



**Health Care Systems.** 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 individuals and/or employers in their communities. 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.

More than 245 health care systems are members of AHA. Outlined below are just some of the ways AHA is:

- Working for health care systems;
- Engaging health care system leaders; and
- Providing key resources.

## Working for Health Care Systems

*The primary mission of the AHA is to advocate on behalf of the nation's health systems and hospitals 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.*

- **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 (DOJ) 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.
- **Removing Roadblocks to Hospital Realignment.** To remove costly and unfair regulatory roadblocks to hospital realignment, AHA actively supports The Standard Mergers and Acquisitions Review Through Equal Rules (SMARTER) Act, which passed the House on March 23, 2016. The Act would align the Federal Trade Commission's (FTC) merger review with that of the DOJ by eliminating FTC's ability to use its own administrative tribunal to challenge a merger – it would have to go to court just like DOJ. AHA is urging Senate passage.
- **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 is urging the Centers for Medicare & Medicaid Services (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 the 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.
- **Fighting Escalating Drug Prices.** In conjunction with the Campaign for Sustainable Rx Pricing, AHA has raised awareness with legislators, policymakers and the media of how rising prescription drug prices are putting a strain on the entire health care system.
- **Encouraging Support for the 340B Drug Pricing Program.** AHA continues to urge Congress and the Health Resources and Services Administration to improve the 340B program for eligible hospitals and clinics, including discounts for orphan drugs.
- **Ensuring Hospital Coverage in Health Plans.** AHA worked successfully with the Department of Health and Human Services to ensure that health plans in 2016 and beyond do not exclude hospital coverage. Large employers are required to offer employees an affordable health plan that meets or exceeds the "minimum value threshold" of covering at least 60 percent of expected costs. Reports had indicated that health plans meeting the threshold excluded or had minimal inpatient hospital coverage. CMS responded swiftly and stopped the proliferation of these types of plans. AHA will continue to engage on this issue as CMS looks to develop further guidance.

- **Helped Shape CMS's Comprehensive Care for Joint Replacement (CJR) Bundled Payment Program.** AHA successfully urged CMS to make several critical improvements in its final rule on the CJR Payment Model, which will help provide the support hospitals need to better serve patients and be successful under the program.
- **"Two-midnight" Refinements.** In an effort to revise policies with burdensome regulations that divert time and resources away from patient care, AHA helped persuade CMS to finalize several positive changes to its "two-midnight" policy. In addition, AHA successfully challenged through the courts CMS's 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.
- **Working to Shape 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 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](http://www.aha.org/macra).

- **Collaborates 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, Catholic Hospital Association, the Federation of American Hospitals and America's Essential Hospitals, to name a few.
- **Guides 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 community of more than 1.1 million individuals who advocate directly with Congress on behalf of patients and hospitals.
- **Provides 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](http://www.aha.org/value).

## Engaging Health Care System Leaders

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

- **A Role in Governance and Policy-making.** 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 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 Constituency Section for Health Care Systems.** The AHA Constituency Section for Health Care Systems has more than 245 organizational members from across the country that include 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 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 three times a year.
- **Health Care Systems Leadership Retreat.** Annually, approximately 50 health care system executives join the Health Care Systems Governing Council for a retreat with the AHA Board of Trustees

and AHA senior leaders to share unique leadership perspectives, discuss challenges and opportunities confronting the field and make recommendations that will help shape the future of health care.

- **Health Care Systems and Hospitals with Health Plans Strategic Leadership Group.** This group drives AHA strategy for members with health plans. Executives share their unique perspectives and experiences on issues such as stabilization of health insurance exchanges, governance and operational alignment of hospital and health plan entities, market opportunities within Medicare Advantage and Medicaid managed care, prescription drug costs and administrative simplification.
- **Academic Medical Center and Teaching Hospital Strategic Leadership Group.** This group drives AHA academic medical center strategy and advocacy agendas and addresses graduate medical education funding, workforce issues, the 340B Drug Pricing Program, site-neutral payments and rising drug prices.
- **Post-acute Care Systems Steering Committee.** A small group of health care system members with a majority ownership of post-acute care services are invited to meet with AHA's executive team throughout the year to provide their guidance on broad legislative and policy issues related to the continuum of care, with a focus on post-acute care.
- **Health Care System CEO Roundtable.** Small groups of health care system member CEOs are invited to meet with AHA's executive team to provide their guidance to AHA on specific and time-sensitive health care system issues.

- **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 the 340B Drug Pricing Program focuses primarily on preventing attempts to scale back this vital program. 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

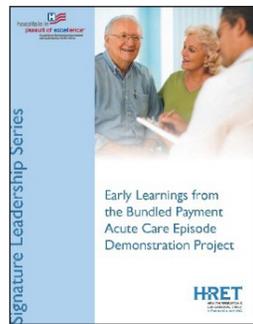
extend expiring Medicare provisions that help rural hospitals maintain financial viability and improving federal programs to account for specialized funding for special circumstances in rural communities.

- **CEO Leadership Briefings.** AHA's health care system CEOs are invited to participate on member calls to hear from their colleagues on topics including risk portfolios, payment models and population health.
- **Health Care System Executive Meetings.** Small groups of health care system executives, including general counsel, government relations officers and chief information officers, meet with each other to guide AHA on health care system issues impacting their respective areas.

## Providing Key Resources for Health Care Systems

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

- **AHA's Committee on Performance Improvement.** The committee provides guidance on AHA's strategy to support performance improvement. The committee's 2016 report, undertaken in conjunction with AHA's Committee on Research, 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.



- **Guides and Reports.** AHA's Hospitals in Pursuit of Excellence initiative shares action guides and reports to help accelerate performance improvement. For more, visit [www.hpoe.org](http://www.hpoe.org).
- **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. AHA is on Twitter, YouTube and Facebook and 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](http://www.AdvancingHealthinAmerica.org).



- **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](http://www.equityofcare.org).

- **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](http://www.aha.org/telehealth).
- **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](http://www.aha.org/cybersecurity).
- **Enrollment Toolkit.** AHA released a toolkit to support hospitals' efforts to help consumers enroll in the Health Insurance Marketplace. The webpage includes resources to help hospitals connect their community to coverage. For more, visit [www.aha.org/getenrolled](http://www.aha.org/getenrolled).



- **AHA Committee on Research.** The committee 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.

- **AHA TrendWatch Series.** The AHA *TrendWatch* series is a periodic publication that reports on the latest trends affecting hospitals and the health care system and informs the policy-making process. Recent topics included the promise of telehealth for hospitals, health systems and their communities and rethinking the hospital readmissions reduction program.

