



Teaching hospitals fulfill critical social missions, including educating and training future medical professionals, conducting state-of-the-art research, caring for the nation's poor and uninsured, and standing ready to provide highly specialized clinical care to the most severely ill and injured patients.

The American Hospital Association (AHA) works to ensure the unique needs of these organizations are a national priority. Below are just some of the ways the AHA works for teaching hospitals.

Working for Teaching Hospitals

Payment shortfalls, workforce shortages, and outdated and duplicative regulations increase the burden on teaching hospitals. In recent months, the AHA has worked with members to stave off cuts to funding for graduate medical education and to demonstrate the need for streamlined regulations, commonsense rules and manageable timelines. The success of some of our joint efforts are outlined below.

- **Recovery Audit Contractors (RACs):** Continue to forcefully call for relief from overly aggressive Medicare auditors and their unmanageable medical record requests and inappropriate payment denials. The AHA is looking for solutions through the courts and the regulatory and legislative fronts. AHA-supported *Medicare Audit Improvement Act* would level the playing field with RACs.
- **Medicare Physician Payment:** Worked with Congress to prevent a 27% cut to Medicare physician payments in Calendar Year (CY) 2013.
- **Graduate Medical Education (GME):** Successfully defended proposals by the administration, some in Congress and various deficit reduction commissions to cut Medicare indirect medical education (IME) and direct GME payments.
- **Children's Hospitals Graduate Medical Education (CHGME):** Successfully urged 141 members of the House and 29 senators to ask appropriators to provide freestanding children's hospitals with adequate funding to train medical residents in FY 2013. The President's budget proposed cutting CHGME by two-thirds.
- **New Teaching Hospitals:** The ability of hospitals to train the next generation of physicians is crucial to the future success of the American health care system. The AHA worked with CMS to finalize a policy to increase the cap-building period for new teaching hospitals from three to five years.

- **Conrad State 30 J-1 Visa Waiver Program:** Worked with Congress to approve legislation extending through September 2015 the Conrad State 30 J-1 visa waiver program, which allows foreign-born physicians to remain in the U.S. for three years after medical school to serve in medically underserved areas.
- **Stage 2 Meaningful Use:** Secured a delay in the start of the Stage 2 meaningful use requirements under the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs until FY 2014 for hospitals and a shorter reporting period in FY 2014 to ensure a safe and orderly transition from Stage 1 to Stage 2.
- **ICD-10 Delay:** Successfully urged CMS to delay the deadline for implementing ICD-10 diagnosis and procedure codes to Oct. 1, 2014.
- **Conditions of Participation (CoPs):** Successfully urged CMS to revise many outdated CoPs for hospitals. The improvements included allowing multi-hospital systems to operate with a single governing board. AHA will continue to work with CMS to allow multi-hospital systems to operate with a unified medical staff.
- **Combating Drug Shortages:** After strong advocacy by AHA and a coalition of health care stakeholders, Congress passed the *Food and Drug Administration (FDA) Safety and Innovation Act*, which included provisions to help alleviate critical drug shortages. The law: strengthens requirements for manufacturers to notify the FDA in advance of discontinuance or interruptions in drug production; requires the FDA to consider the impact on supply of drugs prior to taking enforcement actions against manufacturers; permits expedited drug application reviews and site inspections to mitigate or prevent shortages; requires coordination between the FDA and the Drug Enforcement Administration for shortages involving controlled substances; relaxes FDA requirements for hospitals that repackage shortage drugs for use within their own health system; and requires the FDA to establish a task force to implement a strategic plan for responding to drug shortages and to submit an annual report to Congress.

- **Patient Protection and Affordable Care Act (ACA) Implementation:** AHA and other national hospital groups urged the Supreme Court in June 2012 to rule the ACA's individual mandate and Medicaid expansion constitutional. Although the court struck down the penalty for a state declining to expand its Medicaid program, states that do participate in the Medicaid expansion will receive the federal financial support included in the ACA. The AHA continues to press the Department of Health and Human Services for answers as ACA implementation moves ahead and sends members detailed advisories as new federal guidance is released.

- **Electronic Transfer of Health Care Funds:** Convinced CMS to finalize the adoption of federal standards for the electronic transfer of health care funds and remittance advice under HIPAA.
- **Emergency Medical Treatment and Labor Act (EMTALA):** Convinced CMS not to expand the current EMTALA regulations. The agency said that a hospital has satisfied its EMTALA obligation when it admits an individual "in good faith in order to stabilize the [emergency medical condition]."

Engaging Teaching Hospital Executives

Teaching hospital executives have a strong voice in the AHA. They help shape key advocacy activities, policy positions and member services of particular interest to teaching hospital leaders through their active involvement in many forums.

- **A Role in Governance and Policy-Making:** The AHA offers teaching hospital executives many opportunities to take an active role in shaping AHA policies and setting direction for the association. They can play a formal role in association governance and policy formation by serving on the AHA's Board of Trustees, Regional Policy Boards, Governing Councils and the Committee on Clinical Leadership. In addition, the association creates short-term advisory and work groups where members weigh in on more focused, time sensitive policy issues.
- **AHA Section for Metropolitan Hospitals:** The AHA Section for Metropolitan Hospitals currently has almost 1,000 members from across the country and composes CEOs from teaching, public, metropolitan/urban and suburban hospitals. The Section provides forums linking members with shared interests and missions to advise AHA on policy and advocacy activities and to discuss issues of great importance to metropolitan and teaching hospitals and the field as a whole. These efforts are led by the Metropolitan Hospitals Governing Council which meets at least three times a year. Valuable opportunities are also provided for teaching hospital

leaders to interact and network with one another through special member conference calls and meetings.

- **Advocacy Alliances:** The AHA's *Advocacy Alliances* provide members with another way to engage legislators on the specific issue or issues that have a direct impact on their ability to continue providing quality health care services in their communities. The **Advocacy Alliance for Graduate Medical Education** focuses on advocacy related to graduate medical education funding and ensuring an adequate supply of physicians. The **Advocacy Alliance for the 340B Drug Discount Program** focuses primarily on preventing attempts to scale back this vital drug discount program and supports expansion of 340B discounts. The **Advocacy Alliance for Coordinated Care** focuses on ensuring payment rates remain fair and equitable in the hospital outpatient setting for evaluation and management and other services and for post-acute care providers.
- **Member Outreach:** Several times throughout the year, AHA's teaching hospital member CEOs are individually contacted by AHA staff and/or are invited to participate in small group CEO conference calls to discuss key AHA initiatives. During the calls, members contribute their perspectives and often receive additional tools and resources to address key challenges shared during the discussions.

Providing Key Resources for Teaching Hospitals

Membership in the AHA means more than representation on critical regulatory and legislative issues. AHA offers teaching hospitals the tools and resources to navigate today's changing landscape of health care delivery and to support the efforts to improve quality and increase value for the communities served.

- **Reports and Research:** The AHA routinely analyzes the most pressing issues affecting the field. Recent reports have focused on patient engagement, hospitals and care systems of the future, advanced illness management, and the intensity of services provided in hospital emergency departments. Specific research has looked at the unique role of teaching hospitals.
- **AHA's Physician Leadership Forum (PLF):** The PLF's goal is to foster a strong collaborative relationship between hospitals and physicians through education, quality and patient safety, leadership development, and advocacy and public policy. Recognizing that care is moving to a team-based approach, the PLF has lead efforts to examine physician competency

development and offer leadership education. Learn more at www.ahaphysicianforum.org.

- **Hospitals in Pursuit of Excellence (HPOE):** Looking to identify and share best practices? Through HPOE, an initiative from the AHA's Health Research & Educational Trust, we share action guides and reports that will accelerate performance improvement and support health reform implementation.
- **AHA Resource Center:** Highly trained information specialists assist members in accessing timely and relevant health services articles and data.
- **Advocacy Action Center:** This Web-based kit provides a set of resources and materials tailored to help you effectively communicate key messages. They'll help you explain your concerns to legislators, your hospital family and your community at large. These resources can also be accessed through our mobile app, available for both Apple and Android-based devices.