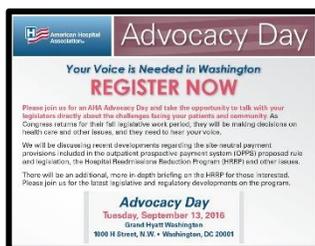


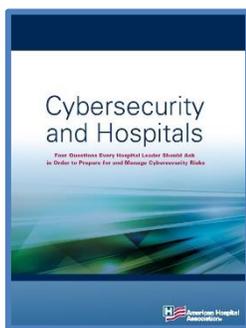
The Governing Council of the AHA Section for Metropolitan Hospitals met September 12-13, 2016 in Washington, DC. Agenda items included a report from the board of trustees, cybersecurity, obtaining regulatory relief; and violence in communities. In addition, members learned about the latest tools from AHA for MACRA education and discussed workforce challenges and opportunities. Members participated in the AHA Advocacy Day including visits to members of Congress immediately following the meeting. A [roster of the Section's governing council](#) is available on our [Web site](#).



**AHA Advocacy Day:** Governing Council members joined hundreds of hospital leaders and reached out to their members of Congress to talk about the challenges facing their patients and communities. Recent developments regarding the so-called site-neutral payment provisions included in the outpatient prospective payment system (OPPS) proposed rule and legislation and the stiff penalties and desired sociodemographic adjustment to even the playing field for Hospital Readmissions Reduction Program (HRRP) among others were reviewed prior to Hill visits.

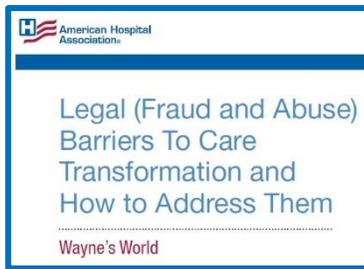
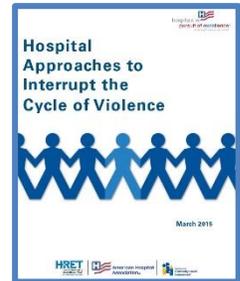
### **Washington Legislative and Regulatory and Policy Updates:**

Governing council members were briefed on and discussed significant policy changes, key challenges and strategies. They were apprised of a staggering regulatory onslaught of almost 14,000 pages averaging one rule per week in 2016. Members discussed the proposed rule for OPPS and AHA's strategy to address CMS's implementation of site-neutral payments for hospital outpatient departments as well as the proposed rule for the physician fee schedule, the final rule for inpatient PPS and other rulemaking. Members were briefed on insurer consolidation and AHA policy initiatives for drug pricing and insurance marketplace stability. Members reiterated their support of the pledge for [Equity of Care](#) to end health care disparities.



**Cybersecurity:** Members discussed the continuing threat to hospitals of cyber intrusion and the types of threats that are common to all. They acknowledged challenges to hospitals such as resource constraints, workforce shortages and competencies, vendor exposure and the complexity of systems required and regulated by the federal government. They also reviewed the policy responses from Congress and the administration toward cyber breaches. Members commented on [new tools and resources](#) being developed by AHA to assist hospitals in their effort to provide a safe and secure cyber environment.

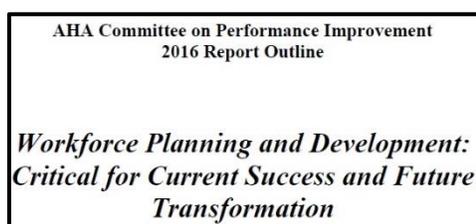
**Community Violence:** Recent tragic events compelled the AHA's Board of Trustees to ask if there was more the Association could do to give voice to and help hospitals take a role in addressing violence as a pervasive societal and public health issue in their communities. Members commented on a framework developed by AHA to respond to this challenge. They shared information on programs to combat community violence as well as programs that help hospital colleagues cope with the impact of personal violence.



**Obtaining Regulatory Relief:** The increasing regulatory burden on hospitals stemming from the promulgation of dozens of new rules and the failure of the federal government to eliminate outdated or contradictory rules is overwhelming many providers. As one small example of the volume of recent regulatory activity, CMS and other agencies of the DHHS have released 37 major rules since January, comprising almost 14,000 pages of text. AHA plans to analyze the current federal regulatory burden, as a means to support a

legislative and communications campaign for regulatory relief. Members commented on AHA's strategy to reduce the regulatory burden on hospitals.

**MACRA Resources and Education:** The new Quality Payment Program mandated by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is applicable to physicians and certain other advanced practitioners beginning in 2019. It creates a new system for clinician payment and quality reporting known as the Merit-based Incentive Payment System, and provides incentives for clinician participation in alternative payment models. Members commented on the [draft tools and resources for MACRA implementation](#).



**Workforce Challenges and Opportunities:** Members reviewed information on workforce shortages including statistics on diversity and multiple generations in the workforce. They discussed changing competency and demands as a result of technological advances and provided feedback on the ongoing work of the Committee on Performance Improvement (CPI) on strategic

approaches to workforce planning, key workforce challenges faced by the field, and identify innovative solutions that are being implemented.

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For more information about the topics covered in these highlights or on the [AHA Section for Metropolitan Hospitals](#), contact John T. Supplitt, senior director, at 312-425-6306 or [jsupplitt@aha.org](mailto:jsupplitt@aha.org).