

The Value of AHA Membership for Teaching Hospitals



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

Below are just some of the ways AHA is:

- Working for teaching hospitals;
- Engaging teaching hospital leaders; and
- Providing key resources.

Working for Teaching Hospitals

Payment shortfalls, workforce shortages and outdated and duplicative regulations increase the burden on teaching hospitals.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

- Working to Shape Implementation of MACRA. AHA worked with Congress to pass bipartisan legislation to replace the flawed Medicare physician sustainable growth rate formula. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) created a new physician payment and performance measurement system, and AHA is working with the Centers for Medicare & Medicaid Services (CMS) to shape implementation of the new law. AHA also offers web resources and ongoing education of members; physicians via the Physician Leadership Forum; state, metro and regional hospital associations; and trustees. For more, visit www.aha.org/macra.
- Rejecting Reductions in Medicare Funding for IME and GME.
 AHA continues to urge Congress to reject reductions in Medicare funding for indirect medical education (IME) and direct graduate medical education (GME) and pass the Resident Physician Shortage Reduction Act (S. 1148, H.R. 2124), which would increase the number of Medicare-funded residency positions.
- Urged the Rejection of Additional Site-neutral Payment
 Policies. AHA has urged Congress to protect hospital outpatient
 departments under development and reject calls for any
 additional site-neutral payment policies. AHA also will urge CMS
 to implement the existing cut in the most favorable and flexible
 manner possible.
- Drove Delay of CMS Release of Star Ratings. Due to significant
 concerns raised by AHA and others about whether the hospital
 quality star rating methodology provides a fair, accurate, and
 meaningful representation of hospital performance, CMS delayed
 until at least July 2016 the release of overall hospital quality "star
 ratings" on its Hospital Compare website. AHA will continue to
 work with CMS to refine its methodology.

- "Two-midnight" Refinements. In an effort to revise policies with burdensome regulations that divert time and resources away from patient care, AHA has helped persuade CMS to finalize several positive changes to its "two-midnight" policy. In addition, AHA successfully challenged through the courts the CMS interpretation of its 0.2 percent payment reduction for inpatient services, convincing the agency to restore the resources that hospitals are lawfully due. CMS's recent IPPS proposed rule for fiscal year (FY) 2017 proposes two adjustments to reverse the effects of the cut it unlawfully instituted when implementing the policy in FY 2014.
- Educating Stakeholders on Insurer Consolidation. AHA is working to ensure that the proposed acquisitions involving four of the five major national insurers receive the highest level of scrutiny. AHA has provided analysis to the Department of Justice and testified before Congress numerous times, introducing into the record concrete reasoning why the acquisitions would decrease competition and hurt the marketplace, in addition to working to educate the media and public on the potential consequences for patients and providers.
- Recovery Audit Contractor (RAC) Program Improvements. AHA worked with CMS to make changes to the RAC program. including limiting the look-back period for patient status reviews to six months after the date of service if the hospital has submitted its claim within three months of the date of service and requiring RACs to provide 30 days for hospitals to discuss denied claims in an effort to avoid appeals. In addition, AHA worked to limit RACs' ability to conduct patient status reviews. CMS has recently significantly reduced the amount of claims RACs can audit per hospital from 2 percent of a hospital's Medicare claims volume to 0.5 percent. AHA is urging Congress to pass the Medicare Audit Improvement Act (H.R. 2156), which would eliminate the RAC contingency fee structure and instead direct CMS to pay RACs a flat fee, as every other Medicare contractor is paid, and rationalize payments to RACs by lowering payments for poor RAC performance due to high rates of incorrect denials. The RAC website highlights related AHA efforts, resources and education materials. For more, visit www.aha.org/rac.

- Proposed Recommendations for CMS Comprehensive Care for Joint Replacement (CJR) Bundled Payment Program. AHA was pleased that CMS's final rule on the CJR Payment Model made several critical improvements at AHA's urging, including reducing the limits it sets on hospitals' repayment responsibility to Medicare and delaying the start date to April 1, 2016 instead of Jan. 1, 2016. In addition, CMS chose not to finalize its proposed requirement that hospitals achieve 30th to 40th percentile of performance on specific quality measures to be eligible for reconciliation payments, favoring a composite quality score instead. And, although the final rule does not include any waivers to the fraud and abuse laws, CMS and the Department of Health and Human Services Office of Inspector General issued a joint statement that waives the federal Anti-kickback statute and the physician self-referral law with respect to certain financial arrangements.
- Encouraged Support for the 340B Drug Pricing Program.

 AHA continues to urge Congress to preserve the 340B Drug

Pricing Program. AHA also supports the Health Resources and Services Administration's (HRSA) efforts to improve the 340B program for eligible hospitals and clinics, including discounts for orphan drugs. In response to its detractors, AHA's "Setting the Record Straight on 340B" fact sheet separates fact from fiction on the 340B program.



- Urged IRS to Support Community Benefits. AHA and the Catholic Health Association (CHA) urged the IRS to formally acknowledge that support for improved housing to enhance the health of the hospital's community is a community benefits and should recognized on page 1 of Form 990 Schedule H.
- Collaborated with National Organizations. 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, CHA, the Association of American Medical Colleges and America's Essential Hospitals, to name a few.
- Guided the Work of the Coalition to Protect America's Health
 Care. The Coalition is a recognized leader in digital advocacy,
 forming through social media and online ads a grassroots army
 of more than one million individuals who communicate directly to
 Congress about the harm cuts in hospital payments could have on
 patient care.
- Provided Resources Via the Advocacy Action Center. This
 web-based kit provides a set of resources and materials
 tailored to help hospital executives effectively communicate key
 messages and explain concerns to
 legislators, the hospital family and
 the community at large.

A comprehensive list of AHA's work can be found at www.aha.org/value.

Advocacy Action Kit

Engaging Teaching Hospital Leaders

Teaching hospital executives have a strong voice in AHA as they help shape key advocacy activities, policy positions and member services.

- Academic Medical Center and Teaching Hospital Strategic Leadership Group. This group drives AHA academic medical center strategy and advocacy agenda and addresses graduate medical education funding, workforce issues, the 340B Drug Pricing Program, site-neutral payments and rising drug prices.
- Task Force and Meetings on Ensuring Access to Care in Vulnerable Communities. The AHA Board created a 30-member task force to focus on ensuring access to care in at-risk communities. The Task Force on Ensuring Access in Vulnerable Communities consists of two subcommittees that are examining the issue from the rural and urban perspectives. The task force has met several times and listening sessions have been conducted with hospitals in the field. A report to the AHA Board of Trustees is expected in mid-2016.
- Governance and Policy-making Roles. AHA offers teaching hospital
 executives many opportunities to take an active role in shaping
 AHA policies and setting direction for the association. Opportunities
 include participating on AHA's Board of Trustees, Regional Policy
 Boards, Governing Councils and the Committee on Clinical Leadership.
 In addition, short-term and advisory work groups are excellent
 opportunities to weigh in on more focused, time sensitive policy issues.
- AHA Constituency Section for Metropolitan Hospitals. The AHA Constituency Section for Metropolitan Hospitals has almost 1,000

- members from across the country and is composed of 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 also are provided for teaching hospital leaders to interact and network with one another through special member conference calls and meetings.
- Advocacy Alliances. 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. The Advocacy Alliance for Coordinated Care focuses on ensuring payment rates remain fair and equitable in the hospital outpatient Advocacy Alliances... setting for evaluation and management and other services for post-acute care providers.

Providing Key Resources for Teaching Hospitals

AHA offers teaching hospitals myriad tools and resources to support their efforts to improve care for the individuals and communities served.

- Teaching Hospitals: Preparing Tomorrow's Physicians Today.
 This report is part of an AHA TrendWatch series that highlights the latest trends affecting hospitals and the health care system and informs the policy-making process. This publication looked at current issues impacting teaching hospitals.
- Physician Leadership Forum (PLF). AHA's PLF seeks to
 foster strong collaborative relationships between hospitals
 and physicians through education, quality and patient safety,
 leadership development, and advocacy and public policy. Through
 webinars, seminars and reports, PLF has focused on team-based
 care, physician competency development and physician practice
 management.
- Equity of Care. Addressing disparities is essential for performance excellence and improved community health. AHA issued goals and milestones from the National Call to Action, launched in 2011 to end health care disparities and promote diversity, and encourages hospitals to take the #123forEquity Pledge to eliminate health care disparities. For more, visit www.equityofcare.org.
- Cybersecurity Resources. AHA offers cybersecurity resources for hospitals, including cybersecurity alerts, links to tools to assist with risk assessment and gap analysis, and connections to opportunities for information sharing. For more, visit www.aha.org/cybersecurity.
- Telehealth Resource. AHA offers a web resource with comprehensive information on telehealth. The site includes information on federal and state telehealth initiatives, research documenting telehealth value, AHA-member case studies showing telehealth in action and AHA TrendWatch reports on telehealth benefits to patients. For more, visit www.aha.org/telehealth.
- AHA's Enrollment Toolkit. This toolkit supports hospitals' efforts
 to help consumers enroll in the Health Insurance Marketplace. The
 toolkit contains links to key resources from AHA and other national
 and local organizations, as well as case examples from hospitals
 on their enrollment efforts. AHA's "Get Enrolled!" webpage is
 continually updated with resources to help hospitals connect their
 community to coverage. For more, visit www.aha.org/getenrolled.
- Veterans Hiring Resource. Hospital Careers: An Opportunity to Hire Veterans is a toolkit for hospitals with guidance on recruiting veterans into hospital careers. The resource aims to assist hospitals in hiring veterans with clinical experience, as well as talent and leadership skills beyond their medical credentials.



- Policy Reports and Research. AHA's Committee on Research (COR) develops the AHA research agenda, studies topics in depth, and reports findings to the AHA Board and the field. Together with the Committee on Performance Improvement, COR released a 2016 report, Care and Payment Models to Achieve the Triple Aim, that identified seven key principles for creating a care delivery system and reviewed new payment models as the health care field moves to a value-based care system.
- **HPOE Guides and Reports.** AHA's Hospitals in Pursuit of Excellence (HPOE) shares action guides and reports to help accelerate performance improvement. For example, *The Second Curve of Population Health* builds upon prior AHA reports that outline a road map for hospitals to use as they transition to the second curve of population health.
- Telling the Hospital Story. In national news and traditional and social media, in print and on television and radio advertising, AHA advocates for hospitals and health care systems. 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. AHA launched a digital campaign to help patients and consumers better understand the evolving role of the nation's hospitals. The website features a video and other resources showing how hospitals are creating partnerships and programs that reach beyond their walls to improve community health and access to care. For more, visit www.AdvancingHealthinAmerica.org.



- RAC Trac. The AHA RAC Trac website provides information on the RAC survey, which collects data from hospitals on a quarterly basis to assess the impact of the Medicare RAC program on hospitals. The site also offers webinars and reports that highlight the survey findings and provides access to the RAC Trac analyzer tool that compares similar hospitals' RAC activity. For more, visit www.aha.org/rac.
- AHA Resource Center. Highly trained information specialists assist members in accessing timely and relevant health services articles and data.