

2018

ANNUAL REPORT



TENNESSEE HOSPITAL ASSOCIATION



CHAIRMAN'S REPORT



Marvin Eichorn
**Executive Vice
President & Chief
Operating Officer**
Ballad Health
Johnson City, TN

It was an honor to serve as your chairman this year.

THA had a busy and successful year. We continued to work with the governor, Centers for Medicare & Medicaid Services (CMS), TennCare bureau and General Assembly on the future of Medicaid in Tennessee.

The association created the Future of Medicaid Taskforce for hospitals to consider how the program could be changed to provide more efficient and effective care for this population and improve reimbursement for providers as discussions of health reform continue at the national level.

The taskforce report, which was approved by the THA Board of Directors, will guide future policy discussions and positions about the TennCare program, how it serves Tennesseans, and the role of payers, hospitals and other providers.

Everyone knows this year's elections were very important to hospitals. We elected a new governor, along with half of the state Senate and the full House of Representatives. We also have a new U.S. Senator and several new congressional members. Healthcare was a central topic in each of these races and THA sat down with candidates to discuss hospital priorities and ideas for the future. I know THA will work with the new administration and legislature on healthcare solutions that benefit all Tennesseans and help ensure future success and viability for our hospitals. During this year's legislative session, THA again passed the annual hospital coverage assessment to provide \$452 million in state funds for the TennCare program. Another important win was the passage of legislation to extend the Health Services and Development Agency (HSDA) for three years, although certificate of need (CON) remains a hotly debated issue and a top legislative priority for THA.

In addition, several bills passed to reduce the abuse of opioids, including new limitations on prescribing opioids, reporting cases of abuse and the use of electronic prescriptions for controlled substances.

At the federal level, Congress took action on several legislative initiatives that are important to hospitals, including:

- The 10-year reauthorization of the Children's Health Insurance Program (CHIP)
- \$6 billion for state and local funding to fight the opioid epidemic
- Five-year extensions for the low-volume hospital adjustment, Medicare dependent hospitals and rural ambulance add-on payments

THA strongly supported these proposals and worked closely with the Tennessee congressional delegation to build support for the final legislation. We also continued to work to gain congressional support for area wage index reform, the 340B program and rural healthcare.

Closer to home, the Tennessee Center for Patient Safety continued its efforts to improve quality and patient safety in hospitals. The center supported hospitals in implementing interventions to reduce hospital-acquired conditions, healthcare-associated infections, adverse drug events and readmissions while fostering patient and family engagement, innovative strategies and best practices.

Your strong support and participation was greatly appreciated, especially on advocacy issues. Thank you again for the opportunity to serve as your chairman this year.

PRESIDENT'S REPORT



Craig Becker
President/CEO
Tennessee Hospital
Association
Brentwood, TN

THA spent the summer working on a statewide hospital awareness campaign to bolster conversations about healthcare during the election cycle and tell the great stories of hospitals serving their communities in a variety of ways.

This campaign included the 2018 economic impact report with significant media coverage across the state, print advertising in nearly every local and community paper in Tennessee, editorial board meetings to further share the hospital story and independent political expenditures to support legislators who have been outspoken for hospitals in the General Assembly.

At the federal level, THA was successful in working with the TennCare bureau to transition the largest supplemental payment pool, called the unreimbursed hospital cost (UHC) pool, to a new funding mechanism that now is directed payments.

As a result of changes made to the UHC pool, funding in the waiver still is adequate to fund the remaining hospital pools at their full amount. THA also worked closely with the bureau to ensure the new pool structure provides payments to Tennessee hospitals in the future that will be very consistent with those payments in the past, except for the children's hospitals. THA and the bureau created additional funding in the pools for children's hospitals that better recognizes the high volume of TennCare patients these hospitals serve.

Last year, THA launched ConnecTN, which allows hospitals to share real-time admission, discharge and transfer 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.

Patient safety also continued to be a high priority of the association. Eighty-eight hospitals are participating in the THA Hospital Innovation and Improvement Program. These hospitals are participating in education offerings, reporting data on numerous metrics and implementing interventions to reduce infections, surgical complications, falls, pressure injuries, sepsis, MRSA, adverse drug events, workplace violence and readmissions.

The Tennessee Center for Patient Safety and THA also partnered with the Tennessee Department of Health and Tennessee Department of Mental Health and Substance Abuse to address the opioid epidemic in Tennessee by promoting the governor's TN Together plan.

Earlier this year, the Tennessee Rural Partnership was relaunched as the Tennessee Center for Health Workforce Development. The center had 24 physician and clinical placements this year, marking a new record for these efforts.

I would like to thank the membership for its support and commitment to THA this year.

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 2018.

Future of Medicaid Task Force

THA, in coordination with member hospitals and healthcare consultants, developed a set of guiding principles for framing discussions on the future of the Medicaid program in Tennessee. This group, known as the Future of Medicaid Taskforce, identified five focus areas for new or reformed policies for the TennCare program:

1. Improving transparency and accountability for Medicaid managed care organizations (MCOs)
2. Evaluating and adjusting payment reform strategies
3. Ensuring the long-term financial health of TennCare and Tennessee's hospitals
4. Protecting hospital access for Tennessee's rural residents
5. Supporting access to care for the uninsured

The taskforce produced a final report that was approved by the THA Board of Directors. The report will guide future policy discussions and positions about the TennCare program, how it serves Tennesseans, and the role of payers, hospitals and other providers.

THA also worked with the Bureau of TennCare to secure the return of \$90 million in hospital supplemental payment pool capacity to address the cost of uncompensated care for Tennessee's uninsured.

Further coordination with TennCare resulted in transitioning the state's largest supplemental payment pool, known as the unreimbursed hospital cost (UHC) pool, to a new funding mechanism, the TennCare directed payments program. As a result of changes made to the UHC pool, availability in the TennCare waiver is sufficient to fund the remaining hospital pools at their full amount.

THA worked with the TennCare bureau to ensure the new pool structure provides future payments to Tennessee hospitals that are consistent with past payments, with the exception of an increase in payments to children's hospitals.



THA and TennCare worked together to create additional supplemental pool funding for children's hospitals that better recognizes the high volume of TennCare patients these hospitals serve.

STATE ADVOCACY

Hospital Assessment

In the General Assembly, THA once again passed the annual hospital coverage assessment to provide \$452 million in state funds to the TennCare budget, resulting in more than \$1.3 billion in total support for the program.

Health Services and Development Agency

Legislation was passed to extend the Health Services and Development Agency (HSDA), which oversees Tennessee's certificate of need program, for three years to June 30, 2021.

Maintenance of Certification

After nearly two years of contentious back and forth on the ability of hospitals to require physicians to maintain board certification, THA and the Tennessee Medical Association (TMA) agreed to a compromise on the issue. The final agreement simply codified the existing process for requiring maintenance of certification (MOC). Under the law passed by the General Assembly, hospitals are permitted to require MOC provided the facility's medical staff has voted to recommend such a requirement and the governing body ratifies the recommendation. The same process is required for eliminating MOC as a requirement.

Psychiatric Hospitals

At the request of THA member psychiatric hospitals, legislation was proposed and passed that requires psychiatric hospitals to report claims data to the Tennessee Department of Health as is required of other licensed hospitals. This also results in data access for these facilities.

Opioid Epidemic

Several bills were passed to address Tennessee's opioid epidemic, including new limitations on prescribing opioids, reporting cases of abuse and the use of electronic prescriptions for controlled substances. In addition, the fiscal year 2019 budget included additional funding for education, law enforcement and treatment of opioid addiction.

Tennessee Rural Hospital Transformation Act of 2018

With the support of THA, the Tennessee Rural Hospital Transformation Act of 2018 was passed this year. The legislation supports vendors working with rural hospitals to identify and assess the viability of new delivery models, strategic partnerships and operational changes that would enable the continuation of needed healthcare services in rural communities that cannot support a full service acute care hospital. It also funds development of a transformation plan to provide recommendations and actionable steps for preserving healthcare services in target hospital communities. The state budget included \$1 million for the coming year to fund this effort.

2018 Friends of THA Fundraising Campaign Surpasses Goal

The 2018 Friends of THA fundraising campaign surpassed its \$125,000 goal, bringing in more than \$140,000 to support candidates for state offices. This year's fundraising efforts were led by Wright Pinson, M.D., CEO of Vanderbilt Health System in Nashville, who also served as THA's chairman-elect.

**Wright Pinson, M.D., CEO of Vanderbilt Health System,
2018 Friends of THA Chairman and THA Chair-Elect**



THA worked closely with members of the Tennessee congressional delegation on a wide range of issues. Congress took action on several legislative initiatives of importance to hospitals and supported by THA. These items included:

- Two-year budget resolution and extension of the federal debt ceiling to 2019
- The 10-year reauthorization of the Children's Health Insurance Program (CHIP)
- \$6 billion for state and local funding to fight the opioid epidemic
- Five-year extensions for the low-volume hospital adjustment, Medicare dependent hospitals and rural ambulance add-on payments.

Fair Medicare Hospital Payments Act

HA continued its work to gain congressional support and action on the Fair Medicare Hospital Payments Act of 2017 (S.397/H.R. 1130). The bill's lead Republican House sponsor, Rep. Diane Black (R-TN), was joined by Rep. John Duncan (R-TN) in circulating a House comment letter to U.S. Department of Health and Human Services (HHS) Secretary Alex Azar on the serious negative impact on rural hospitals, resulting from the growing disparity between high wage and lower wage states. The letter was signed by 45 members of Congress, including every member of the Tennessee delegation. In addition, Sen. Lamar Alexander (R-TN) raised the issue of area wage index (AWI) disparities and the impact on rural hospitals in a series of Senate hearings this year and asked Azar to look into the problem. Both the House and Senate Appropriations Labor-HHS spending bills for fiscal year 2019 included language directing HHS to study the AWI disparity problem and report the results to Congress.

With the ninth closure of a Tennessee hospital in 2018, THA supported the introduction of federal legislation to create new rural facility designations or other alternative delivery models under the Medicare program. This legislation would allow facilities meeting certain requirements to provide 24/7 emergency department care and other outpatient services in vulnerable rural communities and receive enhanced Medicare reimbursement rates. THA

worked in close coordination with Sen. Alexander on rural hospital issues as the committee he chairs, the Senate Health, Education, Labor and Pensions (HELP) Committee, reviewed rural healthcare challenges.

340B Drug Pricing Program

For hospitals treating many of the nation's uninsured and low-income patients, the 340B drug pricing program has made a critical difference, helping these facilities stretch limited resources to serve these patients and the public health needs of their local communities. The Centers for Medicare & Medicaid Services (CMS) implemented a rule that unfairly seeks to penalize all 340B hospitals for the alleged problems of a few through reimbursement cuts. THA opposed these changes and continues to advocate for continuation of the 340B program. Program participation enabled 34 Tennessee hospitals to provide more than \$500 million in charity care last year.

Reps. Steve Cohen (D-TN), Scott DesJarlais (R-TN), John Duncan (R-TN), David Kustoff (R-TN) and Chuck Fleischmann (R-TN) co-sponsored legislation to provide relief from deep payment cuts to 340B hospitals.

Proposed and Final Rules

THA also represented the needs and interests of members through analysis, briefs and comment letters for several proposed and final rules, including:

- Medicare hospital inpatient payment system
- Medicare hospital outpatient payment system
- Medicare psychiatric facility payment system
- Medicare skilled nursing payment system
- Medicare inpatient rehabilitation facility payment system

In addition, THA filed public comments on the Trump administration's proposal to allow short-term, limited duration health insurance plans to extend the terms of those policies and the administration's decision to expand the exemptions for state Medicaid agencies from performing access monitoring review plans (AMRPs) to determine the impact of rate reductions on provider participation in states with larger percentages of their Medicaid population in Medicaid managed care plans.

Reducing Harm

THA's Tennessee Center for Patient Safety (TCPS) continued its multi-year participation in the Partnership for Patients' Hospital Improvement and Innovation Network (HIIN) under the American Hospital Association's (AHA) Health Research Education Trust (HRET). A total of 88 hospitals belong to the THA HIIN and receive access to national resources, local expertise and evidence-based best practices. Data from January through June 2018 demonstrated that statewide, the partner hospital performance improved for nine out of 10 infections, with a standard infection ratio (SIR) lower than the national expected value for these infections compared to 2017.

TCPS held a follow-up session on MRSA, a year after a deep dive session was held. Leadership accountability was identified as key in making MRSA reduction a priority focus, with required action plans to drive improvement. Using results from an in-depth chart review of approximately 200 records by the Tennessee Department of Health (TDH) and the Centers for Disease Control and Prevention (CDC), TCPS presented the findings to the THA Board of Directors with recommendations on active leadership support and accountability, hospital-acquired infection (HAI) interventions and MRSA transmission interventions. The recommendations received THA Board endorsement.

TCPS also participated in the Agency for Healthcare Research and Quality (AHRQ) safety program for intensive care units (ICUs). Nine ICUs registered to participate in this national improvement project through TCPS in an effort to reduce the rate of central line-associated blood stream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI).

TCPS took part in cohort 1 of the States Targeting Reduction in Infections Via Engagement (STRIVE) project through HRET and the CDC. The goal for the 19 participating Tennessee hospitals was improving general infection prevention and control practices to reduce Clostridium difficile infections (CDI), CLABSI, CAUTI and Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia.

TCPS posted recommendations on its website from a newly-published care transition toolkit for patients transitioning from dialysis clinics to hospitals and shared the toolkit with hospital readmission personnel. The center also provided best practice information on readmission prevention for patients with sepsis, the highest-readmitting diagnosis in the state. The center hosted a sepsis readmission summit to share the information with participants from across-the-care continuum.

Given the high need for and interest in reducing sepsis mortality in Tennessee, TCPS implemented several other sepsis-related initiatives. The Sepsis Collaborative, with 53 members from 45 hospitals, convened monthly for the exchange of ideas and successful practices in early recognition and treatment of sepsis. A sepsis webinar series led more than 40 hospitals to strengthen their sepsis programs by establishing sepsis teams, identifying physician champions, standardizing sepsis screening processes and order sets, and tracking performance data. Four Tennessee hospitals also participated in a national initiative to improve care continuity for transferred sepsis patients and shared this information with fellow hospitals.

Through the HIIN, TCPS supported hospitals' efforts to effectively engage patients, caregivers, families and health consumers to reduce costs, improve outcomes and increase quality and safety. Hospitals completed quarterly surveys to assess their performance on metrics regarding their patient and family engagement. As of first quarter 2018, THA HIIN hospitals reported:

- 45 percent used a preadmission planning checklist
- 69 percent conducted shift change huddles or bedside reporting
- 45 percent have a designated patient-family engagement (PFE) leader
- 40 percent have a patient/family advisory council
- 31 percent have a patient representative on their board of directors

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 in Tennessee using the American College of Surgeons' (ACS) National Surgical Quality Improvement Program (NSQIP). The collaborative is a partnership with the Tennessee Chapter of the American College of Surgeons and has 22 hospitals participating in 2018.

TSQC hospitals implemented colon surgical site infection (SSI) prevention bundles with significant reductions in SSI post implementation. TSQC hospitals now are implementing enhanced recovery after surgery protocols (ERAS) for elective colon procedures. ERAS protocols address pre-operative patient optimization to address pre-existing conditions; fluid management; glucose control; multi-modal pain management, both intra-operatively and post-operatively with decreased use of opioids; and early mobilization and prompt removal of catheters. Results demonstrate significant reductions in post-operative complications, such as SSI, pneumonia and deep vein thrombosis (DVT), as well as lower lengths of stay and costs.

OB EMTALA

In response to several Tennessee hospitals receiving citations for violating OB EMTALA procedures in the past year, TCPS advocated for CMS to recognize and approve the clinical model currently used by hospitals. This model allows a qualified and competent obstetrical registered nurse to perform the assessment of labor and then contact the physician to create a plan of care, including appropriate patient disposition. TCPS secured the Tennessee Board of Nursing approval of the position statement on scope of practice. THA will seek to update the nursing statute in the 2019 legislative session.

Fighting the Opioid Epidemic

TCPS and THA staff partnered with the Tennessee Departments of Health and Mental Health and Substance Abuse Services to address the opioid epidemic in Tennessee, promoting the governor's TN Together plan. TCPS worked to identify the most

significant interventions to decrease opioid abuse and support evidence-based interventions for statewide quality improvement in prescriber education, patient education, perioperative pain management and emergency room practices.

TCPS held a day-long Medication Safety Summit focused on opioids in April. The center then launched an Opioid Light Emergency Department Collaborative, with Baptist Memorial Hospital-Memphis serving as expert faculty. A total of 28 Tennessee hospitals joined the collaborative to engage patients and practitioners in the use of alternatives to opioid medications to manage pain and committed to reducing opioid use in their emergency departments by 30 percent in six months.

Additional work with THA members and state partners has resulted in:

- Creation of the "No Wrong Door" collaborative to find ways to connect people with substance use disorder directly to treatment services.
- Development of Tennessee peer recovery specialists. These certified recovery navigators use their experience with addiction to help opioid overdose patients in hospital emergency rooms connect to treatment.
- \$15 million in state funding for the development of pre-arrest centers to give communities and law enforcement options other than the emergency department or jail for people in mental health crisis.
- \$3.5 million in recurring state funds to increase the capacity and capabilities of the crisis system.
- Workplace violence education and training for more than 500 hospital and healthcare professionals.

INFORMATION AND TECHNOLOGY

In 2017, THA launched ConnecTN, which allows hospitals to share real-time admission, discharge and transfer (ADT) data with the Bureau of 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. The 122 participating hospitals are sending more than 800,000 ADT messages each month.

The THA Board approved for ConnecTN to expand in 2018 to allow physician practices and member-affiliated accountable care organizations (ACOs) across the state to subscribe to inpatient and emergency department encounter notifications for their patients.

THA worked with psychiatric hospitals across the state this year to begin collecting UB-04 claims data via the Association's Health Information Network (HIN). Under legislation passed during the 2018 session of the General Assembly, psychiatric hospitals now are required to submit claims data for inpatient and outpatient discharges to the Tennessee Department of Health like all other licensed hospitals in the state. THA will submit this information for the hospitals that are members of the Association, and add the data to THA MarketIQ and other data deliverables.

EDUCATION

- THA's 2018 Annual Meeting featured topics that included The Science of Loyalty, Collaboration and Teamwork; Achieving a Culture of Zero Violence; Industry Restructuring: Go Big or Get Out; From the Patient's Perspective; Healthcare's Next Frontier: The Race to Inner Space; and Cracked, Not Broken.
- The THA Summer Conference in Sandestin, Fla., focused on the opioid epidemic, physician burnout, healthcare crises in the 21st century and increased physician engagement and patient satisfaction.
- The annual THA Small and Rural Hospital Conference included presentations on new models of care, how connectivity powers telehealth and rural health, and the transformational healthcare revolution and its impact on rural health.

Other education programs and webinars were hosted throughout the year. Topics included a table-top exercise on multi-drug resistant organism containment, funding telecom needs, workplace violence, palliative care, addressing bullying in the workplace and understanding Medicare telemedicine.

PROGRAMS AND SERVICES

Small and Rural Hospital Services

THA, with the support of the Tennessee Department of Health's Office of Rural Health, worked with representatives from TennCare, the Office of the Comptroller of the Treasury and critical access hospitals (CAHs) to modify the current methodology for cost-based reimbursement by the state to improve the accuracy and timeliness of reimbursement to CAHs. The association also was successful in working with the TennCare bureau to increase the availability of funding from \$10 million to \$15 million.

Tennessee was selected in 2018 to participate in an important project in support of the Medicare Rural Hospital Flexibility (Flex) program. The Federal Office of Rural Health Policy and Flex Monitoring Team (FMT) commissioned a national pilot test for swing bed outcome measures to advance the development of rural relevant measures, set the stage for future Medicare beneficiary quality improvement project (MBQIP) data reporting and foster a new set of CAH research.

THA received funding to implement two projects at hospitals that focused on assessment, prioritization and planning for services to match the health needs of the community impacted by social determinants, including poverty, unemployment and substance abuse. Projects provided these rural hospitals a practical approach to initiate population health planning and integrate population health initiatives into the hospital strategy.

THA partnered with the Rural Health Association of Tennessee (RHAT) to develop two conferences that focused specifically on strategies and opportunities to address regulations and other issues related to rural health clinics, telehealth and other rural hospital priorities.

Workforce

- On Jan. 1, 2018, the Tennessee Rural Partnership (TRP), a subsidiary of THA, was relaunched as the Tennessee Center for Health Workforce Development (TCWD). TCWD's mission has expanded beyond TRP's original mandate and the new focus is to place physicians,

nurse practitioners and other providers in underserved areas of the state and concentrate on issues in nurse recruitment and retention.

- TCWD had 24 placements during 2018 and more than 150 placements since 2007. This year's placements included physicians, nurse practitioners and other clinicians working in the areas of family medicine, pediatrics, OB/GYN, psychiatry, internal medicine, dentistry and general surgery.
- Seven residency incentive recipients were approved in 2018, with an additional 27 hoping to be considered at the next review cycle in November.
- Seven community incentives were awarded in 2018. In the two years since its inception, the community incentive has helped place 13 clinicians.
- A new dental incentive launched in May 2018 offers \$30,000 to community health centers and faith-based/charity care clinics to recruit a dentist. One dentist has been hired because of this incentive.
- In summer 2018, TCWD began accepting applications for its newest incentive, the psychiatric nurse practitioner student incentive. It is designed to encourage psychiatric nurse practitioner students to practice in rural and underserved areas.
- The Tennessee Association for Allied Health Science Deans and Directors became an official advisory group to TCWD, with a goal of developing and implementing new strategies to increase the number of allied health professionals.
- THA hosted the third annual CNO and Deans and Directors Nursing Summit. As an outcome of the summit, THA worked to develop regional nursing taskforces as a mechanism to collaborate on nursing training and participation. Taskforces have been developed in both the Memphis and West Hospital Districts.
- A total of \$8,000 in academic scholarships was awarded to seven outstanding Tennessee students who are pursuing a career in healthcare. Two \$2,000 awards were presented to exceptional HOSA advisors at the high school and middle school level.

PROGRAMS AND SERVICES

THA Solutions Group

THA Solutions Group's primary focus is driving value to Tennessee's hospitals by improving members' operational effectiveness and financial margin. The revenue generated by Solutions Group is used to support THA activities and reduce THA dependence on member dues. To that end, THA Solutions Group added new programs to its portfolio in 2018:

- FEDlogic, LLC is an independent consulting firm that provides easy and practical guidance and education to help businesses, human resource directors and employees navigate their federal benefits. From maximizing retirement benefits to transitioning from a group health plan (GHP) onto Medicare, FEDlogic provides the tools necessary to strategize and execute a plan that is tailored to each unique situation.
- Over the last year, THA Solutions Group staff worked with a data services committee consisting of representatives from eight hospitals and health systems. The committee helped identify vendors that specialize in data management and analytics, specifically data mining and utilization management, and selected two partners for THA Solutions Group.



Data Mining:

InfoWorks can assist THA members by leveraging the benefits of combining analytics with data integration to deliver the highest quality of care, reduce operational costs and maximize reimbursement. The company has developed and implemented numerous data warehouses and healthcare analytics solutions for hospitals that address various clinical challenges.



Utilization Management:

XSOLIS, using its artificial intelligence, gives case management and utilization review staff real-time insight into which cases present the highest and most immediate risk to revenue, and whether a case should be escalated for second-level review. XSOLIS delivers results through a case management and utilization review platform, physician advisor services and denials mitigation and management services.

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