American Hospital Association

HIGHLIGHTS
GOVERNING COUNCIL MEETING
AHA Section for Small or Rural Hospitals
June 4-5, 2015 ★ Phoenix, AZ

The Governing Council of the AHA Section for Small or Rural hospitals met June 4-5, 2015 in Phoenix, AZ. Agenda items for the meeting included a legislative and regulatory update; discussion of new payment and care delivery models; the Institute of Medicine's report on quality metrics; principles and priorities for sharing health information; transparency and the impact of narrow networks, and a case example on telemedicine. 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 shared the outcome of the Medicare Access and CHIP Reauthorization Act (MACRA) to fix physician payments. MACRA extended several Medicare payment programs including outpatient therapy cap exceptions; Medicare Dependent Hospital payment and the low-volume payment adjustment. A number of priorities remain such as permanent fixes for Medicare extenders; eliminating physician certification of a 96-hour stay for CAHs; direct supervision of hospital outpatient therapeutic services; and extension of the rural community hospital demonstration. Members were apprised of new issues pertaining to the 340B drug discount pricing program and the Supreme Court decision on King vs. Burwell. Members endorsed the importance of the **AHAPAC** and the work of the **Coalition to Protect America's Health Care** to communicate our message.

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 briefed on how MACRA replaced the sustainable growth rate formula with a 0.5 percent update and a merit-based incentive payment system for professionals paid under the physician fee schedule except those participating in advanced payment models. They were alerted to the recommendations to CMS to withdraw the two-midnight policy and address short stays. AHA announced it is organizing a task force to address access to care for vulnerable populations and communities.

New Payment and Care Delivery Models: The focus of AHA's Committee on Research (COR) and Committee on Performance Improvement's (CPI) work in 2015 is on new payment and care delivery models. Because of the variety of care models that

are developing, rather than describe an ideal model the CPI developed seven principles for redesign of what a delivery system should include. Members commented on the principles and on the payment models identified by the COR and which models could support the design principles.

"Vital Signs: Core Metrics for Health and Health Care Progress": The Institute of Medicine's (IOM) new report addresses the major opportunities and current problems related to health care measurement. Members reviewed and commented on the IOM's streamlined set of 15 standardized measures, with recommendations for their application at every level and across sectors.

Principles and Priorities for Sharing Health Information: Members discussed the principles and priorities on electronic sharing of health information as proposed by the AHA Interoperability Advisory Group. They offered insight into the infrastructure necessary to support electronic transfer of information and what can be done to reduce information blocking.

Transparency of Out-of-Network Services: The media has featured cases of patients receiving "surprise bills" from providers who have had a role in treating a patient, but who were not acknowledged at the outset as part of the care team including surgical consultants, pathologists and radiologists. Members discussed how they are informing consumers about the provision of out-of-network services and working to resolve misunderstandings. They also discussed the movement toward narrow networks and its effect on coverage.

ARIZONA TELEMEDICINE PROGRAM

The Arizona Telemedicine Program: Since 1996 The AZ telemedicine program has worked closely with rural hospitals to improve access to care. Today, 45 health care organizations are linked to the network. Patients can enter the system of interlocking telemedicine programs at over 100 sites throughout the state. Several case examples of effective telemedicine programs in rural hospitals were referenced.

THE SHIRLEY ANN MUNROE Leadership Award

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.