



American Hospital  
Association

## HIGHLIGHTS REGIONAL POLICY BOARDS Summer 2009

The Regional Policy Boards met June 2009 across the country. Members received reports on AHA legislative, regulatory, and policy initiatives and discussed several priorities including health care reform, comparative effectiveness research, and health information technology.

### **Washington Update**

Board members were briefed on the policies and politics of health care reform as well as key legislative and regulatory activities impacting the health care field. Members were also reminded of the work of the AHA PAC and the Coalition to Protect America's Health Care. To learn more about the AHA's current advocacy activities, visit <http://www.aha.org/aha/advocacy/index.html>.

### **Hospitals in Pursuit of Excellence Pledge**

As part of the *Hospitals in Pursuit of Excellence* initiative, the AHA discussed changes to make care more safe, timely, effective, efficient, equitable, and patient-centered. The focus was on actions that hospitals could take immediately—without changes in law and regulation—to improve patient care. On June 1, the AHA along with five other organizations, identified actions that could be taken individually and collectively to help achieve the Obama Administration's goal of reducing the rate of increase in health care spending. The AHA's submission focused on enhancing hospital initiatives around quality and performance improvement. Members were asked to share what they are doing in four areas: health care-associated infections, patient flow, medication management, and patient safety, such as preventing falls and pressure ulcers. Additionally, members discussed what AHA can do to help accelerate, spread, and sustain these improvements. Members also heard about a new website that will debut on this issue in late July.

For more information on this issue, please visit: [http://www.aha.org/aha\\_app/issues/Health-Reform/index.jsp?group=hospital&oamfd=t](http://www.aha.org/aha_app/issues/Health-Reform/index.jsp?group=hospital&oamfd=t)

### **Health Reform: Wellness**

As part of the *Health for Life* initiative, the AHA determined that a focus on wellness is critical to improving health and health care in America and identified wellness as one of five essential elements for health reform. A number of policy makers agree. The American Recovery and Reinvestment Act provided \$1 billion to create a prevention and wellness fund that included \$650 million towards prevention and wellness strategies to address chronic diseases. Members were asked to share what they are doing to promote wellness with their own employees and in the community. For more information on wellness and *Health for Life*, please visit:

<http://www.aha.org/aha/content/2009/pdf/09-ip-wellness.pdf>

### **Health Reform: Comparative Effectiveness Research**

The Medicare Payment Advisory Commission (MedPAC), the Congressional Budget Office (CBO), and the Obama Administration suggest that comparative effectiveness research is a key step towards improving quality, eliminating variation in patient care, and reducing the growth in health care costs. Opponents, however, are concerned that comparative effectiveness research will result

in denied coverage for therapies deemed less clinically or cost effective, resulting in “rationed” care, and the government dictating what providers can and can not do for their patients.

In follow-up to discussions at the spring RPB meetings, members were asked to review a draft set of principles for comparative effectiveness research and provide input on whether this research should be used to dictate coverage or reimbursement decisions under Medicare. In addition, members were asked whether this research would reduce the variation in patient care and geographic variation in Medicare spending. For more information on comparative effectiveness, please visit: <http://www.aha.org/aha/content/2009/pdf/090205-econ-recov-sidebyside.pdf?group=hospital>

### **Health Care Reform: Bundling**

The Administration and Congress have released proposals that seek to combine hospital and post-acute care services in one payment bundle to encourage greater coordination of care among providers and to achieve cost savings in the health care system. Members were asked to respond to three hypothetical options for bundling Medicare payments: bundling of hospital and physician payments, bundling hospital and post-acute care payments, or bundling of physician, hospital, and post-acute care payments. The group was asked to respond to various elements in the options, share potential implementation challenges, and identify tools needed to help make bundling successful. For more information on bundling proposals, please visit: <http://www.aha.org/aha/content/2009/pdf/09-position-bundling.pdf?group=hospital>

### **Health Information Technology**

Hospitals have cited the high-priced capital and ongoing operational costs of health information technology (HIT) systems as the leading barriers to adoption of electronic health records, decision support systems, and other technologies. Surveys consistently show that despite ongoing progress, a relatively small proportion of hospitals have achieved a high level of information technology sophistication. The *American Recovery and Reinvestment Act* provides approximately \$17 billion in incentives for hospitals and physicians that become “meaningful users” of certified electronic health record technology. Members were asked to share their insights as to what should constitute “meaningful use,” and discuss how they make IT investments and major system changes in their facilities. For more information on health information technology, please visit: [http://www.aha.org/aha\\_app/issues/HIT/index.jsp](http://www.aha.org/aha_app/issues/HIT/index.jsp)

**For more information about topics covered in these highlights, or about the RPBs, contact AHA Regional Executive Paul Muraca at 800-981-9826 or [pmuraca@aha.org](mailto:pmuraca@aha.org).**