

Remarks by AHCA President and CEO Hal Daub, delivered at the Opening General Session of the AHCA/NCAL 55th Annual Convention and Exposition, October 4, 2004

Thank you Steve for that great introduction. I could not agree more with the ideas you have laid out for us, and I am excited about the opportunity to be at the helm of AHCA and NCAL during this very important time.

I'm happy to be back in Washington, representing all of you. My wife Mary and I are very familiar with the wonderful care that long term care facilities provide throughout the nation—especially in Nebraska, where both of our mothers are residents at one of Jack Vetter's excellent facilities. Actually, you just saw in that video Mary's beautiful 93-year old mother talking on the phone in her room at Brookstone in Omaha.

As Steve said, I spent eight years in Congress, much of that on the Ways and Means and the Aging Committee's Health and Long Term Care Committees, where I was immersed in long term care policymaking. I can't help but compare what it was like then to the situation in which I now find myself.

Back in the early eighties the government had no national long term care strategy in which I felt confident. Patients and residents relied almost entirely on the Medicare and Medicaid programs to pay for their care, and there were few—if any—people purchasing private insurance, and no incentives to encourage them to do so either.

I recall that this profession was bound to a subjective survey system that merely measured compliance with regulations.

And pretty often, the media branded long term care providers as greedy businessmen more concerned about the bottom line than patient care.

Surely, I thought, 10, 15 years from now our nation's long term care system would evolve. I believed that by the turn of the century, there would be a solid, reliable strategy in place to handle the needs of the aging boomer population. Government would find a way to encourage personal responsibility and de-emphasize individuals' reliance on Medicare and Medicaid.

I was certain that the Byzantine survey system under which providers must operate would have long ago been abolished.

At the very least, providers would finally be viewed as the heroes they are.

Right?

Well folks, it's been almost 17 years, and the similarities are eerie.

That's not to suggest that you—the providers—have not come a long way, because you have. We are on the cutting edge of the nation's movement to transform healthcare and improve quality across health professions. Long term care providers are offering services that I never imagined we would see in nursing facilities. The advent of assisted living and other care settings and options has brought energy and newfound respect to our business.

There is much for you to be proud of, as Steve illustrated.

Yet still, we fight many of the same battles as we did yesterday. So I ask myself, what needs to change? What can we do as long term care advocates to influence the actions and opinions of external forces—such as the Congress, the administration, and the media—and the public's expectations that impact our ability to provide quality care?

First, I am convinced that one of the most proactive steps providers can take to influence federal policymakers is to build a recognizable, indelible identity for the American Health Care Association and the National Center for Assisted Living that is unwavering in its embodiment of quality.

In Washington, when someone references the NRA, you know of whom they speak. You don't think of the National Restaurant Association. The same could be said for AARP, the AMA, and the ABA, just to name a few. But try AHCA/NCAL, and too many folks haven't a clue. And I believe that's part of our problem. If your government thinks of you as nothing more than an interest group representing entrepreneurs who are in the long term care business, we will be hamstrung in our potential.

Instead, we need to make sure policymakers and the media identify with us. Now, there are many components to an identity. There's the personal side—the warm and fuzzy. And that's you—those who are tirelessly and selflessly working to improve the quality of life for the nation's frail, elderly, and disabled. We need brand name identity.

Then there's the political muscle piece of our identity—the power to affect laws and policies based on the sheer strength of our clout. After all, there are roughly 4 million long term care professionals working in this country and more than 2.5 million patients, residents, and clients living in nursing homes, assisted living residences, and facilities for people with mental retardation and developmental disabilities nationwide. That's what I call a powerful constituency. We are 2% of the workforce—the largest cohort on the labor spectrum, outside of the federal government—and growing.

And lastly, we need to be loud so that we create and deliver a more visible and organized presence. Volume is the key to making sure our presence is known.

Let me develop these three ideas briefly:

First let's deal with building the personal side of the identity—clearly establishing who we are internally. This is simple: This association and its members need to be recognized as the leaders in the quality revolution that is happening across health care professions. When people think of long term care quality, they must think of the American Health Care Association and they must think of the National Center for Assisted Living. Membership in this association should be the gold standard for top-quality care.

The single most effective way you can ensure this is by pledging to and incorporating the principles of Quality First. When it comes to Quality First, all I can say is “Do it, do it, do it.” Do it today. There is no reason why every single one of you here should put off taking the pledge. My hope is that, when this convention adjourns in a few days, we have near total American Health Care Association and National Center for Assisted Living participation. The new Quality First brochure is at your chairs with a pledge form. Self-certification is the best way to achieve public approbation, legislative support, and less regulation. If you do not have a Quality First ribbon on your badge, get it today. We need your leadership.

One mission, one voice.

Next week, the National Quality Forum will roll out the National Commission on Long Term Care Quality—the first independent organization focused solely on quality assessment and improvement in long term care. As you know, the American Health Care Association, the National Center for Assisted Living and others have worked for more than two years to develop Quality First. And a few weeks after that, we expect the Center for Excellence in Assisted Living, or CEAL, to be fully incorporated and officially open for business. Between your pledging activity here in Miami, the commission announcement, and the creation of CEAL, it should be virtually impossible for anyone to question our commitment to quality. We're raising our own bar—setting new and higher standards—and encouraging public examination of the good work we do.

Focusing squarely on quality sends a strong message about our identity:

We are nurses and nurse aides who every day go to work to make someone's life better.

We are the wellness directors and the personal care assistants, who help assisted living residents live to their fullest potential.

We are trained mealtime professionals making sure that patients receive proper nutrition and hydration.

We are activities directors, meeting the emotional, social, spiritual, and educational needs of our residents.

We are therapists helping patients and residents to regain mobility they temporarily lost.

We are administrators who know not just the names of their patients and residents, but also the names of their children and their grandchildren, and the towns they call home.

And yes, we are businesspeople—the presidents and CEOs of companies—large and small—who sweat the details, manage the business, and make the big decisions that keep care quality ever improving and ensure that the business stays viable.

But the strengths that make us an enviable and noble profession are just one piece of the identity puzzle. We also must leverage those strengths to secure policies that improve and encourage quality care.

One mission. One Voice.

Second, maximizing and flexing our political muscle is an essential part of forging an identity in Washington. AHCA/NCAL needs to be a force to be reckoned with—a group whose power and influence lawmakers take seriously enough that their decisions are guided in part by what we do and say. We must establish our brand name to strengthen our identity externally.

Our ability to gain clout depends in large part on you and your participation in the association. The AHCA/NCAL political action committee is the sixth largest federally registered healthcare PAC in the nation, with contributions this cycle totaling \$1.1 million. That's impressive, but when you compare our numbers to the largest healthcare PAC—the one belonging to the AMA—which has a total of \$3.5 million to date, you get a clearer sense of where policymakers' attention lies. AMA is branded; they have a clear identity, self-regulation, and loud presence. They are visible. Our association represents nearly 10,000 nursing homes, assisted living residences, and facilities for folks with mental retardation and developmental disabilities, yet there are fewer than 900 PAC members, many of whom have not yet made contributions this election cycle. Folks—we need to put up if we want to play some serious ball. Our political action committee allows us to get our message to and helps develop relationships with policymakers. Stop by the PAC booth while you are here and sign up. There are several levels of participation, accommodating all budgets. Let's raise \$2 million next cycle and \$3 million in the 2007-2008 cycle.

Again: One mission. One voice.

Lastly, there are many ways you can increase the political muscle of the long term care provider community. Join the AHCA/NCAL Key Member program, which uses your relationships to better leverage the association's lobbying efforts. AHCA and NCAL staff is actively pursuing ways to make our grassroots efforts more effective, and we need your help. Get involved with issue advocacy. If you are not already doing so, strengthen and enlarge your relationships.

Building upon the Families 4 Care program that engages our patients' families and our staff members in the issues that affect the quality of long term care is another way to gain leverage and build an identity. The more people we reach with our messages, the more policymakers we will be able to engage in discussion.

We also must welcome new populations to our membership—providers who share our mission. I'm proud to announce that, for the first time ever, there is an MR/DD booth in the AHCA/NCAL marketplace in the exhibit hall here in Miami. Make sure you stop by and visit. State affiliates need to open their arms to this community, and that's why the association is kicking off its MR/DD affiliate outreach program here at convention.

Of course, the success of this campaign to increase our political muscle depends in large part on the third piece of my formula for identity-building: volume. Our members are our voice. Our voice is our presence. And presence is at the center of the means to win. We must not give up our franchise—all states need to be affiliated with AHCA/NCAL, and membership with each affiliate needs to be maximized. To get all of the oars into the water, we first have to get everyone into the boat.

If the policymakers in Washington don't hear us, then they do not know who we are. We must inundate our representatives with the messages we want to convey. Send letters, e-mails, and faxes to their offices. Make calls. Visit their offices and participate in their events at home.

Think about all of the various interests your lawmakers represent in their districts or in their states, and how many different issues they hear about. There is a lot of competition for their time and attention, and you want to be instantly recognizable—preferably by name—when you reach out to lawmakers and their staffs.

Every year, the association holds a congressional briefing in Washington, where members fly in and meet with their representatives to discuss our issues. This event is a major opportunity for you to build relationships, complement what you do back home, and to put a face on the long term care community. In the past, we have had up to 300 members in town for this event. When you consider that

there are 435 United States representatives and 100 United States senators, 300 briefing attendees do not make too impressive an impact.

That's why I have set as a goal for our 2006 congressional briefing attendance topping 1,000 AHCA and NCAL members. That's the only way we will maximize the usefulness of the briefing. And this is just a start. Ultimately, I hope that there are 50 members from every state for these Hill visits. That's volume. That kind of presence is hard to forget.

If we stick to this plan, then the media will catch on sooner or later. Let's be honest: we will continue to be the target of salacious and misleading news stories that fail to make the connection between the care we provide and the resources made available to us to offer those services. But the harder we work to build a well-rounded identity that showcases our hearts, our actions, and our voices, the more likely we are to change the public perception of the profession.

We must tell everyone about our pride in our profession. We must tell them that we are proud members of the American Health Care Association and we are proud members of the National Center for Assisted Living.

One mission, one voice.

Our tasks are many—to strengthen each state affiliate, to improve and deliver valuable member services, to help lead the quality revolution, and to effectuate sound public policy for our nation's long term care that never loses sight of the patient-centered needs of our customers—the elderly, frail, and mentally and physically challenged and their families.

We are all lead by a great group of officers. We have our excellent Washington office staff. Although my time on watch has been brief, I have met and observed hundreds of highly motivated men and women as I have traveled from coast to coast—devoted, dedicated, and well-trained.

By December 15 of this year, your professional Washington staff will offer, based on evaluation and broad input from the officers, executive committee, board of directors, state affiliate executive directors, and members, a set of recommendations for our strategic work plan and the new AHCA/NCAL.

Chip Roadman was a stellar leader who guided this association through some of the most turbulent years long term care providers have ever known. Thanks to his vision, his insight, and his bold ideas, we are well positioned to accomplish our goals. As I see it, Chip cleared the murky forest of all its brush and twine—the obstacles keeping us from moving forward. Essentially, he paved the way for us to storm Capitol Hill. To lead this charge is my task, and I will not take for granted the open road that now lies ahead. Our tactics must change, and our battles will become increasingly political. This is a turning point for the

Association, and I welcome your input and your ideas, your constructive criticism, too.. Please join me in the revolution.

One mission. One voice.