Representatives from the Council of the AHA Section for Metropolitan Hospitals met February 26-27, 2018 in Chicago. Agenda items included a presentation on health care disruption, the future of health care, population and social determinants of health, effectiveness of alternate payment models, and policies to maintain and expand coverage. Members were updated on AHA Board activities and were briefed on the political environment, legislative advocacy and regulatory policy for the Administration and Congress. They also reviewed a case example on strategies for drug price hikes and shortages. A roster of the Section’s council is available www.aha.org.

**Washington Legislative Update:** Achieving a budget agreement was a priority and the Bipartisan Budget Act signed into law February 9 addressed many hospital concerns such as CHIP, Medicaid DSH cuts, Medicare extenders and much more. Members received an early political update looking at the midterm primaries and elections. Members endorsed the importance of the AHAPAC and the work of the Coalition to Protect America’s Health Care to take our message to the public.

**Washington Regulatory and Policy Update:** Proposed cuts by CMS to the 340 B drug discount program remain an issue. AHA is addressing the problem legally, legislatively and through regulatory comment. AHA’s efforts to relieve the regulatory burden for hospitals continue. A study published by AHA reports the cost of administrative burdens. AHA held a webcast in January with CMS Administrator Verma and is working directly with her to find relief. State marketplace stabilization strategies are a priority and members reviewed a report prepared by Manatt.

**Health Care Disruption:** Members viewed a video featuring Ken Kaufmann on disruption in health care delivery, including the formation of new partnerships, rising consumerism, and the growing role of technology. They identified examples and discussed what they might mean for hospitals and health systems in the future.

**The Future of Health Care:** Building on the discussion of disruption in health care, members provided insights on the future health care environment and its strategic implications for their organizations and the AHA. Using voting technology, members answered a series of 15 questions that suggested where they see the field heading. Survey results were summarized from 18 distinct councils, committees and boards and shared with the AHA Board and executive management.
Population & Social Determinants of Health: Achieving health and well-being is not done by a hospital or the health care sector alone. Population health is an inherently collaborative endeavor undertaken in strategic partnership with stakeholder organizations and community members across sectors and professions. The AHA population health agenda proposes a common language, conceptual framework, and strategies. Members provided feedback on AHA’s population health agenda and framework.

Maximizing the Effectiveness of APMs: As Medicare, Medicaid and commercial payers rethink how they compensate hospitals and practitioners for the care they provide, one thing remains certain: all payers are moving from volume to value. Members focused on maximizing the potential of alternative payment models (APMs), especially the Medicare ACO program. They shared experiences with APMs and provided input on how the field can successfully move to fee-for-value models.

Future Policies to Maintain and Expand Coverage: Although the U.S. has made significant gains in health care coverage in the past several years, the debate on how coverage policies should change over the long term will continue. Members offered feedback on policy options that protect the gains in coverage and close the remaining gaps.

Strategies for Drug Price Hikes and Shortages: University of Illinois Hospital and Health Science System (UI Health) established an interdisciplinary committee devoted to address rising drug costs and shortages. The practices and solutions developed and implemented have saved UI Health $2.5 million. They have developed seven strategies hospitals can use to control their own drug costs and manage shortages.


#HAVhope Friday: On June 8, hospitals will focus national attention on ending all forms of violence with a digital media campaign – shared tweets, posted photos and other online efforts. To share #HAVhope messages on social media, download AHA’s digital toolkit.

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.