

The Governing Council of the AHA Section for Small or Rural hospitals met March 5-6, 2015 in Washington, DC. Agenda items for the meeting included a discussion of reforming the delivery system, maintaining a health care presence in certain rural communities, improving behavioral health services, and integrated health care leadership. In addition, the AHA Board liaison facilitated a discussion of the AHA Strategic Plan. A **roster of the Section's governing council** is available on our Web site.



Washington Legislative

Update: Members received a briefing on the political

environment and fiscal cliffs. They were oriented to the AHA's current legislative dashboard, reviewed the three goals and 19 objectives of our rural advocacy strategy, and shared the message with their members of Congress. 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.



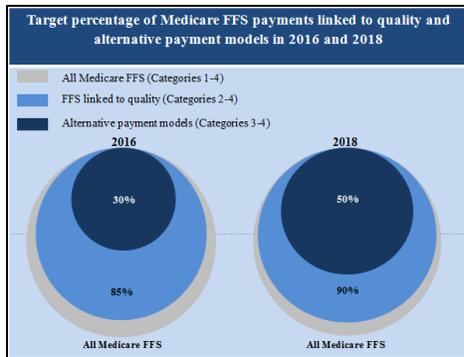
Washington Regulatory and Policy Update:

Governing Council members reviewed and discussed [AHA's efforts to relieve the regulatory burden](#) for small or rural hospitals especially direct supervision of hospital outpatient therapeutic services, physician certification of a 96-hour stay in CAHs and flexibility in achieving meaningful use of electronic health records. Members were alerted to the impact of a MedPAC proposal to introduce [site neutral payments](#) for hospital outpatient departments. They also were briefed on rulemaking for [340 B drug discount pricing](#) and orphan drugs.



AHA Strategic Plan: The AHA's strategic plan has a series of specific efforts the AHA will undertake to help members in areas of prime importance, such as performance improvement, clinical integration and consumerism. AHA strategic planning assumptions and the broader strategic plan are fundamental to the AHA working

in partnership with the field to understand the envisioned future as we pursue the Triple Aim. After reviewing the nine strategic planning assumptions, members discussed how the activities represented there are being addressed by hospital leaders and how AHA can help.



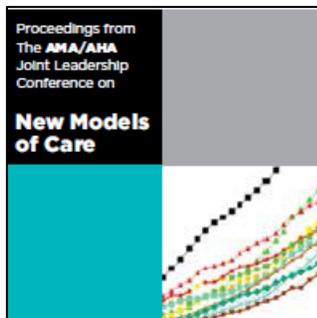
Reforming the Health Care Delivery System: Most leaders agree, new payment and delivery system models are needed to improve health, health care, and reduce per capita cost of care. AHA has heard both member support for and significant concerns about specific [goals recently set by CMS for moving providers to alternative payment models](#). Members discussed key barriers to participating in current CMS models and to share factors contributing to alternative delivery models in the private sector.

Maintaining a Health Care Presence in Certain Communities: Every community faces unique challenges and pressure points on its health care infrastructure – including remote location, limited workforce, constrained resources. Members identified key factors for maintaining an adequate health care presence in rural and frontier areas.



Improving Behavioral Health Care: Effectively integrating behavioral health care into community's health care infrastructures is critical in order to improve the overall health of the community. Members shared actions that hospitals can take as well as ways AHA can support and advocate for

improved integration of physical and behavioral health care.



Integrated Healthcare Leadership: In October 2013, under the auspices of the [Physician Leadership Forum](#), the American Hospital Association's and American Medical Association's *Joint Leadership Conference on New Models of Care* furthered the conversation among health care provider organizations, clinicians, and policymakers on the need for greater alignment to meet the goals of a more effective delivery system. New payment and care delivery models are encouraging hospitals and physicians to work more closely together. During this

session members reviewed and commented on several principles for a collaborative model that focus on integrated physician and hospital leadership.



The [Shirley Ann Munroe Leadership Award](#) recognizes small or rural hospital CEOs and administrators who have achieved improvements in local health delivery and health status through their leadership and direction with a **\$1,500 stipend** to offset the cost of attending an AHA educational program. The 2015 Application can be found [HERE](#). Contact Jumel Ola 312-422-3345 for additional information.

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 312-425-6306 or jsupplitt@aha.org.