Plans Set for AHA Annual Meeting

The Arkansas Hospital Association’s (AHA) 83rd Annual Meeting comes at a time when the state’s hospitals close out a year of firsts for Arkansas’ healthcare community. The first signs of a payment improvement initiative which incorporates episodic care and quality improvement were rolled out; a first-in-the-nation innovative way to expand health insurance coverage using private health plans was approved by the Legislature; and a first ever state health insurance exchange where those plans will be sold opened for public use. As each of these programs begin to take root, affecting hospitals in an assortment of ways, Arkansas hospital leaders must adapt on the run. A valuable resource for helping hospitals through all of these “firsts” is the AHA’s Annual Meeting and Trade Show, which will be held October 9-11 in Little Rock, just three months away.

Attending this year’s annual meeting is a great way for hospital executives, managers, trustees and physicians to learn about the latest ideas, innovations and best practices that will help position their organizations to remain strong community leaders. The meeting’s theme, “Transforming Healthcare: Thinking Globally, Acting Locally,” reflects the role that Arkansas hospitals will play in determining the viability of planting some of these innovative changes in other states.

The meeting begins Wednesday, October 9 with a day-long Leadership Workshop with speaker Susan Keane Baker, a favorite with our audience, who will explore three leadership skills to help hospital executives and leaders – creating a culture of excellence, learning to be an effective listener, and what leadership can do to receive higher HCAHPS scores from patients. That afternoon, representatives from SunRX will discuss the 340B prescription drug program and what that could mean to your hospital.

On Thursday morning, October 10, attendees will choose from two concurrent educational sessions. Studer Group founder Quint Studer will discuss “Straight A Leadership: Action, Alignment and Accountability,” during the ACHE/Arkansas Health Executives Forum breakfast; and Chris Goeschel from Johns Hopkins will discuss how to engage your patients and their families in treatment options during the Patient Safety/Quality Leadership Workshop.

Thursday’s keynote address, “Why Future Trends in Health Care will Demand Unlearning,” will be presented by Jack Uldrich, best-selling author and global futurist. His discussion will focus on advances in technology that will radically transform healthcare in the decade ahead – and then explain why healthcare leaders will be forced to unlearn many assumptions, habits and beliefs about their business. The Executive Leadership Luncheon will feature a discussion on Medicaid changes and the Health Insurance Marketplace. The final speaker on Friday morning, October 11, is Paul Keckley, executive director of the Deloitte Center for Health Solutions. He will talk about “The Road Ahead: Effects of Healthcare Reform in the Coming Decade.” The annual 3-hour, ACHE Face-to-Face Workshop will follow with Tom Atchison presenting “Comprehensive Leadership to Senior-Level Executives.”

In addition to the educational sessions, the annual Awards Dinner will honor the finest in Arkansas healthcare leadership, statesmanship, distinguished service and healthcare marketing. Arkansas hospitals will receive inpatient quality awards earlier that same day. And the annual Trade Show offers solutions and opportunities for hospitals looking to transform healthcare delivery. Please mark your calendars now for October 9-11 and make plans to attend, and bring as
many from your hospital teams as possible. This Annual Meeting offers multiple solutions, thoughts for the future and innovative leadership lessons that few other meetings can match. The program will be mailed to all AHA members in August. If you have questions about the Annual Meeting or the program, please contact Beth Ingram at (501) 224-7878 or bingram@arkhospitals.org.

AHA Immunization Project Nears Completion

The Arkansas Hospital Association’s (AHA) Healthcare Worker Immunization project is in its final stages. The 35 hospitals participating in the project, which is designed to increase the number of employees receiving the influenza vaccine by 10%, will now be reimbursed for a small portion of their administrative costs associated with reporting the number of healthcare workers who get their immunizations. The amount of reimbursement will be based on completion of the AHA’s final survey for the project (along with an application), e-mailed last week, data submission to the National Health and Safety Network (NHSN) database, and submission to the Arkansas Department of Health’s Immunization Registry. It is important to note that data submission to the Immunization Registry is completely voluntary but will substantially increase the amount of reimbursement that any hospital is eligible to receive.

If your hospital is a participating hospital and has not submitted its data, there is still time to do so. The application for reimbursement and the AHA survey are due back to Jodiane Tritt by July 31, 2013. If you have questions about the survey or data submission, please contact Jodiane at itritt@arkhospitals.org.

Questions on ACA/PSO Link Being Addressed

Language found in the Affordable Care Act (ACA) regarding hospital participation with Health Insurance Exchanges and how it ties-in with the need to sign with a Patient Safety Organization (PSO) has caused a recent spate of related questions from hospitals in Arkansas and across the country. The American Hospital Association (AHA) is working on a Special Member Advisory to address the issue, but until the advisory is complete, hospitals will probably continue to express concerns and look for answers as to whether they are required to sign-on with a PSO and, if so, which one. However, our take is that there is no immediate reason to rush into any PSO agreement without having all the information.

The Arkansas Hospital Association will give its member hospitals a clear summary of the state of the law as soon as the Department of Health and Human Services clarifies its intent. In the meantime, all hospitals need to understand that they may contract with practically any PSO listed at www.pso.ahrq.gov/listing/psolist.htm, because most PSOs can operate nationwide. A helpful publication from Nixon Peabody LLP (used with permission) can be found at www.nixonpeabody.com/files/156588_health_law_patient_safety_organizations_26APR2013.pdf.

Our best advice for now is to sit tight. The AHA is working to get clarification of the law’s language and its advisory is expected soon. In the meantime, if you have questions, you may call Arkansas Hospital Association executive vice president Paul Cunningham or vice president for quality and patient safety Pamela Brown at (501) 224-7878. E-mails: pcunningham@arkhospitals.org and pbrown@arkhospitals.org.
**Medicaid Policy Change Delayed**

The Arkansas Hospital Association (AHA) continues to work with state Medicaid officials to assess the impact of a newly proposed Medicaid policy that would dramatically reduce the amounts Medicaid pays hospitals each year to cover the deductibles and co-payments due from those mostly elderly, low-income patients who are Qualified Medicare Beneficiaries and also are eligible for Medicaid coverage. AHA’s estimates of the financial impact on hospitals are higher than the Medicaid projection and the two groups are attempting to reconcile those differences. For now, Medicaid has agreed to delay implementation of the policy beyond its original July 1, 2013 effective date.

**AHA Urges Changes to IRF Proposed Rule**

In a letter commenting on CMS’ proposed IRF prospective payment system rule, the American Hospital Association (AHA) has expressed deep concern about the agency’s proposal to remove certain diagnosis codes from the 60% Rule for inpatient rehabilitation facilities (IRF) in fiscal year (FY) 2014. AHA executive vice president Rick Pollack wrote that several of the proposed coding changes are unwarranted and inappropriate, saying, “Specifically, we are concerned that they are clinically irrelevant, administratively unrealistic, and do not further CMS’ ability to ensure that IRFs are treating medically appropriate patients.”

AHA also expressed concern about proposed changes to CMS’ methodology for calculating the IRF PPS rural, low-income patient and teaching status adjustments and urged CMS to delay updating the adjustments “until a viable alternative to the current approach is identified.” Among other changes, AHA urged CMS to allow IRF units within acute-care hospitals to attest that they report the proposed FY 2016 flu vaccination for healthcare personnel measure through the inpatient quality reporting program. In addition, AHA said it opposes CMS’ proposal to add a readmissions measure to the IRF quality reporting program in FY 2017 that has not yet been endorsed by the National Quality Forum.

**The AHA Calendar**

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<td>Transforming the Economics of a Rural Health System – Webinar NE-070913-2</td>
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<td>Board Composition: Designing the Ideal Hospital Board – Webinar T513</td>
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<td>ASDVS Summer Meeting, AHA Classroom, Little Rock</td>
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<td>The New HIPAA Regulations: Cracking the Code – Webinar T2848</td>
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<td>Grievances and Complaints: Ensuring Compliance with CMS and The Joint Commission – Webinar T2849</td>
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<td>Beyond the Basics: Concepts in Healthcare Finance – Webinar T2850</td>
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<td>Clinical Alarm Safety: Combating Alarm Fatigue, Improving Alarm Management &amp; Reducing Patient Harm – A 3-Part Series – Session I: Alarm Management Challenges and Opportunities</td>
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<td>AHHRA 2013 Summer Conference, AHA Classroom, Little Rock, AR</td>
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<td>Evaluating Performance with Dignity and Respect – Webinar T2852</td>
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Information on all AHA educational programs and activities is available at www.arkhospitals.org/events.
Final Thoughts by Paul Cunningham

Reviewing an exhaustive list of my favorite science fiction writers is as simple as one-two-three. It consists of Rod Serling, Robert A. Heinlein and Ray Bradbury. No more. Simply naming others requires some effort, since I’m no fan of sci-fi. Concentrating on it, George Orwell comes to mind, and Kurt Vonnegut. I’ve heard of Douglas Adams, but only because he has somewhat of a cult following for authoring a series of fantasy/sci-fi books built around his original radio comedy series, The Hitchhiker’s Guide to the Galaxy, that was first broadcast in England in the late 1970s.

The Hitchhiker’s Guide might have garnered more attention as an incredibly awful movie a few years ago; one that a lot of folks didn’t see. And I mean a lot! It is so bad that it hasn’t even made it to HBO’s On-Demand library. Know what I mean? I’d suspect that Adams’ fans would say that the book, or the series from which the movie was adapted, is much better. We can only hope.

Generally, Adams’ storyline begins with a main character and his friend, whom, unbeknownst, is really an alien in human form temporarily visiting Earth to do research for a series of travel guides to help the common, everyday Joe Alien who might be hitchhiking around the Milky Way.

Shortly before planet Earth is to be destroyed by alien Vogans to build an intergalactic highway, “friend” whisks himself and “main character” away to the safety of a spaceship, where boundless travels and cosmic excitement ensue. To be fair to the filmmakers, it’s hard to imagine that being a wellspring for an entertaining cinema experience.

The only reason to bring up The Hitchhiker’s Guide is that the title vaguely reminds me of something going on over at the Arkansas Insurance Department (AID), where Arkansas’ Health Insurance Marketplace, the state’s health information exchange required under the Affordable Care Act, is under construction. A key element of this online Marketplace will be a successful enrollment process, which will be determined to a large extent by a network of trained guides who will help folks looking to hitch a ride with someone more acquainted with a yet unexplored jungle/jumble of insurance products which will exist in the Marketplace, a small but important cyber port-of-call that could determine the future for many hospitals.

Estimates are that 500,000 currently uninsured Arkansans will eventually access this Marketplace to buy new coverage using either Medicaid dollars or federal subsidies. Although it’s highly unlikely that a half-million people in Arkansas will try to access the system during the six-month open enrollment period that begins October 1, many thousands could do so.

Getting those folks from the portal’s entry point through the full enrollment process so that they actually will have made an informed decision about their coverage when they emerge is essential to the exchange and to the hospitals that hope to see reductions in the number of their uninsured patients. The sheer numbers of those going to the Marketplace and the expected complexity of the process mean that it will take a small army of these cyber guides to ensure success.

AID understands and already has contracted with 26 groups to take on the responsibility for helping prospective buyers make their way to and through the labyrinth where choices for insurance products will be made, but there’s a lot left to do and the level of difficulty increases. Each of these aides must be trained to provide help and then licensed by the state, demonstrating that they themselves are familiar enough with the system to effectively guide others through it.

Navigators and In-Person Assisters will be the paid hands-on guides designated to provide outreach and education about the exchange and to help prospective buyers. They differ only in the way they are funded, whether directly by the Feds, or through the state.

Whether hospitals are eligible to be paid for conducting outreach activities or not, they certainly can have employees who would qualify as unpaid Certified Application Counselors, performing many of the same functions as navigators and in-person assisters, but doing it essentially as a pro bono service. Regardless, it is in hospitals’ best interests to get their own employees trained and licensed in order to take advantage of the opportunity to be involved at this level. In fact, any given hospital’s long term future could depend on the decision to get involved.

In his review of the movie version of The Hitchhiker’s Guide, the late Roger Ebert wrote, “What these characters do is not as important as what they say, how they say it, and what it will mean.” That’s essentially true for the assisters who will help guide Arkansans newly eligible for healthcare coverage through unfamiliar territory of the Marketplace. What they do, what they say and how they say it will mean the difference between success and failure.