2015 ANNUAL REPORT
THA’s strategic planning process is based on the six pillars of the association: advocacy, education, products and services, quality and patient safety, information and technology, and serving as a neutral healthcare forum. The pillars of quality and patient safety and information and technology were added in 2015.
President's Report

2015 was another outstanding year for THA. From advocacy and patient safety to education and our growing work around information and technology, this year marked a number of new accomplishments for the Association.

Despite the failure of Insure Tennessee, THA had a very successful legislative session this year.

Medicaid expansion in Tennessee remains the Association’s top priority, and we will continue to fight to extend coverage to some 280,000 Tennesseans in 2016. The road to passage of Insure Tennessee is an uphill climb, especially in the coming election year, but we know it’s the right thing for our state’s citizens, our economy and our hospitals.

I want to thank each of you for playing a key role in keeping Medicaid expansion as part of the state’s political dialogue this year. We will need your active participation and support more than ever as we move forward in pushing for expansion.

In addition to successfully passing the hospital assessment again this year, THA delayed a committee vote on legislation that would eliminate all services from certificate of need requirements. This proposed legislation was referred to a summer study committee in the Senate and THA has been working with hospitals to gather input to ensure we are prepared when the legislation is reconsidered in 2016.

THA and a broad group of healthcare providers also successfully passed legislation that attempts to create a strong telehealth environment in Tennessee, which will be very beneficial to rural hospitals in providing greater access to care.

THA also successfully opposed legislation that would have prevented the state from implementing a state-run insurance exchange without authorization from the General Assembly.

I want to personally recognize Keith Goodwin, THA’s chair-elect, for his leadership and commitment as chair of Friends of THA this year. He reached the $125,000 fundraising goal, and the money is being put to good use.

At the federal level, the 10-year, $80 million Medicaid DSH payment finally was approved for Tennessee hospitals. We also are continuing the area wage index fight through work with a 15-state coalition, and we are hopeful this issue will be resolved in the near future.

Patient safety continues to be a high priority of the association. Sixty-one hospitals were recognized for their participation in THA’s hospital engagement network, and working toward the Centers for Medicare and Medicaid Services’ (CMS) Partnership for Patients goals of a 40 percent reduction in hospital-acquired conditions and 20 percent reduction in readmissions. As part of the ongoing Partnership for Patients work of THA’s Tennessee Center for Patient Safety (TCPs), the Association was awarded another CMS contract to lead improvement efforts in Tennessee. TCPs also served as the state lead for the national initiative, On the Cusp: Stop CAUTI in ICUs.

This year, THA hosted a summit focused on redefining rural healthcare, with more than 20 state hospital associations participating. New healthcare delivery models were discussed in an effort to maintain a medical presence in rural communities.

The Tennessee Rural Partnership (TRP) celebrated its 100th placement this year. It now has placed a total of 109 clinicians in rural and underserved areas of the state. TRP also introduced a new incentive program for nurse practitioners and physician assistants, which would require a rotation in a rural area to qualify for an award.

THA’s information technology department coordinated an effort among hospitals, other organizations and state government to revise the Joint Annual Report of Hospitals. The updated form is expected to be implemented in an electronic online format in 2016.

In preparation for the implementation of ICD-10, THA worked with the Tennessee Department of Health to eliminate the dual-coding requirement on outpatient claims.

THA also received a $500,000 grant from the State of Tennessee to develop a web-based reporting tool to assist hospitals in working with physician quarterbacks to help them understand what drives variability in hospital costs on episodes of care.

Last but not least, I would like to thank Mark Medley for serving as THA chairman this year. His commitment and leadership were greatly appreciated. I also would like to thank all of you for your support and active participation in the Association this year.

CRAIG A. BECKER
President & Chief Executive Officer
Tennessee Hospital Association
Chairman's Report

Last year, I told you THA would work with the governor, the Centers for Medicare & Medicaid Services (CMS) and Bureau of TennCare to obtain approval of a specialized plan for Tennessee to provide healthcare coverage for the state's working uninsured. We made a valiant effort during the Governor Bill Haslam's special session on Insure Tennessee, but the plan ultimately was defeated as a result of outside influence from conservative advocacy groups that spread misinformation to legislators and unease among members of the General Assembly.

It was extremely disappointing that the governor's proposed plan was voted down so early in the special session. Some legislators attempted to revive the plan later in the session and were successful in passing it out of the Senate Health and Welfare Committee. However, the proposal was not approved by the next committee, Senate Commerce and Insurance.

Many of you were there at Legislative Plaza during the special session and throughout the regular legislative session, working with THA to get the plan moving through the committee process. I would like to thank you for your support of Insure Tennessee and know that THA will continue fighting for legislative approval of the plan. It is vital for hospitals and individuals who do not have access to healthcare insurance to be covered.

In addition, the association also placed language in the hospital assessment bill requiring full implementation of the TennCare rate variation plan and successfully extending the hospital assessment for another year. This assessment is very important to hospitals because it helps prevent payment reductions for many TennCare services and programs. Equally important is to ensure fairness in payments to all hospitals and health systems.

Another priority was working with the Tennessee congressional delegation to extend Tennessee's Medicaid disproportionate share hospital (DSH) payment. This DSH payment is critically important to the financial viability of many hospitals.

I am happy to report that the Medicaid DSH payment was approved through 2025 for Tennessee hospitals after 10 years of short-term, piece-meal fixes. This 10-year, $80 million annual payment is long overdue for Tennessee hospitals.

Other important matters in this legislation that help Tennessee hospitals were an extension of the low-volume hospital adjustment and Medicare dependent hospital program until October 2017 and funding for the Children's Health Insurance Program and Community Health Center Program for two years.

THA also continued to focus on issues such as fixing the area wage index inequities, readmission penalties, observation stays, recovery audit contractors, the two midnight rule, funding for small, rural hospitals and other concerns. THA has made significant progress in advancing reforms to the area wage index and will continue these efforts.

The Tennessee Center for Patient Safety continued its efforts to improve quality and patient safety in hospitals across the state. The center helps hospitals address preventable readmissions, adverse drug events (ADE), catheter-associated urinary tract infections (CAUTI), central line-associated bloodstream infections (CLABSI) and other avoidable adverse incidents.

Over the past year, the patient safety center has worked with more than 120 safety partner hospitals to eliminate harm by reducing hospital-acquired conditions and readmissions. Comparing 2014 to 2012, hospitals have made significant improvements, with 1,078 fewer adverse events and 1,555 fewer readmissions. Hospitals also decreased catheter-associated urinary tract infections, early elective deliveries and patient falls with injuries, to name just a few of the improvements that have been made.

These are some of the priorities and accomplishments of the association this past year.

Thank you for your support. It has truly been an honor and privilege to serve as your chairman.

MARK MEDLEY
Executive Vice President
President of Hospital Operations
Capella Healthcare
Franklin, TN
ADVOCACY

STATE

Insure Tennessee

- In late 2014, Governor Bill Haslam announced his plans for an alternative approach to Medicaid expansion known as Insure Tennessee. This unique program received preliminary approval from the U.S. Department of Health and Human Services (HHS) and was presented to the General Assembly in a special session of the legislature in February 2015.

- Haslam's proposal failed in the Senate Health and Welfare Committee during the special session despite the hundreds of THA members and partners from the Coalition for a Healthy Tennessee who converged on Legislative Plaza on the second day of the session.

- An attempt to revive the resolution in the regular session also failed, although the regular Senate Health and Welfare Committee did approve the measure. The second rejection of Insure Tennessee came from the Senate Commerce and Insurance Committee.

- While not the outcome THA wanted, the Association has worked hard since 2013 to make coverage available to hundreds of thousands of hardworking Tennesseans through Medicaid expansion. This remains a top legislative priority and THA will continue to fight for passage of Insure Tennessee.

Hospital Assessment

- THA supported the hospital assessment again this year, maintaining the current rate of 4.52 percent of each covered hospital's 2008 net patient review. The assessment is used to fund numerous TennCare budget reductions proposed by the governor since 2010 as part of across-the-board cuts to the state's budget.

Certificate of Need

- THA prevented passage of proposed legislation that would have eliminated all services from the requirements of the certificate of need (CON) law.

- Pushed by legislators upset by THA's involvement with Insure Tennessee advocacy, the bill was referred to a subcommittee to study the issue during the summer. THA convened a work group to review the current law to determine appropriate next steps.

- CON is a central focus of the Association's legislative agenda and THA will continue to advocate for maintaining the current CON law.

Telehealth

THA, other healthcare providers and payers worked together to successfully pass legislation that attempts to create a strong telehealth program in Tennessee. It creates a consistent definition of telehealth and telemedicine for all healthcare practitioners and provides reimbursement equivalent to that in a traditional healthcare office visit.

Provider Stability Act

THA, along with the Tennessee Medical Association (TMA), worked to pass the Provider Stability Act, which would have brought greater transparency and fairness to provider contracts with insurance payers. While the outlook initially appeared positive for the legislation, a fiscal note placed on the bill by the Haslam administration resulted in the bill's failure. Despite opposition from payers and the administration, it was moving through the committee process until the fiscal note became an issue. The bill remains in both the House and Senate Finance Committees.

Access to All-Payer Claims Database

THA supported legislation that would require policies to be developed to make data from the all-payer claims database available as a resource to THA, researchers and other groups. It was not worked this year due to concerns from the Bureau of TennCare, but the Association will continue to support passage of this bill in 2016.

THA District Grassroots Meetings

THA held its annual grassroots meetings across the state in August and September. These district level meetings help THA staff build the coming year's legislative agenda based on member needs and perspectives. These meetings provided much-needed input from members on THA's 2016 legislative agenda.
THA was successful in amending federal law to include a partial Medicaid disproportionate share hospital (DSH) payment through 2025 for Tennessee hospitals. After a decade of short-term fixes on the Tennessee DSH payment, this 10-year, $80 million annual payment is long overdue. U.S. Reps. Diane Black (R-TN), Marsha Blackburn (R-TN) and Steve Cohen (R-TN) all played key roles to ensure passage of this legislation.

The Tennessee DSH provision was included in legislation to repeal and replace the Medicare physician sustainable growth rate (SGR) payment formula – another issue that had seemed elusive for more than 10 years. The bill, called the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), also included an extension of the low-volume hospital adjustment and Medicare dependent hospital program until October 2017, as well as funding for the Children’s Health Insurance Program (CHIP) and Community Health Center Program for two years.

THA strongly advocated for improved payment equity among rural and post-acute hospitals, adequate graduate medical education (GME) funding, and reform of the Medicare area wage index system (AWI). In 2015, THA made significant progress in advancing reforms to the Medicare hospital area wage index. This progress includes securing members of Congress who sit on key committees as champions for AWI reform, developing a legislative proposal and leading the efforts of a growing coalition of state hospital associations advocating for AWI reform.

Other THA federal priority issues have included improvements for observation status and the two-midnight rule, as well as recovery audit contractor (RAC) reform.

THA provides a forum for competitors to come together and create solutions to problems that impact all Tennessee hospitals. This year, there was one major issue that required Tennessee hospitals to come together to implement a solution that was not always best for the individual member, but provided the best overall solution for hospitals across the state.

After almost four years of work, the TennCare rate variation project was fully implemented in 2015. This project resulted in narrowing the gap among Medicaid payments to Tennessee hospitals for the same or similar services. To secure support from the TennCare bureau on the project, it was required to be budget neutral to the state and, consequently, some members had rate decreases that were used to fund increases for other hospitals.

While this clearly had a negative impact on some hospitals, it was essential to fully implement the variation reduction project in order to preserve the hospital assessment that funds a large portion of the TennCare budget and benefits all hospitals.
In the past year, the Tennessee Center for Patient Safety (TCPS) has worked with more than 120 safety partner hospitals to eliminate harm by reducing hospital-acquired conditions and readmissions. Comparing 2014 to 2012, hospitals significantly have changed practices, resulting in estimated annual improvements of:

- **Infections and complications reductions**
  - 1,078 fewer adverse events
  - $2,087,614 estimated cost savings

- **Readmissions reduction**
  - 1,555 fewer readmissions
  - $14,928,000 estimated cost savings

Sixty-one hospitals were recognized for their participation in THA’s hospital engagement network (HEN) working toward the Partnership for Patients’ goals of a 40 percent reduction in hospital-acquired conditions (HACs) and a 20 percent reduction in readmissions.

THA was selected by the Centers for Medicare & Medicaid Services (CMS) in September as one of 17 national, regional or state hospital associations and health system organizations to continue efforts in reducing preventable HACs and readmissions. Through the Partnership for Patients initiative—a nationwide public-private collaboration that began in 2011 to reduce preventable HACs and 30-day readmissions--THA will participate in a second round of HEN contract work to continue improving patient care in the hospital setting.

TCPS served as the state lead for the national initiative, *On the CUSP: Stop CAUTI in ICUs.*

TCPS funded a pilot project between two hospitals and two schools of nursing to develop and implement an education module on CAUTI using simulation techniques to assess staff knowledge and competency. This successful pilot will be spread to other hospitals and universities later this year.

TCPS partnered with and received funding from the Tennessee Department of Health (TDH) to promote a statewide breastfeeding campaign, focusing on the long-term health benefits to mothers and their babies.

TCPS supported the activities of THA’s Tennessee Pharmacist Coalition as statewide leaders in medication safety and reducing adverse drug events. TCPS, the Pharmacists Coalition and the THA CMO Society are working on a medication safety strategic plan for Tennessee and also have partnered to address antibiotic stewardship.

High-performing hospitals across the state have been identified and utilized as mentor facilities for improving patient safety. Several hospitals have hosted workshops for peer organizations concentrating on CAUTI, readmissions and sepsis reduction, all with THA’s support. Hospitals also presented best practices and shared strategies to accelerate improvement at the semi-annual TCPS regional networking meetings.

The Patient Safety Organization (PSO) of TCPS provided supportive services, both locally and through the ECRI Institute, to 58 member organizations.

The Tennessee Surgical Quality Collaborative (TSQC) is a unique partnership model among the Tennessee Chapter of the American College of Surgeons, THA and the BlueCross BlueShield of Tennessee Health Foundation that uses the ACS National Surgical Quality Improvement Program (NSQIP) to improve surgical outcomes. The program began with 10 hospitals in 2008 and now includes 21 hospitals. These hospitals perform more than half of the general and vascular surgeries in the state.

In 2015, the TSQC published “How Slow is Too Slow?” in the Journal of the American College of Surgeons, which describes the role of operative time/procedure duration in the development of postoperative occurrences.

TCPS is supported through funding from the BlueCross BlueShield of Tennessee Health Foundation.
INFORMATION & TECHNOLOGY

• The THA information technology (IT) department completed revisions to the Joint Annual Report of Hospitals (JARH). The updated form likely will be launched online in 2016.

• In preparation for the implementation of ICD-10, THA worked with the Tennessee Department of Health (TDH) to eliminate the dual-coding requirement on outpatient claims.

• Effective Oct. 1, 2015, hospitals will not be required to provide ICD-10-CM procedure codes on outpatient claims. This requirement was a tremendous burden on hospitals. THA staff worked with the Tennessee Health Information Management Association (THIMA), Tennessee Department of Health and hospital representatives to develop and test a process to systematically identify the primary procedure based on healthcare common procedure coding system (HCPCS)/current procedural terminology (CPT) codes on outpatient claims.

• THA worked closely with the Tennessee Center for Patient Safety (TCPS) to support collecting data on additional quality and patient safety measures.

• The data collection forms for TCPS were combined with the THA report distributor tool, which simplifies the data submission process for hospitals.

• THA secured a $500,000 grant from the Tennessee Department of Finance and Administration’s Bureau of TennCare to develop a web-based reporting tool to assist hospitals in working with physician quarterbacks to help them understand what drives variability in hospitals’ costs on episodes of care.
  • Development of this tool is well under way and THA anticipates launching a beta version by the end of 2015 in order to collect feedback from hospitals.

• The THA information technology department worked with THA Solutions Group to collect the underlying data for the launch of MV Managed Care, which is designed to provide hospitals with data to benchmark reimbursement for major payers.

PROGRAMS & SERVICES

SMALL, RURAL HOSPITAL SERVICES

• THA hosted the “Redefining Rural Healthcare Summit,” which included more than 20 state hospital associations, to discuss the future of rural health. The intent was to share concerns and ideas among states and discuss new healthcare delivery models so communities in Tennessee and across the country can maintain a medical presence.

• THA worked with the Upper Middle Tennessee Rural Health Network (UMTRHN) on a proposal for an initiative designed to address the significant challenges facing rural healthcare providers implementing new care delivery models. This includes realignment of payment or reimbursement associated with an outcomes-based model. The proposed initiative would focus on coordinating chronic care utilizing a patient-centered medical home model guided by defined standards of care. Goals of the project include enhanced medication adherence, increased self-management and reduced emergency department visits, as well as decreased hospital readmissions and preventable hospital admissions.

• THA hosted the 13th Annual Mid-South Critical Access Hospital Conference in August. The conference included hospitals and associations from Tennessee, Alabama, Arkansas, Kentucky, Louisiana and Mississippi.

TENNESSEE RURAL PARTNERSHIP (TRP)

• The Tennessee Rural Partnership (TRP) celebrated its 100th placement this year and now has placed a total of 109 clinicians in rural and underserved communities throughout Tennessee.

• To make connections that will increase the primary care workforce in rural Tennessee, TRP participated in more than 100 recruitment events, including academic presentations, conferences, exhibits and community visits.

• TRP introduced a new incentive program aimed at nurse practitioners and physician assistants. The program requires a rotation in a rural area of the state as the first step to qualify for a financial award available for one to two years of rural practice. In addition, a new committee was formed to look at possible incentives for communities to use in recruiting additional primary care providers.

• As a result of TRP’s membership in the National Cooperative of Health Networks, 18 THA hospitals participated in the HCAHPS BreakthroughTM Webinar Series by Custom Learning Systems. TRP will continue to provide this series to Tennessee’s small and rural hospitals.
WORKFORCE

- THA partnered with nursing school deans and directors from across Tennessee to host the first Deans, Directors and Chief Nursing Officers Annual Conference in May. The meeting was designed to discuss nursing workforce and academic issues that affect all hospitals in planning and preparing for future workforce needs, as well as desired professional competencies needed to thrive in a reformed healthcare system.

- THA worked with the Tennessee Board of Regents (TBR) and other stakeholders – non-TBR educational systems, advocacy groups and employers – to analyze healthcare changes affecting nursing workforce needs in the state. The first step in this process was a meeting that launched a systematic evaluation of the current educational process for nurses in Tennessee. The goals of this evaluation included identifying potential changes required to fit the changing healthcare environment and defining a cooperative and efficient plan for future initiatives.

- THA, in partnership with Johnson & Johnson’s Campaign for Nursing’s Future, hosted the 2015 Promise of Nursing for Tennessee Gala, which was held in August. Since the inception of the campaign in Tennessee, multiple industries, hospitals and health systems across the state have raised more than $1.4 million, including approximately $300,000 during 2015, for nursing scholarships, nurse educator fellowships and nursing school grants. Funding will allow the state to continue training and retaining nurses, nursing educators and nursing schools.

EDUCATION

- The 2015 THA Annual Meeting featured Robyn Benincasa, a world champion adventure racer and San Diego city firefighter, as the keynote speaker. Other speakers and presentations included:
  
  - Robert Wachter, M.D., The Quality, Safety and Value Movements: Why Transforming the Delivery of Health Care No Longer is Elective
  - Kimberly McNally, Strategies to Engage Boards as Quality Champions
  - Bryan Sexton, Ph.D., Thriving vs. Surviving During Times of Change: The Science of Enhancing Caregiver Resilience
  - Brian Haile, The Affordable Care Act, Hospitals, Taxes and the Happy Hour of Open Enrollment
  - Ryan Donahue, Considering the Consumer: Building Value with Healthcare’s Newest Change Agent.

- The THA Summer Conference in Sandestin, Fla., brought together THA members and families for three days of learning and fellowship. The conference featured several speakers and presentations, including:

  - Nathan Kaufman, The Future is Already Here: Will you Jump or Get Pushed?
  - Brian Silverstein, M.D., Authentic Population Health—Local Markets Still Rule the Day
  - Jay Kaplan, M.D., Engaging Physicians in Service and Operational Excellence
  - Tejal Gandhi, M.D., The Changing Landscape of Patient Safety
  - Sean Morrison, M.D., Integrating Palliative Care to Drive Healthcare Value

- Numerous education programs and webinars also were conducted throughout the year for THA members, including Incident to Compliance: Clearing the Confusion, CMS Final Quality Assurance and Performance Improvement (QAPI) Worksheet and Revised QAPI, Hospital Conditions of Participation (CoP) Standards, Leading the Change Process: Engendering Support for a New Future, and CMS Interpretive Guidelines on Infection Control and Revised Worksheet.
THA SOLUTIONS GROUP

• THA Solutions Group’s MV Managed Care program, designed to provide hospitals with data regarding payer reimbursement practices, was launched in early 2015. More than 28 Tennessee hospitals are participating in the program.

• Two new companies were added to THA Solutions Group’s portfolio in 2015. ARxChange, an analytics-based accounts receivable management company, was added as a strategic partner and TriMedx, offering biomedical management services, is a new recommended solution.

• THA Solutions Group supported the Friends of THA political action committee (PAC) with a $20,000 contribution. It also contributed $100,000 during 2015 to offset a portion of member dues of hospitals that utilize Solutions Group vendors. The funding is allocated based on each facility’s level of participation.

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An education session led by Shannon Anthony, infection control nurse, Sweetwater Hospital Association, Sweetwater

Tommy Stokes, Maury Regional Medical Center, Columbia comforts a palliative care patient
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