

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 the AHA. Outlined below are just some of the ways the AHA works to support them.

Related Resources

[AHA Section for Health Care Systems](#)

[AHA Advocacy Alliances](#)

[Community Connections](#)

Working for Health Care Systems

Engaging Health Care System Leaders

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.** The AHA is working to ensure that the recently proposed acquisitions involving four of the five major national insurers receive the highest level of scrutiny. The 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. For example, Rick Pollack [testified](#) in Sept. 2015 before the Subcommittee on Antitrust, Competition Policy and Consumer Rights of the Committee on the Judiciary of the U.S. Senate.
- **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.** The 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.** The AHA worked successfully with the Department of Health and Human Services (HHS) 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. The Centers for Medicare & Medicaid Services (CMS) responded swiftly and stopped the proliferation of these types of plans. The 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.** AHA helped persuade CMS to finalize several positive changes to its two-midnight policy, including allowing for case-by-case exceptions based on the physician’s judgement. AHA also was successful at obtaining delayed enforcement of the two-midnight policy through Dec. 31. In addition, AHA influenced positive changes to the agency’s medical review strategy, and CMS will now use Quality Improvement Organizations to conduct first-line medical reviews of the majority of patient status claims rather than Medicare Administrative Contractors or Recovery Audit Contractors. A federal court also recently ordered CMS to go back and re-justify its associated 0.2% payment cut in response to lawsuits brought by AHA and others.

- **Preserved Subsidies for Health Coverage.** The AHA helped to protect subsidies for health insurance for more than 14 million Americans by aggressively advocating on behalf of patients in the government’s successful case in *King v. Burwell*.
- **Supporting Expanded Access to Medicaid.** The AHA [continues to support](#) state hospital associations in non-expansion states to explain the importance of Medicaid expansion.
- **Providing Consumers with Meaningful Quality Information.** AHA [provided feedback](#) to CMS in Sept. 2015 on its new five-star rating system for its consumer-facing Compare web sites, arguing for more measures that demonstrate quality of care for patients and less burdensome reporting requirements for providers. AHA continues to promote a streamlined approach to quality measurement through the implementation in the Institute of Medicine’s recent Vital Signs report.
- **Ensured Passage of Medicare SGR Legislation.** AHA worked with Congress to [pass bipartisan legislation](#) to replace the flawed Medicare physician sustainable growth rate (SGR) formula. The Medicare Access and Children’s Health Insurance Program Reauthorization Act of 2015 contained extensions of several programs critical to small and rural hospitals, a two-year extension to the CHIP, and modifications to the Civil Penalties law to enable hospitals and physicians to better work together to improve care for patients. While the AHA is disappointed that hospital cuts were used as a partial offset, the legislation rejected a number of flawed policy options that would have been harmful to hospitals.
- **Facilitated Improved Health Care Access for Veterans.** The Veterans Choice Program (VCP) allows qualifying veterans to elect to receive hospital care and medical services from non-Veterans Affairs (VA) entities and providers. AHA expressed [concern](#) about parts of the program, offered suggestions and changes were made to improve veterans’ access to non-VA providers.
- **Improved Electronic Health Record Incentive Program.** AHA helped persuade CMS to shorten the reporting period for 2015 to 90 days instead of a full calendar year. AHA also convened an advisory group on interoperability and worked with regulators to improve standards for information sharing and vendor accountability.
- **Collaborates 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, 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.



- **Supports the AHAPAC.** The AHA supported the AHA Political Action Committee (AHAPAC) as authorized by federal law. In the 2014 cycle, AHAPAC was involved in more than 350 races, attended more than 1,020 campaign events and raised more than \$4.3 million from Jan. 2014 – Dec. 2014.

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

Engaging Health Care System Leaders

Health care system leaders have a strong voice in the 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.** 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 Constituency Section for Health Care Systems.** The AHA Constituency Section for Health Care Systems currently 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 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 three times a year.
- **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.



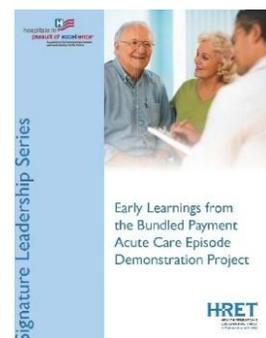
The [Advocacy Alliance for the 340B Drug Pricing Program](#) focuses primarily on preventing attempts to scale back this vital program and supports expansion of 340B discounts. The [Advocacy Alliance for Graduate Medical Education](#) focuses on advocacy related to funding and ensuring an adequate supply of physicians. The [Advocacy Alliance for Coordinated Care](#) focuses on ensuring payment rates remain fair and equitable in the hospital outpatient setting for evaluation, 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.

- **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 CEO Roundtables.** Small groups of health care system member CEOs are invited to meet with the AHA's executive team to provide their guidance to the AHA on specific and time-sensitive health care system issues.
- **Health Care Systems and Hospitals with Health Plans Roundtable.** Chaired by Jim Hinton, president and CEO, Presbyterian Healthcare Services, and AHA 2014 chairman, this roundtable invites health care system and hospital member CEOs, health plan CEOs, and the executive teams to meet with AHA executives to provide guidance to the AHA on the policy agenda for members with health plans, as well as on specific and time-sensitive health care issues impacting health care providers and health care insurers.
- **Post-acute Care Systems Roundtable.** 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.
- **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 the AHA on health care system issues impacting their respective areas.

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.

- **Performance Improvement Initiatives**
 - **AHA's Committee on Performance Improvement.** The committee provides guidance on AHA's strategy to support performance improvement. A [2015 report](#) undertaken in conjunction with AHA's Committee on Research examined the changing health care landscape and the role trustees and community leaders can play to help guide hospitals during this time of change.
 - **Guides and Reports.** AHA's Health Research & Educational Trust's (HRET) *Hospitals in Pursuit of*



Excellence (HPOE) initiative shares action guides and reports to help accelerate performance improvement.

- **Media Communications.** In national news and traditional and social media, in print and on television and 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. 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, www.AdvancingHealthinAmerica.org, 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.



- **Toolkits and Guides**

- **Enrollment Toolkit.** AHA released a toolkit to support hospitals' efforts to help consumers enroll in the Health Insurance Marketplace. The [webpage](#) is continually updated with resources to help hospitals connect their community to coverage.
- **ICD-10 Executive Action Guide.** AHA's [ICD-10 Executive Action Guide](#) helped hospital and health system leaders with their transition to the new ICD-10 coding system.
- **Price Transparency Toolkit.** AHA developed [Achieving Price Transparency for Consumers: A Toolkit for Hospitals](#) to provide resources for hospitals to assess their current price transparency efforts.



- **Research and Data**

- **AHA's 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.
- **Hospital Data.** The AHA Annual Survey is completed online by most U.S. hospitals and profiles a universe of more than 6,500 hospitals. It covers an organization's structure, service lines, staffing, expenses, physician organization structures, beds and utilization. The U.S. government and



other organizations that rely on accurate hospital data, including U.S. News and World Report and Leapfrog, use this data source.

- **AHA Resource Center.** In AHA's [Resource Center](#), highly trained information specialists assist members in accessing timely and relevant health services articles and data.