taking action.



Join your colleagues May 6-9 in Washington, D.C., at the 2012 AHA Annual Membership Meeting to hear the latest on the forces effecting health care, and to take hospitals' message to Capitol Hill. The meeting includes keynote speeches from prominent policy makers, the annual breakfast meeting for constituencies, executive briefings on important health topics, ACHE credits, and more. You may **register** on line.

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.