The mission of the Minnesota Hospital Association is to enhance the ability of members to achieve their missions and goals. MHA is committed to ensuring that the association’s financial and staff resources are used in partnership with our members to effectively advocate for Minnesota hospitals and health care.

MHA’s goal is to be the state’s most influential, trusted and respected leader in health care policy and advocacy, and a valued resource for information and knowledge.

2014 Highlights
The Value of MHA Membership
Advocating for Minnesota hospitals and health systems

**On the state level:**
- Prevented changes to the Nurse Staffing Plan Disclosure Act and stressed to legislators that no new reporting burdens should be added.
- Supported MHA's representatives on the Minnesota Department of Health’s (MDH) Nurse Staffing and Patient Outcomes Study Workgroup and communicated MHA's position that publicly available data should be used to conduct the study. MHA members were united in our opposition to MDH’s attempt to obtain daily nurse staffing level data from 2013 from 39 hospitals.
- Repealed the most recent 10 percent rate cut to hospitals’ inpatient Medical Assistance payment rates eight months earlier than scheduled. Hospitals will receive an estimated $20 million more in payments through 2015.
- Protected hospital readmission incentive payments. Almost all hospitals will receive a readmission incentive payment of approximately 4 percent for Medical Assistance discharges between July 1, 2013 and Nov. 1, 2014.
- Collaborated with the Department of Human Services to legislatively authorize converting the state’s Medical Assistance inpatient payment methodology to APR-DRG in anticipation of ICD-10. MHA secured provisions to protect hospitals from potential dramatic payment swings when budget-neutral rebasing and APR-DRGs are implemented.
- Suspended Provider Peer Grouping (PPG) indefinitely; it will now require legislative action to re-authorize.
- Forged a powerful coalition with the Minnesota Department of Health (MDH), Minnesota Council of Health Plans and Minnesota Medical Association to expand the use of the All Payer Claims Database (APCD) to include: health care home evaluation; hospital readmissions study; geographic variations in cost, quality and utilizations; and state innovation model grant testing. MHA is participating in an advisory group on governance and APCD uses.
- Urged the Department of Human Services to expedite development of a Hospital Presumptive Eligibility (HPE) program required by federal law. Almost 2,000 Minnesotans were enrolled in coverage through the HPE program in its first four months.
- MHA conducted a study to assess the supply of primary care physicians and registered nurses over the next 10 years. MHA testified before the Legislative Health Care Workforce Commission on the study’s findings. The study confirms that a shortage of primary care physicians will develop and that the supply of RNs will likely meet demand.

**On the federal level:**
- Communicated MHA's position on the need for statutory or regulatory changes to Medicare's three-day stay rules to Minnesota’s congressional delegation. MHA submitted comments to the Centers for Medicare and Medicaid Services (CMS) calling for changes to the three-day stay requirement, its application in cases of observation status and its negative impact on beneficiaries.
- Secured cosponsors from Minnesota’s congressional delegation on:
  - Reversing direct supervision requirements for outpatient therapeutic services;
  - Allowing observation stays to satisfy the three-day inpatient hospital requirement for coverage of skilled nursing facilities under Medicare;
  - Making needed improvements to the Recovery Audit Contractor program;
  - Lifting the cap on Medicare-funded graduate medical education residency slots;
  - Removing the 96-hour physician certification requirement as a condition of payment for critical access hospitals;
  - Delaying enforcement for the two-midnight rule and calling for a new payment methodology for short inpatient stays; and
  - Adjusting the Medicare hospital readmissions reduction program to account for certain socioeconomic and health factors that can increase the risk of a patient’s readmission.
Leading the nation in patient safety and quality care

- The federal Agency for Healthcare Research and Quality (AHRQ) ranked Minnesota with the best overall healthcare quality in the nation for the third time in a row.
- Minnesota is ranked number one in the nation for health care access, quality and outcomes by the Commonwealth Fund, a private non-partisan foundation. The state was specifically cited as a national leader in guaranteeing access to care and investing in primary care.
- The Reducing Avoidable Readmissions Effectively (RARE) Campaign prevented 7,975 readmissions and is estimated to have reduced inpatient costs by $70 million. The work of the RARE Campaign earned MHA and its partners the John M. Eisenberg Patient Safety and Quality Award from The Joint Commission, one of the most prestigious quality and safety awards in the country.
- MHA received an extended contract from CMS for a third year of Partnership for Patients by serving as a national leader and significantly reducing hospital-acquired conditions. Participation increased from 113 to 115 member hospitals in 2014. MHA also received a contract for the 15-month, rigorous Leading Edge Advanced Practice Topics (LEAPT) program and recruited 29 member hospitals and one eHealthcare system to participate. As one of only six Hospital Engagement Networks (HENs) to receive the LEAPT contract, the funding allowed Minnesota hospitals to further expand patient safety and quality efforts by creating tested strategies to measure and improve outcomes for patients.
  - Minnesota HEN hospitals reduced the rate of early elective deliveries by 94 percent, resulting in 1,750 more full-term babies born.
  - MHA has helped hospitals improve their patient and family engagement. Hospitals with at least three best practice criteria in place has increased by 43 percent. There has been a 27 percent increase in hospitals with a dedicated patient family advisor to lead patient and family engagement activities.
  - Fourteen hospitals met the state goal for preventing six or more hospital-acquired conditions, earning an excellence banner to display in their hospital. Eighty-two hospitals meet the benchmark on three or more hospital-acquired conditions.
- MHA is working collaboratively with our members and community partners to prepare for and respond to the threat of a global health crisis in our communities. Collaboration includes regular, ongoing meetings and conference calls, information sharing and planning with work groups. MHA presented a coordinated strategy for the state with the identification of four designated hospitals to care for a patient with Ebola.

Providing hospital and health system leaders with education and information

- MHA provided 362 educational sessions to member hospitals with more than 6,000 participants.
- Delivered more than 100 presentations on health care reform topics to MHA members’ boards, leadership teams, community events, as well as other stakeholders and audiences through the state.
- MHA experienced record attendance for the third straight year in trustee education with 45 sessions designed specifically for hospital board members. In addition, MHA developed 10 new educational videos on governance topics to be viewed on-demand by hospital trustees.
- The MHA Trustee Certification program has 73 trustees who have completed their certification and 445 currently working towards certification. With 1,280 hospital trustees in our state, 42 percent of all Minnesota trustees are working toward their certification.
Communicating Minnesota’s positive hospital and health system story

- Initiated a member-driven campaign to proactively share the patient-centered care our hospitals and health systems provide and the important role we play in the health of our residents and communities throughout Minnesota.
- Advertising initiative timed to the start of the 2014 legislative session focused on access to care and quality of Minnesota hospitals. These positive ads ran on MPR and on the websites of Politics in Minnesota and the Star Tribune.
- Continued opinion leader outreach campaign with 17 emails highlighting stories on patient safety and quality improvement to a list of 3,600 members, stakeholders, policy makers and opinion leaders across the state.
- Advocacy alerts, member communications and an election tool kit helped members communicate with their local legislators, candidates and media during the 2014 campaign.
- MHA increased Twitter followers over the past year from 1,100 to more than 1,700.
- Distributed patient safety annual report to legislators.
- Underwrote a significant KARE 11 advertising buy for the March of Dimes encouraging mothers to wait until at least 39 weeks to deliver. Partnered with the March of Dimes March for Babies, encouraging member participation.

Continuing to bend the cost curve

- Co-led the Reducing Avoidable Readmissions Effectively (RARE) Campaign in collaboration with Stratis Health and the Institute for Clinical Systems Improvement (ICSI) preventing more than 7,975 hospital readmissions and saving more than $70 million in inpatient costs.
- Facilitated discussions with the Minnesota Department of Labor & Industry and Minnesota Chamber of Commerce to reform hospital inpatient payments in the Workers’ Compensation program with an emphasis on preserving current payment levels while streamlining administrative costs.
- Facilitated a work group and developed a set of recommendations for hospitals to address the ongoing need for greater consumer price transparency.
- Formed the Critical Access Hospital Payment Reform Task Force in collaboration with the Minnesota Department of Health’s Office of Rural and Primary Health to evaluate current finances and pressures facing CAHs and to consider options for reforming the payment system to a more patient-centered, value-based approach. This work is in anticipation of potentially discussing a demonstration project with the Center for Medicare and Medicaid Innovation.