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# ANNUAL REPORT

2017



TENNESSEE HOSPITAL ASSOCIATION

## CHAIRMAN'S REPORT



**Alan Watson**  
Chief Executive Officer  
Maury Regional  
Healthcare System  
Columbia, TN

I have been honored to serve as your chairman this year. I must say, it has been a very busy year in healthcare. The past 12 months have been eventful for hospitals in the public policy arena. THA's continued work with the General Assembly to ensure success for hospitals remained a central focus, alongside a flurry of activity at the federal level.

Congress has placed much attention on the repeal and replacement of the Affordable Care Act. While both the House and Senate introduced their own legislation, an agreement has yet to be reached. It appears this fight will continue and THA will continue to work with the congressional delegation on this important issue.

THA also sought a solution to the area wage index inequity through the reintroduction of the Fair Medicare Hospital Payments Act of 2017 by U.S. Rep. Diane Black. We are continuing the area wage index fight and are hopeful this issue will be resolved in the coming year. In addition, THA worked to educate the Tennessee congressional delegation on the status of the Medicaid disproportionate share hospital (DSH) audit and TennCare hospital supplemental pools. THA filed a lawsuit in 2016 against

the Centers for Medicare & Medicaid Services (CMS), challenging its attempt to include commercial and Medicare payments made for services provided to patients enrolled in TennCare in DSH audit Medicaid payments.

In June, a U.S. District Court judge issued an order finding CMS violated the Administrative Procedures Act and ruling in favor of THA. CMS has appealed the judge's ruling, but we are hopeful the Court of Appeals will support the District Court ruling. In addition, Congress is considering action on readmission penalties, observation stays, the 340B program, Medicaid waiver supplemental pools, and funding for small and rural hospitals. THA will be working closely with the delegation as these issues move forward through the legislative process.

I would like to thank all of you who have made calls to delegation members and participated in the Washington fly-ins this year. They were so important and have played a critical role in ensuring hospital priorities were front and center for the delegation.

In the area of small and rural services, the Tennessee Rural Partnership placed nine primary care practitioners in rural areas this year. TRP also received approval from the Bureau of TennCare to expand its primary care recruitment efforts to include psychiatric providers and dentistry. In addition, the Rural Practice Incentive has gained visibility this year and has started to make a difference in some communities. The incentive is designed to assist rural practice sites with recruiting and retaining primary care providers, and has assisted 16 sites since its inception last year.

This year, we worked together toward goals that benefited all hospitals. Your strong support was greatly appreciated, especially in advocacy. Thank you again for the opportunity to serve as your chairman this year. It was a great honor.

## PRESIDENT'S REPORT



**Craig Becker**  
President/CEO  
Tennessee Hospital  
Association  
Brentwood, TN

I am pleased to report that THA had another successful legislative session this year.

While certificate of need and the Health Services and Development Agency continues to be a hot topic in the legislature, the agency did receive a one-year extension during this year's legislative session. In the fall, a joint legislative committee recommended a three-year extension for the agency, which will move through the legislative process in 2018. While the recommendation is a major step forward, THA will make ensuring passage of the extension a top priority in the coming session.

We also were successful in passing the hospital assessment again this year to provide more than \$450 million in state funds to support the TennCare budget and draw down matching federal dollars for a total of more than \$1.3 billion for the program.

Maintenance of certification (MOC) continues to be an issue between hospitals and physicians. The Tennessee Medical Association brought legislation to prevent hospitals from requiring MOC as a condition of physician privileges, which THA strongly opposes. While there are many issues and valid concerns with the MOC process,

removing a hospital's ability to determine the manner in which physicians are approved and credentialed is not a solution. THA's position continues to be that MOC challenges should be addressed within the physician community and not in the legislature.

A legislative task force also was established to explore physician, hospital and insurer concerns to determine if further legislative action is needed. In addition, the association successfully supported legislation to limit the public release of police body camera recordings from inside hospitals and healthcare facilities, as well as the passage of the Interstate Medical Licensure Compact in Tennessee, which helps increase access to care for patients across the state. THA also created a task force on the future of Medicaid for hospitals to develop a plan for participating in meaningful health reform that will lower cost and improve services for the Medicaid population.

I want to personally recognize Marvin Eichorn, THA's chair-elect, for his leadership and commitment as chair of *Friends of THA* this year. He led a fundraising effort of more than \$143,000, which exceeded the \$125,000 campaign goal. This money is being put to great use in support of legislators this year.

One new service THA launched this year is ConnectTN, which allows hospitals to share real-time data with TennCare to support statewide care coordination and quality improvement programs for TennCare enrollees. With this information, primary care physicians immediately can connect with patients who visited a hospital emergency department to address the acute health issues that resulted in the visits.

Currently, 83 hospitals are sending more than 450,000 ADT messages each month and another 19 hospitals have signed agreements to participate. I encourage you to sign up and participate in this program if you have not already done so. THA also will be returning real time readmissions data to hospitals so they will know if one of their patients was readmitted to another facility. We expect to identify many more uses of the real-time ConnectTN data in the future, such as support for opioid reporting.

I would like to thank Alan Watson for serving as THA chairman this year. His commitment and leadership were greatly appreciated. I also would like to thank the rest of the THA board and the entire membership for their support and dedication to quality healthcare in Tennessee.

**The Tennessee Hospital Association's (THA) strategic planning process is based on the six pillars of the Association:** advocacy, serving as a neutral forum, quality and patient safety, education, products and services, and information and technology. Each year, THA provides support and service to its members in each of these areas, based on annual goals and priorities established by the Board of Directors.

**This report serves as a summary of the Association's work in 2017.**

## STATE ADVOCACY

The first session of the 110th General Assembly adjourned in May after grueling debates over an increase in the state's gas tax and the state budget, as well as action on a number of issues important to hospitals. Overall, THA saw positive outcomes for nearly 100 percent of the association's legislative priorities.

### Health Services and Development Agency

The Health Services and Development Agency (HSDA) received a one-year extension during the 2017 legislative session. However, a joint legislative committee recommended a three-year extension for the agency this fall, which will move through the legislative process in 2018. Passage of this extension will be a top priority for THA.

### Hospital Assessment

THA once again successfully passed the hospital assessment this year. The assessment provides \$450 million in state funds to support the TennCare program and draws down matching federal dollars for a total of more than \$1.3 billion for the program.

### Maintenance of Certification

Maintenance of certification (MOC) continued to be an issue between hospitals and physicians. THA strongly opposed legislation proposed by the Tennessee Medical Association to prevent hospitals from requiring MOC as a condition of physician privileges. Removing a hospital's ability to determine the manner in which its physicians are approved and credentialed is not a solution for the cumbersome board certification process. THA continues to support addressing this issue within the physician community and not in the legislature.

### Body-Worn Cameras in Healthcare Facilities

THA successfully supported legislation to limit the public release of police body camera recordings from inside hospitals and healthcare facilities, which otherwise could result in a HIPAA violation.

### Interstate Medical Licensure Compact

THA successfully supported passage of the Interstate Medical Licensure Compact in Tennessee, which helps increase access to care for patients across the state.

### Advocacy and Policy Forums

THA held three regional Advocacy and Policy Forums across the state this year to obtain member input on legislative priorities for the 2018 session of the Tennessee General Assembly. Meetings were held in Knoxville, Memphis and Nashville.

### Future of Medicaid Task Force

THA created the Future of Medicaid Task Force to develop a plan for meaningful health reform that would improve services for the Medicaid population and reimbursement for providers. The task force continues to meet to develop recommendations for reform. These recommendations will include pilot projects to explore alternative payment approaches that incentivize quality outcomes and efficiency. The work of the task force will serve as a guide for conversations with state and federal lawmakers, as well as candidates for governor.

### Supplemental Pools

The Association worked with the Bureau of TennCare to avoid significant reductions in supplemental pool programs required by the Centers for Medicare & Medicaid Services (CMS) in the 2017 waiver renewal process. A new directed payment will replace a portion of the hospital funding that was provided through a pool in the prior waiver. THA is working closely with the TennCare Bureau to develop a methodology for distributing the two new supplemental pools: a virtual disproportionate share hospital (DSH) and uncompensated cost of charity care pool, which could replace all of the current pools as early as July 1, 2018.

### 2017 Friends of THA Fundraising Campaign Meets Goal

THA's 2017 Friends of THA fundraising campaign met its goal of \$125,000 this year. It was chaired by Marvin Eichorn, executive vice president and chief operating officer, Mountain States Health Alliance, Johnson City, who also is THA chairman-elect. An initial \$10,000 contribution from THA Solutions Group kicked off the campaign.

### Medicare Hospital Area Wage Index Reform

THA successfully worked to develop and secure introduction of “The Fair Medicare Hospital Payments Act of 2017” (S. 397/ H.R. 1130). U.S. Rep. Diane Black (R-TN) is the lead Republican House sponsor of the legislation and all members of the Tennessee congressional delegation are original cosponsors. Black laid the groundwork for a House Ways and Means Committee hearing on Medicare area wage index reform to be scheduled this winter.

### Navigating ACA Repeal and Replace

THA provided time-sensitive analysis and commentary this year related to numerous House and Senate proposals to repeal and replace the Affordable Care Act (ACA). This analysis included historical perspective on previous Tennessee risk pools and the possible implications of moving from traditional Medicaid federal funding to a state block grant.

While the Tennessee delegation often took differing positions on the ACA proposals, THA sought to be consistent and thoughtful in its materials and guidance. Most recently, THA voiced support to U.S. Sen Lamar Alexander (R-TN) for his leadership in drafting a bipartisan proposal to extend the cost-sharing reduction payments for the individual insurance market, which despite numerous political challenges, remains one of the key healthcare issues for action this year.

### Extending Funding for CHIP and Rural Hospitals

The Children’s Health Insurance Program (CHIP), with funding set to expire this fall, is second only to Medicaid in its importance to children’s healthcare in Tennessee. THA expressed its strong support for a multi-year reauthorization and was encouraged by the recent passage of a five-year bill in both the House and Senate health committees. More recently, the bill was passed in the full House.

Several Medicare programs for small and rural hospitals also are expiring, including the Medicare dependent hospital and low-volume adjustment programs. While seeking a permanent extension of these Medicare programs has been a THA priority, strong attention was given to the importance of these programs during the July rural hospital advocacy day in Washington.

### 340B Drug Pricing Program

With 43 participating 340B drug discount hospitals in Tennessee, THA has educated the Tennessee congressional delegation on the importance of the program. The association also worked with Rep. David Kustoff (R-TN) in drafting a congressional letter to the Administration expressing concerns about a hospital outpatient prospective payment system (OPPS) Medicare proposed payment reduction for 340B drugs.



## QUALITY AND PATIENT SAFETY

### CMS Partnership for Patients Hospital Improvement Innovation Network

- THA was selected as one of the state hospital associations to work under the Health Research and Education Trust (HRET) of the American Hospital Association (AHA) to continue hospital efforts to reduce hospital-acquired conditions and readmissions.
- This third round of funding through 2019 builds on previous success in Tennessee and across the nation to improve quality through hospital collaboration and sharing led by state associations. The funding of \$4.42 million supports THA's Tennessee Center for Patient Safety (TCPS) in providing education and direct services to participating hospitals.
- THA has 77 hospitals in the THA Health Improvement Innovation Network (HIIN) program that share data and participate in education offerings to reduce infections, surgical complications, falls, pressure ulcers, sepsis, adverse drug events and prevent readmissions.
- Workplace safety is a new area of focus for the program. THA completed CEO surveys to identify key concerns and share strategies among leaders to address workplace safety.
- The THA Sepsis Collaborative was formed in April 2017 by TCPS to provide a formal platform for sepsis professionals to network, engage in shared learning and work together to reduce sepsis mortality. Five Tennessee hospitals were selected to participate in a national sepsis innovation project focused on improving care for transferred sepsis patients.
- The Care Transitions Coordinator Coalition works to identify and spread best practices related to transition challenges. In 2017, the coalition met with state representatives to address improving preadmission screening and resident review (PASRR) assessment processes and develop recommendations to improve care transitions for patients with end-stage renal disease.
- TCPS produced success stories profiling and highlighting hospitals quality improvement projects.
- The THA Tennessee Pharmacist Coalition includes pharmacists from across Tennessee who voluntarily work together to improve patient safety and reduce adverse drug events. Areas of focus include opioids, anticoagulants and hypoglycemic agents in addition to antibiotic stewardship. THA and the Pharmacist Coalition hosted a medication safety summit focused on implementing effective antibiotic stewardship programs in hospitals.
- Tennessee participated in Cohort 1 of STRIVE (States Targeting Reduction in Infections via Engagement), a joint project between AHA's HRET and the Centers for Disease Control and Prevention (CDC) to improve the implementation of infection prevention strategies to achieve reductions in hospital-acquired infections (HAIs). It specifically targets Clostridium Dificile infections (CDI). The project showcased TCPS' history of working collaboratively with both the Tennessee Department of Health and the state's quality improvement organization (QIO).

## QUALITY AND PATIENT SAFETY

### Tennessee Surgical Quality Collaborative

- The Tennessee Surgical Quality Collaborative (TSQC) is a statewide collaborative among surgeons and hospitals to measure and improve surgical care using the American College of Surgeons' National Surgical Quality Improvement Program (NSQIP). The collaborative is a partnership with the Tennessee Chapter of the American College of Surgeons and has 23 hospitals participating in 2017. This year, the collaborative has focused on implementing ICOUGH protocols to prevent respiratory complications and pneumonia.
- THA released a new video that focuses on the TSQC and its success. In the video, four members explain the history and background of the collaborative and how they work together to improve patient outcomes.
- The TSQC launched a project this fall with Johns Hopkins Hospital and the American College of Surgeons to support hospitals in implementing enhanced recovery after surgery (ERAS) protocols.

### Patient Safety Organization

In 2017, the Tennessee Center for Patient Safety's (TCPS) Patient Safety Organization (PSO) provided federally-protected patient safety event analysis and safety improvement services to 61 member organizations. The PSO was selected to present at the Agency for Healthcare Research and Quality's annual meeting on the development and role of the TCPS PSO Advisory Council, a model that has since been instituted in other PSOs.

## INFORMATION AND TECHNOLOGY

- THA partnered with Audacious Inquiry (Ai) this year to create ConnectTN to share real-time hospital Admission, Discharge and Transfer (ADT) data with TennCare to enhance the management of care provided to their enrollees. Hospitals also will receive new data from THA to address readmissions and better coordinate care of their patients. ConnectTN enhances the ability of THA and its members to support statewide care coordination and quality improvement programs.

This year, information about emergency room and hospital admissions for their patients was shared with primary care and mental health providers. With this information, the primary care physician or mental health provider immediately can connect with the patient to address the acute health issue that resulted in the emergency department (ED) visit. The provider and patient then can work together to establish a plan for better managing the health of the patient to not only improve overall health, but avoid future unnecessary ED visits.

At the end of 2017, there were 83 hospitals participating in the program, seven were in the testing phase, 19 additional hospitals had signed agreements to participate and another 14 institutions were reviewing the program.

- THA provided hospitals with impact analysis for the changes included in the Medicare inpatient and outpatient proposed rules and for performance on Medicare's value-based purchasing models.



Thanks to the THA members who participated in the Washington rural advocacy meeting this year.

*Left to right are: Nicholas Lewis, Hardin Medical Center; Nathalie Preptit, THA's Tennessee Rural Partnership; Lauren Citrin, legislative correspondent, office of U.S. Rep. Steve Cohen (D-TN); Ruby Mai Kirby, Bolivar General Hospital; and Scott Barber, Camden General Hospital.*

### Small and Rural Hospital Services

- THA issued its 2017 Rural Impact Report. According to the report, the state's 61 rural hospitals provided 15,654 jobs with a total annual payroll of more than \$791 million. For Tennessee as a whole, the operation of rural hospitals resulted in \$994 million for the state's economy.
- Due to increasing issues in rural healthcare, THA reconvened The Future of Rural Healthcare Taskforce. The taskforce will continue to develop recommendations that could be implemented in order to best sustain and ensure access to essential healthcare services and evaluate potential sustainable payment models for rural health systems.
- THA developed a new financial and operational network for critical access hospitals to identify areas for improvement, maintain a database of rural-relevant benchmarks, implement performance improvement activities and provide educational sessions related to rural hospital trends.
- THA, with the support of the South Central Telehealth Resource Center at the University of Arkansas for Medical Sciences, is in the process of creating a new statewide telehealth networking group. This new group will focus on utilizing technology to expand workforce capacity by addressing issues related to reimbursement, legislative and policy matters, collaborative efforts, and the development of educational events.
- THA offered critical access hospitals (CAHs) an opportunity to participate in a comprehensive CAH financial and operational assessment. The assessment encompasses a set of analytics and advisory services

designed to assist hospitals in improving breakthrough financial performance.

### Workforce

- THA hosted the second annual CNO Deans and Directors' Workforce Summit in April. Focus areas identified by the attendees formed the basis for distributing approximately \$144,000 from previous Tennessee Promise of Nursing Campaigns. The projects selected focused on nursing workforce challenges, including recruitment and retention, multigenerational issues in the work environment and defining the nursing workforce of the future.
- The Tennessee Rural Partnership (TRP) received approval from the Bureau of TennCare to expand its primary care recruitment efforts to include dentistry.
- TRP expanded its partnership with Tennessee's Health Occupations Students of America (HOSA) program through educational symposiums at three of the state's five medical schools and increasing the TRP STAR scholarship program awards from \$3,500 in 2016 to \$8,000 in 2017.
- The rural practice incentive gained visibility in 2017, the second year of its existence. It is designed to assist rural practice sites by providing up to \$30,000 for the recruiting and retention of primary care practitioners. The incentive has been awarded to 16 sites since its inception in 2016.
- TRP held a career education event in August at Lincoln Memorial University-DeBusk College of Osteopathic Medicine (LMU-DCOM). The event was attended by TRP staff, four community health centers, five hospitals and over 500 LMU-DCOM medical students.

## PROGRAMS AND SERVICES

### THA Solutions Group

THA Solutions Group provided great benefits for the Association in 2017, including:

- The launch of Tennessee ChimeMaps, an innovative geo-solution that uses advanced mapping techniques to provide actionable insights based on hospital, health and population data. ChimeMaps gives hospitals the necessary information to perform:

#### Service Line Analysis

View hospital patient encounters at the street address-level, allowing for more granular maps of neighborhood-level patient utilization by service line.

#### Market Assessment

Compare hospital market shares against other hospitals and health systems, while layering the results with demographic and socioeconomic measures.

#### Community Health Needs Analysis

Conduct community health needs assessments (CHNAs) in real-time.

#### Health Intervention Planning

Target interventions to high-risk neighborhoods based on clusters of patients with specific health conditions.

- THA Solutions Group partnered with DHG Healthcare to provide bundled payment services to THA members to help navigate the new payment model landscape. DHG Healthcare can help clients with both the immediate opportunities of Bundled Payments for Care Improvement Initiative (BPCI) and Comprehensive Care for Joint Replacement (CJR), as well as other alternative episode and bundled payment models.
- In an effort to support the membership's workforce needs, THA Solutions Group, along with several other associations, affiliated with the South Carolina Hospital Association to provide Healthcare Staffing Services (HSS). HSS is a complimentary service designed to meet the temporary staffing needs of hospitals and health systems and currently serves 13 THA members across the state.



### THA Lawsuit Against CMS

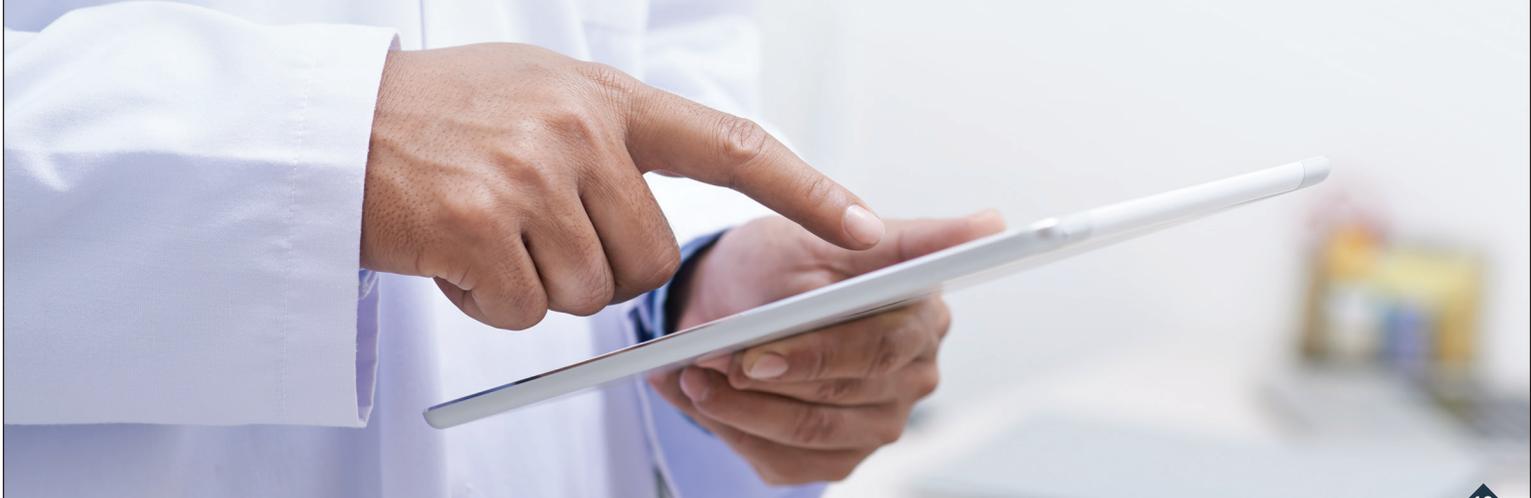
In December 2016, THA and three members filed a lawsuit in federal court in Nashville against the Centers for Medicare & Medicaid Services (CMS) challenging CMS' attempt to include commercial and Medicare payments made for services provided to patients enrolled in TennCare in disproportionate share hospital (DSH) audit Medicaid payments. CMS's requirement would reduce the amount of Medicaid unreimbursed cost for Tennessee hospitals by over \$1 billion and would result in a large number of hospitals having to pay back DSH payments to the state.

In June this year, Judge Waverly Crenshaw of the Middle District of Tennessee issued an order finding that CMS: (a) had violated the Administrative Procedures Act by not allowing notice and comment concerning CMS's actions; and (b) is in conflict with the unambiguous language in the federal Medicaid Act. In August, CMS appealed the judge's ruling just as it appealed a similar court ruling in New Hampshire. There are several such lawsuits pending in other federal courts and they are being monitored by THA.

Importantly, TennCare has verified the judge's ruling applies to all Tennessee hospitals. As a result of the Tennessee federal court's ruling, TennCare has asked Myers and Stauffer, its independent DSH auditor, to recalculate the results of the Tennessee audits for FY 2012 and FY 2013 by eliminating the Medicare and commercial payments and not including those payers in future audits.

## EDUCATION

- THA's 2017 Annual Meeting once again was held in downtown Nashville, with the Leadership Summit kicking off the conference. Topics included enhancing caregiver resilience, enhanced strategies for bundled payments, trends and what they mean for leadership and governance, leading transformation and how to transform adversity into action.
- The THA Summer Conference in Sandestin, Fla., focused on the new core competency, healthcare reform, healthcare innovation, and quality and patient safety.
- The annual THA Small and Rural Hospital Conference included presentations on the health system of the future, building the primary care workforce, data-driven leadership development and palliative care.
- Other education programs and webinars were hosted throughout the year. Topics included medical errors, workplace bullying, recruitment and retention strategies, CMS restraint and seclusion, texting and mobile devices for practitioners and patient communications, opioid harm, nursing standards and workplace violence.



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