



Advancing Health in America

Engaging Hospital Leaders in Key Issues

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Agenda

- Policy landscape & the Election
- Preview 2025 Issues
- Key Issues Worthy of Attention
- Discussion

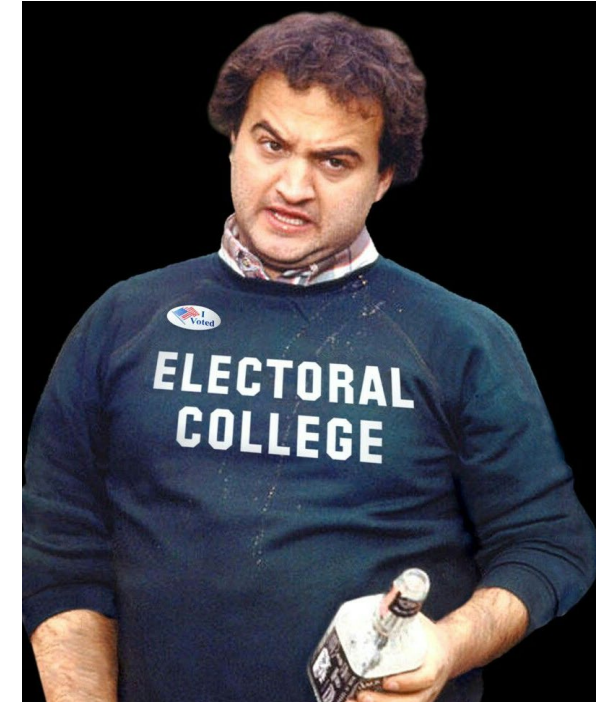
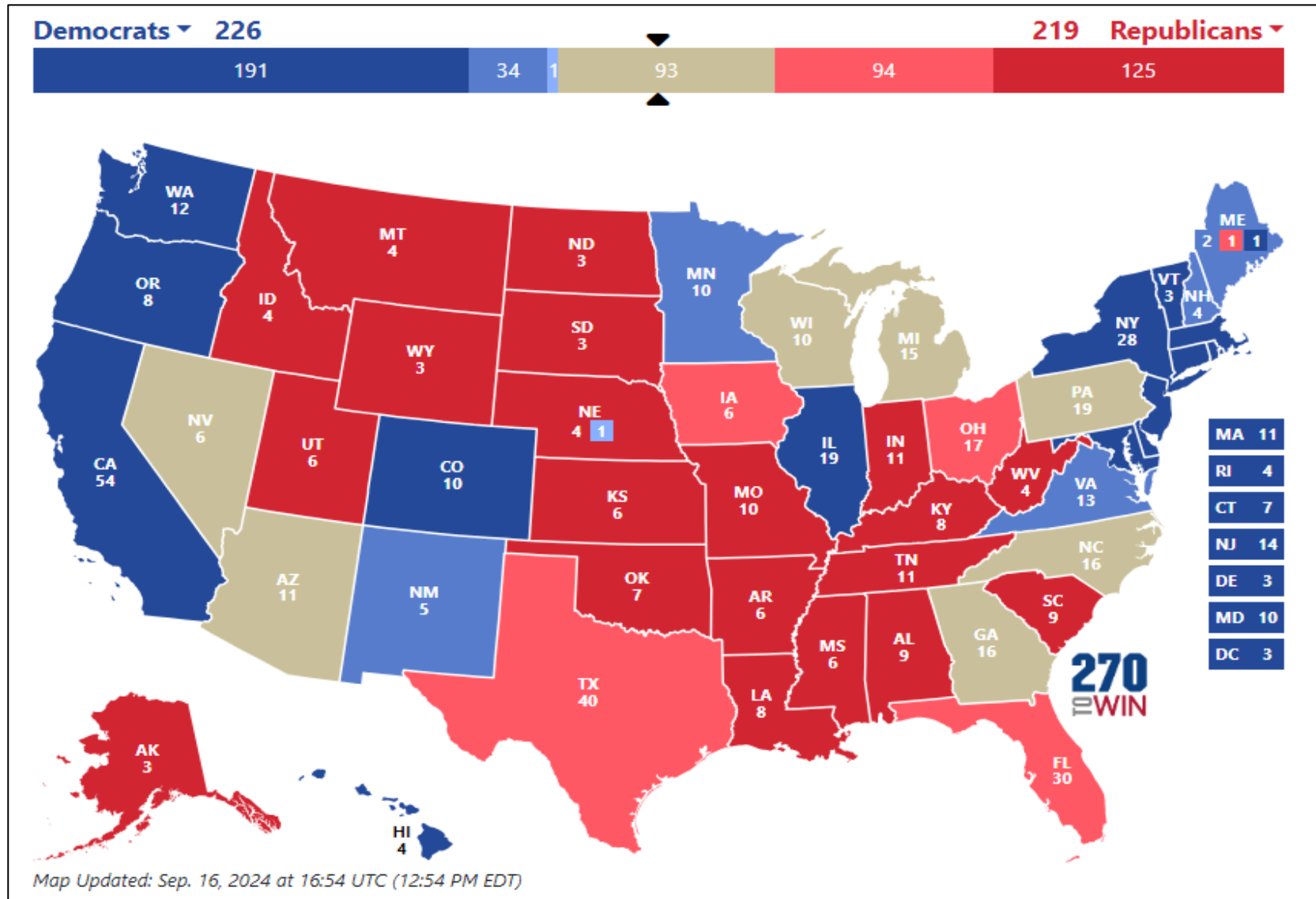


Election 2024: By the Numbers

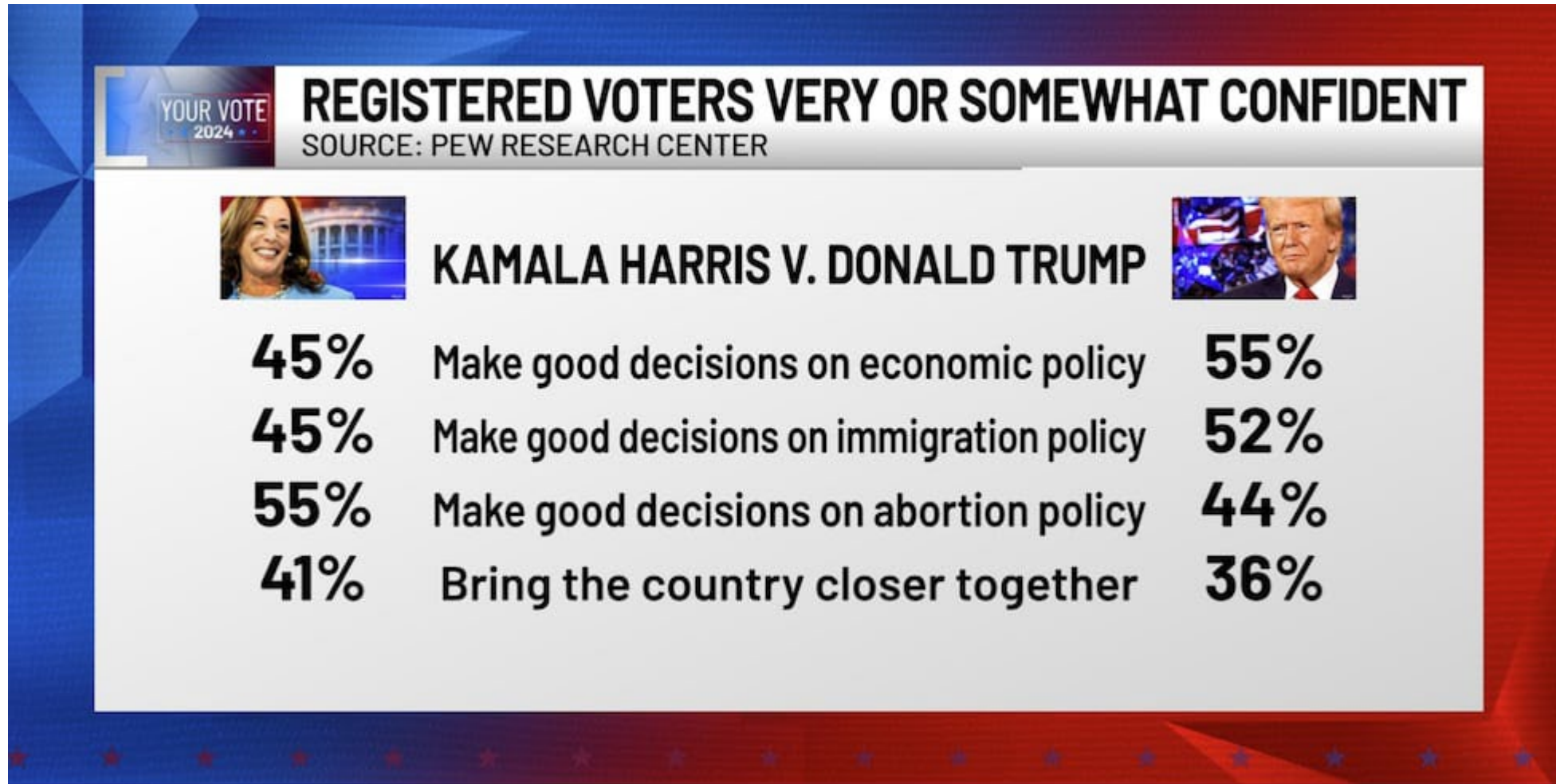
- **Just a few days until the election**
- **7 swing states**
 - 44,000 votes in GA, AZ and WI separated Biden and Trump from a tie in the 2020 Electoral College
- **Net 2: for control of the Senate**
- **Net 4: for control of the House**



Electoral College



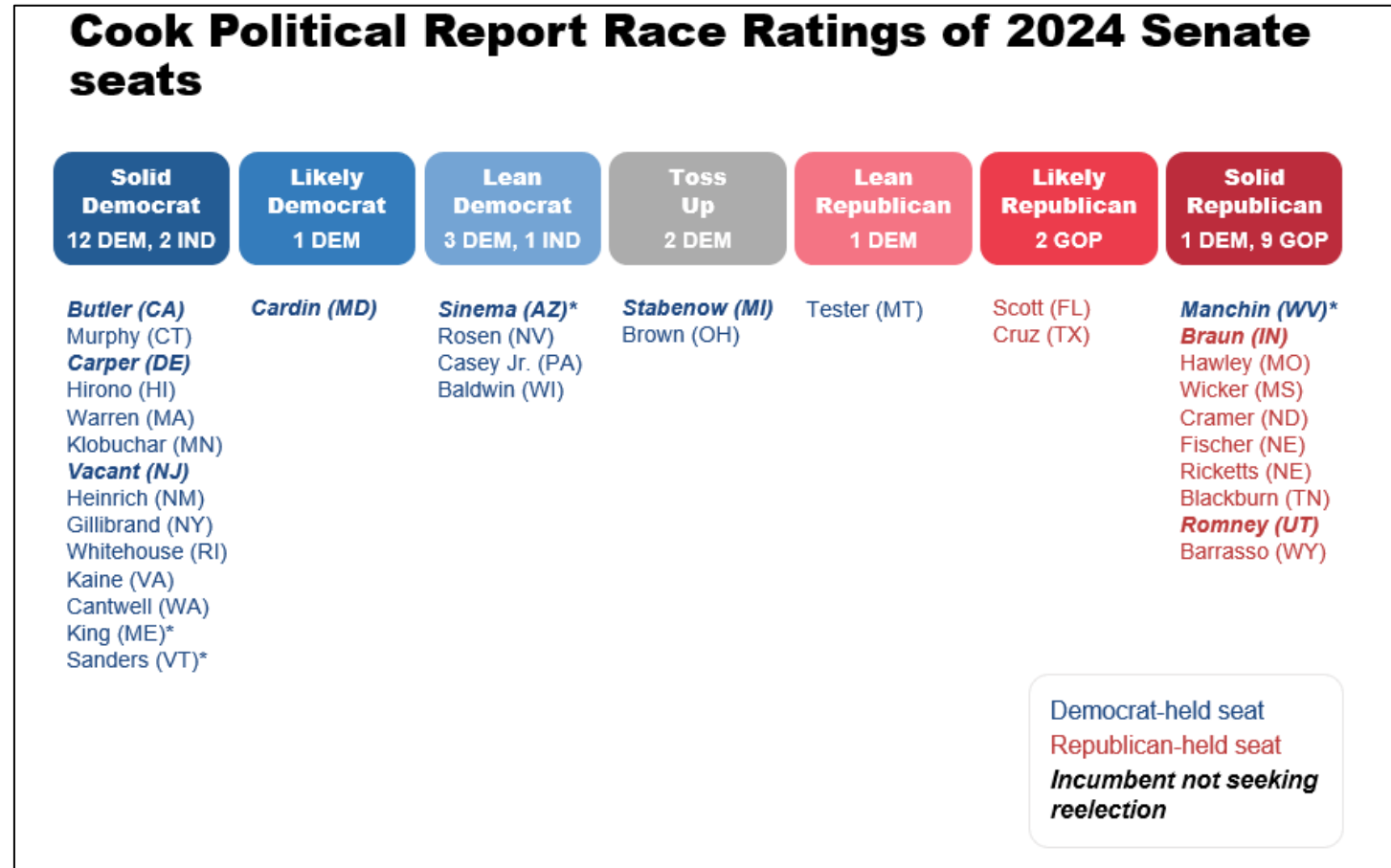
On the Issues



Senate Map Favors Republicans



- Currently Democratic control (51-49)
- 1/3 Seats Up for Election
 - 11 Seats by Rep.
 - 23 Seats by Dem.
- Two seats likely to flip D to R
- Two toss up races



House is a Toss Up: 24 Seats



RATINGS SUMMARY

SOLID SEATS

D - 173 R - 189

LIKELY/LEAN SEATS

D - 27 R - 16

TOSS-UP OR WORSE

D - 11 R - 15

Likely : These seats are not considered competitive at this point, but have the potential to become engaged.

Lean : These are considered competitive races, but one party has an advantage.

Toss-Up : These are the most competitive; either party has a good chance of winning.

COMPETITIVE RACES

*Italicized name denotes Freshman member

LIKELY DEMOCRATIC 15 Dem • 1 Rep	LEAN DEMOCRATIC 12 Dem • 1 Rep	DEMOCRATIC TOSS UP 11 Dem • 0 Rep	REPUBLICAN TOSS UP 0 Dem • 13 Rep	LEAN REPUBLICAN 0 Dem • 6 Rep	LIKELY REPUBLICAN 0 Dem • 10 Rep
AL-02 NEW SEAT	CA-47 OPEN (Porter)	AK-AL Peltola	AZ-01 Schweikert	IA-01 Miller-Meeks	CA-03 Kiley
CA-09 Harder	CT-05 Hayes	CO-08 Caraveo	AZ-06 Ciscomani	IA-03 Nunn	CA-40 Kim
CA-49 Levin	IL-17 Sorensen	ME-02 Golden	CA-13 Duarte	MI-10 James	CO-03 OPEN (Boebert)
FL-09 Soto	IN-01 Mrvan	MI-07 OPEN (Slotkin)	CA-22 Valadao	PA-10 Perry	FL-13 Luna
KS-03 Davids	MN-02 Craig	MI-08 OPEN (Kildee)	CA-27 Garcia	VA-02 Kiggans	FL-27 Salazar
MD-06 OPEN (Trone)	NV-03 Lee	NC-01 Davis	CA-41 Calvert	WI-03 Van Orden	MT-01 Zinke
MI-03 Scholten	NY-18 Ryan	NM-02 Vasquez	CA-45 Steel		NY-01 LaLota
NH-01 Pappas	NY-22 Williams	OH-13 Sykes	NE-02 Bacon		PA-01 Fitzpatrick
NH-02 OPEN (Kuster)	OH-09 Kaptur	PA-07 Wild	NJ-07 Kean Jr.		TX-15 De La Cruz
NV-01 Titus	OR-06 Salinas	PA-08 Cartwright	NY-04 D'Esposito		WI-01 Steil
NV-04 Horsford	PA-17 Deluzio	WA-03 Perez	NY-17 Lawler		
NY-03 Suozzi	TX-34 Gonzalez		NY-19 Molinaro		
OH-01 Landsman	VA-07 OPEN (Spanberger)		OR-05 Chavez-DeRemer		
OR-04 Hoyle					
TX-28 Cuellar					
WA-08 Schrier					

Lame Duck Session

- **Who is in Charge?**

- **House and Senate control**

- New Republican leadership
- Possibly new Speaker

- **Control of White House and Congress may still be up in the air**

- **“Continuing Resolution” funding government through Dec 20**



Hospital Priorities

- **Pass important Provisions**

- Extend Medicaid DSH payment
- Extend Rural programs
- Telehealth
- Hospital at Home
- “SAVE” Act – Violence against healthcare workers
- Physician payment increase

- **Stop bad policies**

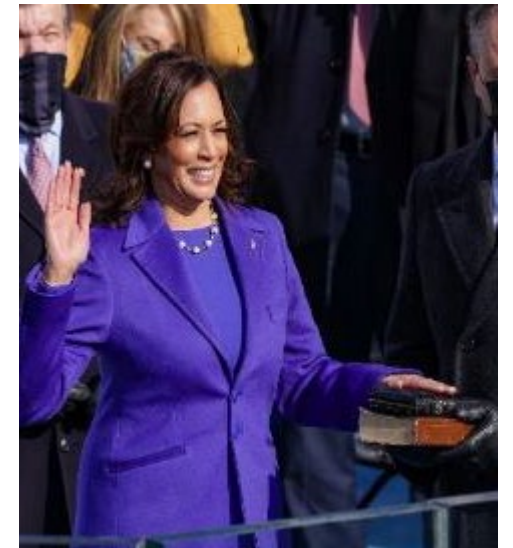
- **Medicare “site-neutral” payment cuts**



Looking Ahead to 2025

From Day 1:

- **Debt Ceiling**
- **Expiration of ACA tax subsidies**
- **Expiration of Trump tax cuts**
- **Insolvency of Medicare Trust Fund**
- **Social Security Trajectory**



Harris: Health Care Priorities



“There are many factors that drive up healthcare costs and make medications more expensive...I will continue to use every tool at our disposal to bring these costs down. And we will hold accountable those who try to put profits ahead of the health and wellbeing of the American people.”

**Extend
Affordable Care
Act Subsidies**

- **Expand and accelerate Medicare “Negotiation”**
- **Oversight of MA**

- **Medical Debt**
- **Antitrust Enforcement**

**Champion
Reproductive
Rights and
Maternal Health
Policies**

Trump: Health Care Priorities



“We’re going to make the A.C.A. much better than it is right now and much less expensive for you.”

“For many years, Americans have been paying among the highest prices in the world for our prescription drugs...We’ve been ripped off by everybody for so many decades. We are tired of it.”

Lower Drug Costs

340B Reforms

Repeal prescription
drug price IRA
provisions

Transparency

Reduce Medicare
and Medicaid
Spending

Modify / Reform
ACA Subsidies

Common Priorities and AHA Efforts

- Quality, Patient Safety and Equity
- Affordability
- Move to “Value”
- Workforce
- Commercial Insurers



Medicare Payments Still a Challenge

2025 Final and Proposed Rules Have Inadequate Updates

- IPPS Final
 - Payment update 2.9%
 - Decrease in DSH of \$200M
- OPPTS Proposed
 - Payment Update 2.6%
- Physician Fee Schedule Proposed
 - Reduce conversion factor by 2.8%

The image displays three regulatory documents from the Centers for Medicare & Medicaid Services (CMS). The top-left document is a Special Bulletin dated August 2, 2024, titled 'CMS Releases Hospital Inpatient PPS Final Rule for Fiscal Year 2025'. It details a net 2.9% increase for inpatient PPS payments and a \$200 million decrease in Disproportionate Share Hospital (DSH) payments. The top-right document is a Regulatory Advisory dated July 23, 2024, titled 'Hospital Outpatient, Ambulatory Surgical Center Proposed Rule for CY 2025', proposing a net 2.6% increase for OPPTS rates. The bottom document is a Regulatory Advisory dated July 31, 2024, titled 'Medicare Physician Fee Schedule Proposed Rule for CY 2025', proposing a 2.8% reduction in the conversion factor. Each document includes a 'KEY HIGHLIGHTS' section.

CMS Using CoPs as Policy Lever

Provisions Impose Requirements with Unclear Tie to Outcomes

- Weekly reporting of respiratory illness data to CDC
 - Includes inpatient rehab, psych
- Obstetrical and Emergency Care
 - Minimum organization, staffing and delivery requirements
 - Emergency readiness standards, regardless of OB
 - Discharge planning
- Cybersecurity



More Mandatory CMMI Models

CMMI Shifting Strategy after Report Finds Government Losses

- Transforming Episode Accountability Model (TEAM)
 - 5 years beginning 2026
 - Mandatory for 741 hospitals
 - Lower discount factor; longer glidepath to two-sided risk
- Increasing Organ Transplant Access (IOTA)
 - 6 years beginning 2025
 - 50% of donor service areas
- MSSP: excluding anomalous vendor spending

OVERVIEW FACT SHEET
Transforming Episode Accountability Model

MODEL PURPOSE
People who undergo a surgical procedure in an inpatient or outpatient hospital setting may experience fragmented care that can lead to complications in recovery, avoidable hospitalization, and increased spending. Acute care hospitals participating in the Transforming Episode Accountability Model (TEAM) will be accountable for ensuring that people with Medicare receive coordinated, high-quality care during and after certain surgical procedures. TEAM participants will be required to refer patients to primary care services to support optimal, long-term health outcomes. CMS released the final rule for TEAM in summer 2024.

MODEL GOALS
TEAM will aim to improve quality of care volume surgical procedures, reducing risk and driving equitable outcomes. By holding participants accountable for quality of care and ensuring those patients are referred all people with Medicare in a care relationship.

MODEL APPROACH
TEAM is a five-year, mandatory, episode-based model. Participants will be selected based on geographic risk through different participation tracks to ease into full-risk participation.

TRACK 1
No downside risk and lower levels of reward for one year for all TEAM participants and up to three years for safety net hospitals.

Episodes of focus will be Lower Extremity Spinal Fusion, Coronary Artery Bypass

As a mandatory model, TEAM will advance quality of care for patients and lower costs of care. Hospitals that participate until the Improvement (IPCI) Advanced Model or Joint Replacement (JR) Model will be eligible to continue to bill Medicare. TEAM participants will continue to bill Medicare excluded Medicare Parts A, B, & D items and services, subject to a quality performance at CMS a repayment amount, subject to a cap.

MODEL CONTACT INFORMATION
CMMI_TEAM@cms.hhs.gov

Increasing Organ Transplant Access Model
Proposed 6-year mandatory model: 2025-2030

The Increasing Organ Transplant Access Model is designed to increase kidney transplants for people with end-stage renal disease. Transplant hospitals selected to participate in the proposed mandatory model would receive support to offer greater care coordination, improve quality of care, and address health-related social needs for patients with kidney disease awaiting a transplant.

Model Goals

- Maximize the use of deceased donor kidneys.
- Identify more living donors and assist potential living donors through the donation process.
- Improve care coordination and patient-centeredness in the kidney transplant process.
- Create a more equitable transplant process.
- Reduce barriers to care and address health disparities.
- Improve quality of care before, during and after transplantation.

Did You Know?

Around **90,000 people** were on the waitlist for a kidney transplant in the U.S. in 2023, but only about 28,000 kidney transplants were performed during that time.

Kidney transplant waitlist 3-5 years or longer to receive a transplant

Approximately **5,000 people** die each year while waiting for a kidney transplant.

HHS, U.S. Organ Procurement and Transplantation Network (OPTN): <https://optn.transplant.hrsa.gov/data/view-data-reports/national-data/>
National Kidney Foundation: <https://www.kidney.org/atoz/content/transplant-waitlist>

Progress with MA Compliance

Increasing Oversight of Plan Behavior

- **New CMS MA Question and Complaint Process**

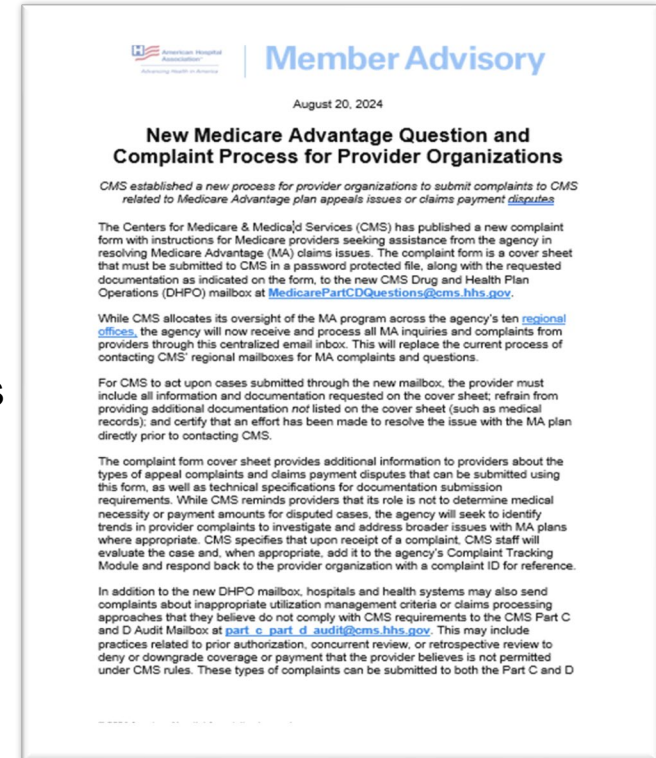
- Centralized email address and template for provider complaints
- Incorporated into CMS Complaint Tracking Module; will impact plan Star Ratings

- **CMS proposed plan for data collection and audit requirements to evaluate MA plan compliance with CY24 MA Final Rule**

- 60 day comment period until Nov. 12

- **HHS OIG Investigation of Prior Auth for Post-acute Care**

- Report expected 2026



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Move to Value-Based Care

Jury is still out....



- CBO report finds CMMI cost federal government \$5.4B (was to save \$2.8B)
- Move to Mandatory Models
 - TEAM
 - IOTA

Advancing Behavioral Health

Regulatory Improvements in Payment, Coverage and GME

- Mental Health Parity Final Rule
 - Clear requirements about use of non-quantitative treatment limitations on BH coverage
- Physician Fee Schedule
 - New payments for crisis services, interprofessional consultations for non-MDs
- 200 Medicare-funded residency slots for psych in 2026



Quality, Patient Safety & Equity

AXIOS Hospitals are safer than they were before the pandemic: study

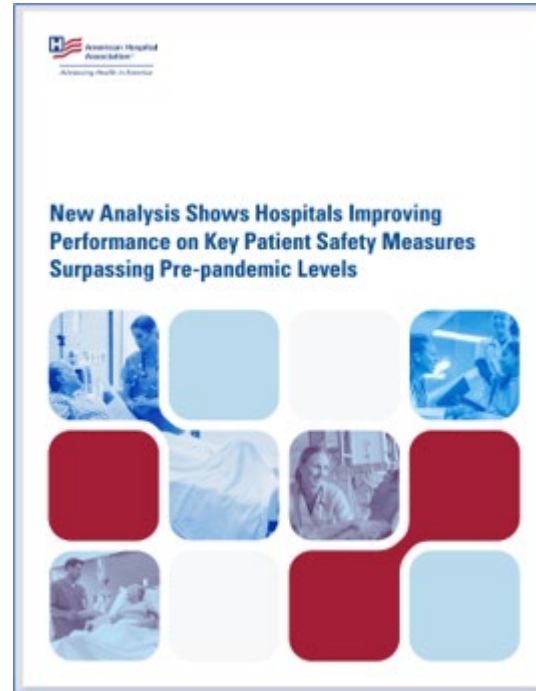


New Analysis Shows Hospitals Improving Performance on Key Patient Safety Measures Surpassing Pre-pandemic Levels – read the AHA and Vizient report. <https://ow.ly/y8Ak50Tpamp>



CHIEF HEALTHCARE
EXECUTIVE®

Hospitals improve in patient safety, even compared to pre-pandemic levels: Study



**BECKER'S
HEALTHCARE**

Hospital safety's big rebound

**Modern
Healthcare**

Hospitals surpass pre-pandemic quality outcomes: AHA, Vizient



Advancing Health in America

Telling the Hospital Story



- Proactively spotlight positive stories
- Push back on motivated adversaries
- Advance AHA's advocacy agenda



Helping Policymakers See Patient Care

- **Facts and story**

- Isotonic solution shortage

- **Innovations vs Regulations**

- Hospital at Home

- DEA and Telemedicine

- **Tough issues**

- Staff safety vs open for all in need of care

- Keeping the lights on versus charity care/ public health

How to Focus Your Efforts?

- Ensure your health system is living up to expectations (tool on the way)
- Understand your data – what are your critical services, vulnerabilities?
- What are the stories you can tell and who should hear them?
- What information do you need? Can AHA or DCHA help?

Questions?



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