



American Hospital
Association

HIGHLIGHTS GOVERNING COUNCILS AND COMMITTEES Spring 2012

The Governing Councils and Committees met in March 2012 across the country. Members received reports on AHA legislative, regulatory, and policy initiatives and discussed several priorities including ensuring Medicare and Medicaid financial sustainability and promoting system reform, early-term elective deliveries, training physicians, the care of vulnerable populations and health information technology.

Washington Report: Political and Legislative Activities

Members were briefed on the current Washington environment, legislative and regulatory issues, and the Association's 2012 Advocacy Agenda. Members were also reminded of the work of the AHA PAC and the Coalition to Protect America's Health Care and encouraged to contribute. To learn more about the AHA's current advocacy activities, visit <http://www.aha.org/aha/advocacy-grassroots/advocacy/index.html>. To learn more about the AHA PAC or contribute, please contact Shari Dexter at sdexter@aha.org.



Ensuring Medicare and Medicaid Financial Sustainability and Promoting System Reform

For each item below, members were asked to use electronic voting devices to share their reactions to a series of statements regarding alternative methods of deficit reduction, "unfinished business" from the Health for Life framework, policies embedded in a premium support model, and specific recommendations to reduce Medicaid spending.

Deficit Reduction Alternatives - In early 2010 the public began to express growing concerns about the increasing federal debt and deficit, and expressed apprehension about the federal budget. Over the past two years, several commissions have come forward with recommendations to strengthen the economy and bolster the nation's fiscal health. These proposals include both tax increases and spending reductions in discretionary programs, including defense, and in mandatory programs, such as Social Security, Medicare and Medicaid.

Unfinished Business of Health for Life (HFL)

In 2007 and 2008, AHA created a framework, Health for Life, to guide the hospital field's advocacy during the health reform debate. HFL served, and continues to serve, the hospital community well in terms of what ideas hospitals want to support in a changing health care delivery system. Many hospital leaders have suggested that HFL be updated to identify new areas to pursue and existing areas where additional focus might be needed to accomplish the goals of HFL.

Premium Support

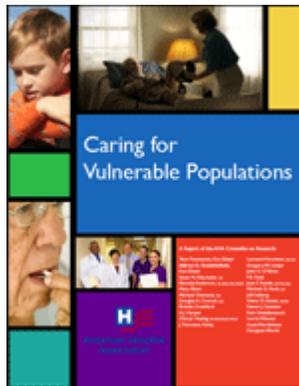
At the spring 2011 round of RPB meetings, the concept of moving Medicare to a defined contribution or "premium support" model was discussed. The concept of premium support, under which Medicare beneficiaries would receive a specified amount from the federal government as a contribution toward purchasing private health insurance, is gaining ground. The premium support model is still evolving. However, key policy decisions and issues that would affect its impact on Medicare beneficiaries and program spending can be identified.

Medicaid Reform Proposals

Recent concerns about the growing federal deficit, the pressure on states to balance their budgets and the ballooning cost of entitlement spending have fueled interest in re-vamping the Medicaid program. Combined federal and state spending on Medicaid now totals about \$400 billion annually. Medicaid is poised to play an even larger role in coverage when health reform is implemented.

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/American Board of Medical Specialties' competency program is functioning. As part of the fall 2011 policy development process, members were asked to rank how evident and important each of the competencies were in their organizations. In follow up to those meetings, a task force of clinicians began to frame recommendations to the medical education community and the field as a whole to better inculcate the competencies in the fabric of health care delivery. 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. For more information about the Physician Leadership Forum, please visit www.ahaphysicianforum.org.



Caring for Vulnerable Populations

The AHA Committee on Research takes an in-depth look at a single topic to provide the hospital field with relevant recommendations for advancing health care. In 2011, the committee examined emerging hospital-centered practices in effective care coordination for vulnerable populations, focusing the examples on the critical "dual eligible" population — individuals eligible for both Medicare and Medicaid. The committee believes that hospitals have the opportunity to address the patient, provider, and system barriers that have impeded the progress toward true care coordination. They sought to identify elements that organizations can consider for implementation to improve outcomes for all vulnerable populations.

Members were asked to review the report and discuss the best practice recommendations in the report they would choose to implement to improve care for vulnerable populations and which would be most challenging to implement. To access the report, or for more information, please visit <http://www.aha.org/research/cor/caring/index.shtml>.

For more information about topics covered in these highlights, or about the Governing Council of AHA's Section for Psychiatric & Substance Abuse Services, contact Rebecca Chickey 312-422-3303 or rchickey@aha.org.