

March 7, 2013

Dear Friends and Colleagues,

Last week I again had the privilege of representing NCH as one of 50 healthcare leaders at the American Hospital Association's (AHA) Regional Policy Board spring meeting for the southeastern United States. Our meeting began just before the government's imposition of "Sequestration" budget cuts, and the clear message was that U.S. budget policy will drive future healthcare policy. And that's an historic reversal.

Here are the highlights from our wide-ranging discussions:

1. ***Ensuring a healthier tomorrow.*** This is the AHA's overarching, multi-year initiative, with input from physicians, hospital board members, and C-suite colleagues from across the nation. Here are the elements, all of which are important:

1st tier—Reforming the medical liability system (estimated at 10% of the cost of healthcare when defensive medicine is included); eliminating non-value added treatments (as much as 45% of all treatment, according to a RAND study); and better managing advanced illness (the vast majority of cost of healthcare is spent in the last months of life, whereas hospice and palliative care provide more comfort at a fraction of the cost).

2nd tier—Eliminating preventable infections/complications; advancing the use of information technology/electronic medical records; simplifying administrative/regulatory processes; engaging individuals in their own health/healthcare; promoting population health; and accelerating payment/delivery system reforms.

3rd tier—Promoting transparency of quality/pricing information; modernizing Federal health programs; and revamping care for vulnerable populations.

2. ***Healthcare dimension of guns.*** According to a January 2013 *New England Journal of Medicine* perspective ([Tragedy's Legacy](#)), deaths from guns will most likely exceed those caused by auto accidents in 2012. Healthcare issues related to gun violence include access to mental health resources, health professional communication and reporting, community violence reduction, the cost of trauma care, and hospitals as "safe zones."

3. ***Immigration and healthcare coverage.*** Attention was directed to immigrant healthcare coverage and opportunities for healthcare professionals as part of comprehensive immigration reform.

4. ***Patient protection from dangerous events.*** This discussion focused around rare but dangerous events caused by medical staff exposing patients to harm by diverting narcotics and/or by other injurious behaviors.

5. ***Area wage index issues.*** Correcting the government's complex payment system to equalizing wages, in light of the cost of living in various regions was considered. This triggered a heated debate from members, depending on whether one's payment would go up or down with the proposed solutions.

The diverse opinions at this southeastern AHA meeting—one of three held during the year—will be amalgamated with those of our colleagues around the country as we all work to achieve the common goal of creating healthier, happier, and longer lives for those we serve. That's an objective on which we can all agree.

Respectfully,



Allen S. Weiss, M.D., President and CEO

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