2021 The Value of AHA Membership

IT’S BEEN ANOTHER YEAR OF CHALLENGE FOR AMERICA’S HOSPITALS AND HEALTH SYSTEMS.

We entered 2021 with optimism, battered by the devastation COVID-19 leveled on our field over the previous year, yet buoyed by the promise of vaccines. And while our nation made tremendous strides thanks to the unprecedented pace at which our field responded to the pandemic, the year brought numerous threats. These included increased COVID-19 cases and hospitalizations from the delta variant, workforce and operational challenges, among many others.

Through it all, you have continued to demonstrate remarkable resilience and dedication. Your teams are showing up every day, committed to fulfilling the mission of providing the best care to every patient.

As your Association, the AHA is honored by your strength and proud to represent you.
Read on to learn how the AHA has delivered value for your dues investment in 2021

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AHA Today  Our flagship e-newsletter brings you the news, insights and resources you need 6 days a week, directly to your inbox. www.aha.org/news

Market Scan  Bought to you by the AHA for Center for Health Innovation, this weekly e-newsletter delivers the latest intelligence on health care disruption and health system transformation. www.aha.org/center

AHA.org  Our website provides you with a customizable dashboard to stay on top of the topics that matter most to you. Need help logging in? Email ahahelp@aha.org to set up an account and password.

Podcasts and Videos  Our Advancing Health podcast channel features conversations with hospital and health system leaders on a variety of issues that affect patients and communities. Visit www.aha.org/advancing-health-podcast to listen. Video series, including Leadership Rounds with AHA’s Board Chair, and Transformation Talks spotlight leaders in the field talking about cutting-edge topics. Watch the Leadership Rounds www.aha.org/leadership-rounds and Transformation Talks www.aha.org/aha-transformation-talks.

Special Bulletins, Alerts and Advisories  AHA Special Bulletins get you the key takeaways on breaking news, while Alerts let you know when we need you to weigh in with your federal lawmakers or regulatory agencies. AHA Advisories provide in-depth summaries of regulations, legislation, litigation or other issues affecting the field. Visit www.aha.org/action.

Trustee Insights  This monthly, multimedia package provides resources and education specifically for the this audience, on both governance topics and the forces driving the nation’s health care system. To subscribe, visit trustees.aha.org.

AHA Events & Education  Every Wednesday we share upcoming webinars, calls, events and conferences. Subscribers to AHA Today receive this email.

My AHA Connect  Exclusively for AHA members, this mobile app lets you access the latest updates on health care policy, contact your congressional legislators, and more. Visit the Apple App Store or Google Play store and search for “My AHA Connect.”
ADVOCATING FOR CONTINUED FINANCIAL RELIEF

FINANCIAL RELIEF

Over the past year the AHA has successfully advocated for legislation and policies to provide essential financial relief:

- $12.5 billion in estimated Medicare sequester cuts prevented from May 2020 to December 2021
- $12 billion in savings from the elimination of Medicaid disproportionate share hospital (DSH) cuts 2020-2022.
- $8.5 billion in additional COVID-19 emergency relief funds specifically designed for rural providers.
- $70 billion for COVID-19 vaccine, testing and workforce efforts.
- $10 billion for manufacturing and procurement of COVID-19 related supplies and equipment – as well as a delay of the tariff increase on Chinese-made medical goods.
- $9.1 billion in public health workforce support.
- $3.5 billion in block grants to states to address behavioral health.

At year’s end, as urged by the AHA, Congress passed a bill that would stop Medicare cuts from going into effect early next year. The bill would extend the moratorium on the 2% sequester cuts until April 1, 2022, and also would stop the 4% statutory Pay-As-You-Go sequester from taking effect. This represents relief to hospitals in the amount of nearly $11 billion.

We also have worked to improve the Provider Relief Fund (PRF) and ensure that COVID-19 emergency relief funds are distributed as quickly as possible:

- In November, $7.5 billion in payments were distributed to rural hospitals, along with the Administration’s announcement to distribute the first wave of “Phase 4” payments in the coming weeks.

Our work with the Centers for Medicare & Medicaid Services has achieved significant results.

- Appropriate DRG assignment of COVID-19 cases involving sicker patients, resulting in an average 220% higher reimbursement rate than originally proposed.
- Nearly double the rate of Medicare payment for COVID-19 vaccine administration.
- Reversal of a decision to deny a majority of requests by hospitals for a mid-build exception to the site-neutral payment policy. This exemption allows providers to bill for services provided at mid-build facilities at full outpatient prospective payment system rates.
- Reinstatement of the list of services paid for only when performed in an inpatient setting, as well as several patient safety criteria for allowing procedures to take place in ambulatory surgical centers.

As Congress continues to debate legislative packages before year-end, including the Build Back Better Act, we continue to advocate for your behalf. Key priorities include advocating for:

- Elimination of cuts to Medicaid disproportionate share hospitals and uncompensated care, removal of excessive civil monetary penalties for labor violations and restoring hospital infrastructure funding under the Hill-Burton Act.
- Improving the Provider Relief Fund (PRF). Congress should pass bipartisan legislation that would allow hospitals and health systems to access quickly the remaining funds from the PRF and give them more flexibility in how and when the funds can be used.
- Changes to the Improving Medicare Post-Acute Care Transformation (IMPACT) Act to reflect recent reforms of the PAC payment systems and new insights from the pandemic.
- Strengthening telehealth, especially in rural communities by making permanent the ability of Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to provide all telehealth service, and allowing critical access hospitals (CAHs) the same ability to offer and bill for telehealth services.
- Additionally, Congress should make investments in the health care workforce, behavioral health, the accessibility and affordability of health care coverage as well as protections for 340B hospitals.
The COVID-19 public health emergency required providers to rethink and retool how they deliver care in order to continue providing critical services to their communities. We have worked closely with the Department of Health and Human Services to secure a significant number of waivers of law and regulation to make it easier for you to deliver care. In some cases, the pandemic accelerated changes in care delivery that should persist even after the public health emergency ends, and the AHA has worked to make many of flexibilities granted by those waivers permanent.

This past year, the AHA has secured changes in law and regulation to enable hospitals and health systems to:

### Expand patient access to a wide range of services using telehealth and other remote technologies.

These include:

- Permanently expanding Medicare coverage of certain telehealth services
- Increasing the types of providers who may bill Medicare directly for certain services delivered virtually
- Enabling physicians and other clinicians to conduct nursing home resident visits via telecommunications technology
- Expanding access to remote patient monitoring
- Enabling physicians to provide direct supervision via telecommunications technology for diagnostic tests, physicians’ services, and pulmonary rehabilitation, cardiac rehabilitation, and intensive cardiac rehabilitation services

### Increase health system capacity to deliver care by better utilizing the skills of a wide range of clinicians, including:

- Allowing certain advanced practice nurses to supervise the administration of diagnostic tests
- Permitting physical and occupational therapy assistants to provide a wider range of services in outpatient settings
- Relaxing the supervision requirements for certain nonsurgical therapy services furnished in hospital outpatient departments
- Allowing a broader range of practitioners to code and receive payment for COVID-19 testing in outpatient departments

### Ensure hospitals and health systems can continue training the next generation workforce, including:

- Expanding the inpatient settings in which residents can provide patient care outside of their direct training time ("moonlighting")
- Enabling teaching physicians to use virtual technologies to interact with and supervise residents in rural areas
- Expanding the services for which Medicare will directly reimburse teaching physicians when they are supervising residents in a rural area

### Expand patient access to behavioral health care services, including:

- Removing limits on where patients must be physically in order to access mental health services via telehealth
- Enabling providers to deliver certain mental health and substance use disorder services using audio-only connection
- Permitting hospital staff to provide outpatient mental health, education, and training services in patients’ homes using telecommunications technology

### Artificial Intelligence

We’re also working to equip your teams for the future of health care delivery. Our strategic partnership with Microsoft has yielded a self-guided course on AI in health care that has enrolled more than 1,500 providers to date.

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Innovative Ideas from Emerging Leaders

The AHA’s Next Generation Leaders Fellowship wrapped its first year with highly innovative transformation projects put into place by 32 fellows from 20 states across urban, suburban, and rural communities. Guided by executive-level mentors, these emerging leaders tackled key challenges affecting health care affordability, quality and safety.
As our members continued the fight against COVID-19, the AHA leaned into its role as a convener and facilitator of discussion so that we could share the many valuable lessons that have emerged over the past two years.

**Virtual Conferences**

The AHA’s first-ever virtual Rural Leadership Conference drew 989 registrants for a two-day symposium highlighting valuable content and resources for rural hospitals and health systems. Many sessions addressed the unique challenges presented by the pandemic, and the creative responses that enabled rural providers to fulfill their vital mission of support to these communities.

In July, the AHA Leadership Summit attracted nearly 1,000 attendees eager to learn about innovative approaches to care delivery from thought leaders, and from each other, as the field entered a second wave of COVID-19 cases in the middle of summer. Attendees learned about ways to approach a hospital-at-home strategy, the importance of a “digital-first” mindset, and other leading edge ideas to drive transformation.

**A Virtual Community for Learning the Lessons from COVID-19**

Funded by the Centers for Disease Control and Prevention (CDC), the Living Learning Network is a community of health care professionals designed to discuss, ideate and reform health care. The network encourages collaboration among hospitals and health systems on COVID-19 relief, recovery, rebuilding and beyond. It’s an opportunity for those who are leading and managing a COVID-19 response, as well as those working on the front lines, to share their expertise and experiences in quality patient care, infection control, operations, safety, workforce wellbeing and more.


**Voices From the Field**

During a year when it was difficult to meet face-to-face for discussion, the AHA brought the conversation to members with a variety of videos designed for convenient, on-demand viewing.

**Leadership Rounds** features AHA Board Chair Rod Hochman, MD, hosting wide-ranging conversations with hospital and health system leaders, as well as other leaders in the field. Dr. Hochman’s guests this year included executive leadership from Mount Sinai Health System, King’s Daughters Medical Center, Vanderbilt University Medical Center, Carilion Clinic, Trinity Health, NYU Langone Health, the Institute for Health Improvement and the March of Dimes.

**AHA Transformation Talks** highlighted topics such as supply chain challenges, opioid stewardship, facility planning, workforce resiliency, health equity, and more to help members determine which direction the field may be heading and how to prepare. These brief video presentations connect AHA members with senior health care executives, clinicians and the most influential voices in the field as they discuss how to navigate business-critical challenges and potential new solutions.

**AHA Power Play** - While the pandemic prevented members from in-person meetings with the field’s leading voices in health policy and legislation, we arranged recorded interviews with the major players in the new Congress and Administration. Among the highlights from this series: former Senator Tom Daschle, sharing his thoughts on how a 50/50 Congress will work; a discussion with Sen. Susan Collins (R-Maine) about rural health and addressing inequities in care; and an update on the Administration’s vaccination plan from Dr. Bechara Choucair, vaccinations coordinator for the White House COVID Response Team.
FIGHTING COVID-19

As vaccines for COVID-19 became available, the AHA worked closely with the Administration to provide input to the rollout plan and connect the White House COVID-19 Response Team to our members.

Recognizing the breadth and depth of AHA’s resources and reach, the CDC awarded us a $2 million grant to promote COVID-19 vaccine confidence. The focus: to help caregivers and communities make the choice to get vaccinated against COVID-19.

Throughout the year we deployed a multi-channel campaign designed to build trust, empower health care workers and engage communities. We built a coalition of trusted messengers from AHA members to help deliver valuable content on a bi-weekly basis. The campaign reached across multiple digital channels, and included content and tools designed specifically for you to use in your own communities. A cornerstone of the effort was the “My Why” campaign, which invited caregivers to share their reasons for getting vaccinated.

To optimize impact, the campaign ran radio spots nationally, as well as in 18 states targeted because of low vaccination and high COVID-19 rates. Public service announcements (PSA) on radio reached more than 2.5 million listeners.

Video PSAs developed for TV were a huge hit. These spots featured the voices of caregivers addressing concerns and misconceptions and were seen by more than 1 million viewers during the year.

Partnerships with key organizations such as the American Medical Association, American Nurses Association, Ad Council, American Academy of Pediatrics and Children’s Hospital Association helped amplify the message.

Member stories were an important component of this efforts as well; our VacciNation web page features more than 60 stories and case studies showcasing your great work to distribute and administer the shot within your communities. The page received more than 10,000 views during the year.

The CDC has renewed the grant with the AHA for 2022 and plans are already underway to build on the proven tactics with new messaging addressing rising issues such as variants, mandates, pediatric vaccination and booster shots.
The Value of Mergers and Acquisitions

This year the AHA released a new report highlighting the work of six health systems that participated in a Robert Wood Johnson Foundation initiative led by the Center for Community Investment. This initiative was designed to increase place-based investment in affordable housing and other upstream activities that will improve community health. We also released a video series featuring health system leaders discussing why community investment is an important anchor strategy.

Continued Financial Pressures

For some hospitals, partnerships, mergers, and acquisition are a necessary response to these forces and have provided many benefits to patients and communities.

The Value of Hospital and Health System Community Investment

Community investment can be used as an “anchor mission” strategy to address housing insecurity and other social determinants of health in order to reimagine and rebuild a more equitable society. This year the AHA released a new report highlighting the work of six health systems that participated in a Robert Wood Johnson Foundation initiative led by the Center for Community Investment. This initiative was designed to increase place-based investment in affordable housing and other upstream activities that will improve community health. We also released a video series featuring health system leaders discussing why community investment is an important anchor strategy.
Behavioral Health Care Integration

Hospitals and health systems are making strides in the integration of behavioral health into inpatient, emergency department and primary care. We have been sharing case studies to fuel adoption of innovative strategies relative to care integration, and the value of community partnerships to expand access.

Given the tremendous importance of patient-centered, respectful language when caring for people with psychiatric and/or substance use disorders, the AHA, together with experts from member hospitals and partners organizations, in 2021 released a series of downloadable posters to help employees choose the right words.

Cyber

Cyber criminals ramped up their attacks on the health care sector in 2021, jeopardizing systems and putting lives at risk. In testimony to the U.S. Senate, the AHA noted that a ransomware attack on a hospital or health system crosses the line from an economic crime to a threat-to-life crime.

In addition to continued advocacy for resources and coordination of efforts to stop these attacks, the AHA is supporting members with resources and consultation led by our senior advisor for cybersecurity and risk John Riggi.

The AHA 2022 Health Care Talent Scan detailed the factors and trends driving staffing shortages, and the implications for access to care. Violence in the workforce continues to be a serious threat for our field. The AHA, along with the International Association for Healthcare Security and Safety, released “Creating Safer Workplaces: A guide to mitigating violence in health care settings” to offer recommended action steps, case studies, best practices and individual solutions to build a safer workplace.

Equity Roadmap

As the nation and our field struggle to address longstanding injustices and structural racism, hospitals and health systems are working to integrate health equity goals and elimination of disparities into their strategic playbooks. The AHA is developing tools and resources to help.

Our partnership with UnidosUS and the National Urban League has produced the Trustee Match Program, which aims to increase diversity in governance by matching AHA member hospitals with vetted community leaders.

The AHA Institute for Diversity and Health Equity has released a Health Equity Resource Series, including toolkits to address the use of data, cultural humility, implicit bias training, and advancing diversity in leadership and governance.

Workforce

Workforce challenges fueled by the pandemic threaten the ability of our members to care for patients. Last summer the AHA worked to convince the State Department to prioritize immigrant visas for registered nurses. In November we convened a panel of members to spotlight workforce challenges at a virtual briefing for Congressional staff.

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Thank you for your membership and for your continued dedication to advancing health in America.