

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.



– THE –
**VALUE OF AHA
 MEMBERSHIP**
 IN 2021

Read on to learn how the AHA has delivered value for your dues investment in 2021

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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



Stacey Hughes

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.



SUPPORTING INNOVATION & FLEXIBILITY IN CARE DELIVERY

CARE DELIVERY

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

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.

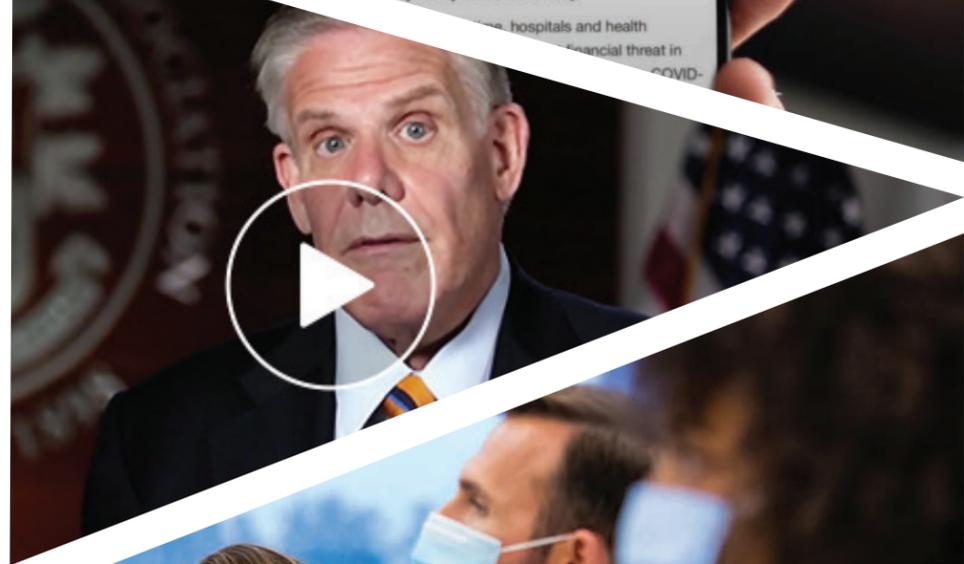
Artificial Intelligence

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.

THE PANDEMIC

The Defining Moments of COVID-19 as told by AHA's Living Learning Network

SHARING
LESSONS &
INSIGHTS



VALUABLE LESSONS

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.

The Living Learning Network's book, ***The Pandemic: A Time of Challenges and Champions***, captures the defining moments of the COVID-19 health care crisis and preserves the legacy of the health care field's heroic response. [View it here.](#)

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.



I got it to protect my community.

SUPPORTING THE VACCINE ROLLOUT

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.





American Hospital Association @ahahospitals · Nov 10

When the #COVID19 pandemic hit the country, health care workers in every community answered the call and sacrificed to help their neighbors, including helping to vaccinate their communities: #myhospital ow.ly/UWSc50GH9WG



AMPLIFYING THE FIELD'S VOICE



AHA'S NATIONAL VOICE

As the national voice for hospitals and health systems, the AHA takes great care to share the stories of the contributions made by our members to their communities, as well as the continued challenges you face. **We pushed back strenuously against the abusive practices of commercial health insurers whose efforts threaten to limit access to care.**

The New York Times

Outcry Forces UnitedHealthcare to Delay Plan to Deny Coverage for Some E.R. Visits

Within days of announcing a policy shift aimed at cutting back on reimbursements for emergency room care, the major insurer retreated — for now.



This past year, we presented a number of research-based reports to inform the national conversation.

Continued Financial Pressures

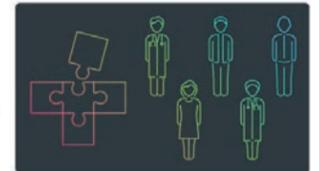
HOSPITALS Feb. '21 Hospitals could lose \$53B this year — and that's in the best-case scenario

A new report from Kaufman Hall examines two potential financial situations for hospitals in 2021 — one optimistic, and the other bleak. Hospitals could lose between \$53 billion and \$122 billion depending on which scenario plays out.

The Value of Mergers and Acquisitions

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

- They have saved certain hospitals from closure—even some of the most financially distressed organizations—preserving and often enhancing patient access to care.
- They have given health systems the scale needed to:
 - Provide resources to support consumer-centric strategies that enhance the patient experience of care
 - Engage in partnerships with health plans and large employers to improve the accessibility and affordability of care
 - Obtain capital at an affordable cost to make investments in care delivery advances, technology, and population health infrastructure
- They have assisted in efforts to reduce costs while enhancing the quality of patient care



How Care Delivery is Changing



BECKER'S Hospital CFO Report

How the cost of care is changing for hospitals: 4 things to know

Georgina Gonzalez (Twitter) · 15 hours ago Print | Email

Share Listen AA TEXT

Hospitals and health systems have to carefully balance cost efficiency and patient care, ensuring they meet financial targets while providing the best health outcomes. An Oct. 25 report from the American Hospital Association outlines some ways the cost of care has changed.

1. Increased service use and intensity has driven costs.

The aging population, a high-use group, has increased 60 percent in the last 20 years. Over half of American adults have also been diagnosed with at least one chronic health condition that requires continual care.

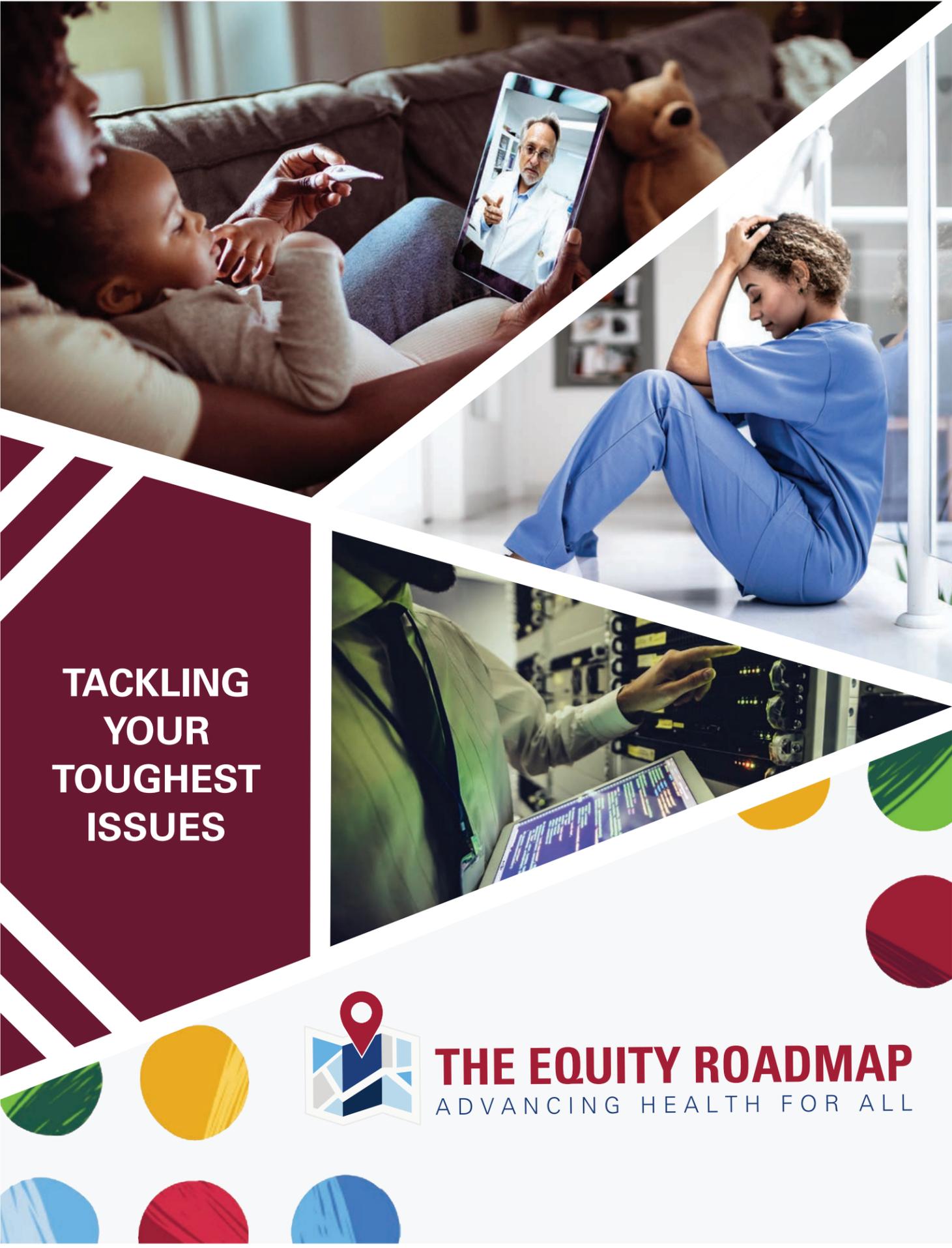


How Executive Leaders Can Inspire and Lead Community Investment

Features senior executives from CHRISTUS St. Vincent, Providence, and UMass Memorial.

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.



**TACKLING
YOUR
TOUGHEST
ISSUES**



THE EQUITY ROADMAP
ADVANCING HEALTH FOR ALL

ADDRESSING HEALTH CARE ISSUES

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.



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.



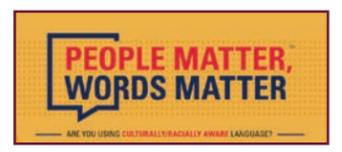
Our partnership with UnidosUS and the National Urban League has produced the **Trustee Match Program**, which aims to increase diversity in governance by matching AHA member hospitals with vetted community leaders.

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.



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 both 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.



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

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