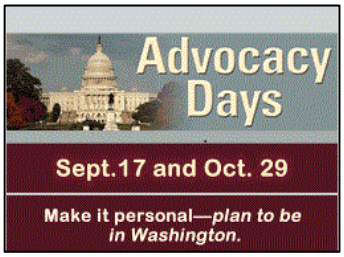
American Hospital Association

HIGHLIGHTS
GOVERNING COUNCIL MEETING
AHA Section for Small or Rural Hospitals
September 16-17, 2013 ★ Washington, DC

The governing council of the AHA Section for Small or Rural hospitals met September 16-17, 2013 in Washington, DC. Agenda items for the meeting included a report from the AHA Board liaison to the Section Governing Council. In addition, members were briefed on the current Washington political, legislative, and regulatory policy environment. Members reviewed and discuss several policy issues including quality measures, hospital-acquired conditions, managing an intergenerational workforce, and hospital-based continuing medical education. Members also received information on implementation of health insurance marketplaces. A **roster of the Section's governing council** is available on our Web site.

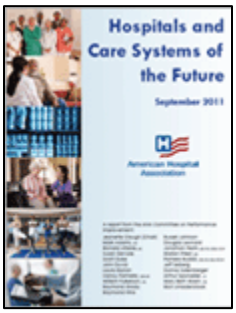
Washington Update: With the debt ceiling expected to be reached early this fall, members were updated on and discussed deficit reduction activities and areas where hospitals are at risk as well as the political environment, key legislative activities, and AHA's advocacy agenda. Members reviewed and discussed key regulatory challenges, including inpatient hospital payments and proposed changes to the quality performance programs. Members endorsed the importance of the **AHAPAC** and the work of the **Coalition to Protect America's Health Care** to communicate our message to the public.



Plenary Advocacy Day: Washington Report: Legislative Update – As Congress addresses the fiscal year 2014 budget and debt ceiling, hospital and health system executives convened to communicate clearly and firmly that repeated ratcheting of Medicare and Medicaid payments for hospital services will only increase hospitals' challenges and could, limit patient access to care. AHA President and CEO Rich Umbdenstock and AHA senior staff outlined the key issues including rural hospital priorities and provided insight in preparation for visits with lawmakers in Washington, D.C. as part of Advocacy Day activities.

Quality Measures: What Matters Most – AHA continues to advocate for the use of a small and critically important set of measures, believing this is likely to be much more effective in generating improvement and meaningful public reports on health care quality. In the past several months, several key stakeholders and policymakers are joining us in supporting this notion. Members identified the most important aspects of care to be measured, and whether these measures are likely to be salient for both the public and payers.

Hospital-acquired Conditions Payment Policy: The ACA established a value-based purchasing (VBP) program to pay inpatient prospective payment system (PPS) hospitals for their performance on quality measures. The ACA also imposes payment reductions to hospitals with high rates of hospital-acquired conditions. Many of the quality measures used in both programs are similar. Thus, hospitals could receive "double-penalties" based on poor performance on certain quality measures. Members were asked for their input on whether AHA should advocate for legislative changes to merge them.



CPI Draft Report: Managing an Intergenerational Workforce: Strategies for Health Care Transformation – The AHA's 2013 Committee on Performance Improvement (CPI) is tasked with providing guidance to AHA's strategy to support performance improvement across the membership. In 2011, the CPI released the *Hospitals and Care Systems of the Future* report which identified must-do strategies and core organizational competencies for hospitals to prepare for the future. One strategy was engaging physicians and employees in the transformation journey – a strategy that will include managing a multigenerational workforce. Members reviewed the 2013 draft report and provided feedback to the CPI.

American Hospital Association's PHYSICIAN LEADERSHIP FORUM

The Value of Continuing Medical Education: Continuing medical education (CME) has long been offered as a resource and benefit for physicians by hospitals. Members discussed the value of CME given changes to the model of delivery. Members shared their thoughts on the value of physicians' CME to hospitals and recommendations for how it can be used to more effectively drive strategic discussions within an organization.

Health Insurance Exchanges: The ACA's insurance exchanges (also called health insurance marketplaces) began open enrollment on October 1. For the first time, individuals and small businesses may purchase coverage from private insurance companies through these exchanges, and may be able to receive federal subsidies to make the insurance more affordable. Beth Fuchs, Ph.D., Principal, Health Policy Alternatives, Inc., Washington, DC, briefed members on selected policy features and implementation challenges.

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.

Since 1987, the ***Rural Health Care Leadership Conference*** has been the educational event of choice for rural leaders who want to learn from top researchers, strategists, and practitioners who can stimulate their thinking and provide the skills and competencies they need to transform the organization for a sustainable future.