

Sixty percent of all patients admitted to acute care hospitals are cared for in hospitals that are part of multi-hospital health care systems.

In fact, more than half of all U.S. hospitals belong to a multi-hospital health care system. In addition to hospital services, multi-hospital health care systems may offer a full range of physical and behavioral health services – preventive, primary, trauma, acute, post-acute and palliative care – in rural, suburban and urban communities and in settings including physician offices, community-based wellness centers, respite centers, adult day care centers, long-term acute care hospitals, skilled nursing and rehabilitation facilities, hospices and at home. Some health care systems own or have an equity interest in health plans that are offered to employees and/or other employers in the community. Health care systems may be community-based or regional or multi-state, investor-owned or not-for-profit, religious or secular – or there may be a mix of ownership models within a health care system – but ultimately health care systems are focused on providing a coordinated continuum of care to improve the health of the communities they serve.



There are more than 245 health care system members of AHA. Outlined below are just some of the ways the AHA works to support them.

Working for Health Care Systems

The primary mission of the AHA is to advocate on behalf of the nation's hospitals and health systems on issues that impact their organizations, patients and communities. The AHA ensures that members' perspectives and needs are heard and addressed in national health policy development, legislative and regulatory debates, judicial matters and with the media and consumers. Some examples are highlighted below.

- **A Strong Voice on Capitol Hill.** The AHA worked across party lines – with Congress, regulatory agencies and the courts – to give voice to the interest of hospitals and health care systems. A more comprehensive list can be found at www.aha.org, under “Value of Membership.” Some highlights include:
 - **Ensuring Needed Resources** – The AHA worked hard to protect funding for hospital services from arbitrary cuts, successfully defeated several attempts in Congress to implement site-neutral payments for outpatient services, cuts to graduate medical education and bad debt, and changes to the critical access hospital (CAH) program. The AHA also worked with Congress to include in the Protecting Access to Medicare Act of 2014 several items of importance to hospitals, including preventing a 24% cut to Medicare physicians payments that was scheduled to take place on April 1, extending certain Medicare provisions important to rural hospitals, delaying the Medicaid disproportionate share hospital cuts until 2017 and extending the partial enforcement delay of the two-midnight rule.

- **Reducing Red Tape** – The AHA fought for ways to decrease regulatory burdens that draw much-needed resources away from patient care and successfully urged CMS to revise many outdated Medicare Conditions of Participation and secured a delay in the start of the Stage 3 meaningful use requirements under the Medicare and Medicaid Electronic Health Record Incentive Programs until fiscal year 2017. In addition, in response to concerns voiced by the AHA, CMS is making a number of changes to the Recovery Audit Contractor (RAC) program, effective with the next round of RAC contracts.
- **Communication with the Media.** In national news and traditional and social media, in print and on television or radio, the AHA advocates for hospitals and health care systems. The AHA also equips health care system executives with tools and strategies to help respond to media inquiries on difficult and challenging issues. Sign up to follow the AHA on Twitter, YouTube and Facebook.
- **Collaboration with National Organizations.** The AHA works closely with many other national organizations to drive positive change in federal policies and improve care across the continuum. Liaison relationships are maintained with organizations, including state and local hospital associations, the Catholic Health Association, the Federation of American Hospitals, and America's Essential Hospitals, to name a few.

Engaging Health Care System Executives

Health care system leaders have a strong voice in the AHA. They help shape key advocacy activities, policy positions and members' services of particular interest to health care systems through their active involvement in many forums.

- **A Role in Governance and Policy-making.** The AHA offers health care system 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 committees, including the Committee on Research and Committee on Performance Improvement. 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 Health Care Systems.** The AHA Section for Health Care Systems currently has more than 245 members from across the country and includes CEOs from the corporate headquarters of large and small, loosely integrated and fully integrated multi-hospital health care systems. The section provides forums linking system members with shared interests and missions to advise the AHA on policy and advocacy activities and to discuss issues of great importance to health systems and the field as a whole. These efforts are led by the Health Care Systems Governing Council, which meets at least three times a year. Valuable opportunities are also provided for system 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 the 340B Drug**

Pricing Program focuses primarily on preventing attempts to scale back this vital drug discount program and supports expansion of 340B discounts. **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 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. **The Advocacy Alliance for Rural Hospitals** focuses on advocating for appropriate Medicare payments, working to extend expiring Medicare provisions that help rural hospitals maintain financial viability and improving federal programs to account for specialized funding for special circumstances in rural communities.

- **Member Outreach.** Several times throughout the year, the AHA's health care system CEOs are individually contacted by the AHA 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.
- **Health Care Systems President Forums.** Small groups of health care system member CEOs are invited to meet with AHA's president in Washington throughout the year to provide their guidance to the AHA on specific and time-sensitive health care system issues.
- **Health Care Systems Leadership Retreat.** Annually, approximately 60 health care system CEOs join the Health Care Systems Governing Council for a retreat with the AHA Board of Trustees and senior staff to share unique leadership perspectives, discuss challenges and opportunities confronting the field and make recommendations that will help shape the future of health care.

Providing Key Resources for Health Care Systems

The AHA provides health care system executives and their teams with tools and resources to accelerate performance improvement and transform the health care delivery system.

- **Performance Improvement Initiatives**
 - **AHA's Committee on Performance Improvement (CPI).** The CPI provides guidance on AHA's strategy to support performance improvement across the membership and to support improved quality as defined by the Institute of Medicine's six aims (safe, effective, efficient, equitable, timeliness, and patient-centered care). Its first report, "Hospitals and Care Systems of the Future," identified must-do, priority strategies and core organizational competencies that organizations could establish to remain successful in this time of sweeping change.
 - **HPOE Guides and Reports.** The AHA's *Hospitals in Pursuit of Excellence* (HPOE) shares action guides and reports to help accelerate performance improvement and support health reform implementation. For example, *Value Based*

Contracting is a primer for hospitals and health care systems as they transition to value-based contracting arrangements and assume more risk, and *The Second Curve of Population Health* builds upon prior AHA reports that outline a road map for hospitals and care systems to use as they transition to the second curve of population health.

- **HRET Hospital Engagement Network.** More than 1,500 hospitals participating in the AHA's Health Research & Educational Trust (HRET) Hospital Engagement Network improved care for more than 69,000 patients over the past two years while reducing health care costs by nearly \$202 million. Among other improvements, participating hospitals reduced early elective deliveries (which can increase complications) by 57%; ventilator-associated pneumonia by 34%; pressure ulcers by 26%; central line-associated blood stream infections (CLABSIs) in intensive care units by 23%; catheter-associated urinary tract infections (CAUTIs) by 18%; avoidable readmissions for heart failure patients by 13%; all cause readmissions by 6%; and surgical site infections by 6%. The program is part of CMS's Partnership for Patients initiative.

- **National Projects.** The AHA leads several national quality projects. The National Call to Action to Eliminate Health Care Disparities provides health systems with free resources to improve the quality of care for every patient. The CAUTI project focuses on reducing CAUTI and has trained roughly 1,200 people. Six cohorts from 44 states and regions recruited more than 1,000 hospitals and 1,800 hospital unit teams to participate in the CLABSI project, which has reduced CLABSI by 40% and saved more than 290 lives and saved \$97 million in excess costs. The national implementation of TeamSTEPS program trained 766 individuals representing more than 1,000 hospitals at five regional centers on a set of evidence-based, practical tools that help health care providers strengthen teamwork among caregivers with the goal of improving patient safety.

- **Research and Data**

- **The AHA's Committee on Research (COR).** The COR develops the AHA research agenda, studies topics in depth and reports findings to the AHA Board and the field. Health care system executives participate on the committee and it is chaired by the AHA Board Chair-elect. The COR developed the report, *Your Hospital's Path to the Second Curve: Integration and Transformation*, which outlines potential paths to managing life in the gap and achieving the Triple Aim.

- **Policy Reports and Analyses.** AHA research reports examine key issues to inform the policy-making process. These include the *TrendWatch* series, a periodic AHA publication that reports on the latest trends affecting hospitals and the health care system, as well as other AHA-sponsored studies and Chartbook, a compendium of the latest trends impacting hospitals. Recent highlights included a primer on bundled payment initiatives and a look at the costs associated with hospitals' role as emergency responders.

- **Data.** The AHA Annual Survey is completed online by most U.S. hospitals and profiles a universe of more than 6,500 hospitals. It has more than 1,000 inputs covering an organization's structure, service lines, staffing, expenses, physician organization structures, beds and utilization. These data are made available through the AHA Guide and AHA Healthcare DataViewer.

- **The AHA Environmental Scan.** The AHA Environmental Scan is designed to help hospital and health system leaders better understand the health care landscape including critical issues, key emerging trends and market forces that have a high probability of affecting the health care field. The 2014 Environmental Scan was compiled from about 75 nationally recognized sources with recommendations from select AHA governance committees.

- **The AHA Resource Center.** Highly trained information specialists assist members in accessing timely and relevant health services articles and data.

- **Legal Support**

- **Affordable Care Act (ACA) Implementation.** The 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 supports included in the ACA. The AHA

continues to follow the development of state exchanges.

- **Health Care System Realignment.** Features of the ACA and other market trends are driving a major realignment of the health care system. Hospitals are strengthening ties to each other and physicians in an effort to respond to new global and fixed payment models as well as incentives for improved quality and efficiency, implementation of electronic medical records and care that is more coordinated across the continuum. Much of this realignment involves mergers and acquisitions. The AHA commissioned research from the Center for Healthcare Economics and Policy Center, which highlighted the numbers of and the stories behind the transactions that demonstrated that mergers and acquisitions over the past seven years are supporting the changing landscape of health in a positive way. More information can be found at www.aha.org.

- **Recovery Audit Contractors (RACs).** The AHA works with government stakeholders to improve the RAC program and prevent abuses that preclude hospitals from receiving payment for necessary medical care.

- **Workforce.** The ability of teaching hospitals and health care systems 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. The AHA also worked with Congress as it approved legislation extending the 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.

- **Physician Leadership Forum (PLF).** The AHA's PLF is a way for physicians and hospitals to advance excellence in patient care. Because health care systems now employ more than 25% of all doctors, and better collaboration with physicians is critical to improving health and health care in communities, the PLF works closely with the medical community to identify best practices to deliver value-based care.

- **Healthcare Governance.** Founded in 2001, the Great Boards website and newsletter reports on governance trends and effective practices and provides extensive resources for hospital and health system boards of trustees such as sample policies, practices and tools. Great Boards is published through the AHA's Center for Healthcare Governance, and the current issue focuses on strategic governance practices for turbulent times.

- **Fellowship Programs.** The Health Research & Education Trust developed the AHA Health Care System Transformation Fellowship for C-suite executives. The six-month program provides a roadmap of how to design and plan for new care delivery and payment models. The AHA-National Patient Safety Foundation Comprehensive Patient Safety Leadership Fellowship is a yearlong, intensive learning experience that develops leadership competencies and promotes a transformational model for patient safety and quality improvement. Fellows complete an Action Learning Project, a major improvement project for their organizations, and have opportunities to connect with current fellows and alumni and nationally recognized experts for mentoring.